

Date: May 16, 2024

To: JLMBC

From: Staff

Subject: Joint Request for Proposal for Life, Disability, and Accident Insurance Services Findings and Recommendation

JLMBC MEMBERS:

Management

Dana Brown, Chairperson

Tony Royster, First Prov. Chairperson

Matthew Rudnick

Matthew Szabo

Holly Wolcott

Employee Organizations

Jenita Igwealor, Vice-Chairperson

Marleen Fonseca, Second Prov. Chairperson

Chad Boggio

Esteban Lizardo

Lisa Palombi

RECOMMENDATION

That JLMBC Recommend:

- a. to the General Manager of the Personnel Department that **MetLife** be selected as the provider of the LAwell Program's **Basic and Supplemental Employee, and Dependent Life Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with MetLife for, at minimum, contract requirements, prices/premiums, and service level agreements.
- b. to the General Manager of the Personnel Department that **MetLife** be selected as the provider of the LAwell Program's **Short/Long-Term Disability Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with **MetLife** for, at minimum, contract requirements, prices/premiums, and service level agreements.
- c. to the General Manager of the Personnel Department that **MetLife** be selected as the provider of the LAwell Program's **Accidental Death & Dismemberment Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with **MetLife** for, at minimum, contract requirements, prices/premiums, and service level agreements.
- d. staff report back to the JLMBC with plan design choice recommendations for service enhancements for its Life, Disability, and Accident Insurance to be implemented for plan year 2025.

DISCUSSION

A. Background

The following is a summary and recap of actions relative to the procurement for Services:

- At its January 4, 2024 meeting, the JLMBC approved Report 24-03 for the release of a Joint Request for Proposals for (i) Basic and Supplemental Employee, and Dependent Life Insurance, (ii) Short/Long-Term Disability Insurance, and (iii) Accidental Death & Dismemberment Insurance Plans, to be called the Joint Life, Disability, and Accident Insurance Request for Proposal (Joint LDA RFP) for the LAwell Program. The JLMBCs' approved the release of the Joint LDA RFP with some changes to the draft, particularly to the weighted scoring factors of each proposal as well as some considerations to disability claim services. Staff agreed to incorporate the JLMBC comments into the final Joint LDA RFP prior to its release.
- Since the JLMBC approval action, the following has occurred:
 - **January 31, 2024** – The Joint LDA RFP was released on the City's Regional Alliance Marketplace Procurement system, RAMPLA.ORG, with the RAMP identification number of 211915.
 - **February 15, 2024** - This was the deadline for potential bidders to submit questions regarding the RFP. Of the written questions received, 82 were regarding Basic and Supplemental Employee, and Dependent Life Insurance, 71 were regarding Short/Long-Term Disability Insurance, and 55 were regarding Accidental Death & Dismemberment Insurance Plans. The questions received were answered in writing as Addendums to the Joint LDA RFP and posted to RAMP. These questions also helped to shape the conversation of the pre proposal conference.
 - **February 22, 2024** – A mandatory pre-proposal conference was held at 1:00 pm. The conference was virtually held via Zoom and a total of 13 different firms were in attendance. During the pre-proposal conference, the City reviewed the Scope of Services for the Life, Disability, and Accident Insurance plans, including a description of the current services and an overview of desired benefit enhancements. The City's presentation addressed some of the written questions pertaining to scope of services, and informed bidders that the official responses to the written questions would be posted as addendums. Lastly, the pre proposal conference reviewed the general contracting requirements.
 - **March 12, 2024** – By the Joint LDA RFP submission deadline nine (9) proposals were received for Basic and Supplemental Employee, and Dependent Life Insurance, eight (8) proposals were received for Short/Long-Term Disability Insurance, and nine (9) proposals were received for Accidental Death & Dismemberment Insurance Plans.

B. Joint LDA RFP Services Overview

The Joint LDA RFP sought proposals from bidders for three completely separate services, which would result in three separate contract awards. This approach helped prospective bidders apply a bundled price, if applicable. However, even if the decision was to select a bundled proposal, the separate awards and contracting actions would remain.

As outlined in JLMBC Report 24-03, the following services and potential enhancements were asked of each benefit:

Basic and Supplemental Employee, and Dependent Life Insurance Plan

Under the LAwell Benefits Program, civilian employees receive a Basic Life Insurance benefit, at no employee premium cost to them. Full-time employees receive a \$10,000 benefit and half-time employees receive a \$5,000 benefit (*and for certain employees covered by a certain Memorandum of Understanding, a benefit equal to the employee's base annual salary rounded to the nearest \$1,000*).

At their cost, employees may purchase Supplemental Life Insurance coverage at one, two, three, four or five times their base annual pay rounded up to the nearest \$1,000 up to a maximum of \$1,000,000.

Employees also have the option to purchase dependent life insurance for a spouse/domestic partner and/or child(ren).

Spouse/domestic partner coverage can be purchased in the amounts of:

- \$10,000
- \$25,000
- \$75,000
- \$100,000

Child coverage can be purchased at \$5,000 per child. Children are eligible upon birth or adoption, and up to age 26.

Life insurance elections requiring insurance provider approval include:

- Elections of four to five times annual base pay,
- Open Enrollment or life event elections which increase more than one benefit level, and
- Late elections or reinstatement elections of any amount.

Members must submit a completed Medical History Statement (Evidence of Insurability) to the insurance provider within 60 days of coverage election. The elected insurance is not enforced and premiums are not collected unless the insurance provider approves the members Medical History Statement.

Currently, life insurance amounts for employees and spouse/domestic partners are reduced based on age. From ages 65 to 69 coverage amounts are reduced to 65%. At age 70 coverage amounts are reduced to 35%.

Providing employees basic life insurance and the option of purchasing supplemental life and dependent life insurance allows our employees the protection from the potentially devastating financial losses that could result in the event that something happens to them, and it provides financial security to both the employees and their dependents. Life Insurance services provide employees and/or beneficiaries the benefit of:

- Travel Assistance, which is included with City-paid basic life insurance coverage that provides travel information and travel arrangement assistance before and during travel;
- Designation of beneficiaries;
- Accelerated Benefit option, which provides financial assistance to employees who become terminally ill and have a life expectancy of 12 months or less; and
- Funeral Planning Services, which allows beneficiaries to designate a funeral home assignment so the insurance company can pay the funeral home directly from the life insurance policy.

The Joint LDA RFP seeks to maintain all services outlined above as its baseline level, and also asks proposers to provide alternatives which could enhance the baseline level of service as follows:

- Quotes for both Term and Whole Life Insurance
- Furnish multiple options and quotes for employer-paid based benefits. At a minimum \$10k, \$30k, and \$50k
- Implement a choice to eliminate the current Age Reduction requirement
- Present multiple options for increasing the Child Life benefit amount. At a minimum \$10k, \$30k, and \$50k
- Enhance member and beneficiary education on insurance & death benefit options, such as how to pre-plan and/or pre-pay for funeral services
- Present options to improve and expedite funeral assignment

Life insurance is provided through a stand-alone contract and group insurance policy. The LAwell Program currently contracts with The Standard Insurance Company, which began providing these services in 2011 as the successful bidder resulting from a request for proposal process executed in 2010, and again in 2017.

Short/Long-Term Disability Insurance Plan

Under the LAwell Benefits Program, qualifying City employees receive Basic Disability Insurance paid for by the City and have the option of purchasing Supplemental Disability Insurance using their own after-tax dollars. The cost of Supplemental Disability Insurance is based on the employee's age and annual salary at the time of enrollment.

Purchasing Supplemental Disability during a Life Event requires approval by the insurance provider. Members must submit a completed Medical History Statement (Evidence of Insurability) to the insurance provider within 60 days of coverage election. The elected insurance is not enforced and premiums are not collected unless the insurance provider approves the members' Medical History Statement.

Should an employee have a qualifying disability, they can file a claim with The Standard Insurance Company (Standard).

In order for an employee to enroll in disability coverage, they must meet the following criteria:

- Meet the “active at work” definition of the group policy and are unable to work because of sickness, injury, or pregnancy
- Standard must review and approve the employee claim
- Be under the ongoing care of a physician

If approved, coverage begins when the following criteria are met:

- An employee is totally or partially disabled from their occupation
- If totally disabled due to physical disease, injury, pregnancy, or mental disorder, an employee is unable to continue any occupational substantial and material acts with reasonable continuity and are not working in their occupation.
- If partially disabled due to physical disease, injury, pregnancy, or mental disorder, an employee is able to work but is unable to earn 80% or more of indexed pre-disability earnings.
- If Supplemental Disability Insurance was purchased, an employee is totally or partially disabled from all occupations after 24 months for which Long Term Disability benefits are paid
- 100% and 75% sick time must be fully exhausted

Under Basic Disability, coverage can last up to 2 years depending on what Standard has approved. Employees will receive a partially taxable benefit of up to 50% of pre-disability earnings (inclusive of bonuses but not overtime) up to a max of \$3726 per month and is subject to any additional provisions

- If approved for Short Term Disability, Basic coverage can last up to a maximum 180 days
- If approved for Long Term Disability, Basic coverage can last up to a maximum of 1 year and 6 months after the Benefit Waiting Period is satisfied.

If the employee has purchased Supplemental Disability Insurance, coverage can last a maximum of until the employee is no longer disabled or has turned age 65, whichever occurs first. Employees will receive a partially taxable benefit of up to 66 2/3% of pre-disability earnings (inclusive of bonuses but not overtime) with a max of \$12,000 per month, subject to any additional provisions.

If approved for Short Term Disability, Supplemental coverage can last up to a maximum 180 days.

If approved for Long Term Disability Supplemental coverage, can last up to the maximum benefit age of 65 after the Benefit Waiting Period is satisfied.

The Joint LDA RFP seeks to maintain all services outlined above as its baseline level, and also asks proposers to provide enhancements or alternatives which could enhance the baseline level of service, including the following:

- Workers Compensation - Modifying the current rules where Injury on Duty (IOD) and disability overlap and to include IOD in the Benefit waiting period
- Return to Work - Enhancing Reasonable Accommodations and for the vendor to contribute to the City's current process
- Sick Time Usage - Options for Benefit waiting period and definitions of "sick" time.
- Education & Coordination - Various educational concierge services such as workshops, videos, and print materials that can improve education to LAwell members who file a claim/appeal, better help the members navigate through their other benefits and contacts, and minimize processing delays
- Administrative Claim Control - Improve the timeliness and accuracy of reporting claim status back to the City, to minimize any unwanted dilemmas for both LAwell members and administration.
- Product Options - Availability of additional disability product options aside from Basic Short Term Disability and Basic Long Term Disability of 50% and Supplemental Short Term Disability and Long Term Disability of 66 2/3%.
- Premium Waiver Automation - Ways to improve education around and enhance premium waivers for applicable members such as those under Family Medical Leave and approved claim members.

Disability insurance is provided through a stand-alone contract and group insurance policy. The LAwell Program currently contracts with Standard Insurance Company. The Standard Insurance Company, previously called Standard of Oregon, has been the provider of disability insurance to the LAwell program since the 1990s and has been the resulting selected provider in all subsequent Request for Proposals.

Accidental Death & Dismemberment Insurance Plan

Under the LAwell Benefits Program, members have the option of purchasing Accidental Death and Dismemberment Insurance using pre-tax dollars. Employees can select employee-only coverage or family coverage, and the premium cost is calculated at a monthly rate per \$1,000 of coverage purchased. Members can currently elect coverage in \$50,000 increments.

Insurance amounts for employees and spouse/domestic partners are reduced based on age. From ages 65 to 69 coverage amounts are reduced to 65%. At age 70 coverage amounts are reduced to 35%.

All elections of Accidental Death and Dismemberment Insurance are automatically approved. No Medical History Statement is required for any coverage level.

Should an employee have a qualifying accident, the employee or, in the event of employee death, their beneficiary can file a claim with Standard Insurance Company (Standard). The submitted claim must provide support detailing the accident that occurred, which typically requires an official accident report or police report.

If approved, payment of an insurance benefit would be a percentage based on the type of loss incurred and verified/approved through the claim process. The more common types of loss and the percentage of payable benefit are:

Type of Loss	Percentage Payable
Life	100%
One hand or foot	75%
Sight in one eye	50%
Audible speech	50%
Hearing in both ears	50%
Quadriplegia	100%
Paraplegia	75%

Furthermore, if the member purchased family coverage, the payable benefit is also paid based on a percentage of the family members covered:

- *Spouse/domestic partner only* = 60% of the coverage amount
- *Eligible children only* = 20% of the coverage amount each child
- *Spouse/domestic partner and eligible children* = 50% of the coverage amount for your spouse/domestic partner and 10% of the coverage amount for each child

The Joint LDA RFP seeks to provide enhancements or alternatives which could enhance the baseline level of service as follows:

- Enhance Benefit Structure: Separate plan levels to match LAwell levels of Employee (EE) ONLY, EE+Child, EE+Spouse, and EE+Family
- Improve Payout Model: Clarify and improve what benefit is payable.
- Reduce Non-Payment Clauses: Better define when a claim is payable based on accident.
- Age Reduction: Provide an option to remove the Age Reduction requirement
- Claim: Reduce City/Employer paperwork associated with the claims process.

Accidental Death and Dismemberment Insurance is provided through a stand-alone contract and group insurance policy. The LAwell Program currently contracts with Standard Insurance Company. The Standard Insurance Company began providing insurance as the winning bidder resulting from a Request for Proposal process in 2013 and again in 2017.

C. Minimum Qualifications

The Joint LDA RFP included a set of minimum qualifications for any proposer to meet in order for their proposal to be considered. These minimum qualifications are separate from the basic submission requirements of the Joint LDA RFP (e.g. submit proposal by the deadline, adhere to general contracting requirements, etc.) and are deemed to be relatively easy qualifications to meet for any company capable of providing the level of requested service. They also serve as an easy threshold to help limit confusion from smaller or less experienced companies who may view the City’s publicly advertised procurement. For the Joint LDA RFP any proposer was required to meet the following minimum qualifications in order to have its proposal considered:

1	Be legally authorized to do business in the State of California. All required permits and licenses must be in full force at the time of proposing.
2	Have a minimum of ten continuous years of experience providing the services solicited in this RFP.
3	Certify that neither Proposer nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California state agency, or any local governmental agency.
4	Must have gross annual revenues during either 2022 or 2023 of at least \$20 million.

In addition to the above, the Joint LDA RFP included a requirement that each proposer be an insurance provider capable of underwriting the requested services, not an insurance broker.

D. Evaluation Approach

Pursuant to the Section 4 of the Joint LDA RFP, each proposal would be subject to two separate levels of evaluation. The first level of evaluation would be to cover general contractor compliance. This would assess each proposer’s ability to meet the City’s standard provision requirements and each proposal would be evaluated for:

- (a) completeness of required documentation,
- (b) compliance with the City’s administrative and general contracting requirements, and
- (c) ability to meet the minimum requirements outlined in this RFP.

Each proposal would be required to satisfactorily pass the evaluation of the first level before being evaluated for the secondary level. The secondary level of evaluation would be to evaluate each proposer's ability to perform the services requested for in the Joint LDA RFP based on their provided responses to the Questionnaire. The Joint LDA RFP included a multiple tab questionnaire that included 62 unrated questions which were applicable to any bidder. These questions covered general topics of the bidders' companies which were identified as good items to know but which may not directly impact their ability to provide the requested services. The Joint LDA RFP posed different tabs of rated questions for each separate benefit, as follows:

Benefit	Number of Rated Questions
Basic and Supplemental Employee, and Dependent Life Insurance	107
Short/Long-Term Disability Insurance	131
Accidental Death & Dismemberment Insurance Plans	96

The Joint LDA RFP identified that a Review Committee would be designated to evaluate and score the technical competence of all proposals and generate findings for the JLMBC. The review committee was made up of City staff, with two independent raters assigned to each separate benefit proposal. Two City staff comprised the review committee for evaluation of the Basic and Supplemental Employee, and Dependent Life Insurance proposals; two City staff comprised the review committee for evaluation of the Short/Long-Term Disability Insurance proposals; and two City staff comprised the review committee for evaluation of the Accidental Death & Dismemberment Insurance Plans proposals. Each review committee was peer supported by the City’s consultant, Keenan. For the purposes of this report and the continued discussion of the Joint LDA RFP, the common references to “Review Committee” will generally mean all three (3) separate review committees comprised of City staff.

Rated questions were scored in a qualitative or quantitative methodology using the following criteria:

Qualitative - Responses to each RFP question will be assigned one of five qualitative evaluation ratings (Excellent, Very Good, Satisfactory, Marginal, and Unsatisfactory) to each non-quantitative selection criteria category. The evaluation rating will be based on the Review Committee member’s assessment of the responses, as supported by the analysis performed by LAwell Program consultant. The evaluations will be relative to objective assessments, as well as

relative to the responses of the other Proposers. The qualitative evaluation determination categories, and associated indicators, are provided as follows:

Qualitative Evaluation Determination	Indicators
(a) Excellent	<ul style="list-style-type: none"> ● Response meets all and substantially exceeds many requirements. ● Response contains elements where there is significant increased value, innovation, technology, and/or program stability. ● Response demonstrates exceptional success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(b) Very Good	<ul style="list-style-type: none"> ● Response meets all requirements and exceeds some requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(c) Satisfactory	<ul style="list-style-type: none"> ● Response meets all requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● Very few weaknesses identified.
(d) Marginal	<ul style="list-style-type: none"> ● Response meets some requirements. ● Response does not contain or does not clearly indicate elements pertaining to value, innovation, technology, and/or program stability. ● Response touches upon work relative to scope of services and key success metrics but demonstrated experience and success is unclear. ● Weaknesses identified.
(e) Unsatisfactory	<ul style="list-style-type: none"> ● Response does not meet requirements. ● Response contains no elements of or indication of value, innovation, technology, and/or program stability. ● Response does not demonstrate or touch on work relative to scope of services and key success metrics. ● Significant weaknesses identified.

For the evaluation of the qualitative responses, a numerical value was assigned, one through five, to each qualitative score in the following manner:

- (a) Excellent = 5 points
- (b) Very Good = 4 points
- (c) Satisfactory = 3 points
- (d) Marginal = 2 points
- (e) Unsatisfactory = 1 point

Quantitative - Based on the Review Committee member’s review of the responses to each RFP question, a numerical value will be assigned, one through five, as defined below. The evaluations will be relative to objective assessments as well as relative to the responses of the other Proposers.

Quantitative Evaluation Determination	Indicators
(5) Five	<ul style="list-style-type: none"> ● Response meets all and substantially exceeds many requirements. ● Response contains elements where there is significant increased value, innovation, technology, and/or program stability. ● Response demonstrates exceptional success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(4) Four	<ul style="list-style-type: none"> ● Response meets all requirements and exceeds some requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● No significant weaknesses identified.
(3) Three	<ul style="list-style-type: none"> ● Response meets all requirements. ● Response contains elements where there is some increased value, innovation, technology, and/or program stability. ● Response demonstrates some success with initiatives related to scope of services and key success metrics. ● Very few weaknesses identified.
(2) Two	<ul style="list-style-type: none"> ● Response meets some requirements. ● Response does not contain or does not clearly indicate elements pertaining to value, innovation, technology, and/or program stability. ● Response touches upon work relative to scope of services and key success metrics but demonstrated experience and success is unclear. ● Weaknesses identified.

(1) One	<ul style="list-style-type: none"> ● Response does not meet requirements. ● Response contains no elements of or indication of value, innovation, technology, and/or program stability. ● Response does not demonstrate or touch on work relative to scope of services and key success metrics. ● Significant weaknesses identified.
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The results of the qualitative and quantitative scoring ended with each question being worth a total value of one (1) to five (5) points. The total points provided for each RFP section were then weighed by a specific factor. Those factors were identified as follows:

LIFE INSURANCE PLANS

RFP Section	Factor Weight
Plan Administration Support	20%
Member Services	25%
Plan Design – Basic Life and Voluntary Life	30%
Financial Cost	25%
Total	100%

DISABILITY INSURANCE PLANS

RFP Section	Factor Weight
Plan Administration Support	20%
Member Services	25%
Insurance Plan Design	30%
Financial Cost	25%
Total	100%

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE PLANS

RFP Section	Factor Weight
Plan Administration Support	20%
Member Services	25%
Insurance Plan Design	30%
Financial Cost	25%
Total	100%

The above weights reflect a heavier emphasis on scoring placed towards the Plan Design portion of the overall questionnaire, which is in line with the concerns raised by the JLMBC at its January 2024 meeting.

Lastly, the Joint LDA RFP identified that the City’s evaluation process would proceed in the following steps:

1. The Review Committee will be supported by LAwell Program consultant.
2. In assigning its ratings, the Review Committee will review RFP responses from each Proposer, together with expert and technical evaluations of Proposer responses by LAwell Program consultant.
3. Review Committee evaluations will be documented and supported by the observations and evaluations of the Review Committee and the consultants.
4. Detailed summarization and documentation of the basis of the Review Committee’s findings will be provided to the JLMBC for the purpose of the JLMBC’s consideration of a recommended selection to the Personnel Department General Manager.
5. Upon consideration of the Review Committee’s findings, the JLMBC will have the option of requesting oral presentations from some or all of the Proposers.
6. Upon consideration of the Review Committee’s findings, any oral presentations from Proposers, and its own deliberations, the JLMBC shall submit a recommendation to the Personnel Department General Manager for selection.

E. Proposals Submitted

By the March 12, 2024 submission deadline, the City received proposals from the following companies for the identified services:

Life Insurance	Disability Insurance	Accident Insurance
<ul style="list-style-type: none"> ● AFLAC ● Lincoln ● MetLife ● New York Life ● Reliance Matrix (RLSI) ● Securian ● The Hartford ● The Standard (incumbent) ● Voya 	<ul style="list-style-type: none"> ● AFLAC ● Lincoln ● MetLife ● New York Life ● Reliance Matrix (RLSI) ● The Hartford ● The Standard (incumbent) ● Voya 	<ul style="list-style-type: none"> ● AFLAC ● Lincoln ● MetLife ● New York Life ● Reliance Matrix (RLSI) ● Securian ● The Hartford ● The Standard (incumbent) ● Voya

All proposals were all deemed as qualified for consideration under the first level of evaluation. Each proposal met the minimum qualifications asked of the Joint LDA RFP and each submitted proposal demonstrated compliance with the City’s general contracting requirements as identified in the Joint LDA RFP.

All Proposers provided a completed questionnaire workbook for each separately submitted proposal, as required by the Joint LDA RFP. A copy of the submitted questionnaires with copies of Proposer answers shown side-by-side is provided as an attachment as follows:

Side-by-Side Questionnaire	Attachment
General Questions of all Bidders (<i>Not Rated</i>)	Attachment A
Basic and Supplemental Employee, and Dependent Life Insurance	Attachment B
Short/Long-Term Disability Insurance	Attachment C
Accidental Death & Dismemberment Insurance Plans	Attachment D

F. Analysis and Scoring

All submitted proposals were evaluated and scored by each applicable Review Committee. Each proposal was also evaluated and scored by Keenan, as a peer review. However, each Review Committee’s rating serves as the final score and determination of the resulting recommendation. A summary of each of the proposal pricing and highlights for each Proposer’s answers to the questionnaire, by category, are provided in the summary slide deck that was prepared by Keenan in Attachment E.

The analysis and application of evaluation criteria was performed separately for each of the following benefits:

- (i) Basic and Supplemental Employee, and Dependent Life Insurance,
- (ii) Short/Long-Term Disability Insurance, and
- (iii) Accidental Death & Dismemberment Insurance Plans

Detailed discussion of how each bidder performed in responding to the questionnaire and discussion of the how the resulting outcome developed is discussed separately by each benefit:

Basic and Supplemental Employee, and Dependent Life Insurance

Overall, while the Review Committee’s scores between the nine proposals were fairly close and each Proposer was deemed as capable of providing the Life Insurance services for the LAWell Program at a base level, some proposals were consistently more aligned with the Basic and Supplemental Employee, and Dependent Life Insurance RFP’s objectives. At the end of the evaluation, MetLife’s proposal was ranked ahead of the other proposals with Voya, Lincoln, The Standard, Securian, AFLAC, The Hartford, Reliance Matrix, and New York Life following (ranked in descending score order) afterwards. The Review Committee’s averaged scoring results for the proposals are shown in the chart below in alphabetical order:

RFP CATEGORY	Basic and Supplemental Employee, and Dependent Life Insurance								
	AFLAC	The Hartford	Lincoln	MetLife	NewYork Life	Reliance Matrix	Securian	The Standard	Voya
PLAN ADMIN	208	191	194	214	184	188	199	196	198
MEMBER SERVICES	45	51	61	66	54	53	55	59	65
PLAN DESIGN	75	79	85	94	73	72	77	78	83
FINANCIAL COST	26	23	21	29	21	23	24	23	24
TOTALS	354	344	361	403	332	336	355	356	370

Keenan’s review and scoring results were also fairly close to the City. Like the City, Metlife’s proposal was ranked ahead of the other proposals but with Voya, The Standard, Lincoln and Securian (tied), The Hartford, Reliance Matrix, New York Life, and AFLAC following (Ranked in descending score order) afterwards. Keenan’s peer reviewed averaged scoring results for the proposals are shown in the chart below in alphabetical order:

Category	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Plan Administration and Sponsor Services	208	205	209	218	194	198	216	208	211
Member Services and Communications	45	58	64	73	63	63	60	64	70
Plan Design	75	90	87	94	88	86	86	90	92
Financial Cost	26	28	26	33	23	29	24	26	28
TOTAL	354	381	386	418	368	376	386	388	401

Scoring Overview

As stated previously, and in accordance with the Joint LDA RFP evaluation criteria, a mix of qualitative and quantitative evaluation criteria was used to evaluate the rated category sections of the questionnaire and a numerical value was assigned to each rated question. Overall, the Review Committee and Keenan found that each Proposer’s response generally met the expected standards of each category. There were some variances in the qualitative and quantitative scoring amongst the proposals, however, they were relatively minor. All Proposers were deemed as capable of providing the general services for the LAwell Program at a base level. From a high level, the Review Committee noted some distinct differences between each proposal and have highlighted some of these components below.

AFLAC

Plan Administration

In general, AFLAC’s responses lacked specificity and clarity. For their response to confirming if they will accept self-billing on a bi-weekly basis, they answered they would coordinate specifics during implementation. In their response to providing the City with HTML push ready emails, AFLAC mentions one of their leading communication vehicles is their customized Learning Hub. Learning Hub is referenced more than once in the questionnaire responses, but there is nothing said about what it is. AFLAC did not provide information on the account team that will be assigned to the City of LA or references, but noted the information would be available if they are a finalist. AFLAC was unable to provide a test administration website, but offered to provide the City with a demonstration.

AFLAC does not allow enrollees to file claims electronically, however, the employer may file on their behalf. In terms of any formal training programs for claim processors and claim managers,

AFLAC described a robust three phase development program. When asked what options exist to expedite funeral assignments, AFLAC did not specify what can be done. AFLAC provided a general overview of their waiver of premium process and stated that an immediate system trigger will be sent to the Life team to initiate the process

AFLAC's standard and preferred method of Evidence of Insurability (EOI) is for the member to complete it through their online portal. However, paper EOI is available upon request. The request is made through their customer care line. Their electronic EOI is a short form that allows EOIs, in most circumstances, to be completed using less than 10 questions.

Member Services

AFLAC reported having a very short average wait time of just 6 seconds. However, they do not offer designated customer service representatives, and it was unclear whether their Spanish service and TDD services are accessible throughout all hours of customer service availability. In general, AFLAC received satisfactory ratings for many responses in this category. However, of note was their description of the appeal process. Their response lacked clarity on several crucial aspects, including establishing a timeline, informing the employee about submitting additional information, and specifying the method of communication, such as through letters or phone calls. AFLAC omitted details regarding the types of educational materials related to their administration process, including guidance on how to file a claim.

Plan Design

AFLAC offers a variety of options in their insurance policies which differ from the current policy held by the City. AFLAC allows for absolute assignments, including funeral homes. Collateral assignments are not usually accepted under an employer group, term policy but will be reviewed. They do not offer an accelerated life benefit. Life benefits are paid in the form of a lump sum check or direct deposit. AFLAC does not offer retained asset accounts. AFLAC did not provide a quote for Whole Life.

Financial Cost

AFLAC's semi-monthly payroll deduction premium rates (rates) for basic life and supplemental basic life were \$0.0330 and \$0.0400, respectively, and were both slight decreases from current. AFLAC's rates for voluntary supplemental life ranged from \$0.040 to \$1.544, which was consistent with most other vendors. AFLAC's rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most other vendors. AFLAC's rates for child life was \$0.21, which is an exact match to current.

The Hartford

Plan Administration

The Hartford did not agree with employees to have the ability to designate different beneficiaries across different lines of coverage, which is something the City currently has in place. The Hartford will not provide a dedicated email address for City employees, however, they will have the ability to contact their Life Care Advocate directly. They did not agree to year-end reconciliations to provide information regarding discrepancies to the City. The Hartford

provided a complete response to the request of the account team that will be assigned to the City. The Hartford requires a three months' notice to conduct an audit when other vendors offered a shorter time frame. Hartford did not provide a test admin website, however, they narratively described what website options were available. The Hartford offers a comprehensive digital process for employers to submit a life claim to validate member information allowing progress to be saved at any time and upload claim documents. The Hartford did not disclose the percentage of claims denied and the category reasons for denial as they considered it proprietary information.

The Hartford noted that their waiver of premium process was an automatic process that can be set up if they are selected as the disability provider. When asked how to simplify the Evidence of Insurability (EOI) process, The Hartford stated that employees will receive an immediate approval, decline or pending decision when their EOI is submitted online. Their streamlined EOI form is made up of five to seven health questions and available both paper and online.

Member Services

The Hartford will not assign Customer Service Representatives (CSRs) specifically to the City. Hartford's telephone and claims system does not allow them to measure first call resolution; however, they estimate that at least 80% of all inquiries are resolved at the first point of contact and 95% of calls are resolved within 24 hours. The Hartford supervisory or management-level staff handles complaints and maintains online electronic complaint logs for analysis and internal reporting as well as for resolution and adjudication purposes. The Hartford does not routinely send full copies of appeal requests to employers due to confidentiality; however, this can be shared if claimant provides authorization. The Hartford offers online services that educate employees about available benefits and how to enroll. They also offer communications designed with language that is easy to understand.

Plan Design (Plan Design)

Hartford's plan offers some positive aspects, such as portability and conversion. However, there were some questionable aspects of their plan, such as the inability to receive the living needs benefit if the employee hasn't been actively at work under the policy. Hartford's Basic Life plan does not contain any limitations and exclusions that would result in non-payment of benefits. Hartford confirmed in the questionnaire that they will provide a whole life insurance plan; however, under their Scope of Services attachment, they confirmed their quote is for Group Term Life Insurance only.

Financial Cost

The Hartford's semi-monthly payroll deduction premium rates (rates) for basic and supplemental life was \$0.0400, which were slightly less than current. The Hartford's rates for voluntary supplemental life ranged from \$0.036 to \$1.374, which is higher than current. The Hartford's rates for spouse life ranged from \$1.07 to \$10.83, which was a slight increase from current. The Hartford's rates for child life was \$0.20, which is the second to lowest offer.

Lincoln

Plan Administration

Lincoln offered many options for reducing claim administration paperwork. They expressed that most of their current customers promote a paperless environment when it comes to interaction. Lincoln supports this by allowing beneficiaries and HR teams to submit claims by telephone, email and online. As a percentage of Life intake claims to Lincoln, they noted that paper claims account for less than 0.1% of their processed claim volume. In respect to questions about responding to the City's contracting provisions, Lincoln responded that they do not issue a hold harmless agreement or provide indemnification for fully insured business. Additionally, Lincoln has stated they cannot waive the actively at work provision.

Lincoln confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. Lincoln agreed to the City's ability to audit but stated they require 30 days' notice of an audit, and they did not indicate any cost in dollars that they would allocate for an outside auditor. When asked if they offer online claims submissions for enrollees, Lincoln responded they will give the City's HR Team access to initiate a claim online. They in turn, will contact the beneficiary directly to follow up and finish the claim process. Beneficiaries can initiate the life claim by calling Lincoln and initiating telephonically. Furthermore, they have stated web based life filing is available to employer HR only. Beneficiaries may initiate claims via email, telephonically, fax or paper.

Lincoln provided a step by step process with their integrated waiver of premium when customers also have their disability services. Their combined system allows them to identify and facilitate claim information. Once identified, they will notify the employer and employee for additional information. Lincoln provided a robust response to ways the Evidence of Insurability process can be simplified through their real-time medical underwriting system platform, which includes easier application process; faster turnaround times; less back and forth; and better communication.

Member Services

Lincoln received favorable scoring for providing a designated member liaison. However, they did not specify the number CSR team that will be assigned to the city and did not specify the availability of their language services and whether they offered TDD services. Lincoln received a satisfactory rating for this section, with the exception of their process for monitoring member satisfaction regarding member complaints, grievances, and appeals, which only mentions the issuance of a survey and a handwritten note with every life claim adjudicated. Lincoln stood out in this section for their array of written, online, and in-person services, including training seminars, social media content creation, and email templates. Additionally, they excelled in providing educational resources for employees, such as informative videos guiding them through the claims filing process and their website customization options were extensive.

Plan Design

Extensive information was given about the waiver of premium process and the settlement options available to beneficiaries. These options included the option for a lump-sum settlement as well as an account that enables beneficiaries to access benefits through a checkbook and

allows them to collect immediate interest. However, they failed to provide detailed information about allowing benefits assignment and they noted that covered dependents are not eligible for waiver of premium. Lincoln did not provide a quote for Whole Life.

Financial Cost

Lincoln's semi-monthly payroll deduction premium rates (rates) for basic and supplemental basic life is \$0.0350, which is a decrease from current. Lincoln's rates for voluntary supplemental life ranged from \$0.040 to \$1.544, which was consistent with most other vendors. Lincoln's rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most other vendors. Lincoln's rates for child life was \$0.21, which is an exact match to current.

MetLife

Plan Administration

In terms of plan administration, proposers were asked to specify the percentage of services that would be subcontracted or outsourced to other firms or to non-U.S. service providers. They were also asked to identify any such providers and their roles for services that would account for more than 5% of the total fee proposed for this RFP. According to MetLife's response, less than 3% of the total services provided in this RFP would be outsourced or subcontracted. No service will be outsourced overseas to non-U.S. service providers, nor will any outsourced service account for more than 5% of the total fee that is being proposed. MetLife also described the steps they will be taking to help the City in reaching its goal of paperless or paper-reduced claims processing. MetLife confirmed they will assign a fully dedicated client service consultant to the City. In addition, they named Senior Accountant Executive Neil McMahan who will be responsible for the overall relationship with the City. In addition, they were specific in the dollar cost that they would allocate for an outside auditor.

When describing the process to administer claims, MetLife stood out with their ability to use data from the file to create the employer portion of the claim on employer's behalf and noted that they can automatically initiate a claim when notified. They stated that they will also use third party databases to validate death information. MetLife noted that beneficiaries have the capability of filing a claim electronically and can also check claim status online. Furthermore, MetLife allows claimants to make a funeral assignment as soon as the claim is filed. When submitting the claim, they would indicate by answering a yes or no question. Assignment can be executed prior to a death certificate being issued, which greatly expedites payment to the funeral home.

MetLife noted that if they were also selected as the disability service provider, they are able to automate the waiver of premium process across benefits and can share the waiver of premium claim initiation with the City and/or TELUS. MetLife noted that they can identify Class 3 employees and can automatically create the pending waiver claim when the LTD claim decision is made. Additionally, they noted that if a death notification is received, a pre-claim is automatically opened on their Life claims system.

When asked if the Evidence of Insurability (EOI) system can be automated and/or simplified, MetLife provided a thorough explanation on how to improve this process using a single-sign on method and they noted that they have already successfully implemented this with TELUS, the City's current benefits third party administrator, through their other clients. MetLife has also suggested moving to a short EOI form versus a longer, standard form in order to streamline the process for employees and encourage more completion of the EOI form at the time of application.

Member Services

MetLife noted that they provide comprehensive language interpretation services and TDD services accessible round the clock during customer service hours. Additionally, they highlighted that 86% of member calls are successfully resolved during the initial contact. While the City may not receive dedicated customer service representatives (CSRs), MetLife noted that they ensure the availability of a dedicated member advocate to assist both participants and City administrators with inquiries. MetLife stated they would notify the employer if a decision is reversed, however, they did not clarify whether they notify the employer when an appeal is received or denied. MetLife distinguished themselves in this section by offering a dedicated communication and enrollment specialist. Their onsite support featured a Service team, comprising licensed benefit counselors to educate employees about their options. Their response included a variety of educational materials that could be tailored to suit our employee demographic. Additionally, MetLife provided a fully customized microsite. However, they noted that their website language functionalities are slated for completion in 2024.

Plan Design

MetLife mentioned that the coverage they proposed is portable, offering various settlement options and allowing assignment of benefits. Their policy also ensures coverage without any loss or gain during lapses and specifies that they would involve the City to resolve any payment issues that may arise. Furthermore, a wide range of exceptional end-of-life services are included in the proposed coverage. MetLife was the only vendor to provide a quote for Whole Life.

Financial Cost

MetLife offered the lowest semi-monthly payroll deduction premium rates (rates) for basic and supplemental basic life at \$0.0230 and \$0.0230, respectively. MetLife's rates for voluntary supplemental life ranged from \$0.020 to \$0.772, which was similar to current. MetLife's rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most vendors. MetLife's rates for child life was \$0.21, which is an exact match to current.

New York Life

Plan Administration

New York Life did not agree to provide the City with some of the requested aspects within the Plan Administration category. New York Life did not confirm that they will accept self-billing on a bi-weekly basis and instead proposed a first of each month invoice notification process. They noted that they would be willing to revisit this topic if selected. New York Life does not perform

year-end reconciliations to provide information regarding discrepancies to the City. New York Life noted that they may agree to an audit of their claims administration process when there is a satisfactory reason for cases that meet a certain size/claim threshold and prepare a list of items to be completed beforehand. New York Life provided a thorough response on the account team that will be assigned to the City. New York Life was not able to provide specific responses to some of the questions in this subcategory due to proprietary and confidential data. New York Life provided extensive details on their formal training programs and how they encouraged employees to earn professional certifications and/or degrees and actively support them through tuition reimbursement programs.

Claimants do not need to submit a separate life waiver of premium form if New York Life is chosen as both the life and disability insurance provider because this information is shared within their office. If not selected as the disability provider, they are open to partnering with the selected vendor to provide waiver of premium, and stated details to be worked out during implementation. When asked how to simplify the Evidence of Insurability (EOI) process, New York Life recommended a single sign-on (SSO) technology, which allows the medical evidence of insurability questions to be integrated into the City's enrollment process workflow. This allows an employee to finish their enrollment and medical underwriting questions at the time of enrollment.

Member Services

New York Life did not agree to assign specific Customer Service Representatives (CSRs) to the City's account, however, they ensured their Advocates will be able to handle all requests. New York Life does not track how many calls are resolved within the first contact and does not have the ability to warm transfer calls, however, they are able to provide information of appropriate contact. New York Life did not agree to share complaint data with employers and only tracks for internal purposes. In this section, New York Life distinguished itself with a wide array of written, online, and in-person services, such as training seminars, social media content creation, and email templates. They did, however, state that their corporate mission for the next 24 months is to continue to enhance their innovative array of plans and services, but they did not offer any details about these updates. They stated that information about their in-flight technology is available upon request.

Plan Design

In the design plan section, New York Life responded by stating that accounts with interest gain opportunities are among their settlement choices, and that conversion and portability are available options. They do, however, waive the active at work provision under specific circumstances. The waiver of premiums is limited to Class 3 employees and is not included for voluntary life. The City would need to maintain assignments of benefits and existing assignments forms would need to be reviewed to determine if they meet requirements for grandfathering. New York Life did not provide a quote for Whole Life.

Financial Cost

New York Life's semi-monthly payroll deduction premium rates (rates) for basic and supplemental life were \$0.0500 and \$0.0600, respectively, and were slightly higher than

current. New York Life's rates for voluntary supplemental life ranged from \$0.035 to \$1.359. New York Life's rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most vendors. New York Life's rates for child life was \$0.21, which is an exact match to current.

Reliance Matrix

Plan Administration

Reliance Matrix confirmed that all life services will be provided in-house. Reliance mentions WorkDay integration possibility despite the City not utilizing WorkDay integration for this benefit. Reliance Matrix confirmed they will provide an account team/manager for addressing administrative and client relationship issues. However, they did not provide information on or resumes of the account team that will be assigned to the City of LA or references and noted they would only be provided if they were a finalist. Although Reliance did not provide an admin website, they did provide clear details on available options. They did not indicate the cost in dollars that they would allocate for an outside auditor. Reliance did not disclose the percentage of claims denied and the category reasons for denial. In response to expediting funeral assignments, Reliance offered to make payment directly to a funeral home from any life insurance benefits a beneficiary is eligible to receive, if directed to do so by that beneficiary in writing.

Reliance Matrix agreed to notify the City in writing of their waiver of premium process and if approved, will refund the premium paid after the date of total disability. When asked how to simplify the EOI process, Reliance Matrix stated that they have an automated process in place with WorkDay; however, the City does not plan to integrate WorkDay for these services and plans to continue to use its TPA, TELUS, as noted in the RFP. Reliance Matrix also offered employees access to their online enrollment system to enroll for coverages, which will automatically prompt employees to complete an EOI if they are required to do so.

Member Services

The call center hours Reliance Matrix provided were 8:00 AM to 7:00 PM Eastern Standard Time. On the subject of having a dedicated member liaison who will assist members and beneficiaries, Reliance Matrix said that if they are selected as a finalist, they would be flexible and are willing to discuss options. Reliance Matrix does not track the number of customer service issues that are resolved during first contact. If an appeal is received in a timely manner, Reliance Matrix will acknowledge it in writing and assign a new Claims Examiner to conduct an independent review of the entire claim file. A decision is typically communicated to the claimant or his/her representative within 45 days. Answers to several components of the questionnaire were not clearly provided, including whether or not the employer is notified of the appeal, how the employee learns of their rights to appeal, and whether or not the employee is notified when more information needs to be submitted. Reliance Matrix has the ability to develop custom microsites to consolidate client specific forms, information and decision support tools related to their program. These pages can be embedded in a client's secure intranet or third party administration platform for security. Reliance Matrix mentioned their partnership with WorkDay for this capacity.

Plan Design

Reliance Matrix offers both conversion and portability. Reliance Matrix affirms that benefit assignment is allowed under their policies. Details on how Viatical settlements are processed are given. There was no information given about any other kinds of assignments. In response to questions concerning end-of-life services and funeral planning/concierge services, Reliance Matrix states that they offer these resources through their EAP (however, to note, this is separate from the City's own EAP). Reliance Matrix did not provide a quote for Whole Life.

Financial Cost

Reliance Matrix's semi-monthly payroll deduction premium rates (rates) for basic and supplemental life was \$0.0300, and were slightly lower than current. Reliance Matrix's rates for voluntary supplemental life ranged from \$0.036 to \$1.390. Reliance Matrix's rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most vendors. Reliance Matrix's rates for child life was \$0.21, which is an exact match to current.

Securian**Plan Administration**

Securian will not offer a dedicated email address, however, employees may email directly through their benefit service center. Securian is able to accept electronic fund transfer, however, cannot provide manual invoicing for client administered plans. Securian agreed to provide the City rights to an audit, however, they did not specify a timeframe needed to perform one. Securian redacted some information in this subcategory citing it as proprietary information. A majority of Securian's responses were redacted citing proprietary information in this subcategory. Securian has the capability to pay in foreign currencies when necessary, while most vendors did not. Securian briefly stated that they will provide email notifications of any waiver of premium approvals while providing the City with access to their portal to check on claim statuses. Securian uses a simplified underwriting approach to simplify the EOI process by asking employees to answer general health questions. Most of the applications they receive are approved without asking for further information.

Member Services

Securian's average telephone wait time to speak to a live customer service representative was 3 minutes, which was a longer duration than all vendors. However, they were one of few vendors to track the amount of customer service issues that were resolved during first contact at 99%. One of Securian's responses was redacted in this subcategory citing proprietary information. Securian did not provide detailed information on their appeal process and would be open to discuss during the implementation process. Two of Securian's responses were redacted in this subcategory citing proprietary information. The types of communication/education available to educate employees about death benefit options include notifying the claimant by letter and continuing to communicate regularly with the beneficiary throughout the entire claim process via letter, phone and/or email. The following are standardly included in the death/life claim packet: Cover Letter; Information about claim payment methods available; A checklist or detailed instructions for how to submit a claim.

Plan Design (Plan Design)

Some of Securian’s responses were redacted in this subcategory citing proprietary information. Securian did not provide a quote for Whole Life

Financial Cost

Securian’s semi-monthly payroll deduction premium rates (rates) for basic and supplemental life were matched to current. Securian’s rates for voluntary supplemental life ranged from \$0.016 to \$0.633, which were the lowest rates offered. Securian’s rates for spouse life ranged from \$1.13 to \$11.40, which was consistent with most vendors. Securian’s rates for child life was \$0.21, which is an exact match to current.

The Standard**Plan Administration**

To reduce paper administration of claims, Standard provides paperless options throughout the member's experience. Evidence of Insurability, claim filing, and the claim management process can all be performed electronically with no need for paper forms. Standard noted that it would continue to provide the same account team and website services that it currently provides to the City. Standard will provide up to \$100,000 inclusive of all coverages for audits. When asked how to handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country, Standard is able to calculate the equivalent life insurance benefit using the exchange rate on the date of the insured’s death, while most vendors did not. Standard will make payments for funeral assignments when the claim is deemed payable, which may vary in duration on a case-by-case basis. The Standard briefly stated that a waiver of premium report is available on their portal and a copy of the letter will be sent to the City. To automate the EOI process, Standard is able to send invitations to employees with simple instructions and a link through simple data requirements received through a feed. Their Connect EOI service includes automated features in decision making, invitations to apply and reminders.

Member Services

The Standard does not assign Customer Service Representatives (CSRs) specific to the City as a way to address high call volume. However, this model allowed CSRs to answer 91.4% of the City's calls within 30 seconds in 2023. The Standard does not track how many customer service issues are resolved during first contact. The Standard tracks complaints and appeals and is able to provide summary information to the City on appeal results. The Standard provides an online Decision Support Tool that helps employees understand their benefit options and choose what works best. Standard also provides the City with a customized microsite.

Plan Design

Standard offered two settlement options to beneficiaries (lump sum and standard secure access), eliminating the third option that is currently offered (installments). Standard’s basic life benefit does not include any limitations or exclusions that would result in non-payment of benefits. Standard does not provide whole life coverage.

Financial Cost

The Standard's semi-monthly payroll deduction premium rates (rates) for basic and supplemental life was \$0.0760 and \$0.0910, respectively, and were the highest rates offered by the vendor compared to current. The Standard's rates for voluntary supplemental life ranged from \$0.036 to \$1.390, which is higher than current. The Standard's rates for spouse life ranged from \$0.93 to \$9.34, which were the lowest rates offered by any vendor. The Standard's rates for child life was \$0.19, which is the lowest offer.

Voya**Plan Administration**

To reduce paper administration, Voya complies with their "Going Green" environmental initiatives at no additional cost. Voya offers a paperless claims process whereby the vast majority of claims can be completed on-line via the Voya online claims center. Pictures or other electronic forms of necessary documents can be uploaded directly avoiding the need to print or send. Voya's online reporting allows the City on-demand access to a variety of reports and allows for security set up to allow for varying access to employee specific data. Voya provided a detailed response to their process for administering the claim process and how their electronic workflow system is utilized. Voya is able to make expedited claim reviews for funeral assignments, however, not necessarily make expedited payments. Voya stated that the City will be able to access waiver status through Voya's online reporting tools and offered to schedule push report notifications. To simplify the Evidence of Insurability (EOI) process, Voya recommends a fully automated EOI process with real time decision making capabilities. Their updated EOI form includes four health questions that would be integrated as part of the City's enrollment process.

Member Services

Voya agreed to provide a team that will include a lead and 10 additional team members with all CSRs fully educated on the City of LA's benefit programs. Voya has an exceptional 92% success rate in resolving customer issues on the first contact. When an appeal is received, Voya's Claims Examiner will acknowledge the appeal and send an acknowledgement letter. A letter is sent to the claimant explaining the reason(s) for the denial and how the claimant can appeal the claim determination. A letter is also sent to the policyholder/employer saying that the claim is denied. Voya, however, did offer a window of time for the appeals processing. Voya offers multiple types of educational benefits to members that need help navigating life's ups and downs. They offer programs that can assist at work, home and on the road including: Bereavement Support, including Funeral Planning and Will preparation, as well as offering tools for emotional support, guidance and assistance, and probate and estate administration.

Plan Design

Voya provided various types of settlement options offered to beneficiaries. Voya routinely pays interest on all death claims from the date proof of death is received to the date of payment of proceeds. Interest is calculated using the greatest of 0.25% or any state-mandated calculation. Employees have the option to port their policy and be directly billed, and they also have the

option of conversion which converts the policy to a Whole Life option. Voya did not provide a quote for Whole Life

Financial Cost

Voya's semi-monthly payroll deduction premium rates (rates) for basic and supplemental life was \$0.0430 and was a match to current for basic and lower than current for supplemental basic. Voya's rates for voluntary supplemental life ranged from \$0.040 to \$1.350, which is higher than current. Voya's rates for spouse life ranged from \$1.03 to \$10.37, which match to current. Voya's rates for child life was \$0.21, which matches current.

Overall Findings - Life Insurance

The Review Committee’s overall scoring results show a close scoring in several sections amongst the Proposers. However, upon completion of the evaluation, the Review Committee’s scores resulted in MetLife being the highest scored proposal. Overall, their responses tended to be the most favorable. The overwhelming majority of their responses met at least the satisfactory standard, with very minimal unsatisfactory or incomplete answers. MetLife scored the highest in most subcategories, including Plan Administration, Plan Sponsor, Claim Processing, Call Center, and Plan Design. They tied with Lincoln for Evidence of Insurability, and they tied with Lincoln, Reliance Matrix, Standard and Voya with Appeal Services.

MetLife scored the highest for their collective responses to the Basic and Supplemental Employee, and Dependent Life Insurance services requested in the Joint Request for Proposal. Through their answers, MetLife indicates that they are able to provide automation enhancements to selection of insurance by linking directly with the LAwell Programs third party administrator for Evidence of Insurability; to provide automation of claim processing for beneficiaries; to provide automation options and reduction of paperwork of claim processing for the employer; to automate a waiver of premium option; to provide funeral assignment immediately to a filed claim along with additional services; to provide a member advocate and a dedicated email address to assist employees and beneficiaries with all aspects of coverage and claims; to provide robust educational tools and services, inclusive of customized sites, and a dedicated communication and enrollment specialist; to provide an array of reporting and metrics; to provide up \$35,000 each year for the City to perform auditing services.

The following chart shows some highlights of how MetLife’s responses compared to other bidders in certain areas:

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Will provide no-loss, no gain & waiver of Actively at work for all currently covered lives starting Jan 1 2025?	Yes, with limitation	Yes	Will not waive Active at work	Yes	Yes, with limitation	Yes, with limitation	Yes	Yes	Yes, but did not specify active at work waiver
Will guarantee that coverage will continue for all currently insured members by the policy on the plan effective date?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Claim Processing % of claims processed within 10 days	100%	95%	Does not track; Goal is 95% within 3 business days	98%	Proprietary & Confidential	100%	98.8%	98.51%	74%
Call Center (average telephone wait time to speak to a live customer service representative in 2023)	6 seconds	31.22 seconds	Proprietary and Confidential	19 seconds	25 seconds	30 seconds	3 minutes	49 seconds	30 seconds
Dedicated Account Team	Yes	Yes	Yes	Yes - dedicated Client Service Consultant, and Sr. Account Executive	Yes	Yes	Yes	Yes	Yes
Member Advocate	No	Yes	Yes	Yes	Will discuss if selected as finalist	Will discuss if selected as finalist	No	Yes	Assigned Account Executive will fill this role
Plan Design Funeral Assignment	Yes	Yes	Yes - with conditions	Yes- Extensive Services	No	Yes- with conditions	Yes- with conditions	Yes	Yes- with conditions

Short/Long-Term Disability Insurance

Overall, while the Review Committee’s scores between the eight proposals were fairly close and each Proposer was deemed as capable of providing the Short/Long-Term Disability Insurance services for the LAwell Program at a base level, some proposals were consistently more aligned with the Short/Long-Term Disability Insurance RFPs’ objectives. At the end of the evaluation, MetLife’s proposal was ranked ahead of the other proposals with Voya, Lincoln, The Standard, Hartford, New York Life, AFLAC, and Reliance Matrix following (ranked in descending score order) afterwards. The Review Committee’s averaged scoring results for the proposals are shown in the chart below in alphabetical order:

RFP CATEGORY	Short/Long-Term Disability Insurance							
	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
PLAN ADMIN	285	286	310	326	293	276	311	295
MEMBER SERVICES	87	71	89	91	73	77	82	91
PLAN DESIGN	66	75	78	83	65	70	81	86
FINANCIAL COST	29	27	33	36	34	31	33	26
TOTALS	467	459	510	536	465	454	507	498

Keenan’s review and scoring results were also fairly close to the City. Like the City, Metlife’s proposal was ranked ahead of the other proposals but with Lincoln, The Standard, Voya, Reliance Matrix, AFLAC, New York Life, and The Hartford following (Ranked in descending score order) afterwards. Keenan’s peer reviewed averaged scoring results for the proposals are shown in the chart below in alphabetical order:

Category	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Plan Administration and Sponsor Services	283	277	292	294	280	286	290	281
Member Services and Communications	83	71	80	81	78	75	76	83
Plan Design	67	70	70	73	71	70	73	75
Financial Cost	29	26	31	29	30	33	29	28
TOTAL	462	444	473	477	459	464	468	467

The Disability portion of the Joint LDA RFP encountered a small discrepancy between the categories/subcategories published in the questionnaire and the categories identified in the weight factor distribution identified in section four (4) of the Joint LDA RFP. This discrepancy was not realized until after the proposal deadline had passed and all eight proposals were received by the City, preventing the City from issuing a correction. The category discrepancy consisted of the following: The Questionnaire consisted of five (5) categories (a. Plan Administration, b. Operations, c. Member Services, d. Plan Design, and c. Financial) and the weight factor table listed in RFP Section four (4) consisted of four (4) categories (i. Plan Administration; ii Member Services; iii Plan Design; iv Financial).

In reviewing the documents that were used in creating the final questionnaire, it was apparent to the City that the category of Operations was to be included within and renamed Member Services. However the naming of these questions were not updated in the questionnaire. This discrepancy did not impact the scoring of the questionnaire in any manner. The questions within the questionnaire were scored on an individual basis using the application of either a qualitative or quantitative score which ultimately resulted in a numerical result of one (1) to five (5). The category or subcategory of question was not a factor in applying a score to a question. This discrepancy only applied to that application of a weighted factor to the resulting score. In application, as identified in section four of the Joint LDA RFP, the weighted factors was a percentage applied the total category. The City views this discrepancy as a clear and apparent typographical error. However, the City performed its due diligence and applied category weights in varying configurations of any possible perceived combination of the questions aligning with the four (4) weighted categories as identified in section four of the Joint LDA RFP. As the factors are percentage based weights applied to the total score, in each possible combination the final outcome did not result in a large scale change. And in each possible combination, the final outcome remained the same with MetLife receiving the highest score.

Scoring Overview

As stated previously, and in accordance with the Joint LDA RFP evaluation criteria, a mix of qualitative and quantitative evaluation criteria was used to evaluate the rated category sections of the questionnaire and a numerical value was assigned to each rated question. Overall, the Review Committee and Keenan found that each Proposer's response generally met the expected standards of each category. There were some variances in the qualitative and quantitative scoring amongst the proposals, however, they were relatively minor. All Proposers were deemed as capable of providing the general services for the LAwell Program at a base level. From a high level, the Review Committee noted some distinct differences between each proposal and have highlighted some of these components below.

AFLAC

Plan Administration

AFLAC stated that less than 5% of the services solicited in this RFP would be outsourced to other firms or subcontracted. AFLAC agreed to prepare the W-2, W2-Cs, 1099s and issue tax statements for disability payments, however, did not provide a sample report as requested. AFLAC did not provide information on the account team that will be assigned to the City of LA or references unless a finalist. AFLAC was unable to provide a test admin website. AFLAC agreed

to audit services with 45 days' notice. AFLAC's standard record retention was seven years, which surpasses the three years minimum requested.

AFLAC allows for claims to be submitted via their portal, Customer Care Center, or telephonically. AFLAC will request an employer statement as part of the validation process for an STD/LTD claim. In the event a City employee is incapacitated, AFLAC allows the City of LA to initiate a claim on behalf of an employee in the event that they cannot do it themselves or a Power of Attorney (POA) may take action. AFLAC did not disclose the percentage of claims denied and the category reasons for denial.

Operations

AFLAC has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) is 6 seconds, the fastest reported time of all responded vendors. AFLAC CSR's can resolve 92% of customer service issues during first contact. If needed, the AFLAC CSR can warm transfer member calls to a dedicated liaison and/or the City. CSR training, member procedures for self-identification, and CSR access to sensitive information are acceptable for the City. AFLAC has multiple language service options available.

Though AFLAC can provide a general CSR to the City, they cannot provide a City-dedicated CSR. AFLAC has described the training of their CSR's but didn't mention the tenure. For language services, AFLAC was unable to provide the hours of telephone customer service availability for Spanish language and TDD services. AFLAC identified that a dedicated email for the City is not part of AFLAC's standard practice, therefore, additional fees may apply. AFLAC's website can be in Spanish and is compliant with Web Content Accessibility Guidelines (WCAG) Guidelines. The website can be customized with Logo, Enrollment Dates, Links to enrollment site, custom photos, product flyers, benefit spotlights, videos, FAQ's, glossaries and links to other resources like the MyBenefits portal. No charge for marketing material. AFLAC agrees to co-branding. For media / tech enhancements, AFLAC offered Customized Learning Hub. AFLAC has a customizable Learning Hub with multiple features but was unable to state if this is a custom City micro-site. AFLAC did not state how they will work with City to customize the site and did not describe resources available to launch / maintain the site.

Member Services

AFLAC provided a brief overview of their appeals process. When a claim is denied, the Case Manager will make a telephonic outreach to the employee to explain the reason for the denial. AFLAC will make at least two attempts to discuss a claim denial with the employee. AFLAC can provide written, virtual, and/or in-person education to City employees about the disability process. AFLAC can include a custom insert in the initial disability packet. For educational concierge services, AFLAC offered the Customer Care Center

Plan Design

AFLAC agreed to the following:

- Include waiver of premium

- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- Includes benefits for partial disability
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse

AFLAC did not agree / provide to the following:

- Waive the Actively-at-Work provision
- Any riders/enhancements to the proposed disability plan
- For pre-existing limitations on the proposed plan, AFLAC answered to reduce the 6 month window to 3 months.
- AFLAC's definition of partial disability

Financial Cost

AFLAC's semi-monthly payroll deduction premium rates (rates) for core disability were 0.192% for STD and 0.123% for LTD, which are increases to current. AFLAC's rates buy-up disability ranged from 0.143% to 0.738% for STD, which was a match to current, and 0.150% to 1.321% for LTD, which is a decrease from current.

The Hartford

Plan Administration

Hartford does not intend to use subcontractors; however, they outsource functions to well-respected firms in the U.S. overseas, India and Philippines. Hartford provided a clear list of key steps in the implementation process. Hartford was unable to provide a test admin website and required 3 months of notice for audits whereas other vendors required less time. They will provide Vocational Case Managers that specialize in negotiating and coordinating return-to-work opportunities. Hartford allows for claims to be submitted via telephonic intake, online via employer portal, or paper application. The Hartford analysts will reach out to the City as part of the validation process for an STD/LTD claim if information is missing. Hartford did not disclose the percentage of claims denied and the category reasons for denial and considers this proprietary information.

Operations

Hartford has multiple language service options available. CSR Training and tenure was described. The Hartford was unable to confirm that there is a dedicated liaison, but offered dedicated analysts and Consultant. Hartford is unable to warm transfer to a dedicated liaison and/or the City. Hartford has reported an average telephone wait time in 2022 for someone to speak with a live customer service representative (CSRs) as 31.22 seconds, which is not the requested 2023 time. Though The Hartford can provide a general CSR to the City, they cannot provide a dedicated CSR. The Hartford was unable to provide answers for member self-identification and CSR access to sensitive info, instead talking about identifying callers to an

existing profile via The Hartford's C-Hub. For language services, Hartford was unable to provide the hours of telephone customer service availability for Spanish language and TDD services. Hartford did not agree to perform year-end reconciliations to provide information regarding discrepancies to the City. When asked if a dedicated email would be provided to the City, Hartford does not support customer specific email boxes for employees to email questions; however, employees will have the ability to contact their Ability Analyst directly via our employee portal. Hartford agreed to not charge interest on late payments made beyond the due date. However, plans are subject to cancellation if premiums are not received within the grace period.

Hartford noted that its website is being updated to Web Content Accessibility Guidelines (WCAG) 2.0 A/AA. Site can be customized to include City's logo and upload custom forms and documents as needed. Hartford agrees to co-brand. Hartford has a customizable On24 with features but was unable to state if this is a custom City micro-site. Hartford did not indicate language other than English available on the website. Hartford did not specify site customization additional costs, how Hartford will work with City to customize the site, and did not describe resources available to launch/maintain the site. For media / tech enhancements, Hartford offered web portal but lacks other supporting material

Member Services

The Hartford provided a brief overview of their appeals process. Hartford will provide a written notice if the claim is wholly or partially denied to the member and employer. An appeals specialist will review and respond to all appeals. Hartford can provide written, virtual, and/or in-person education to City employees and about the disability process. For educational concierge services, Hartford offered Customer Care Nurse when the claim starts to help with initial explanations and how to navigate the website, though other details are lacking. Hartford cannot include a Custom Insert in the initial disability packet

Plan Design

Hartford agreed to the following:

- Include a waiver of premium
- Waive the Actively-at-Work provision but subsequently responded with answers that made their agreement unclear.
- Includes benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse
- Continue current practice to allow employees to code from any available Leave banks but subsequently responded with answers that made their agreement unclear

Hartford did not agree / provide to the following:

- Any riders/enhancements to the proposed disability plan

Financial Cost

The Hartford's semi-monthly payroll deduction premium rates (rates) for core disability were 0.179% for STD and 0.122% for LTD, which are increases to current. The Hartford's rates buy-up disability ranged from 0.137% to 0.708% for STD, which was a decrease to current, and 0.196% to 1.7300% for LTD, which is also a decrease from current.

Lincoln**Plan Administration**

Lincoln did not agree to a mutual indemnification/hold harmless provision be included in this contract. When asked what services solicited in this RFP would be outsourced to other firms or subcontracted, Lincoln stated that they will provide disability coverage in-house. Lincoln completely described the account team that will be assigned to the City of LA. Lincoln required the City to reach out to bidder for website access and specialized demo. Lincoln can provide real-time notification of changes in claim status, leave status, and return to work to the City as a way to improve timeliness. To improve accurateness, Lincoln offers time saving technology to employers and robust claim management tools for their claims specialists.

Lincoln allows claims to be submitted online via our portal, telephonically, or paper via fax or regular mail. Lincoln does not require the City to be part of the validation process if eligibility feed is provided. In the event a City employee is incapacitated, the employer or someone else acting on the employee's behalf may initiate the claim process. Lincoln will make an initial STD claim decision within an average of three business days from receipt of all necessary information. To improve education around and enhance premium waiver, Lincoln will automatically initiate the process once they identify a potential waiver claim.

Operations

Lincoln can provide a dedicated member liaison and confirmed availability. Lincoln will provide dedicated CSRs for the City. If needed, the Lincoln CSR can warm transfer member calls to a dedicated liaison and/or the City. CSR training was described and tenure provided. CSR member procedures for self-identification are acceptable for the City. Lincoln has multiple language service options available. Lincoln CSR access to sensitive information was not described. Lincoln has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) of 85% within 30 seconds. CSR first contact resolution was not described. For language services, Lincoln was unable to provide the hours of telephone customer service availability for Spanish language and TDD services. When asked if vendors performed year-end reconciliations, Lincoln stated that their billing department performs monthly reports and will contact the City if there are any discrepancies.

Lincoln can provide a custom City micro-site. Lincoln's website can be in Spanish and is compliant with applicable laws/regulations. The website can also be comprehensively customized. Lincoln agrees to co-branding. For media / tech enhancements, Lincoln offered Quarterly webinars "Absence Advisor" for employee and employer education, Email campaigns,

and Social Media (LinkedIn, X, Instagram). Lincoln did not specify site customization additional costs, did not clearly identify how Lincoln will work with City to customize the site, and did not describe resources available to launch/maintain the site.

Member Services

Lincoln provided a detailed overview of their appeals process. Lincoln's claims specialist will review the additional information included with the appeal request within five days of receipt and will reopen the claim if received sufficient information. If the additional information is not sufficient, the appeal is forwarded to the appeal department. The appeal consultant communicates the decision to the employer, the employee, and the claims specialist within 45 days of appeal receipt. Lincoln can provide written, virtual, and/or in-person education to City employees and about the disability process. Lincoln can include a Custom Insert in the initial disability packet. For educational concierge services, Lincoln offered the CSR team, dedicated claim liaison/specialist prior to employee starting a claim, multiple materials such as videos and brochures, and concierge services are also available to City HR teams

Plan Design

Lincoln agreed to the following:

- Include waiver of premium
- Provided riders/enhancements to the proposed disability plan
- Includes benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse

Lincoln did not agree / provide to the following:

- Waive the Actively-at-Work provision

Financial Cost

Lincoln's semi-monthly payroll deduction premium rates (rates) for core disability were 0.176% for STD and 0.106% for LTD, which are increases to current. Lincoln's rates buy-up disability ranged from 0.137% to 0.708% for STD, which was a decrease to current, and 0.192% to 1.691% for LTD, which is also a decrease from current.

MetLife

Plan Administration

MetLife stated that less than 3% of the services provided in this RFP would be outsourced or subcontracted. MetLife provided a robust employer website demo. MetLife will provide an interactive dashboard that is updated daily and can be customized. MetLife included a \$35,000 annual credit that may be used during the initial three-year term of the contract period for audits. MetLife requires 2 months of notice for audits whereas other vendors require less time.

MetLife will provide Return to Health Coaches who help tailor or enhance return to work programs. MetLife allows for claims to be submitted telephonically or via mobile enabled web portal. An eligibility file is required. Claims may also be submitted via paper. MetLife does not require City to be part of the validation process if eligibility feed is provided. In the event a City employee is incapacitated, the employer or anyone with a relationship to the employee who has the appropriate identifying information can submit the claim on the employee's behalf. MetLife will make an initial STD claim decision within an average of two business days from receipt of all necessary information, which was the quickest turnaround time of all vendors. In 2023, their average turnaround time was less than one business day for STD.

Operations

MetLife can provide a dedicated member liaison and confirmed availability. MetLife has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) is 17 seconds which is the 2nd fastest of any vendor. CSR training was described and tenure provided. If needed, the MetLife CSR can warm transfer member calls to a dedicated liaison and/or the City. CSR member procedures for self-identification are acceptable for the City. MetLife has multiple language service options available and provided the hours of telephone customer service availability for TDD services. Though MetLife can provide a general CSR to the City, they cannot provide a City-dedicated CSR. CSR first contact resolution was not described. For language services, MetLife was unable to provide the hours of telephone customer service availability for Spanish language.

MetLife can provide a custom City micro-site. Website is being updated to Web Content Accessibility Guidelines (WCAG) version 2.1 Levels A and AA of the World Wide Web Consortium Web Accessibility Initiative (W3C WAI). Site can be customized to include Company name, Company logo, client specific plan design information, benefit schedules, underwriting requirements and rates, client specific messages, Customization has no additional costs, and Howie Sisken is available to work with the City as a resource for launch / maintenance. For media/tech enhancements, MetLife offered simple messaging, Targeted messaging, Messaging includes: product overviews, FAWs, and infographic flyers, Digital content via videos, and Brainshark presentations. MetLife did not specify if the website is in languages other than English.

Member Services

MetLife provided a robust overview of their appeals process. MetLife described their appeal process in three parts: Initial Denial or Withdrawal, Appeal Acknowledgement, and Reevaluation of Decision. MetLife can provide written, virtual, and/or in-person education to City employees and about the disability process in multiple forms and offered 2 phase awareness plan. MetLife can include a Custom Insert in the initial disability packet. For educational concierge services, MetLife offered a microsite and claims specialist

Plan Design

MetLife agreed to the following:

- Include waiver of premium

- Waive the Actively-at-Work provision
- Benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse

MetLife did not agree / provide to the following:

- Any riders/enhancements to the proposed disability plan

Financial Cost

MetLife's semi-monthly payroll deduction premium rates (rates) for core disability were 0.079% for STD and 0.072% for LTD, which are the second to lowest decreases to current. MetLife's rates buy-up disability ranged from \$0.061 to \$0.316 per \$10 of benefit for STD, and 0.109% to 0.960% for LTD, which is a decrease from current.

New York Life

Plan Administration

When asked what percentage of services solicited in this RFP would be outsourced to other firms or subcontracted, New York Life did not specify due to their current confidentiality agreements in place with their suppliers. New York Life provided a thorough response when asked to describe their implementation process. New York Life *may* agree to an audit of their claims administration process when there is a satisfactory reason for cases that meet a certain size/claim threshold and prepared a list of items to be completed beforehand. New York Life does not offer or include a reasonable accommodation benefit in their disability policies. New York Life did not agree to the City's current process that allows employees to code from any of their available Leave banks while a claim is pending approval/denial but described a similar process in their response. New York Life allows for claims to be submitted by phone, fax, mail, or online. Reliance does not require City to be part of the validation process if eligibility feed is provided. In the event a City employee is incapacitated, anyone can file a claim on behalf of an employee. New York Life did not disclose the percentage of claims denied and the category reasons for denial and considers this proprietary information.

Operations

New York Life has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) is 25 seconds. CSR member procedures for self-identification are acceptable for the City. New York Life has multiple language service options available. New York Life cannot provide a dedicated member liaison. New York Life does not have CSRs but instead offered Intake Advocates and training and tenure was described. CSR first contact resolution was not described. New York Life cannot warm transfer member calls to a dedicated liaison and/or the City. CSR access to sensitive info not described. For language

services, New York Life was unable to provide the hours of telephone customer service availability for Spanish language and TDD services. New York Life did not agree to perform year-end reconciliations to provide information regarding discrepancies to the City. When asked to confirm that New York Life will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out, New York Life will provide a dedicated enrollment consultant.

New York Life can provide a custom City micro-site. New York Life Website can be in Spanish. Vendor agrees to co-brand. New York Life did not specify website compliance with applicable laws/regulations. Only thing website customization that was mentioned was that "Users can save personalized reports with nearly 300 available data elements". New York Life did not specify site customization additional costs, how New York Life will work with City to customize the site, and did not describe resources available to launch/maintain the site. For media / tech enhancements, New York Life offered a "technology strategy" but it lacks information and other supporting media.

Member Services

New York Life provided a detailed overview of their appeals process. New York Life requires employees to appeal a claim in writing within 180 calendar days of receiving the claim denial notification. New York Life strives to make decisions within 45 calendar days unless permitted extensions are applied. New York Life can provide written, virtual, and/or in-person education to City employees and about the disability process. For educational concierge services, New York Life offered the Work Wellness website. New York Life cannot include a Custom Insert in the initial disability packet.

Plan Design

New York Life agreed to the following:

- Include waiver of premium.
- Benefits for partial disability and their definition of partial disability
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.

New York Life did not agree / provide to the following:

- Waive the Actively-at-Work provision.
- Provide any riders/enhancements to the proposed disability plan
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- In 'Match to Current' New York Life reduced the Own Occupation period of Basic LTD from 24 to 18

Financial Cost

New York Life's semi-monthly payroll deduction premium rates (rates) for core disability were 0.160% for STD and 0.105% for LTD, which are increases to current. New York Life's rates buy-up disability ranged from 0.060% to 0.309% for STD and 0.094% to 0.8270% for LTD; these rates were the lowest offered by any vendor compared to current.

Reliance Matrix**Plan Administration**

When asked what percentage of services solicited in this RFP would be outsourced to other firms or subcontracted, Reliance Matrix stated that all direct claim and leave management services are provided in-house through employees of Reliance Matrix. Reliance Matrix did not provide information on the account team that will be assigned to the City of LA or references unless a finalist. Reliance Matrix referred to WorkDay integration as a way to improve the timeliness and accuracy of reporting claim status; however, the City will not use WorkDay in this capacity. Reliance Matrix did not specify a timeframe for audits to take place and suggested an agreed upon time.

Reliance Matrix allows employees to submit claims via phone, email, online browser available 24/7, and mobile phone via mobile-responsive browser. The only vendor to include mobile phone claim submission. Reliance Matrix will require City to be part of the validation process if the employee does not appear on the most recent report. In the event a City employee is incapacitated, the policyholder could file the claim on behalf of the employee. Reliance Matrix did not disclose the percentage of claims denied and the category reasons for denial. Reliance Matrix will make an initial STD claim decision within an average of three business days from receipt of all necessary information.

Operations

Reliance Matrix has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) is 30 seconds. CSR training was described and tenure provided. CSR handling of sensitive information was described. If needed, Reliance Matrix CSR can warm transfer member calls to a dedicated liaison and/or the City. Reliance Matrix has multiple language service options available. Though Reliance Matrix can provide a general CSR to the City, they cannot provide a City-dedicated CSR. CSR first contact resolution was not described. Reliance Matrix did not mention any procedures for member self-identification. For language services, Reliance Matrix was unable to provide the hours of telephone customer service availability for Spanish language and TDD services. When asked if vendors performed year-end reconciliations, Reliance Matrix agreed. When asked to confirm that Reliance will accept self-billing on a bi-weekly basis, they confirmed and stated that WorkDay integration can be set up to improve efficiency despite the City confirming that WorkDay will not be integrated with benefit providers.

Reliance Matrix can provide a custom City micro-site. The micro-site can be customized to include Intake process, in the employee packet, as well as ongoing communication to

employees and front line management. Additional costs were included in Rates. Reliance Matrix agrees to co-brand. Reliance Matrix did not specify if the website is in languages other than English. Reliance Matrix did not specify website compliance with applicable laws/regulations. Reliance Matrix did not specify how Reliance Matrix will work with City to customize the site, and did not describe resources available to launch/maintain the site. For media / tech enhancements, Reliance Matrix kept referring to their partnership with Workday and three phase solution. In addition, this answer is lacking other additional supporting media that other vendors provided

Member Services

Reliance Matrix provided a detailed overview of their appeals process. Reliance Matrix will acknowledge it in writing if it is received in a timely manner; Reliance Matrix did not specify a time frame. Then, they will assign a new Claims Examiner in their Quality Review Unit to conduct an independent review of the entire claim file. Reliance Matrix can provide written, virtual, and/or in-person education to City employees and about the disability process. Reliance Matrix can include a Custom Insert in the initial disability packet. For educational concierge services, Reliance Matrix offered educational videos, call center representatives, and claim examiners who can take over for call center representatives

Plan Design

Reliance Matrix agreed to the following:

- Include waiver of premium
- Provided riders/enhancements to the proposed disability plan
- Includes benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse

Reliance Matrix did not agree / provide to the following:

- Waive the Actively-at-Work provision

Financial Cost

Reliance Matrix's semi-monthly payroll deduction premium rates (rates) for core disability were 0.0176% for STD and 0.1090% for LTD, which are the lowest rates offered by any vendor. Reliance Matrix's buy-up disability ranged from 0.143% to 0.738% for STD, which was a match to current, and 0.218% to 1.9220% for LTD, which majority is match to current.

The Standard

Plan Administration

The Standard stated that less than 1% of the services solicited in this RFP would be outsourced

to other firms or subcontracted. The Standard only disclosed two out of three customers as a courtesy to their customers during the proposal process. The Standard will provide up to \$100,000 inclusive of all coverages for audits. The Standard's Workplace Possibilities Program can be integrated into the City's Reasonable Accommodations Process. The Standard also allows for the reimbursement of costs associated with new or altered equipment that accommodates the employee's medical needs. The Standard allows employees to submit claims via online or telephonic claim intake. The Standard does require the City to be part of the validation process by requesting the last day of work and sick leave end date. The Standard did not disclose the percentage of claims denied and the category reasons for denial and considers this proprietary information.

Operations

CSR training was described and tenure provided. If needed, the Standard CSR can warm transfer member calls to a dedicated liaison and/or the City. CSR member procedures for self-identification are acceptable for the City. The Standard has multiple language service options available and provided the hours of telephone customer service availability for Spanish language services. The Standard can provide a dedicated member liaison but was unable to specify time availability. The Standard has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) of 49 seconds, the longest reported time of any vendor. Though The Standard can provide a general CSR to the City, they cannot provide a City-dedicated CSR. CSR first contact resolution was not described. For language services, The Standard was unable to provide the hours of telephone customer service availability for TDD services. When asked if vendors performed year-end reconciliations, The Standard agreed to provide information within 60 days of the reporting period.

The Standard can provide a custom City micro-site. The website can support multiple languages other than English and is compliant with Conformance AA Level of the W3C Web Content Accessibility Guidelines Version 2.1. The Standard specified no costs for site updates and minimal cost, absorbed into retention, for translation services that's part of maintenance. The Standard agrees to co-brand. For media / tech enhancements, The Standard offered media via presentations, videos, email blast campaigns, paper materials and one on one meetings via Calendly app for tech. The Standard did not specify what contents can be specified for the micro-site and how The Standard will work with the city to customize the micro-site.

Member Services

The Standard provided a detailed overview of their appeals process. When a claim is denied, The Standard gives the employee the chance to appeal in writing and is not required to submit additional documentation. The Standard can provide written, virtual, and/or in-person education to City employees and about the disability process. The Standard can include a Custom Insert in the initial disability packet. For educational concierge services, The Standard offered a micro-site, Support Tools, and a Dedicated Account Specialist

Plan Design

The Standard agreed to the following:

- Include waiver of premium.
- Waive the Actively-at-Work provision but subsequently responded with answers that made their agreement unclear
- Benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse

The Standard did not agree / provide to the following:

- Any riders/enhancements to the proposed disability plan

Financial Cost

The Standard's semi-monthly payroll deduction premium rates (rates) for core disability were 0.180% for STD and 0.138% for LTD, which are increases to current.

Lincoln's rates buy-up disability ranged from 0.134% to 0.694% for STD, which was a decrease to current, and 0.168% to 1.4800% for LTD, which is also a decrease from current.

Voya

Plan Administration

Voya disclosed a subcontractor that would administer their disability insurance product. Voya was unable to provide a test website and instead provided screenshots. Voya will provide an educational resource that allows employees and their families to educate themselves on the offered products via videos, real-life examples, brochures, and FAQs. Voya allows employees to submit claims via telephonic intake, paper claim form (fax, mail, email) or online claim submission. No claim form is necessary for employees to submit when doing telephonic intake and the employer does not need to complete the form if information is received through eligibility feed. Voya did not confirm to accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.

Operations

Voya can provide dedicated member liaison and confirmed time. Voya has reported an average telephone wait time for someone to speak with a live customer service representative (CSRs) of 25.4 seconds. Voya can provide 11 City-Dedicated CSRs and CSR training was described. CSR resolves 93% of customer service issues during first contact. If needed, the Voya CSR can warm transfer member calls to a dedicated liaison and/or the City. CSR member procedures for self-identification are acceptable for the City. Voya has multiple language options available. CSR tenure was not provided and CSR handling of sensitive information is not described. For language services, Voya was unable to specify the ability to provide the hours of telephone customer service availability for Spanish language and TDD services. When asked if vendors performed year-end reconciliations, Voya agreed to provide financial information within 120 days of the anniversary date.

Voya can provide a custom City micro-site. The website is being updated to newer WCAG standards. Their website can be customized to include the Employer logo, a link to your designated enrollment platform, targeted messaging leading up to, during and after enrollment, and the ability to display in both English and Spanish. Voya agrees to co-brand. For media / tech enhancements, Voya offered Online Claims Portal and Reporting and Resource Center with various media/forms to learn, Online Claims Portal - Tools and self-service capabilities, Online Reporting -Access to variety of reports, Employee Benefits Resource Center - Employees can learn info via videos, examples, brochures, and FAQs. Voya did not specify if the website is in languages other than English. The sample Employee Benefits Resource Center website flyer provided with the proposal and response to the questionnaire lists no information on how Voya will work with the city to customize and did not describe resources available to launch / maintain the site.

Member Services

Voya provided a detailed overview of their appeals process. If the decision is to deny benefits, a call is made to the employee to explain the decision in detail. A denial letter is also sent to the employee. Voya can provide written, virtual, and/or in-person education to City employees and about the disability process. Voya can include a Custom Insert in the initial disability packet. For educational concierge services, Voya offered brochures, videos, emails, social media, and posters.

Plan Design

Voya agreed to the following:

- Include waiver of premium
- Waive the Actively-at-Work provision
- Provided riders/enhancements to the proposed disability plan
- Includes benefits for partial disability and their definition of partial disability
- Waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.
- No-Loss, No-Gain provision
- Continue current practice to allow employees to code from any available Leave banks
- Disability contract contains exclusions for alcoholism, psychiatric treatment, or drug abuse and is willing to increase it from 18 to 24 months

Financial Cost

Voya's semi-monthly payroll deduction premium rates (rates) for core disability were 0.166% for STD and 0.114% for LTD, which are increases to current.

Lincoln's rates buy-up disability ranged from 0.124% to 0.640% for STD, which was a decrease to current, and 0.139% to 1.2260% for LTD, which is also a decrease from current.

Overall Findings - Disability Insurance

The Review Committee’s overall scoring results show a close scoring in several sections amongst the Proposers. However, upon completion of the evaluation, the Review Committee’s score resulted in MetLife being the highest scored proposal. Overall, their responses tended to be the most favorable. The overwhelming majority of their responses met at least the satisfactory standard, with very minimal unsatisfactory or incomplete answers. MetLife scored the highest in most subcategories, including Plan Administration, Plan Sponsor, Website, Plan Design, and Financial Cost. MetLife tied for Appeals with Lincoln, New York Life, and Reliance Matrix. MetLife also tied for Communication with Lincoln, and Voya.

MetLife scored the highest for their collective responses to the Short/Long-Term Disability Insurance services requested in the Joint Request for Proposal. Through their answers, MetLife indicates that they are able to provide multiple options for an employee to file a disability claim and - in the unfortunate scenario that an individual is incapacitated or otherwise incapable to start their own disability claim - Metlife indicates that the employer or a relative of the employee can start the claim on their behalf; to reduce the City’s effort and paperwork during the claim process if an eligibility file is passed from the City to Metlife, and Metlife expressed experience in working with the City’s third party administrator; to provide health coaches among other options to assist with the City’s return to work efforts; to agree to changing the City's current benefit waiting period for employees receiving Injured on Duty pay and to further discuss with Workers Compensation how to improve and integrate information to improve the claim experience of members with work related injuries. Additionally, MetLife reported low claim denial rates and noted an ability to provide a dedicated claims team with an ability to coordinate across benefits.

The following chart shows some highlights of how MetLife’s responses compared to other bidders in certain areas:

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
No Loss-No Gain continuation of all current covered members	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Can waive the “Actively at Work” provision for initial enrollment	No	Yes	No	Yes	No	No	Yes	Yes

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Dedicated Member Liaison	Yes	Yes	Yes	Yes	Will discuss if selected as finalist	Will discuss if selected as finalist	Yes	Yes
Outsourcing	Less than 5%	No % given, if it is US based, and if it will outsource services while with the City	0%	Less than 5%	No % given, if it is US based, and if it will outsource services while with the City	No % given and if it is US based	Less than 5%	No % given and if it is US based
Claim Processing (average number of business days to process a claim from date received in last 12 months)								
Q79	STD: 8 days LTD: 38 days	STD: 94.75% within 3 days LTD: 92.5% within 20 days	Proprietary and Confidentialia	STD: 0.12 days LTD: 1.36 days	Did not specify	STD: 3 days LTD: 5 days	ST: 3-4 Days LTD: 30 Days	3.7 Days (Did not specify claim type)
Can Claim filing be done electronically?	STD: Yes LTD: No	Yes	Yes	Yes, telephonic and web filing available when an eligibility file is in place.	Yes	Yes	Yes	STD: Telephone only LTD: Yes
% Claims Denied	Did not disclose	Did not disclose	18.8% of STD claims and 24.5% of LTD	14% of STD claims and 20% of LTD	Did not disclose	Did not disclose	Did not disclose	Did not provide

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Appeals	After denial, will send appeal process documents	Will send notice to employee/employer. Appeals specialist and Medical Consultants available for additional review	When appeal received, appeal is forwarded to appeal department for evaluation	Appeals Specialist will review submissions. Claims Specialist will notify employee and employer (where applicable).	Claim manager / independent appeals team reviews the claim. After decision, employees notified by mail	Quality Review Unit Claims manager reviews the claim. After decision, employee is notified	After denial, employee notified of right to appeal	When appeal received, a independent review is launched and employee notified of the result
Call Center (average wait time to speak to a live CSR)	6 seconds	30 seconds	Proprietary	17 seconds	25 seconds	30 seconds	49 seconds	25.4 seconds
Integration with Workers Compensation (WC)	Did not specify meeting with WC carrier but offered to warm transfer or include WC phone on call tree.	Recommend that City facilitates meeting between staff, WC carrier and The Hartford to develop coordination procedures	Offered to meet with WC carrier to review disability & medical information; coordinate data from WC carriers.	Offered to meet with WC during implementation to increase cooperation, information sharing, and establish appropriate interface protocols resulting in timely exchange of information.	Offered to work with WC carrier to coordinate case/economic management,, & return-to-work planning.	Will designate a client contact with access to WC information to complete a Matrix template	Will move forward with payment if WC is not yet approved. If later approved, work with WC to adjust benefits accordingly.	Coordinate with WC carrier and monitor claim process until a final determination.

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Website Customization	Yes, with specific suggestions (e.g. logo, enrollment dates, site, photos, flyers, videos, FAQs, glossaries)	Yes, with limited details (e.g. logo & documents as needed)	Yes, with specific suggestions (e.g. logo, employer messages, Q&A, reporting, employer contacts, return to work information)	Yes, with specific suggestions (e.g. logo, plan design information, benefit schedules, underwriting requirements, employer messages); offering a Communication & Engagement Lead to develop communication strategy at implementation	Yes, confirmed customizable and personalized reports with no other details	Yes, will customize during the intake process, in the employee packet, and ongoing communication to employees and front line management.	Yes, with limited details. The City's microsite is customized to the City's plans and available services	Yes, with specific suggestions (e.g. logo, a link to enrollment platform, targeted messaging enrollment, and the ability to display in both English and Spanish)

Accidental Death and Dismemberment Insurance

Overall, while the Review Committee’s scores between the nine proposals were fairly close and each Proposer was deemed as capable of providing the Accidental Death and Dismemberment (AD&D) services for the LAwell Program at a base level, and some proposals were consistently more aligned with the AD&D RFPs objectives. At the end of the evaluation, MetLife’s proposal was ranked ahead of the other proposals with Voya, Securian, Lincoln, The Standard, AFLAC, The Hartford, New York Life, and Reliance Matrix following (ranked in descending score order) afterwards. The Review Committee’s averaged scoring results for the proposals are shown in the chart below in alphabetical order:

RFP CATEGORY	Accidental Death and Dismemberment Insurance								
	AFLAC	The Hartford	Lincoln	MetLife	NewYork Life	Reliance Matrix	Securian	The Standard	Voya
PLAN ADMIN	184	188	200	215	185	181	202	198	198
MEMBER SERVICES	68	61	69	73	60	56	65	65	73
PLAN DESIGN	48	57	52	60	46	46	56	46	48
FINANCIAL COST	23	23	21	24	21	20	20	25	24
TOTALS	323	329	342	372	312	303	343	334	343

Keenan’s review and scoring results were also fairly close to the City. Like the City, Metlife’s proposal was ranked ahead of the other proposals but with Voya, Securian, Lincoln, The Standard, The Hartford, AFLAC, New York Life, and Reliance Matrix following (Ranked in descending score order) afterwards. Keenan’s peer reviewed averaged scoring results for the proposals are shown in the chart below in alphabetical order:

Category	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Plan Administration and Sponsor Services	198	197	208	211	193	194	210	208	203
Member Services and Communications	73	66	70	76	64	68	69	66	79
Plan Design	52	59	57	62	59	55	60	56	60
Financial Cost	20	24	23	28	23	21	25	24	23
TOTAL	343	346	358	377	339	338	364	354	365

Scoring Overview

As stated previously, and in accordance with the Joint LDA RFP evaluation criteria, a mix of qualitative and quantitative evaluation criteria was used to evaluate the rated category sections of the questionnaire and a numerical value was assigned to each rated question. Overall, the Review Committee and Keenan found that each Proposer's response generally met the expected standards of each category. There were some variances in the qualitative and quantitative scoring amongst the proposals, however, they were relatively minor. All Proposers were deemed as capable of providing the general services for the LAwell Program at a base level. From a high level, the Review Committee noted some distinct differences between each proposal and have highlighted some of these components below.

AFLAC

Plan Administration

AFLAC outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, for the question asking to provide a detailed description of benefits that are payable and under which circumstances, a broad answer that lacked details was given. Also, the question regarding a mutual indemnification/hold harmless provision was unanswered, so it is unclear if this is something AFLAC will offer. Additionally, any options to expedite funeral assignments were not elaborated upon. AFLAC confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. However, they did not indicate the cost in dollars that they would allocate for an outside auditor. Also, not all components of question 12 requesting to describe their account team that will be assigned to the City were answered. In addition, they did not provide dummy account access information. AFLAC has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. However, enrollees are not able to submit claims online. In addition, AFLAC did not provide an answer regarding after hours contact, live chat and email.

Member Services

AFLAC reported a short average wait time of just 6 seconds. However, they do not offer designated customer service representatives, and it was unclear whether their Spanish service and TDD services are accessible throughout all hours of customer service availability. AFLAC received generally satisfactory ratings overall, with the exception of their description of the appeal process. Their response lacked clarity on several crucial aspects, including establishing a timeline, informing the employee about submitting additional information, and specifying the method of communication, such as through letters or phone calls. AFLAC responses omitted details regarding the types of educational materials related to their administration process, including guidance on how to file a claim.

Plan Design

AFLAC offers certain advantages and disadvantages in their insurance policies. An advantage being that they allow absolute assignments, including funeral home and collateral assignments, provided specific provisions are met. However, there are notable limitations to their policies. They are not portable nor are convertible, meaning there no options for continuing insurance after employment ends. AFLAC also does not permit the waiver of the active-at-work provision, and they are unable to offer continuation of dependent coverage after an employee's death.

Financial Cost

AFLAC offered a Monthly fee of \$0.0130 for Employee Only coverage, and a Monthly fee of \$0.0310 for Employee and Family coverage (the second highest rate) based on their rates when compared to our current policy.

The Hartford**Plan Administration**

Hartford outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, any options to expedite funeral assignments were not elaborated upon. Hartford confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. In addition, they were specific in the dollar cost that they would allocate for an outside auditor. Hartford has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, an organizational chart was not provided as requested and it is unclear if live chat support is provided.

Member Services

Hartford presents the capability to provide Spanish-certified Customer Service Representatives (CSRs) along with access to over 200 languages at no additional expense. However, their proposal does not specify whether these CSRs are allocated to particular accounts or if any will be designated to serve the City specifically. Regarding the training provided to CSRs, Hartford only mentioned sensitivity training and phone/email customer service techniques, lacking details on product knowledge, system processing, or insurance administration. Furthermore, there is no clarification on the extent of access CSRs have to sensitive information, such as social security numbers. Hartford also stated that they do not engage in warm transfers for incoming phone calls. Hartford indicated that they do not monitor member satisfaction, including complaints, grievances, or appeals. Moreover, they do not inform the employer of appeal requests received without a signed authorization, citing concerns over confidentiality, regarding medical information. However, it's worth noting that the employer is only requesting notification of the receipt of an appeal, not medical information. In this section, they demonstrated the ability to empower employees in making informed decisions, including access to counselors, decision support tools, and webinars. However, they did not clearly

indicate how they could educate employees about death benefit options, such as filing AD&D claims, as they noted that 'life' claims are to be filed by the employers.

Plan Design

Hartford's indicated that they could offer portability and provide multiple settlement options which included electronic transfers. However, their proposal response did not explicitly waived the active at work requirement and indicated that they would ask participants for additional paperwork

Financial Cost

Hartford offered a Monthly fee of \$.0260 for Employee Only coverage (the highest rate offered), and a Monthly fee of \$0.0260 for Employee and Family coverage based on their rates when compared to our current policy.

Lincoln

Plan Administration

Lincoln outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, they do not offer a mutual indemnification/hold harmless provision. Lincoln confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. However, not all components of question 7 were answered regarding the City's right to audit the performance of the plan. Also, they did not indicate the cost in dollars that they would allocate for an outside auditor. In addition, they did not provide dummy account access information. Lincoln has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

Lincoln reported providing a designated CSR Team. However, they did not specify the availability of their language services and whether they offered TDD services. Lincoln did not clearly indicate their procedure for informing the employee of a denial, which only mentioned the issuance of a letter and did not include mention of a telephone call. Lincoln reported offering an array of written, online, and in-person services, including training seminars, social media content creation, and email templates. Additionally, they noted providing educational resources for employees, such as informative videos guiding them through the claims filing process and their website customization options were extensive.

Plan Design

Extensive information was provided regarding the settlement options offered to beneficiaries, encompassing an option for an account which allows beneficiaries to collect immediate interest and access benefits via a checkbook, in addition to the option for a lump-sum settlement. However, Lincoln did not address policy lapse provisions and did not clearly state if AD&D

premiums would be waived if the employee qualifies for the Waiver of Premium under Voluntary Life.

Financial Cost

Lincoln offered a Monthly fee of \$0.0110 for Employee Only coverage, and a Monthly fee of \$0.0260 for Employee and Family coverage based on their rates when compared to our current policy.

MetLife

Plan Administration

MetLife outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. MetLife confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. In addition, they were specific in the dollar cost that they would allocate for an outside auditor. MetLife has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, live chat support is not available.

Member Services

Metlife indicated that their Call Center provides comprehensive language interpretation services and TDD services accessible round the clock during customer service hours. Additionally, they highlighted that 85% of member calls are successfully resolved during the initial contact. While the City may not receive dedicated customer service representatives (CSRs), Metlife ensures the availability of a dedicated Client Consultant to assist both participants and City administrators with inquiries. MetLife's stated they would notify the employer if an appeal decision is reversed, however they did not clarify whether they notify the employer when an appeal is received or denied. MetLife indicated that they offer a dedicated communication and enrollment specialist. Their onsite support featured a Service team, comprising licensed benefit counselors to educate employees about their options. Their response included a variety of educational materials that could be tailored to suit our employee demographic. Additionally, MetLife provided a fully customized microsite. However, they noted that their website language functionalities are slated for completion in 2024.

Plan Design

MetLife's mentioned that the coverage they proposed is portable, offering various settlement options and allowing assignments of benefits. Their policy also ensures coverage without any loss or gain during lapses and specifies that they would involve The City to resolve any payment issues that may arise.

Financial Cost

MetLife offered a Monthly fee of \$0.0060 for Employee Only coverage, and a Monthly fee of \$0.0130 for Employee and Family coverage based on their rates when compared to our current policy.

New York Life**Plan Administration**

New York Life outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, they were not able to confirm that they will accept self-billing on a bi-weekly basis. New York Life confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. However, they did not indicate the cost in dollars that they would allocate for an outside auditor nor provide dummy account access information. In addition, they were unable to confirm that they can accept eligibility filed from the City's third-party administrator on a bi-weekly basis. New York Life has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

New York Life provides a range of services tailored to participants who speak languages other than Spanish, accessible through phone support, their web and phone portal, printed materials, and TDD services. Their customer service representatives (CSRs) boast previous experience in customer service and undergo both initial and ongoing training to reinforce techniques and processes. However, they did not provide clarity on whether the City would receive a dedicated member liaison or customer service representative to aid employees. Additionally, New York Life stated that it does not track metrics regarding issue resolution during initial contact and does not facilitate warm transfers for calls. New York Life's responded that they employ consumer advocacy specialists who address written complaints within 10 days and verbal complaints within 24 hours, providing prompt feedback and ensuring appropriate resolution. New Your Life did not specify which written and in-person educational services were available, and they focused solely on online options. Additionally, when queried about other available media and technology to enhance the program, they did not offer specific examples but expressed their commitment to ongoing improvement.

Plan Design

New York Life's response in the design plan section mentioned that conversion was an option and their settlement choices included accounts with interest gain opportunities. However, they only waive the active at work provision under specific circumstances. They didn't include a waiver of premiums, and assignments might need to be managed by The City.

Financial Cost

New York Life offered a Monthly fee of \$0.0110 for Employee Only coverage, and a Monthly fee of \$0.0260 for Employee and Family coverage based on their rates when compared to our current policy.

Reliance Matrix:**● Plan Administration**

Reliance Matrix outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, for the question asking to provide a detailed description of benefits that are payable and under which circumstances, a broad answer that lacked details was given. Also, Reliance Matrix stipulates conditions for continuing coverage for currently insured members on the policy's effective date. In addition, any options to expedite funeral assignments were not elaborated upon.

Reliance Matrix confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. They were also specific in the dollar cost that they would allocate for an outside auditor. However, not all components of question 7 were answered regarding the City's right to audit the performance of the plan. Also, not all components of question 12 were answered regarding the account team that will be assigned to the City. In addition, questions 24 and 25 regarding eligibility were not clearly answered and dummy account access information was not provided. Reliance Matrix has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

Reliance Matrix did not provide clarification regarding their ability to conduct warm transfers to the dedicated liaison or The City. Furthermore, it remains uncertain whether they currently assign or plan to assign dedicated Customer Service Representatives (CSRs) or a dedicated member liaison to The City. Additionally, there is a notable absence of tracking mechanisms to monitor the resolution of issues during initial contact. Many of Reliance Matrix responses lacked clarity on several key points, including whether or not the employer is notified of the appeal, how the employee is informed of their appeal rights, whether or not the employee is notified about submitting additional information, and confirmation of receipt of the appeal. Reliance Matrix did not provide clarity in the variety of educational materials available to employees. These include resources like webcasts, video presentations, and staffed employee benefits meetings, among others.

Plan Design

Reliance Matrix received a mostly satisfactory rating, with a specific positive note for offering conversion options. However, their plan design includes an active at work provision, and they did not include a waiver of premium.

Financial Cost

Reliance Matrix offered a Monthly fee of \$0.0180 for Employee Only coverage (the second highest), and a Monthly fee of \$0.0420 for Employee and Family coverage (the second highest rate offered) based on their rates when compared to our current policy

Securian**Plan Administration**

Securian confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, they did not elaborate on how they would assist the City in reaching its goal of paperless or paper-reduced claims processing and what steps will be taken. In addition, any options to expedite funeral assignments were not elaborated upon. Securian confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. However, they did not indicate the cost in dollars that they would allocate for an outside auditor and not all components of question 7 were answered regarding the City's right to audit the performance of the plan. Securian has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

The average wait time to speak with a customer service representative is under 1 minute for all 8 providers, except for Securian, which has an average hold time of over 3 minutes. However, Securian stated that 99% of issues are resolved during the initial contact. They have also mentioned that their CSR training is confidential and were unclear on whether The City would be assigned specific CSRs to their account or if a designated approach would be employed, given that their representatives are cross-trained. Securian provided a response to their approach to monitoring member satisfaction, although details on this process were noted as confidential in their proposal. Their description of the appeal process was also unclear. They did not provide clarity on the procedure for appeals between themselves and the claimant, and the discussion of whether the City would be notified was deferred until implementation (if selected), leaving uncertainty regarding additional requirements. Securian's responses regarding its approach to communicating and educating employees about death benefit options only included a checklist and communication once a claim was filed.

Plan Design

Securian is willing to collaborate with the City to establish a remittance plan if necessary and allow for one-time reinstatement if coverage lapses due to settlement options. However, they

did not offer a waiver of premium. Additionally, while they accept assignments, they do not take responsibility for their validity.

Financial Cost

Securian offered a Monthly fee of \$0.0110 for Employee Only coverage, and a Monthly fee of \$0.0130 for Employee and Family coverage based on their rates when compared to our current policy

The Standard

Plan Administration

Standard confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, they did not elaborate on how they would assist the City in reaching its goal of paperless or paper-reduced claims processing and what steps will be taken. In addition, any options to expedite funeral assignments were not elaborated upon. Standard confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. However, they did not indicate the cost in dollars that they would allocate for an outside auditor and not all components of question 7 were answered regarding the City's right to audit the performance of the plan. Standard has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

The Standard reporting that the training provided to their Customer Service Representatives (CSRs) included a regimen of foundational elements and utilized diverse learning strategies, encompassing both classroom instruction and desk-side training. However, they do not currently track the number of customer issues resolved during initial contact. Additionally, while The City would not be allocated dedicated CSRs, they would have access to a dedicated Account Specialist to handle incoming calls. The Standard only indicated notifying the client via letter. The Standard reported that they will provide a microsite and decision tool that could be translated into a variety of languages. However, when asked to describe the types of written, online, and in-person services available, they only specified an in-person presence at benefit fairs and did not provide details about online or written options.

Plan Design

The Standard offered portability options and offered multiple settlement choices. However, the proposal did not include a waiver of the active at work provision. While assignments were allowed, they were limited to amounts over \$25,000, and a waiver of premiums was not included.

Financial Cost

The Standard offered a Monthly fee of \$0.0110 for Employee Only coverage, and a Monthly fee of \$0.0260 for Employee and Family coverage. The lowest rate offered amongst all Proposers based on their rates when compared to our current policy.

Voya:**Plan Administration**

Voya outlined the steps they will be taking to assist the City in reaching its goal of paperless or paper-reduced claims processing. They also confirmed that there will be no late payment fees or penalties charged to the City and that they do provide a dedicated email address. However, they are able to accept self-billing on a monthly basis and not a bi-weekly basis. In addition, any options to expedite funeral assignments were not elaborated upon. Voya confirmed they will provide an account team/manager for addressing administrative and client relationship issues and that they are willing to participate in City meetings. They were also specific in the dollar cost that they would allocate for an outside auditor. However, not all components of question 7 were answered regarding the City's right to audit the performance of the plan. Also, not all components of question 12 were answered regarding the account team that will be assigned to the City. In addition, dummy account access information was not provided. Voya has the capability for City employees to file a claim electronically and will accept fiduciary responsibility for all claim decisions. Enrollees are also able to submit claims online. However, it is unclear if live chat support is provided.

Member Services

Voya excelled in resolving 92% of their calls during first contact. However, they did not specify the availability of their language services and whether they offered TDD service. Voya's monitoring of customer satisfaction was noted as proprietary information and not distributed. Voya reported that they offer a variety of written, online, and in-person services, including product videos, support on platforms like Facebook and/or LinkedIn, and assistance with claims, among others. However, they mentioned that only marketing and enrollment materials are available in Spanish, with other materials not provided in Spanish. Additionally, they did not specify whether their website complies with laws for disabled member access.

Plan Design

Voya's plan design offered the option to port and provided settlement options. However, the proposal lacked a waiver of the active at work provision and did not include a waiver of premiums. Additionally, assignments may need to be managed by The City.

Financial Cost

Voya offered a Monthly fee of \$0.0110 for Employee Only coverage, and Monthly fee of \$0.0260 for Employee and Family coverage. The second lowest rate offered amongst all proposers based on their rates when compared to our current policy.

Overall Findings - Accidental Death and Dismemberment Insurance

The Review Committee’s overall scoring results show a close scoring in several sections amongst the Proposers. However, upon completion of the evaluation, the Review Committee’s score resulted in MetLife being the highest scored proposal. Overall, their responses tended to be the most favorable. The overwhelming majority of their responses met at least the satisfactory standard, with very minimal unsatisfactory or incomplete answers. MetLife scored the highest in most subcategories, including Plan Administration, Plan Sponsor, Claim Processing, Call Center, Appeals, and Plan Design. It tied for Website performance with Lincoln. However, The Standard outperformed them in the Financial Cost Section.

The following chart shows some highlights of how MetLife’s responses compared to other bidders in specific questions under the following sub-categories:

Service Area	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Plan Administration Steps taken to simplify the process	Limited Response - State-of the Art portal	Limited Response-Life Claims Digital experience, and the option for an eligibility feed	Did not specify	Concierge Service, Funeral Assistance, legal services, financial consultation, and grief counseling	Did not specify	Limited Response - Self Service Tools and customized web portal	Did not specify	Did not specify	Limited Response - Paperless claim process
Claim Processing % of claims processed within 10 days	100%	95%	not tracked	98%	Percentage not provided	100%	98.5%	98.5%	43%
Call Center Dedicated Client Consultant	Yes	Yes	Yes	Yes	Did not specify	Did not specify	Limited	Yes	Yes
Plan Design Assignment of Benefits	2	1	3	7	Did not specify	1	Did not specify	Did not specify type	1

G. Potential Service Enhancements and Negotiation Components

The outline of this report has been to describe the Review Committee’s findings and recommendation for selection of vendor(s) of its separate benefit programs. The focus of that selection is on the aspects of services currently in the plan design for each benefit. Changing the plan design benefit was not particularly a determining factor of vendor selection as the implementation of any benefit change may or may not occur. However, benefit changes are important to the LAwell program and are items for what should be considered at a subsequent meeting of the JLMBC for consideration of implementation in future plan year.

Potential Service Enhancements

Highlights of the responses to requested service enhancement options are outlined for each separate benefit service:

- (i) Basic and Supplemental Employee, and Dependent Life Insurance,
- (ii) Short/Long-Term Disability Insurance, and
- (iii) Accidental Death & Dismemberment Insurance Plans

Basic and Supplemental Employee, and Dependent Life Insurance

The Joint LDA RFP asked potential bidders to consider providing enhancements for the City’s Life Insurance services in a number of areas. The table below gives a side-by-side comparison of how each proposal responded to some of the Life Insurance enhancement areas.

Life Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
- Increase Base Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Not offering 15k, 30k, 40k or 50k	Yes	Yes
- Increase EE Only benefit to 7x	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000	Yes, up to a maximum of \$1,000,000
- Increase Child Life Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Eliminate Age Reduction	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes

Life Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Improve Funeral Assignment	No	Yes - No death cert	Yes	Yes- No death cert	Yes - But does not recommend	Limited Response	Yes	No	Limited Response
Improve Member Education	Learning Hub access	Limited	Microsites, educational videos, email campaigns, customized presentations	Dedicated communication/enrollment specialist to help end-to-end employee engagement strategy	Onsite Group Meetings & Virtual Support	Onsite Group Meetings & webcasts, video presentations, toll free helpline	No	Decision Support Tool, microsite & dedicated account specialist	Access to Empathy's Essential Plan for varies assistance
Simplify/Improve the Evidence of Insurance (EOI) experience	Automated - Short Form	Automated- Short Form	Automated - Short Form	Automated - Instant Decision	Automated - Auto approval for qualifying applicants	No enhancement	Automated- Limited info provided	Automated	Automated- Short Form
Reduce/Improve paperwork associated with claim process	Only for employer	Only for employer	Only for employer	Yes - Extensive Services	Limited	Yes	Only for employer	Did not specify	Did not specify
Improve employee experience with Conversion/Portability	No	Limited Response	Yes	Yes	Limited Response	Limited Response	Limited Response	No	No
Quote Whole life instead of Term Life	Term only	Term only	Term only	Term & Whole	Term only	Term only	Term only	Term only	Term only

Short/Long-Term Disability Insurance

The Joint LDA RFP asked potential bidders to consider providing enhancements for the City’s Disability Insurance services in a number of areas. The table below gives a side-by-side comparison of how each proposal responded to some of the Disability Insurance enhancement areas

Disability Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Coverage Options								
<p><u>Option 2</u> - Increase to STD Weekly Benefit Amount for Employer (ER) Paid - Change benefit duration to 90 days STD, then transition to LTD</p>	- Yes - Disagreed with elimination period. - Offered Pre-Ex of 3/12, 3-month Treatment Free Period	No quote provided	Yes	No quote provided	Yes	Yes	Yes	Yes
<p><u>Option 3</u> - Best Value Option - Bidders could propose any plan design changes, but need to match the City’s current Elimination provisions</p>	- Yes - Disagreed with elimination period. - Offered Pre-Ex of 3/12, 3-month Treatment Free Period	No quote provided	No quote provided	Yes	Yes	Yes	Plan 2 - Buy Up: Choice of 66 2/3 or 60%	Best Value – refer to options, 1, 4, or 6
<p><u>Option 4</u> - Increase to STD Weekly Benefit Amount for ER Paid - Change benefit duration to 1 year STD, then transition to LTD</p>	- Yes - Disagreed with elimination period. - Offered Pre-Ex of 3/12, 3-month Treatment Free Period	No quote provided	No quote provided	No quote provided	Yes	Yes	Yes	Yes

Disability Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
<p>Option 5 - Increase to STD Weekly Benefit Amount for ER Paid - STD Elimination Period 7 days, to benefit max of 180 days then transition to LTD</p>	No quote provided	No quote provided	No quote provided	No quote provided	No quote provided	No quote provided	Yes	No quote provided
<p>Option 6 - Increase to STD Weekly Benefit Amount for ER Paid - Increase to LTD Monthly max for ER Paid</p>	<p>- Yes - Disagreed with elimination period. - Offered Pre-Ex of 3/12, 3-month Treatment Free Period</p>	Yesd	Yes	Yes	Yes	No quote provided	Yes	Yes
<p>Mental Illness - Improve the experience for members filing disability claims for mental illness.</p>	Triggered at case manager discretion, nurses review open claim based on data mining reports	Customer Care Nurse will make an initial decision then refer to Behavioral Health Case Managers. Lacks detail on specialized procedures	Medical staff are utilized. Strategy uses a mix of data analytics, evidence-based medicine, disability case management, and independent sub specialty physicians	Psychiatric Clinical Specialists with mental health Master Degrees, work with provider and Creative Solutions to help claimant	Various medical staff work together to verify / coordinate a response. Vendor looks for opportunities to educate, assist claimant	Behavioral Health Specialist are utilized after triggers such as self-reported illness or affliction. Lacks detail on how staff would improve experience after a trigger	Behavioral Health Case Managers reach out to employees for support, guidance, encouragement, referral, etc.	Compared to all the vendors, gave the least detail on administrative or service distinctions in approach to mental illness

Disability Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
Improve claim denial experience	Will contact claimant by letter and phone to explain denial, appeal, and work with if LTD is possible No mention of contacting City	Employee gets a written notice and right to appeal Employer gets a written notice (without confidential info)	Work with employer / employee to assist in return to work. Employee gets a letter and email. Employer gets a Weekly Status. Claim status decisions available real time on portal	When denied, will not do additional follow up. Termination letter sent to employee. No mention of contacting City	When denied, will not do additional follow up. Employee gets a letter and call. Employer can view claim progress on portal	When denied, will reach out to the employee via phone/writing and offer right to appeal. No mention of contacting City	Will keep employees updated throughout the entire disability process. Employee gets a denial letter and can appeal. Employer gets a notification	Will keep employees updated throughout the entire process. Employee gets a letter and call. No mention of contacting City
Improve Premium Waiver	Education limited to documents/pamphlets No enhancements Will not waive Actively-At-Work	No education Will provide support for Process Will waive Actively-At-Work with conditions	No education Will provide support for Process Will not waive Actively-At-Work	Education limited to Microsite Claim Specialist available for Process Will waive Actively-At-Work	No education Will provide support for Process Will not waive Actively-At-Work	No education No enhancements Will not waive Actively-At-Work	Education via Decision Support Tool, Microsite, and Dedicated Account Specialist No enhancements Will not waive Actively-At-Work	No education No enhancements Will not waive Actively-At-Work
Simplify/Improve Return to Work - Reasonable Accommodation process	Workplace accommodations benefit provision of \$2500 Has services. Will Work with City RA Office.	Medical Staff, employee, and employer managers will communicate. Has services. No mention of working with City RA Office	Detailed breakdown of how vendor, nurse, City, and employee will communicate. Has services. No mention of working with City RA Office	Breakdown of how City, employee, vendor, and Return to Health Coaches will communicate. Has services. No mention of working with City RA Office	No enhancements Has services. Will Work with City RA Office.	Medical Staff available to help with counseling / guiding. Has services. No mention of working with City RA Office	Workplace Possibilities Program will work with employee. Has services Will Work with City RA Office.	Medical Staff, employee, and employer will communicate. Has services. No mention of working with City RA Office

Disability Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	The Standard	Voya
SICK Time usage - Agrees to City process or will improve it	Agreed to City Process	Agreed to City Process	Agreed to City Process	Agreed to City Process	Did Not Agree to City Process	Agreed to City Process	Agreed to City Process	Agreed to City Process
Improve Benefit Waiting Period during Workers Compensation	Continuously work with WC	Continuously work with WC	Continuously work with WC earlier than other vendors	Continuously work with WC earlier than other vendors	Continuously work with WC	Continuously work with WC	Continuously work with WC	Continuously work with WC

Accidental Death & Dismemberment Insurance Plans

The Joint LDA RFP asked potential bidders to consider providing enhancements for the City’s Accident Insurance services in a number of areas. The table below gives a side-by-side comparison of how each proposal responded to some of the Accident Insurance enhancement areas

Accident Insurance Service Enhancement Item	AFLAC	The Hartford	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Standard	Voya
Match Coverage levels with LAwell Health Plans	Yes ¹	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Eliminate Age Reduction	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Improve Benefit Payment Experience	Limited	Limited	Yes	Yes	Yes	Yes	Limited	Yes	Yes
Improve Member Education <i>written, online, and in-person services</i>	Yes	Extensive Services	Extensive Services	Extensive Services	Limited	Yes	Limited	Limited	Extensive Services
Reduce/Improve paperwork associated with claim process	Limited options for employee	Yes - Employee and Employer	Limited options for employee	Yes - Employee and Employer	Yes - Employee and Employer	Yes - Employee and Employer	Yes - Employee and Employer	Yes - Employee and Employer	Yes - Employee and Employer

¹ AFLAC cannot offer a continuation of dependent coverage after the employees death

Potential Negotiation Components

Pursuant to Section 6.0, the successful Proposer(s) may be required to attend negotiation meetings where the City and the successful proposer will be able to discuss and negotiate contract requirements, prices/premiums, service level agreements, detailed scope of work specifications, ordering, invoicing, delivery, receiving and payment procedures, etc. in order to insure successful administration of the contract. Should MetLife be selected for all three services [(i) Basic and Supplemental Employee, and Dependent Life Insurance, (ii) Short/Long-Term Disability Insurance, and (iii) Accidental Death & Dismemberment Insurance Plans] the City will negotiate with them in multiple of these areas. At a minimum, the City will negotiate with MetLife on pricing, service level agreements, and implementation cost and transition.

H. Recommendation

After the review and assessment of all the proposals submitted in response to the Joint LDA RFP, the Review Committee has determined that the LAwell Program and its members may benefit from the proposals submitted by MetLife for (i) Basic and Supplemental Employee, and Dependent Life Insurance, (ii) Short/Long-Term Disability Insurance, and (iii) Accidental Death & Dismemberment Insurance Plans, pending the successful outcome of contractual negotiations in certain areas inclusive of price and performance guarantees (“service level agreements”). Under the stipulation that Metlife is able to negotiate with the City and mutual terms are agreed upon to sufficiently satisfy multiple areas inclusive of contract requirements, prices/premiums, and service level agreements. If negotiations with Metlife are unsuccessful, the City may then begin negotiations with the next most qualified proposal, as outlined in RFP Sections 3.1.14 and 6.0.

Therefore, it is recommend that JLMBC Recommend to the General Manager of the Personnel Department that:

- a. **MetLife** be selected as the provider of the LAwell Program’s **Basic and Supplemental Employee, and Dependent Life Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with MetLife for, at minimum, contract requirements, prices/premiums, and service level agreements.
- b. **MetLife** be selected as the provider of the LAwell Program’s **Short/Long-Term Disability Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with **MetLife** for, at minimum, contract requirements, prices/premiums, and service level agreements.
- c. **MetLife** be selected as the provider of the LAwell Program’s **Accidental Death & Dismemberment Insurance Services** for a three-year contract beginning January 1, 2025 through December 31, 2027 with an option for up to two additional one-year terms, pending successful negotiations by the Personnel Department with **MetLife** for, at minimum, contract requirements, prices/premiums, and service level agreements.

Submitted by:

Brianna Collins, Benefits Analyst

Matthew Elmange, Management Assistant

Robyann Jumaoas, Management Analyst

Islea Jurado, Benefits Analyst

Benedict Paz, Management Assistant

Approved by:

Paul Makowski, Chief Benefits Analyst

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Overview	1	Please provide an overview of your organization and organizational structure, to include the name of your parent company (if you have one), the nature of its business, the name of your company, the length of time your firm has been providing the broad range of services included within this procurement, and headquarters.	Yes	American Family Life Assurance Company of Columbus (Aflac) is the principal subsidiary of Aflac Inc., an international holding company based in Columbus, Georgia. Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac, underwrites Plans for Aflac Group Insurance and our headquarters are based in Columbia, South Carolina. We have 14 years' experience providing U.S. Life, Absence & Disability Solutions to clients. Aflac is a Fortune 500 company, providing financial protection to more than 50 million people worldwide. For more than six decades, Aflac voluntary insurance policies have given policyholders the opportunity to focus on recovery, not financial stress.	Yes	The Hartford ¹ , headquartered in Connecticut, is among the largest providers of Group Life and Group Disability insurance products, and Property and Casualty insurance products in the United States. Hartford Fire Insurance Company, founded in 1810, is the oldest of The Hartford's subsidiaries. We provide a portfolio of group insurance products to employers, association and affinity groups including Short Term Disability, Long Term Disability, Life, and AD&D insurance as well as Leave Management services. We also offer a comprehensive suite of voluntary employee insurance products, including Critical Illness, Accident and Hospital Indemnity, to meet the needs of today's consumer.	Yes	
Organizational Background, Financial Strength, Experience	Overview	2	Is your company licensed to issue this insurance in all fifty United States, Puerto Rico and the District of Columbia?	Yes		Yes	We conduct business and provide insurance products, and related insurance and non-insurance services, in all 50 states.	Yes	
Organizational Background, Financial Strength, Experience	Overview	3	Please provide your organization's revenues and net profits for the last 3 calendar years.	Yes	2023 Total Annual Revenue: Audited Statement not available yet. 2023 Profits: Audited Statement not available yet 2022 Total Annual Revenue: \$19.5B 2022 Profits: \$4.2B 2021 Total Annual Revenue: \$22.1B 2021 \$4.3B			Yes	2022: \$18.6 billion 2021: \$19.2 billion 2020: \$17.4 billion
Organizational Background, Financial Strength, Experience	Overview	4	Is your company a subsidiary or affiliate of another company? If yes, describe the nature of the business of the parent firm.	Yes	Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac, underwrites Plans for Aflac Group Insurance and our headquarters are based in Columbia, South Carolina. American Family Life Assurance Company of Columbus (Aflac) is the principal subsidiary of Aflac Inc., an international holding company based in Columbus, Georgia.	No		Yes	Lincoln National Corporation is a holding company, which operates multiple insurance and retirement businesses through subsidiary companies. Through our business segments, we sell a wide range of wealth protection, accumulation and retirement income products and solutions. LNC was organized under the laws of the state of Indiana in 1968. We maintain our principal executive offices in Radnor, Pennsylvania. "Lincoln Financial Group" is the marketing name for LNC and its subsidiary companies. We provide products and services and report results through four segments as follows: Annuities, Retirement Plan Services, Life Insurance, Group Protection. Lincoln Financial Group is the marketing name for Lincoln National Corporation (NYSE:LNC) and its affiliates. LNC is publicly traded on the NYSE.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Overview	5	Describe any pending agreements to merge or sell your company or any portion thereof, or your parent company; or any pending or anticipated plans to reorganize your company within itself or as part of the larger organization of which your company is a part.	No	No plans to merge, sell, or reorganize.	No	The Hartford may continue to pursue strategic transactions in the future. Since The Hartford is a public company, we cannot comment on plans for future mergers, sales or acquisitions.	No	As a publicly traded organization, Lincoln is subject to the Securities Exchange Commission's Regulation FD. In accordance with the requirements of the regulation, Lincoln does not comment privately on any material non-public matters, including any potential merger and/or acquisition activity.
Organizational Background, Financial Strength, Experience	Experience	6	Describe your ability to take on a client the size of the City of Los Angeles? How will you ensure excellent service and support for the duration of the contract?	Yes	<p>Aflac has several similarly sized and larger, long term clients. Aflac currently provides Voluntary Benefits to the City of Los Angeles.</p> <p>Aflac strives to provide best in class customer service in both the employer and employee experience. In addition to standard day-to-day support, Aflac will provide an account management business plan to make sure Aflac continues to help drive the program along with their larger business plan. Additionally, Aflac will provide data analytics to help drive program enhancements based on experience. Such data analytics will help identify where the City of Los Angeles can make changes to optimize the plan in a cost effective way that is beneficial to City of Los Angeles and its employees.</p>	Yes	<p>The Hartford is a leader in property and casualty insurance and group benefits. With more than 200 years of expertise, we are widely recognized for its service excellence, sustainability practices, trust and integrity.</p> <p>More than 1,400 public employers work with us to design and manage employee benefit programs that protect the lives and livelihoods of their employees. The Hartford has the experience and flexibility needed in the public sector market. This is evident in several areas such as matching existing plan designs, accommodating collective bargaining agreements, understanding public employee and state teacher retirement system (PERS, STRS) plans.</p>	Yes	<p>Our focus is the administration of large, complex life, disability and leave management programs in the public sector and private space. Our large market space is referred to as Major accounts, you will see this referenced throughout the responses. Some of our clients represented in this space include the University of California system, County of San Diego and Self Insured Schools of CA to name a few. The following attributes give us an advantage in our ability to manage large group programs:</p> <ul style="list-style-type: none"> •National account teams •Integration capability •Leave management capability •Exceptional member communication and education •Enhanced Evidence of Insurability for large market administration •Clinical claims expertise with a focus on mental health •Consultative return to work program •Thought leadership resources for HR teams and City divisions •First class reporting capability •Superior implementation process

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Experience	7	Describe any incident within the past five years in which your business has had a contract terminated for default. Termination for default is defined as notice to stop performance due to your organization's non-performance or poor performance and the issue was either not litigated or litigated and such litigation determined your organization to be in default. Submit full details of all terminations for default experienced by your firm during the past five years including the other party's name, address, telephone number and your firm's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject your firm's proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of your firm. If your firm has experienced no termination for default in the past five years, so indicate.	No	N/A.	No		No	Not applicable.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	8	Has your company been the subject of any complaint filed with any state or federal regulatory agency or office in the past five years? If Yes, please explain	No		Yes	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings.	No	Lincoln pays all eligible claims fully, fairly and promptly. However, we experience routine claim-related litigation as a normal part of doing business. Such litigation would not have a material impact on the performance of our services. The details of such actions are subject to privacy considerations and cannot be disclosed.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	9	Has your company ever had a license to do business, an agent/broker license or any other insurance license revoked or suspended? If Yes, please explain	No		No		No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	10	Has your company ever been reprimanded or otherwise cited by a licensing agency? If Yes, please explain	No		No		No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	11	Vendor agrees to notify the City immediately (within 24 hours) if your firm loses any accreditation, licensure, or required insurance coverage (e.g. liability, Tech E&O, etc.)	Yes		Yes	We will notify the City promptly of any losses of accreditation, license or liability insurance.	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Regulatory Compliance	12	Describe what procedures and policies you have in place to protect against, and provide disclosure of, any potential or perceived conflict of interest involving relationships your firm may have with service providers for which you may also be asked to conduct performance reviews or otherwise evaluate for the City's Plan. To what extent and under what circumstances do the individuals who would be directly servicing the City's account personally meet with service providers that could be actual or potential City clients?	Yes	We do not foresee any potential conflicts of interest in performing services for your organization.	Yes	The Code of Ethics and Business Conduct (the "Code"). Employees are required to review upon hire annually thereafter, to certify that they have done so. The Code applies to executives, officers and employees of the company. We believe in only doing business with agents, vendors, suppliers, independent contractors, consultants and business partners who demonstrate shared values and high standards of ethical business conduct. The Code covers preventing discrimination harassment, maintaining a drug free workplace, disclosing conflicts of interest, acceptance and giving of gifts and entertainment, fair competition, government relationships, restrictions on gifts and entertainment for government officials, and pay-to-play restrictions.	Yes	As a publicly traded company we have our own Code of Conduct that guides how Lincoln conducts business and guides the actions of our employees. The following is a link to our Code. https://www.lfg.com/public/aboutus/companyoverview/corporategovernance?audience_page_id=1422918942386 In reviewing the City's program, Lincoln does not foresee any situation in which there would be a conflict of interest or perceived conflict of interest with the City's plan.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	13	Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability?	No	Aflac Group is not involved in any litigation which might have an adverse impact on neither its ability to perform the contract nor have a material adverse effect on our financial position, results of operations, or cash flows. As an insurance company, Aflac is strictly regulated in each state in which it conducts business. Oversight and regulation is generally conducted by a commissioner or Department of Insurance in each of the various states.	No	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings, copies of which can be obtained at: https://ir.thehartford.com/financial-information/annual-reports-and-proxy-statements/default.aspx	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	14	Identify and describe any past, pending or threatened judicial or administrative litigation (including lawsuits or protests) in which you have litigated against a client or prospective client, within the past five years, related to the type of services you are proposing. Indicate the reasons for the lawsuit/protest and the outcome. Provide contact information for the entity sued or challenged.	No	N/A.	No	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings, copies of which can be obtained at: https://ir.thehartford.com/financial-information/annual-reports-and-proxy-statements/default.aspx	No	Lincoln pays all eligible claims fully, fairly and promptly. However, we experience routine claim-related litigation as a normal part of doing business. Such litigation would not have a material impact on the performance of our services. The details of such actions are subject to privacy considerations and cannot be disclosed.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Regulatory Compliance	15	How do you handle a breach of confidential information? Please provide a detailed response of the following: a.Process to identify incident b.Timeline to notify the client of incident c.Protocol to notify the client of incident	Yes	Aflac has never had a breach in our system. We define a breach as any confirmed loss of data. In the event one does occur, we will notify the City of Los Angeles within 72 hours, which meets all regulatory requirements. Prior to notification, we need time to diagnose the potential breach to ensure it is indeed a breach before communicating so externally. Threat and Vulnerability Management is an ongoing process whereby maintenance and security patches are reviewed and prioritized based on criticality. Patches are applied after appropriate testing and according to a risk-based approach. Not all vulnerabilities are remediated through patching, some are configuration management; however, all must be classified and remediated based on risk.	Yes	It is our policy not to comment on security breaches. We have an Information Security Event Response Program in place. If employee becomes aware of a potential information security event, employee must immediately report event through our centralized online or telephone reporting process. Our Privacy Law unit will investigate, triage, perform legal analysis as required. Privacy Law will assemble Data Incident Response Team to assess, notify regulatory and law enforcement authorities, contain and control the situation, take any necessary corrective action(s), and notify customers when appropriate in accordance with applicable law and contract.	Yes	As an insurance company, Lincoln is subject to both federal/state legislation and regulations governing the protection of nonpublic personal financial and health information received about our customers or insureds. Lincoln has adopted policies and procedures that comply with the applicable state and federal laws governing confidentiality and privacy as it relates to the sale and administration of its insurance products. A. Process to identify: We have multiple methods and procedures for quality assurance of data collection, analysis, reporting and security. These methods and procedures are reviewed and audited by our Corporate Internal Audit department, along with our external auditor Ernst & Young. B. Timeline to notify: In the event of an alleged breach of employee confidential information, Lincoln would undertake an immediate investigation of the situation. C. Protocol to notify: Determine whether or not a breach occurred, the cause of the breach, identify and comply with all regulatory reporting and remedial requirements, communicate with the affected parties and put procedures in place to prevent it from happening again.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	16	Describe the policies and procedures in place to ensure CSRs safeguard member's personal information.	Yes	Aflac protects business information through the use of appropriate administrative and technical safeguards. Aflac has established formal information security, computer incident/data breach, data privacy, and confidentiality policies and procedures which support these goals. We have staff who are responsible for setting standards and processes which assures data privacy and information security controls are established to meet both internal and external security requirements. In addition, Aflac requires all employees to complete mandatory annual training on information security and data privacy. All service providers and vendors are also required to be trained and operate in compliance with our data privacy, security and compliance standards as they relate to the services provided.	Yes	Respecting the privacy of our customers and protecting the security and confidentiality of their personal information is a top priority at The Hartford. Federal and state laws, including the Gramm-Leach-Bliley Act, set forth the ways in which The Hartford can share customer information within and outside the company. We have adopted Information Protection policies and a Privacy Policy, which may also be found on our corporate website at www.thehartford.com, to comply with the law.	Yes	Upon employment, CSRs are required to acknowledge and sign Lincoln Financial Group's confidentiality agreement and comply to its policy. Claim system access is provided only as business needs require and managed via an internal control. CSRs are required to identify callers prior to initiating a claim or disclosing any information by obtaining a minimum number of unique, demographic identifiers which are subject to regular Quality Audits. Discussion of non-public personal information is only permitted after the caller is identified, and for non-claimant callers, a signed authorization is on file. CSRs may leverage the group's eligibility file or claim system to validate the identifiers.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Regulatory Compliance	17	HIPAA Compliance: Vendor attests to meeting all applicable HIPAA EDI, Privacy, Security, and HITECH requirements and agrees to hold City of LA harmless for breaches that are the result of the vendor's actions. Further, you agree to perform all of the duties associated with breach notification and assume financial responsibilities for the breach notice and notify plan participants if there is a breach and you will pay for 24 months of identity theft repair and credit monitoring services for those plan participants impacted by the breach.	Yes		Yes	HIPAA does not apply to Disability and Life coverages, we comply with the Gramm-Leach Bliley Act and applicable federal and state laws regarding privacy and protection of information, which have provisions similar to those of HIPAA. We have an Information Security Event Response Program in place. Our Privacy Law unit will investigate, triage, and perform legal analysis as required.	Yes	
Organizational Background, Financial Strength, Experience	Financial Strength	18	Please provide the most recent rating for your company by the following: - Standard and Poor's - Duff and Phelps - A.M. Best - Moody's If your firm is not rated, submit documentation of a similar nature, which attests to your firm's financial stability.	Yes	Aflac Ratings: Standard and Poor's: A+ Duff and Phelps: not rated A.M. Best: A+ Moody's: Aa3 The outlook for all ratings assigned by A.M. Best, S&P, and Moody's is stable.	Yes	Hartford Life and Accident Insurance Company has the following financial strength ratings: • Standard and Poor's A+ • On August 29, 2014, Fitch (formerly known as Duff & Phelps) affirmed and withdrew The Hartford Financial Services Group, Inc. and all subsidiary ratings. It was determined a Fitch rating was no longer required. • A.M. Best A+ • Moody's A1	Yes	Rating agencies routinely assess our financial strength and stability. We are proud to be recognized for our commitment and financial stewardship with these strong ratings. •AM Best: A •Fitch: A+ •Moody's: A2 •Standard & Poor's: A+
Organizational Background, Financial Strength, Experience	Financial Strength	19	Have there been any downgrades in your ratings in the last 2 years? Y/N If yes, indicate to what they are attributed	No		No		Yes	Lincoln's four rating agencies made changes to Lincoln's ratings and/or outlook in November 2022: •On November 3, S&P announced a change in our financial strength rating, from AA- to A+. •On November 9, AM Best changed our financial strength rating from A+ to A. •Moody's and Fitch affirmed our financial strength ratings, but both put Lincoln on negative outlook. In November of 2022 Lincoln announced that we expected decreases to our statutory capital and RBC ratio by year-end. Shortly after this announcement Lincoln's ratings were downgraded due in part to a decrease in our capital, and revised its ratings outlooks from stable to negative. Our credit and insurer financial strength ratings are significantly influenced by the statutory surplus amounts and RBC ratios of our insurance company subsidiaries.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Financial Strength	20	Has your company or its subsidiaries ever filed or been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors? If so, provide complete details.	No		No		No	
Organizational Background, Financial Strength, Experience	Financial Strength	21	Within the past three years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes?	No		No		No	
Plan Administration and Sponsor Services	Claims Processing	22	Describe other communication tools available for members such as after hour contact capability, chat feature and email.	Yes	Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine. Beneficiaries do not have access to the Portal, while employees and dependent spouses can only access the Portal to complete Evidence of Insurability (EOI) and check the status of their EOI. Our portal is available via desktop, tablet, or mobile devices, and educational materials can be hosted for employees to review.	Yes	Claimants will have an option to schedule a call with their claim representative as a feature of our employee portal. They will also have their claim representative's full name and direct extension in order to leave a voicemail message. After-hour callers who know their party's extension may leave a voicemail and the call is returned within one business day. We also provide Interactive Voice Response (IVR) technology that is available 24/7.	Yes	Details to access Lincoln during operating hours are listed below in question #30. For after hour contact, members will have a dedicated telephone number to call. During closed hours, there will be an option to leave a message. That message will go directly to the claim liason dedicated to the City and that person will return all calls within 24 hours. Additionally, there will be a member specific email address to send inquiries (this email will also be stated on the after hours message line), emails will all be responded to within 24 hours as well. At this time we do not have a chat feature.
Plan Administration and Sponsor Services	Claims Processing	23	Provide an organizational chart of the claims unit that will process client's claims.	Yes	We have provided a high level org chart with our submission.	Yes	We have a Regional Claim Vice President and Regional Directors overseeing our claim centers. We also have quality assurance trainers, administrative support, best practice/strategy managers, and customer care center representatives. <ul style="list-style-type: none"> • STD, LTD and Leave Team Leaders • Customer Claim Consultants • Intake Nurses • STD and LTD Vocational Case Managers • STD Claim Analysts/Absence Ability Analysts • LTD Claim Analysts • Premium Waiver Claim Analysts • Medical Case Managers • Appeals Specialists • Behavioral Health Case Managers • Medical Directors and Medical Consultants 	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	24	For the claims office that will be assigned to the City what is the Average Claims / Processor / Day?	Yes	Average caseload: Life: 80-100 monthly STD:	Yes	<p><u>Life</u> The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. On average, our Life Care Advocates process 118 life claims per month.</p> <p><u>Disability</u> Three national centers of excellence for leave and disability, geographically located in Scottsdale, AZ; Lake Mary, FL; and Hartford, CT. STD - Average STD caseload is 155. LTD - Average caseload per LTD Analyst is 107</p> <p>On average between 35-55 new STD claims and 12-20 new LTD claims per week depending on claim pathway/segment.</p>	Yes	
Operations and Administration	Call Center	25	What are the operating hours of your call center?	Yes	8am-8pm ET (5am-5pm PT)	Yes	<p><u>Life/AD&D</u> Our Life Call Center's hours of operation are Monday through Friday from 5:00 a.m. to 5:00 p.m. Pacific Time</p> <p><u>Disability</u> Our Disability Customer Care Center's hours of operation are Monday through Friday from 5:00 a.m. to 5:00 p.m. Pacific Time.</p>	Yes	5 a.m. to 7 p.m. PST, Monday through Friday.
Operations and Administration	Call Center	26	What is the total number of customer service representatives (CSRs) employed on a year-round basis,		Staffing varies according to BOB volume. We add staff as necessary to ensure we are meeting or exceeding all SLAs. Currently we have 100 CCAs		We have a network of 435 Customer Care Center/ Intake/Inquiry Customer Care Representatives handling our disability business. We have 30 Life Claims Customer Service Representatives trained to field incoming calls related to Group Life AD&D claims.	Yes	
Operations and Administration	Call Center	27	What is the location of your primary and back up call center(s)?	Yes	Our call centers are located in Farmington, CT, Plantation, FL and staffed with remote employees throughout the US.	Yes	Our Primary location is in Hartford, CT. We also have centers located in AZ, ME, and FL.	Yes	Our call centers are located in Dover, NH; Charlotte, NC; and Omaha, NE. Lincoln is also supported by staff working remotely from locations within the United States. Call centers are open Monday-Friday 5am to 7pm PST.

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Operations and Administration	Call Center	28	Provide your member services call center number for the purpose of evaluating the accessibility and ease of use for members seeking to acquire information or resolve issues with the help of a customer service representative.	Yes	1-800-206-8826	Yes	866-852-0280	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Call Center	29	Describe what resources, policies and practices you have in place to monitor, assess and improve upon the service quality of your customer service team/staff.	Yes	<p>Our Quality Assurance program consists of auditing a predetermined number of claims, calls and customer interactions, with the goal in mind of identifying impact points we can learn from and improve upon. Our process consists of selecting the pertinent files and calls and conducting an evaluation. We then compile a scorecard which we use to coach Operations. We then identify actions to improve upon the service, which we track and trend.</p> <p>We audit 5% of Disability and Absence claims and 10% of Life and LTD claims.</p> <p>We have collaborative team communications with our Audit team, Operations leadership, and Training department to ensure continuous improvement and member focus.</p> <p>Monthly quality audits are completed to ensure service standards are met (6 calls per month per advocate (18 per quarter)). Additionally ad hoc audits and live monitoring are completed on a weekly basis.</p> <p>Contact center management software includes tracking of volume of incoming calls, abandonment rates, types of calls, speed to answer, hold time, average handle time, calls answered accurately by customer care advocate, and first call resolution rates. For the QA, we test for accuracy of information provided, ensuring the privacy of the claimant, using plain language, efficiency, tone/verbal encouragement, providing education around self-service options, and setting realistic expectations about next steps. For claims, we do the same as for CCAs, as well as accuracy, risk management, compliance to plans and legislation, financial accuracy, procedural accuracy, and ensuring accurate communications are used.</p>	Yes	We manage case management deficiencies through our Claims Excellence (quality assurance) program. Through this program, our procedures and protocols are reviewed and results reported on a monthly, quarterly and annual basis to assist in updating issues and identifying of trends. The Continuous Performance Improvement Consultants share feedback, trends and reports with claim leadership as well as the training and claim practices areas who then address any identified issues.	Yes	<p>Our customer service team has a quality assurance program designed to provide timely, constructive feedback to the claims initiation service representatives, and to identify potential individual or group training opportunities. This places an emphasis on consistency in the delivery of quality data, as well as on the soft skills critical to providing world-class service in today's call centers.</p> <p>Our interactions with members include an audit report that measures three areas: protection, operational, and service. There are multiple areas of coaching opportunities that must be satisfied for a successful quality assurance audit.</p> <p>We leverage the feedback from our customer satisfaction surveys to help identify training opportunities as well as workflow and service enhancements across our operations. We regularly review the results for coaching and feedback to our personnel, as well as for operational opportunities to improve the customer experience.</p> <p>Additionally, Lincoln is including Performance Guarantee metrics, which include customer service representatives pertaining to customer service intake that will be abandoned at a rate of 5% or less. 80% of calls pertaining to claims coming into Lincoln's customer service center will be answered in 30 seconds or less and 85% of Claimants will respond as "Satisfied" with the handling of the beginning of their claim on a survey working with our customer service representatives.</p>

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Operations and Administration	Plan Administration	30	Confirm that you will provide telephone, customer and claim servicing from 7:30 a.m. 6:00 p.m., Pacific Time, Monday through Friday. Provide detailed information regarding the customer service system, including the telephone and online portal.	Yes	<p>Our standard hours of operation are Monday thru Friday from 8am to 8pm Eastern Time. Extended hours can be made available through Actec at an additional cost.</p> <p>For disability, employees will have access to our web portal where they will be able to submit a claim and track all claim activity. The web portal is available 24/7 and can easily be accessed through a tablet or smartphone. The portal uses a responsive design technology, making it easy to access from any digital device.</p>	Yes	<p>While our call center's hours of operation are Monday through Friday from 5:00 a.m. to 5:00 p.m. Pacific Time, claimants will have an option to schedule a call with their claim representative as a feature of our employee portal. They will also have their claim representative's full name and direct extension in order to leave a voicemail message.</p> <p>After-hour callers who know their party's extension may leave a voicemail and the call is returned within one business day.</p> <p>We also provide Interactive Voice Response (IVR) technology that is available 24/7.</p>	Yes	<p>Live telephonic intake is available 5 a.m. to 7 p.m. PST, Monday through Friday.</p> <p>We offer 24/7 support for intake via our online portal, My Lincoln Portal®, and through self-service telephonic IVR, if enabled by the employer with a dedicated call line. A dedicated telephonic line for City of Los Angeles also allows employees to leave messages after hours.</p> <p>Employee's have direct contact with their claim examiner and are provided their direct phone number and email for communication. Email prompts can be provided within after hours.</p> <p>Lincoln will also be providing the City with a dedicated claim liason who is dedicated to the City and helping employee's with servicing and claim needs.</p> <p>My Lincoln Portal® is a secure one-stop destination for managing benefits online and is optimized for use on desktop, tablet, and mobile devices.</p> <p>Employees can use the portal to:</p> <ul style="list-style-type: none"> •Report a claim or request an accommodation •View real time status of an event •Review claim payment information (dependent on plan design) •Obtain claims specialist contact information for previously reported events •Submit and view status of an EOI application •Report a birth •Receive summary document and email confirmation for submissions •Download forms •English or Spanish default displays •Look up contact information for the employer's human resources or benefits departments •Set communication preferences to: <ul style="list-style-type: none"> ◦Receive IVR or text confirmations regarding return to work

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	31	<p>Confirm that you have provided an implementation timeline. Y/N</p> <p>Assuming a contract award of 07/01/24 and beginning service date of 01/01/25, provide a proposed implementation plan and timetable, beginning with the award of business to effective date of coverage, including the following:</p> <ul style="list-style-type: none"> a) Steps required to implement the program b) Role played by the plan sponsor/vendor c) Eligibility feed d) Production and distribution of ID cards, directories, and enrollment materials e) Contacts and personnel assigned to each step of the implementation process f) Establishment of on-line plan information 	Yes		Yes	<p>We have included a sample implementation timeline with our response.</p> <p>Please note that this is a sample schedule. We will coordinate with your team to finalize the time frames which include receipt of necessary information to establish the employee benefit plans.</p>	Yes	<p>A successful implementation is a crucial first step in our ongoing business relationship. For Lincoln, the key to a smooth transition and implementation is working closely with employers to design the service requirements.</p> <p>Lincoln is committed to an implementation process that features mutually agreed on timelines and responsibilities. We will meet with the employer to identify the desired outcomes and to develop a timetable and action plans.</p> <p>Once we develop the timetable and action plans, the Lincoln implementation team gathers representatives from throughout our organization. This team features subject matter experts in the areas of:</p> <ul style="list-style-type: none"> •Compliance •Claims •Information systems •Contracts •Underwriting •Billing •Taxes <p>The team reviews the benefit plan, confirms service needs, and establishes an implementation calendar. We provide the employer with documentation of the meeting results.</p> <p>We manage the account implementation according to specific target dates. Throughout the process, we inform the employer of our progress and any outstanding issues. We do not consider the implementation finished until all items detailed on the implementation calendar are complete.</p>

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	32	When was the last major system enhancement and what was the nature of the enhancement?	Yes	November 16, 2023. Version update for disability/absence management software.	Yes	In 2021 •Improved integration capabilities with partners and customers using standard APIs to simplify the setup and exchange of data. •Eligibility file enhancements providing additional flexibility for our Partners. •Expansion of capabilities supporting Paid Family and Medical Leave.	Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	33	Do you foresee any specific problems incorporating the City's population and plan features into your system? If yes, describe in detail.	No		No		No	No, Lincoln is very comfortable with large market public entity employers.
Operations and Administration	Plan Administration	34	How many times has your website and system of record been inoperable/inaccessible over the last three years? How long was the website or system down for each occurrence?	Yes	We perform scheduled maintenance over times where the least impact will occur. The portal is built on Salesforce Lightning Communities and was only down for Salesforce's regularly scheduled maintenance. Regularly scheduled maintenance occurs three times per year between midnight and 4am on a Sunday and has a duration ranging from a few minutes to a maximum of 4 hour window. We did not experience any unanticipated system downtime. Planned downtime was .02%, meaning the system was available 99.98% of the time.		Our self-service portals are normally available 24/7. Any scheduled maintenance activities will occur on weekends outside of core business hours, and any outages will be shared in advance on the home page of each site. We do not have reports by occurrence. Our Websites have over 97% availability.	Yes	The SLA for our customer portal, My Lincoln Portal@ is 24/7 with the exception of scheduled releases. The scheduled maintenance window is Sunday 12 a.m. to 2 p.m. ET if needed. During this time, there is potential for system outages. Outside of these times, there were no other system disruptions.
Operations and Administration	Plan Administration	35	Confirm your ability to provide a dedicated claims team to the City of Los Angeles.	Yes	A dedicated claims team has been the included in the STD pricing. All other products will have a designated team.	Yes	At no additional cost, The Hartford will dedicate claim analysts to the City of Los Angeles at key points in the claim process. These Analysts will be the primary group of Analysts supporting your employees. When volume warrants and time permits, these Analysts may assist with other customer claims; and other trained Analysts may assist with City of Los Angeles) claims. This is necessary to ensure appropriate service and quality levels are delivered. Any staff members assigned to your case will receive customer-specific training.	Yes	Designated Major accounts such as City of Los Angeles would be qualified as receive a designated claim team.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	36	Within the next 36 months, does your company have plans to upgrade, enhance or change the software or hardware system used to process claims?	Yes	We do not anticipate replacement of our systems. We have a roadmap of continuous system innovation that will continue to enhance our products and offering. None of the anticipated changes will have an impact on our service for our clients and will actually help to improve our overall services and capabilities.	Yes	<ul style="list-style-type: none"> • Enhanced - Plain-language online intake for childbirth & adoption claims STD claims. • Voluntary product offerings: <ul style="list-style-type: none"> - Launch Vermont Family Medical Leave Insurance - ELife digital portal for employers - Mental Wellbeing partnership with Talkspace - Financial Wellbeing partnership with Origin • Improving administrative service portal allowing for greater self-service engagement: <ul style="list-style-type: none"> - Absence self-service admin claim dashboard and analytics for employers. • Continued expansion of data-integration capabilities with partners and customers using standard API and EDI platforms: <ul style="list-style-type: none"> - Majors EOI/SSO API - Alight EOI API - Workday Member Management API • Enhanced data security. • Simple and customized self-service reporting. 	No	
Operations and Administration	Plan Administration	37	In the event of termination of this contract, confirm that you will transfer claim information and other administrative records to any vendor that would replace you at no charge, and in a format usable by the City.	Yes		Yes	Confirmed. We will endeavor to provide those records within 30 days after termination or within a reasonable mutually agreed upon timeframe.	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	38	Describe if and how you assess member satisfaction. Indicate if you have tools to assess satisfaction at point of contact and/or as a general member satisfaction survey.	Yes	We collect customer satisfaction information through various channels including our 5 Star Satisfaction Survey, Net Promoter Score, and operational escalation tracking. This information is reviewed internally with senior management to ensure awareness and appropriate action planning.	Yes	Our Voice of the Customer program provides understanding into the customer experience and expectations to deliver meaningful, actionable insights. We're the only insurer that Medallia serves both domestically and internationally with a comprehensive end-to-end program. Our industry-leading platform sends 75 surveys across the enterprise to obtain customer feedback. We have 10,000 individuals across our organization using this platform and we receive an aggregate of 50,000 responses each month. The insights gathered help to find sources of customer concerns, identify customer-focused priorities and celebrate wins.	Yes	<p>Below is our standard member satisfaction survey tools. For a Major account such as the City of Los Angeles, Lincoln has the ability to create a more custom member satisfaction survey to more specifically meet the needs of the City. Lincoln can recommend survey or we can work with the City to develop specific surveys to find out more key information on how Lincoln can improve the member experience for City employees.</p> <p>Member:</p> <p>STD — 1/3 at survey open, 1/3 at 60 days post claim open, and 1/3 after claim close LTD — every six months Life beneficiary — post claim</p> <p>We conduct a short electronic survey for employees. The survey is focused on customer satisfaction and ease of their claim experience. Designed to capture in-the-moment feedback at various points of the claim process (open, middle, and end), this survey provides us with critical information to ensure the needs of our claimants are met or exceeded.</p> <p>While our survey is designed to cover the full claim process, each claimant receives only one survey per STD claim—and no more than one survey every six months for LTD—so as not to burden any one individual employee.</p> <p>We ask two questions in the claimant satisfaction survey:</p> <ol style="list-style-type: none"> On a satisfaction scale of one through ten, "Solely based on your experience with this claim [so far], how satisfied are you with Lincoln Financial Group?" On an agreement scale of one through seven, "Lincoln Financial Group made my claim {reporting} experience easy." <p>Employees are also given the option to describe, in their own words, details about their experience and the rationale for their scores.</p>

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Operations and Administration	Member Services	39	If you have collected member satisfaction survey data, indicate your 2022 and 2023 (if available) results for both your full client base as well as your five largest public sector clients.	Yes	4.8/5	Yes	<p>Annual Renewal and Customer Satisfaction Survey utilizes a 0-10 point rating scale. Overall communication, consultation and responsiveness will be evaluated in an annual customer satisfaction survey.</p> <p>As of 2023, our customers had an average overall satisfaction rating of 8.42 out of 10 with The Hartford's overall performance as their Life and/or Disability carrier.</p> <p>As of 2022, 91% of our customers said they were "extremely satisfied," "very satisfied" or "satisfied" with The Hartford as their Group Life and/or Disability carrier.</p>	Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	40	What are your protocols/standards for responding to customer service inquiries?	Yes	Employees may call in and connect with our Customer Care Center or they can use our portal.	Yes	Quality standards require that our claims staff return calls and email messages received before 2:00 p.m. on the same business day. Calls and messages received after 2:00 p.m. must be returned by noon on the next business day.	Yes	
Operations and Administration	Member Services	41	Do members have the option to leave a message at your customer service line after working hours?	No	No, but employees have the option to self-service on our portal 24/7. Extended hours of operation are available at an additional cost.	Yes		Yes	Yes, when a custom phone line is established as with the City, members can leave a message after hours. These will go directly to our claim liason dedicated to the City. Additionally, if the member is going through claim, they can leave a message directly with their claim examiner. All calls will be returned within 24 hours.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
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Operations and Administration	Member Services	42	Will your company provide the City with an online chat feature with a customer service representative (for both website and mobile app)?	No	We are currently exploring the use of a chat feature, but do not know when/if we will deploy.	Yes	<p>Online self-service capabilities include access to real-time claim information from our integrated Disability and Leave Management system. Users also have the ability to initiate a claim and upload documents, among other features.</p> <p>Key features of our portals:</p> <ul style="list-style-type: none"> • Sites are mobile-responsive and can be accessed from any device (mobile, desktop or tablet). • We offer claimants the ability to schedule a call with their claim examiner and click-to-chat. • We provide access to robust reporting for employers – reports can be downloaded to Excel for easy access to information that can help you better understand the trends in your programs. 	No	An on-line chat feature is not available. However, Lincoln does support texting for some features including claim acknowledgements, approvals, extensions, return to work. Lincoln also offers two way texting for confirmation of return to work dates.
Operations and Administration	Member Services	43	Does your company conduct member satisfaction surveys for your member service unit? If so, please include the results for the past three reporting periods	Yes	We conduct ongoing surveys using Net Promoter Score and our 5 star rating. Our Net Promoter Score for 2023 was 68, and our Customer Care Center has a 4.9/5 rating.	Yes	<p>In 2023, our STD Claim Customer Satisfaction average was 8 out of 10. In 2023, our LTD Claim Customer Satisfaction average was 8 out of 10.</p> <p>In 2022, our STD Claim Customer Satisfaction average was 7 out of 10. In 2022, our LTD Claim Customer Satisfaction average was 9 out of 10.</p> <p>In 2021, our STD Claim Customer Satisfaction average was 8 out of 10. In 2021, our LTD Claim Customer Satisfaction average was 9 out of 10.</p>	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
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Operations and Administration	Communication Materials	44	Do you send out regular communications to your members? If so, how often and what type of communication (email, mailing, text, etc.)?	Yes	We will reach out as needed throughout the course of managing claims.	Yes	<p><u>Life</u> For approvals, we call the beneficiary and send a benefit payment to the beneficiary and an approval letter and/or email notice to the employer.</p> <p><u>Disability</u> For claimants who opt out of the electronic claim notifications, we notify the claimant telephonically for both approvals and denials and a letter is mailed with the decision. For pended claims, we call the claimant for missing information and sets expectations for when the information is needed by.</p>	Yes	
Operations and Administration	Communication Materials	45	Indicate if you provide print communication materials for members outlining the services offered by your organization, and provide a sample brochure.	Yes	Our pricing assumes assistance and production of electronic documents, brochures, and a Learning Hub.	Yes		Yes	Lincoln can provide printed materials to the City highlighting the benefits program. This information can also be uploaded to the microsite.

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Operations and Administration	Communication Materials	46	Indicate if the cost of these materials is included within your per-member fee and at what quantity levels (if any), or if additional printing fees apply.	Yes		Yes	The cost for standard printing and bulk mailing to your office once per year is included in the rates. Requests for additional booklet certificates or color printing may result in an additional cost. Please note however, that our current standard for delivery of booklets is electronic only; we do not automatically print and ship a supply of booklets to each new group or every year thereafter. We only print upon request.	Yes	Our standard communication materials are included at no additional cost. If there is an abnormally large need to print many materials, there could be an additional cost associated depending on the size of the order. In most circumstances, within a reasonable request, all printing is included with our proposal. <ul style="list-style-type: none"> •Assistance with announcements •Voice-over presentation slides for e-learning •Webinars for training •Enrollment materials including employee handouts, posters, and enrollment guides with customization of the employer logo and plan design •Educational product and process videos We work directly with the employer to customize materials that suit the needs of employees. Depending on the type of communication and the amount of customization, costs may vary.
Operations and Administration	Website and other Media	47	Describe your interactive support tools available to members. Are these tools provided by a third party? Describe the kind of information available to members and how they would access it.	Yes	We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.	No	<u>Life</u> While we do not provide traditional member website, our Culture of Caring embodies our commitment to providing compassionate care to our customers which includes several online support options. Below is a snapshot of the digital capabilities: <ul style="list-style-type: none"> • Beneficiary Management Services – 24/7 Online platform supports beneficiary designations and beneficiary updates as part of the Beneficiary Management Services. • Beneficiary Services - On-demand support including grief services, helpful planning tools and additional support resources. <u>Disability</u> <ul style="list-style-type: none"> • THAA - integrated platform manages absences, leaves - and Life Premium Waiver. • Mobile-responsive, self-service portal - employees manage benefits online. Email alerts accessible on mobile/desktop. Claimants set communication preferences (text or email) 	Yes	Mentioned in a prior responses to questions, Lincoln does have the ability to create and manage customized microsite's for the City of Los Angeles. These microsities can be created in many formats and target different City as a whole, individual departments or employee classes. An example of a microsite for a current public entity group, County of San Diego can be found here: https://lincolnfinancial.com/public/microsite/cosandiego/home This microsite includes information about benefit plans, how to file claim, helpful videos and access to our value added services such as Financial Wellness, TravelConnect and EAP as examples. Lincoln can incorporate nearly any educational information and interactive content to help employee's with their benefit and better understand them. The microsities are created by Lincoln and we have full access and customization

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	48	Describe your organization's video educational and marketing content. What specific video content do you make available and is it applicable to public sector plan sponsors of employee benefit plans? Does this material require or does it not require customization for the City's Plan? Indicate whether you charge your governmental plan sponsors for the use of this material in their plans or for customization.	Yes	Our flyers, FAQs, glossaries and one-page Spotlights can be printed or shared digitally, and we have videos, needs calculators and customizable recorded presentations as well. To see samples of our communication pieces as well as a sample of our customizable Learning Hub sites, you can visit LearnYour Benefits :: Demo Site (aflac.com)- https://learn.aflac.com/demo		MyTomorrow® is a mobile-ready, interactive decision-support tool that educates employees on their benefits. MyTomorrow is able to tailor the conversation to an employee's situation. By partnering with us on a marketing strategy, MyTomorrow can be promoted through enrollment communications to help employees learn about their coverage options. It can also be linked from an employer's benefits admin site through a unique URL and accessed securely from home as well as work. Our "Decision" videos present high-level product information in a light-hearted and easy-to-understand format. They share real-life scenarios focusing on the decision-making process of our products.	Yes	Lincoln offers a wide range of video and educational content that can be shared with members in different ways. All employee educational videos are included with our proposal. The most common forms of distribution is through email, City intranet site and through a dedicated microsite for the City developed by Lincoln. Lincoln strives to educate members on how their benefit program works, we even incorporate how to videos within our on-line claim submissions portal. Our video content is designed to educate any employee and is suitable for public sector employees. While we would be happy to work with the City to develop specific video content if necessary, we feel the videos we have available will work very well with member needs. Lincoln does not charge governmental plan sponsors to utilize our videos. Please see below for a sample of some educational videos available. We are happy to provide more if interested.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	49	Provide samples of any videos you've developed that could be used by a public sector plan sponsor for marketing or educational purposes for members, if you have produced them.	Yes	To see samples of our communication pieces as well as a sample of our customizable Learning Hub sites, you can visit LearnYour Benefits :: Demo Site (aflac.com)- https://learn.aflac.com/demo		<p>The Hartford's comprehensive suite of communication capabilities are designed specifically for a given employer's population. With robust tools that drive awareness and help educate, they can provide a better enrollment experience for varying persona types at different life stages. A personalized strategy may include:</p> <p>Online learning resources</p> <ul style="list-style-type: none"> • MyTomorrow® Decision-Support Tool • Cost Calculator • Coverage Advisors • Engaging educational videos • Ratings & Reviews <p>Our consultative approach is to provide relevant information to help employees make the best decisions for their lifestyle. The goal is to educate and help employees understand why income protection is critical to their overall financial well-being.</p>	Yes	<p>Below are just some examples of our most popular videos content. In addition to the below examples, Lincoln offers even more educational pieces for not only members but also HR teams and City division managers.</p> <p>Employee Web Portal Access - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=6270336584001</p> <p>Maternity Claim Process - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=5823388911001</p> <p>Voluntary Life Education - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=6084055893001</p> <p>Disability Buy Up Education - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=6050441357001</p> <p>Financial WellnessPATH - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=6013129735001</p> <p>Reporting a claim on-line - https://players.brightcove.net/1134849171001/default_default/index.html?videoid=5811823601001</p>

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	50	Indicate if you have a mobile application or mobile optimized website. What features does it include or may it be limited compared to the regular member website? What information (if any) can be customized by the plan sponsor? If you offer one, provide information regarding how to access your mobile application. Indicate whether and how you maintain consistency between your mobile application and website.	No	While we do not have a standalone mobile app, our portal is device agnostic and can be used from any mobile device.	No	<p>Though we don't have a separate mobile app, employees can submit claims using our mobile-responsive portal, which works on any device (phone/tablet/desktop).</p> <p>The available capabilities include:</p> <ul style="list-style-type: none"> •Registration for our self-service employee portal •File an STD or LTD or Paid Family Leave claim •Check claim status •View missing information •See payment information and payment schedules •Find contact information for the claim analyst •Enroll in or update direct deposit •Access email alerts 	No	<p>My Lincoln Portal® is a secure one-stop destination for managing benefits online and is optimized for use on desktop, tablet, and mobile devices. All features available on the desktop is also available through mobile. There are no limitations between the two.</p> <p>The following customization options are available within My Lincoln Portal® (available on both desktop and mobile optimized website):</p> <p>Ability to display City seal/logo</p> <p>Various opportunities to insert employer specific messages to the employees - Examples include reminders of internal processes the City may have for employees to complete, reference to medical or EAP programs, HR contact information at the City.</p> <p>Customize reporting folder structure</p> <p>Option to include customized Q&A</p> <p>Upload employer specific forms</p> <p>Display employer specific contacts; i.e., HR, Benefits, etc.</p> <p>Include only relevant program information within the employer area</p> <p>Allow employees and employers to report return-to-work information online</p> <p>Our portal allows each employer user to elect permissions based on their specific needs.</p> <p>My Lincoln Portal® provides alternative text for any content element that is conveyed with color, so that it is accessible for both visual and non-sighted users.</p>

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	51	Provide your firm's "web vision." This should include the foundation, principals and philosophy that guide your current site and form the foundation for future evolution, and enhancements you are preparing for over the next 3-5 years. Describe how this vision differentiates you from your competitors.	Yes	Our aim is to provide a state-of-the art, yet simple to use solution for our clients and their employees. We are consistently making changes that align with the needs of our users, and take user feedback into what we do in order to provide a solution fit for their needs. In all that we do, we aim to provide services with a Care on Purpose mantra, and that extends to our online presence/portal.	Yes	<p>We are built to perform on all levels; guided by the belief that with the right resources, team and technology people will overcome adversity. This belief – our Ability Philosophy – is at the heart of our company, and we put it into action every step of the way for you and your employees.</p> <p>Our ongoing innovations and investments in technology are consciously designed to help our people – and yours – deliver a better experience, everything from implementation to enrollment to claims. Because setting you up for success translates into better outcomes for your employees.</p>	Yes	<p>We are committed to simplifying life for our customers, using technology to improve their experiences with Lincoln. That means easier access, real-time updates, and data-driven insights. Technology is at the intersection of information and convenience, and our expanding investment in technology is the foundation of Lincoln's road map. This ensures we continue to evolve with our customers and their needs, to make it easier for them to get what they want, when they want it. Lincoln is focusing our technology investments in the following areas.</p> <p><u>Enhancing the Online Portal</u> Continued to enhance our online portal experience with more intuitive access to products and services by providing a personalized, mobile-optimized environment that makes it easy to administer employer benefit programs and simple for employees to self-service with ability to model, initiate, and manage their claims and absences.</p> <p><u>Digital Tools</u> Help our clients, employees, and claimants make more informed decisions and save time with easy-to-use interactive tools and chat functionality, two-way texting, and proactive notifications.</p> <p><u>Benefits Technology and API Integration</u> Expanded BenTech/API integrations and new capabilities constructed to eliminate redundant systems, automate administrative tasks, increase auto-adjudication of EOI and claims, and provide a smoother, swifter employee benefits experience.</p>

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	52	What 3 recent enhancements/innovations have you implemented over the last few years that best reflect this vision? Comment on how these innovations are relevant to the City and its mission for the Plan.	Yes	We recently expanded our offerings by adding: a Leave Forecaster/Calculator, Configurable Intake, expanding API connectivity, providing Spanish capabilities in the portal, and connecting our Care Manager Program with NeuroFlow.	Yes	Our Life coverage includes enhancements to our portability, Safe Haven and beneficiary assistance programs. Through our Culture of Caring, we support beneficiaries coping with the loss of a loved one. In addition to digitally enhancing our portability product, we're also working on optimizing our online claim portal for employers and beneficiaries. Our recent results include reductions in implementation and claims turnaround times. In addition, our claim integration capabilities provide notifications or automatic claim adjudication for Life & Disability customers. Focusing on innovation and technology, we continue to simplify the integration of our products with HCM and benefit administration platforms.	Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	53	How do your electronic capabilities compare to those in place at other organizations in terms of (a) security controls (e.g. use of and access to SSNs, touch/fingerprint access to self-identify on a mobile app, etc.); and (b) interactivity and responsiveness (e.g. use of a message center and emails/texts to communicate confirmation of transactions)?	Yes	<p>We leverage the Salesforce platform in the delivery of our products and services. Both our Data Center and Salesforce operations have practices and procedures in place to prevent damage to assets and interruptions to business activities. The practices cover not only technology practices but also human resource practices, facilities management practices, and any number of areas that may touch technology assets and affect business continuity. We submit to independent audits to ensure that these assets are secure and provide audit reports to our customers on request. Systems that would host your data are in two primary solutions: our data centers and Salesforce data centers. Salesforce data centers are SOC1,2,3 compliant and more (see https://compliance.sales.com/en for more information).</p> <p>The basis of Aflac business is information. Aflac creates, receives, stores, uses, retains, and transmits business information in support of all business processes. This information includes "Personal Identifiable and Health" information (PII/PHI) or payment/credit card information (PCI). This as well as all other forms of information within the organization are protected, secured and governed. Information is kept for as long as needed to meet regulatory, legal, operational, and historical needs, and is defensibly destroyed when no longer needed.</p>		<p>We comply with all current federal and state regulations regarding confidentiality, including the Gramm-Leach-Bliley Act. All employees of The Hartford sign a confidentiality agreement acknowledging a personal obligation to privacy and security. All access to client data is protected by our Star Security System, which assigns access privileges only to employees with a demonstrated need.</p> <p>The Hartford implements various algorithms for encrypting files in transit including, but not limited to Encrypting File System (EFS), Secure File Transfer Protocol (SFTP), Secure Socket Layer (SSL) and File Transfer Protocol Secure (FTPS). The type of encryption depends upon customer requirements.</p>	Yes	Our electronic capabilities are ranked higher on average than our competitors. My Lincoln Portal is an award winning management system. My Lincoln Portal uses a 256-bit transport layer security (TLS) protocol v1.2 for transferring data. TLS is encryption that creates a secure environment for the information being transferred between your web browser and Lincoln. These methods and procedures are reviewed and audited by our Corporate Internal Audit department, along with our external auditor Ernst & Young. Without a signed non-disclosure agreement, we are unable to provide further specifics regarding system security measures.
Operations and Administration	Billing & Eligibility	54	Do you agree to receive and timely and accurately process as indicated in this RFP all of the enrollment and eligibility information in the format as provided by the City's third party administrator?	Yes		Yes		Yes	

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	55	Confirm that you will confidentially maintain member data, records and personal information such as social security numbers, dates of birth, marital status, home addresses, transaction histories, and other information related to participation in your program.	Yes	<p>The basis of Aflac business is information. Aflac creates, receives, stores, uses, retains, and transmits business information in support of all business processes. This information includes "Personal Identifiable and Health" information (PII/PHI) or payment/credit card information (PCI). This as well as all other forms of information within the organization are protected, secured and governed. Information is kept for as long as needed to meet regulatory, legal, operational, and historical needs, and is defensibly destroyed when no longer needed.</p> <p>Aflac has an Information Governance (IG) organization staffed with experienced IG professionals with backgrounds in financial services, compliance, legal and technology disciplines. This team has developed a strong foundation for governing Aflac's information based on policies, standards and leading practices. Underpinning this foundation are technologies that enable the automation of governance policies that create user transparency while applying governance controls.</p> <p>Since governance has a strong social and organizational element, Aflac's Information Governance Program brings together representatives from the business, legal, privacy, security, records management, and technology areas to ensure business users are educated and trained on governance policies and procedures. Executives and business management representatives sponsor the Information Governance Stakeholder Group to ensure ongoing compliance.</p>	Yes		Yes	Confirm.
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	56	Indemnification to the City for any liability associated with security breaches of your recordkeeping system.	Yes		Yes	We will indemnify City of Los Angeles for our and our subcontractors' / vendors' errors and omissions to the extent that they are caused by our negligence and/or intentional or criminal misconduct. Also, with regard to the fully-insured coverage, in the event that City of Los Angeles is wrongfully named as a defendant in litigation, we will use our best efforts to have City of Los Angeles dismissed from the litigation.	No	<p>Lincoln is subject to both federal/state legislation and regulations governing the protection of nonpublic personal financial and health information received about our customers or insureds. Lincoln has adopted policies and procedures that comply with the applicable state and federal laws governing confidentiality and privacy as it relates to the sale and administration of its insurance products.</p> <p>We cannot agree to this indemnification as is, but we are willing to discuss this with you further if selected as your carrier of choice to work out mutually agreeable language.</p>

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	57	Describe in detail your procedures and safeguards used to protect the confidentiality of member accounts, including security for your hardware and facility, authorized access to data, confidentiality of data, and security for hard-copy documents in a clearly labeled appendix	Yes	<p>The basis of Aflac business is information. Aflac creates, receives, stores, uses, retains, and transmits business information in support of all business processes. This information includes "Personal Identifiable and Health" information (PII/PHI) or payment/credit card information (PCI). This as well as all other forms of information within the organization are protected, secured and governed. Information is kept for as long as needed to meet regulatory, legal, operational, and historical needs, and is defensibly destroyed when no longer needed.</p> <p>Aflac has an Information Governance (IG) organization staffed with experienced IG professionals with backgrounds in financial services, compliance, legal and technology disciplines. This team has developed a strong foundation for governing Aflac's information based on policies, standards and leading practices. Underpinning this foundation are technologies that enable the automation of governance policies that create user transparency while applying governance controls.</p> <p>Since governance has a strong social and organizational element, Aflac's Information Governance Program brings together representatives from the business, legal, privacy, security, records management, and technology areas to ensure business users are educated and trained on governance policies and procedures. Executives and business management representatives sponsor the Information Governance Stakeholder Group to ensure ongoing compliance.</p>	Yes	<p>We are committed to maintaining the highest standards of confidentiality and strictly adhere to all applicable privacy laws and regulations.</p> <p>Access to claimant information is limited to appropriate claim staff who must log on with secure IDs and passwords. Teams follow strict protocols when discussing claims and claimant paperwork. Phone recordings of calls to our claim offices are also considered part of the claim file and receive the same confidentiality/privacy protection as the paper and electronic portion of each claim file.</p>	Yes	We have multiple methods and procedures for quality assurance of data collection, analysis, reporting and security. My Lincoln Portal uses a 256-bit transport layer security (TLS) protocol v1.2 for transferring data. TLS is encryption that creates a secure environment for the information being transferred between your web browser and Lincoln. These methods and procedures are reviewed and audited by our Corporate Internal Audit department, along with our external auditor Ernst & Young. Without a signed non-disclosure agreement, we are unable to provide further specifics regarding system security measures.
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	58	Describe your response plan in the event of a data security breach. Describe what credit protection and other services you provide to members who may be impacted by a data security breach.	Yes	<p>We strive to protect business information, and security incidences are categorized based on their impact to confidentiality, integrity, and availability to data or resources. The assessment and categorization "drives" the response type, the actions invoked, and the escalations required. Response actions are outlined by the following steps:</p> <ol style="list-style-type: none"> 1) Risk Assessment 2) Containment 3) Recovery 4) Communication and Notification 5) Investigation 6) Improvement <p>For high impact incidents, a formal after-action review is done to document actions taken, provide in-depth analysis, and provide recommendations for prevention or process improvement.</p>	Yes	It is our policy not to comment on security breaches. We have an Information Security Event Response Program in place. If employee becomes aware of a potential information security event, employee must immediately report event through our centralized online or telephone reporting process. Our Privacy Law unit will investigate, triage, perform legal analysis as required. Privacy Law will assemble Data Incident Response Team to assess, notify regulatory and law enforcement authorities, contain and control the situation, take any necessary corrective action(s), and notify customers when appropriate in accordance with applicable law and contract.	Yes	In the event of an alleged breach of employee confidential information, Lincoln would undertake an immediate investigation of the situation, determine whether or not a breach occurred, the cause of the breach, identify and comply with all regulatory reporting and remedial requirements, communicate with the affected parties and put procedures in place to prevent it from happening again. As an insurance company, Lincoln is subject to both federal/state legislation and regulations governing the protection of nonpublic personal financial and health information received about our customers or insureds. Lincoln has adopted policies and procedures that comply with the applicable state and federal laws governing confidentiality and privacy as it relates to the sale and administration of its insurance products.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	59	Describe your disaster planning/prevention resources and plans, including the frequency with which your data is backed up and redundant processing centers.	Yes	In the event of a power outage or any extreme weather event, Aflac's local business continuity plan (BCP) will be invoked by the Corporate and Local Crisis Management Team. The BCP takes into account backup locations, systems recovery, emergency staffing, and all operations. In the event that our main location is not operational, Aflac can immediately trigger all incoming calls to automatically be routed to our after-hours call partner, Actec Systems, where any incoming calls will be answered by live telephone operators.	Yes	The Hartford and its various business units maintain the appropriate business continuity (disaster recovery) plans to safeguard critical business operations and information technology. All our offices are protected by site-specific Emergency Response plans that cover safety and emergency protocols for our employees and facilities. Business continuity plans are developed, documented and are updated on an ongoing basis.	Yes	Lincoln's business areas have developed business continuity plans and arrangements are in place with third-party recovery services vendors for use of a remote alternative site, equipped with resources to support critical business operations as necessary. In addition, local crisis management teams are in place in all Lincoln locations. These teams are charged with managing any potential or actual crisis at the site from the time a situation occurs to the resolution of the incident and resumption of normal business operations. Lincoln also maintains backup systems and power supplies that allow critical computer and telecommunications systems and facility functions to be maintained in the event of minor, local disruptions. Lincoln's business continuity plans are reviewed as necessary, at least annually, to ensure they account for potential issues relating to technology, operations, structure, and location.
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	60	Describe your disaster recovery resources and plans; indicate how often you test your recovery system.	Yes	Aflac's Group Insurance Operation has a formal Business Continuity Plan in place that provides for the timely recovery of data and continuation of normal business activities in the event of a disaster. As part of Business Continuity and Disaster Recovery, each Aflac business unit produces Business Continuity Plans to manage business and guide responses to incidents. A Crisis Management Team is comprised of key managers responsible for making sound strategic decisions when responding to an incident and engaging all parties in the recovery of the impacted business operations. We conduct formal testing of the Business Continuity Plan annually to identify areas for improvement and to ensure that the appropriate procedures are in place. Our US call center has a full alternate site for call overflow and to redirect the calls from one location to another in case of business interruption. Business process backups/ data backups are established to recover day to day operations as well as intermediate and disaster recovery situations. All application software and business data is backed up and sent to a secure offsite location for storage.	Yes	The Hartford has a formal, documented vulnerability policy that requires assessments on its systems, applications, and networks that store sensitive data. The policy has also been independently verified through internal audits and external assessment audits annually. Vulnerability management is an ongoing process which requires proactive methods of identifying and remediating vulnerabilities that may impact systems and data. The Hartford Disaster Recovery program is tested at least annually.	Yes	
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	61	In the event of a disaster, will current enrollment information be secured and available? Yes or No. How many hours/days will it be until your operations are up and running?	Yes	Our RTO is 12 hours, and RPO is 4 hours.	Yes	We do not share plans or testing results.	Yes	We have multiple methods and procedures for quality assurance of data collection, analysis, reporting and security. In the event of a disaster, Lincoln doesn't anticipate any delay in accessing the required information for the City.

GENERAL QUESTIONS (NOT RATED)				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	62	Please provide a link to your disaster recovery plan or include in a clearly labeled appendix.	Yes	We have provided a copy of our external-facing document titled "Aflac Business Resilience and Recovery Planning Overview (Mar 2024)	Yes	We have included a copy of the Business Resiliency Program Overview with our response in Section F.	Yes	https://www.lincolnfinancial.com/public/aboutus/companyoverview/ourstrategy/corporateresponsibility/esg-data-center

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Overview	1	Please provide an overview of your organization and organizational structure, to include the name of your parent company (if you have one), the nature of its business, the name of your company, the length of time your firm has been providing the broad range of services included within this procurement, and headquarters.	Yes	<p>Metropolitan Life Insurance Company is providing this quote. Metropolitan Life Insurance Company was incorporated in 1868. It became a wholly owned subsidiary of MetLife, Inc. in 2000.</p> <p>Metropolitan Life Insurance Company's primary business is that of an insurance company. The primary business of MetLife, Inc. is that of a financial holdings company. MetLife has been offering Life insurance since 1868, AD&D since 1921, STD and LTD benefits since 1957.</p> <p>Our company headquarters address is as follows: 200 Park Avenue New York, NY 10166-0005</p>	Yes	<p>At the heart of New York Life Insurance is a commitment to be there for our customers when they need us—whether today or decades into the future. We have delivered on that promise for over 175 years by investing wisely, growing a portfolio of strategic businesses, and remaining true to our mission as a mutual company, accountable only to our customers, not to outside investors.</p> <p>One of the key strategic businesses includes New York Life Group Benefit Solutions (NYL GBS). This business brings extensive group insurance experience and expertise to provide employers and their employees with expert resources, world-class claim facilities, and wide-ranging plans and services to help attract and retain employees. The scope of our plans offers employers a new degree of flexibility for future planning and growth. Life Insurance Company of North America (LINA) and New York Life Group Insurance Company of NY (NYLGICNY) are the underwriting companies used for life, AD&D, and disability insurance. LINA and NYLGICNY are wholly owned subsidiaries of New York Life. NYL GBS has almost 100 years of experience and over \$4 billion of premium with more than 11,000 clients servicing 15.9 million disability and life customers. Additional details below:</p> <ul style="list-style-type: none"> •fifth in market based on disability inforce premium, with over 15,700 employer policies serving 11.5 million customers, totaling \$2.5 billion in premium •fourth in market based on AD&D inforce premium, with over 13,600 employer policies serving 7.6 million customers, totaling over \$200 million in premium •seventh in market based on life inforce premium, with over 16,800 employer policies serving 9.7 million customers, totaling \$1.8 billion of premium (New York Life as a whole is number two of group market share totaling \$3.7 billion of premium across all carriers) <p>As the workplace continues to evolve, it is no longer about getting people to work for benefits, it is about getting benefits to work for people. NYL GBS is committed to helping organizations meet the evolving needs of today's workforce, ensuring benefits add value and inspire confidence while</p>		<p>Reliance Matrix is made up of Reliance Standard Life Insurance (established in 1907) and Matrix Absence Management (established in 1987) and have worked together as sister companies since 1997, providing integrated insurance and TPA services to clients. We are a leading provider of financial protection, absence management and supplemental health benefits solutions, driven by technology and an integrated customer experience. Reliance Standard provides the insurance contracts. Reliance Matrix also encompasses First Reliance Standard Life Insurance Company, a New York subsidiary; and Standard Security Life Insurance Company of New York, which was acquired by Reliance Standard in January 2022.</p> <p>Reliance Matrix is a wholly owned subsidiary of the Tokio Marine Group. Our immediate corporate parent is Delphi Financial Group. Delphi Financial Group is based in New York, NY, as is the administrative headquarters of Tokio Marine Group in the Americas.</p>
Organizational Background, Financial Strength, Experience	Overview	2	Is your company licensed to issue this insurance in all fifty United States, Puerto Rico and the District of Columbia?	Yes		Yes		Yes	Reliance Matrix operates in all 50 states as well as The District of Columbia, Puerto Rico, Guam and The US Virgin Islands.

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life			Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	
Organizational Background, Financial Strength, Experience	Overview	3	Please provide your organization's revenues and net profits for the last 3 calendar years.	Yes	<p>Operating revenue for the last three years was:</p> <p>2020: \$67,842,000,000 2021: \$71,080,000,000 2022: \$69,898,000,000</p> <p>Operating Profit Income (loss) before provision for income tax for the last three years was:</p> <p>2022: \$2,859,000,000 2021: \$8,126,000,000 2020: \$6,927,000,000</p>		<p>2021 Revenue: 3,005,110,541</p> <p>2022 Revenue: 3,106,279,197</p> <p>2023 Revenue: 3,275,726,856</p> <p>2021 Net Income/(loss): (74,471,494)</p> <p>2022 Net Income/(loss): (134,118,922)</p> <p>2023 Net Income/(loss): 202,266,139</p>	Yes	Please visit our website for our financials: https://www.reliancematrix.com/about-us/financial-highlights	
Organizational Background, Financial Strength, Experience	Overview	4	Is your company a subsidiary or affiliate of another company? If yes, describe the nature of the business of the parent firm.	Yes	Metropolitan Life Insurance Company (MLIC), a New York Corporation, was incorporated on March 24, 1868. MLIC became a direct, wholly owned subsidiary of MetLife, Inc. in 2000.	Yes		Yes	Matrix and Reliance Standard are sister companies and wholly owned subsidiaries of the Tokio Marine Group. Our immediate corporate parent is Delphi Financial Group	
Organizational Background, Financial Strength, Experience	Overview	5	Describe any pending agreements to merge or sell your company or any portion thereof, or your parent company; or any pending or anticipated plans to reorganize your company within itself or as part of the larger organization of which your company is a part.	No	We have no pending agreements to merge, sell or reorganize at this time.		This RFP relates to insurance. Under state laws, the insurance policy must constitute the entire contract, which cannot be supplemented or superseded by any other contract terms. Nevertheless, if an award is made, we will be willing to negotiate a separate agreement, containing mutually acceptable terms, to address matters not addressed in, and not required to be addressed in, the policies themselves, and which do not conflict with or supersede the policy.	No		

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
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Organizational Background, Financial Strength, Experience	Experience	6	Describe your ability to take on a client the size of the City of Los Angeles? How will you ensure excellent service and support for the duration of the contract?	Yes	<p>Based on what you have told us is important to you and your employees, MetLife is truly aligned to provide something exceptional service and support for the City and your employees.</p> <p>Our passion around engaging participants, providing them education, true added-value services, combined with an integrated, compassionate experience drives everything that we do. We also look forward to working closely with your TPA, Telus Health. They are a wonderful partner with MetLife, as we work together on many large clients such as the City. This gives us a proven-track record of effectively working together with them to make things work seamlessly.</p> <p>In addition to MetLife's extensive experience with large public sector clients across the country. Your assigned MetLife account team currently works with many large entities here in Southern California, including the Counties of LA, San Bernardino, and San Diego, as well as several of the City's union groups including UFLAC and LAPPL.</p> <p>Your account team will deliver for you and your employees at all times. Our integrated sales and service customer unit model starting with your Client Services Team creates heightened accountability which empowers everyone on the team to make decisions and advocate for your benefits program. Our average relationship with our customers lasts beyond 20 years, so our team will be here today, tomorrow and far into the future building a relationship with you and your team that allows us to become a most-valued partner.</p>		<p>NYL GBS National Accounts is organized around providing our clients with the resources and support they need. We're committed to being your trusted partner, working together to help you solve challenges and achieve the goals you've identified. Our National Account Executives manage the strategic partnership between you and New York Life. Responsibilities include consultative multi-year account planning, execution of benefit enhancements, plan analysis, renewal management, and service excellence. As a client advocate, they oversee the overall service experience to ensure that customer needs are thoroughly and efficiently met.</p>		<p>Extensive Experience in Municipalities as well as large private companies in this Size segmentation. A Client Executive will be assigned to this account if we are to earn the business. Performance Guarantee can be attached to these metrics and references are available upon request.</p>

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Organizational Background, Financial Strength, Experience	Experience	7	Describe any incident within the past five years in which your business has had a contract terminated for default. Termination for default is defined as notice to stop performance due to your organization's non-performance or poor performance and the issue was either not litigated or litigated and such litigation determined your organization to be in default. Submit full details of all terminations for default experienced by your firm during the past five years including the other party's name, address, telephone number and your firm's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject your firm's proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of your firm. If your firm has experienced no termination for default in the past five years, so indicate.	No	We have not had any incident within the past five years in which our business has had a contract terminated for default.	No	N/A	No	Litigation in our industry is common. We do not comment publicly on any past, present or pending litigation except to say that none of it is deemed to be substantial to our ongoing financial well-being.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	8	Has your company been the subject of any complaint filed with any state or federal regulatory agency or office in the past five years? If Yes, please explain	No	We have not been the subject of any complaint filed with any state or federal regulatory agency or office in the past five years that would impact our ability to deliver the services required in this RFP. Like other insurance and insurance service providers, state insurance regulatory authorities and other federal and state authorities regularly make inquiries and conduct investigations concerning the Company's compliance with applicable insurance and other laws and regulations.	No	Our companies are subject to frequent oversight by our insurance regulators through periodic examinations. We endeavor to work closely with our regulators to comply with applicable laws and regulations and to resolve any issues that occur. For a company operating nationally, occasionally situations arise where a penalty or fine is assessed for noncompliance with a state regulatory requirement. This is assessed by state insurance departments related to findings of noncompliance with specific regulatory requirements. We take our compliance obligations seriously and believe that those situations reflect isolated occurrences within procedures that are designed to be in compliance.	No	Reliance Matrix has regular interactions with the Departments of Insurance in all 50 states. These interactions are, in our opinion, routine.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	9	Has your company ever had a license to do business, an agent/broker license or any other insurance license revoked or suspended? If Yes, please explain	No	We have never had a license to do business, an agent/broker license or any other insurance license revoked or suspended.	No	Please note that agent/broker license is N/A for LINA.	No	No. Reliance Matrix, through our operating companies, is licensed and in good standing in all 50 states.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	10	Has your company ever been reprimanded or otherwise cited by a licensing agency? If Yes, please explain	No	Our company has never been reprimanded or otherwise cited by a licensing agency.	No	Each year, New York Life Insurance subsidiaries are subject to multiple state market conduct examinations. When a state finds issues with the administrative procedures or results of those procedures, we work with the state examiners to improve the procedures or implement additional controls to meet state compliance regulations.	No	

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	11	Vendor agrees to notify the City immediately (within 24 hours) if your firm loses any accreditation, licensure, or required insurance coverage (e.g. liability, Tech E&O, etc.)	Yes		Yes		Yes	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	12	Describe what procedures and policies you have in place to protect against, and provide disclosure of, any potential or perceived conflict of interest involving relationships your firm may have with service providers for which you may also be asked to conduct performance reviews or otherwise evaluate for the City's Plan. To what extent and under what circumstances do the individuals who would be directly servicing the City's account personally meet with service providers that could be actual or potential City clients?	Yes	As a publicly traded company, MetLife's Directors and Officers are public information. All employees of the company who, before they are hired, identify any familial relationship with a government official undergo an additional review and risk assessment. Your Client Services team will be partner with City service partners, as needed for the administration of your program. Those service providers may be limited to the City's contracted broker, TPA, and other third parties who may be responsible for the City's benefit programs.		NYL and its subsidiaries follow a strict conflict of interest policy that prohibits any employee from being involved in any business transaction which creates a conflict of interest, or might appear to create a conflict of interest. NYL employees may not maintain any business relationship with any NYL vendor without approval by our chief ethics officer, and NYL employees may not have any involvement in any transaction with any client where doing so would create an actual or apparent conflict of interest. You can access NYL's own business ethics policies: https://www.newyorklife.com/assets/docs/pdfs/nyl-internet/file-types/NYL-Integrity-Manual.pdf		These types of initiatives fall under the purview of our internal Claims Governance team. Claims Governance is responsible for not only internal quality control and audit, but also training (both initial and ongoing) as well appeals and improvement opportunities.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	13	Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability?	No		No	In an industry where lawsuits are commonplace, NYL GBS is involved in lawsuits arising, for the most part, in the ordinary course of business. While the outcome of litigations involving NYL GBS cannot be determined, litigation is not expected to result in losses that would be material to results of operations, liquidity, or financial condition. Specific details of lawsuits and settlements are not available because they are maintained as confidential.		As you know, litigation in our industry is common. We do not comment publicly on any past, present or pending litigation except to say that none of it is deemed to be substantial to our ongoing financial well-being.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	14	Identify and describe any past, pending or threatened judicial or administrative litigation (including lawsuits or protests) in which you have litigated against a client or prospective client, within the past five years, related to the type of services you are proposing. Indicate the reasons for the lawsuit/protest and the outcome. Provide contact information for the entity sued or challenged.	No	We do not have not have any past, pending or threatened judicial or administrative litigation (including lawsuits or protests) in which we have litigated against a client or prospective client, within the past five years, related to the type of services we are proposing.		In an industry where lawsuits are commonplace, NYL GBS is involved in lawsuits arising, for the most part, in the ordinary course of business. While the outcome of litigations involving NYL GBS cannot be determined, litigation is not expected to result in losses that would be material to results of operations, liquidity, or financial condition. Specific details of lawsuits and settlements are not available because they are maintained as confidential.		As mentioned above, litigation in our industry is common. We do not comment publicly on any past, present or pending litigation except to say that none of it is deemed to be substantial to our ongoing well-being.

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	15	How do you handle a breach of confidential information? Please provide a detailed response of the following: a.Process to identify incident b.Timeline to notify the client of incident c.Protocol to notify the client of incident	Yes	<p>a. We have a formal security incident response plan team in place called the Computer Security Incident Response Team. In the event of a security breach, the Computer Security Incident Response Team executes the following steps: Step 1: Alert correct people Step 2: Contain breach Step 3: Initial assessment Step 4: Legal analysis Step 5: Notify appropriate parties Step 6: Identify lessons learned</p> <p>b. Your Account Team will provide the following information: • Brief description of the crisis situation; • Impact (if any) to the services provided to you; • A call back number for the Account Executive; • Anticipated outage duration.</p> <p>Any additional steps or relief are determined on a case-by-case situation based upon the specifics of the situation.</p> <p>c. We have a long-standing commitment to protect the security, confidentiality and integrity of personal information. We comply with all applicable privacy and data protection laws and regulations. To this end, we have specific administrative, physical, and technical procedures for protecting the security of personally identifiable information. We also adhere to the global policies provided by our Privacy Office and Chief Privacy Officer.</p> <p>Please refer to Exhibit 1 - Global Resiliency Overview.</p>		<p>New York Life has an established Cyber Security Incident Response program that provides alignment with New York Life Information Security Policies and Standards, as well as the Cyber Security Incident Management Team (CSIMT) Service Level Agreement. The CSIMT's primary objective is to prepare for, manage, and reduce the impact of cyber security incidents by providing a systemic process to cyber security incident management that includes the following steps: Prepare, Detect, Analyze, Contain, Eradicate, Remediate, and Recover. In the event of a breach, the CSIMT will escalate appropriate cyber security incidents to the Office of the General Counsel (OGC) and the Corporate Compliance Department (CCD) to determine whether regulator or consumer notification is required. If required by law or regulation, OGC and CCD will notify consumers and regulators of the incident.</p>		<p>Our procedure in the case of a security breach is to take a snapshot of the system, lock out the hacker, restore the system, where appropriate inform any client(s) that may have been impacted and perform any necessary follow-up. See attached "Incident Handling Procedure" in the attached Matrix Information Security Policy Book document for additional information. Your account manager will notify you of security incidents within 24 hours.</p>

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	16	Describe the policies and procedures in place to ensure CSRs safeguard member's personal information.	Yes	<p>We give top priority to protecting confidential information. Our current processes and systems provide excellent safeguards to ensure data security.</p> <p>We follow industry best practices by creating a three-layer environment to access information. There is a presentation layer, an application layer and a data layer with separate firewalls between each layer. Our firewalls have security rules that restrict access between Internet traffic and our layers.</p> <p>We also receive incoming data in a controlled medium from our customers. Only authorized MetLife personnel may access the data. Security is based upon a Resource Access Control Facility identification and password combination.</p> <p>Finally, we utilize a vendor that actively scans the Web for sites that may be masquerading as legitimate MetLife websites. By doing so, the vendor is able to identify websites that could potentially obtain confidential information from our customers who believe that they are interacting with the MetLife site. Our vendor notifies us upon any discoveries and can assist us in shutting down the offending sites.</p>		<p>We strictly adhere to every applicable law and regulation governing privacy and confidentiality, and consider employee and employer data restricted. We protect employer and employee data in numerous ways including the following:</p> <ul style="list-style-type: none"> *restricting access to such data to only those employees and approved third parties whose role requires that they have access *requiring approved third parties to have contracts in place that comply with our strict privacy and data security requirements *returning or deleting employer data transmission files after we have loaded the data we need into our system *using encryption technology to send emails containing personal information to employers, individuals, or any authorized party outside of our computing network *restricting access to physical facilities to employees, and having security procedures in place for visitors and vendors *refraining from discussing data with anyone but employer-specified personnel (for example, systems or payroll staff designated at implementation) *providing regular training in privacy requirements and practices for all employees who may have access to confidential information *enforcing strict disciplinary actions, which may include dismissal, for any breaches of confidentiality 		<p>In addition to encrypting all stored data containing PII, Reliance Matrix employs the following practices as part of our commitment to ensuring the confidentiality and security of sensitive personal information:</p> <p>Privacy notices and signed medical authorizations are required with every new claim. The employee must provide the necessary authorization for any medical information to be released from the medical provider to the designated administrative parties.</p> <p>No medical information is ever shared with either the employer or their designees in the case of fully insured policies and only limited medical information is provided (upon request) with self-funded programs.</p> <p>Electronic access to specific or aggregate claim information is password protected based on the respective designee and funding mechanism.</p> <p>Ongoing confidentiality compliance is monitored by our Disability Practice Leaders and Quality Assurance Teams.</p> <p>We also utilize employee NDAs, Information Security Policies, DLP software (which prevents the use of external storage devices), annual security training and Active Directory Group policies (to prevent download or installation of non-approved software).</p>

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	17	HIPAA Compliance: Vendor attests to meeting all applicable HIPAA EDI, Privacy, Security, and HITECH requirements and agrees to hold City of LA harmless for breaches that are the result of the vendor's actions. Further, you agree to perform all of the duties associated with breach notification and assume financial responsibilities for the breach notice and notify plan participants if there is a breach and you will pay for 24 months of identity theft repair and credit monitoring services for those plan participants impacted by the breach.	Yes	MetLife is in full compliance with all applicable privacy and data security laws. We note that the requirements of HIPAA do not apply to the coverages requested. We agree to perform all of the duties associated with breach notification. Whenever notification is legally required to the impacted individuals of a data incident, we offer TransUnion credit monitoring services to those individuals at no cost to them or the employer.	No	HIPAA's privacy requirements apply to health care plans only. A "health care plan" is a plan that provides or pays for the cost of medical care. This definition does not apply to other benefits and services, such as, life, disability, accident, accidental injury, critical illness, and hospital indemnity insurance or leave administration. Our group insurance products and related services are subject to the Gramm-Leach-Bliley Act (GLBA), and its insured benefit plans are subject to the National Association of Insurance Commissioners (NAIC) Insurance Information and Privacy Protection Model Act, and the NAIC Privacy of Consumer Financial and Health Information Model Regulation. We have integrated compliance with these requirements into our business practices and continue to monitor new developments in privacy regulation. The Health Information Technology for Economic and Clinical Health Act (HITECH) is an amendment to HIPAA. Therefore, benefits and services, such as, life, disability, accident, accidental injury, critical illness, and hospital indemnity insurance or leave administration do not apply.	Yes	
Organizational Background, Financial Strength, Experience	Financial Strength	18	Please provide the most recent rating for your company by the following: - Standard and Poor's - Duff and Phelps - A.M. Best - Moody's If your firm is not rated, submit documentation of a similar nature, which attests to your firm's financial stability.	Yes	Metropolitan Life Insurance Company's current financial strength ratings are as follows: • Standard & Poor's – AA- Very Strong, as of 8/2/2023. • Duff & Phelps – Fitch IBCA acquired Duff & Phelps in 2000. As such, we have provided our most recent Fitch IBCA ratings in lieu of Duff & Phelps. • Fitch - AA- Very Strong, as of 8/2/2023. • A.M. Best – A+ Superior, as of 8/2/2023. • Moody's – Aa3 High Quality, as of 8/2/2023.		Life Insurance Company of North America's (LINA's) ratings are as follows: Moody's - Aaa Fitch - AAA Standard & Poor's (S&P) - Not rated A.M. Best - A++	Yes	AM Best: A++ S&P: A+
Organizational Background, Financial Strength, Experience	Financial Strength	19	Have there been any downgrades in your ratings in the last 2 years? Y/N If yes, indicate to what they are attributed	No		No		No	
Organizational Background, Financial Strength, Experience	Financial Strength	20	Has your company or its subsidiaries ever filed or been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors? If so, provide complete details.	No	Neither our company nor its subsidiaries have ever filed or been petitioned into bankruptcy or insolvency.	No	New York Life Insurance and its insurance company affiliates have neither voluntarily filed nor had bankruptcy or insolvency filed against them.	No	

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Organizational Background, Financial Strength, Experience	Financial Strength	21	Within the past three years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes?	No		No		No	
Plan Administration and Sponsor Services	Claims Processing	22	Describe other communication tools available for members such as after hour contact capability, chat feature and email.	Yes	<p>Life/AD&D After hours and on observed holidays, callers receive a message stating our office hours and asking that they call back during that time.</p> <p>We also have a self-service IVR feature that is available 24/7/365. The IVR enables beneficiaries who are calling for claim status to enter key information and retrieve a status of a claim they have submitted or retrieve Group Life Claims contact information such as the fax number and mailing address.</p> <p>Email is available 24 hours a day.</p> <p>We do not offer online live chat or instant messaging with a Claim Examiner or Customer Service Representative.</p> <p>STD/LTD Claims may be submitted telephonically from 5 a.m. to 8 p.m. PT by speaking with one of our customer service representatives, who also provide after claim hours access or when the assigned Claim Specialist is unavailable. For established claims, messages may be left for the assigned Claim Specialists.</p> <p>We also have a self-service IVR feature that is available 24/7/365 as well as claim submission via our fully mobile enabled web portal.</p> <p>We do offer online live chat or instant messaging with a member of the claims team for designated HR representatives.</p>		<p>After Hours - Life Beneficiaries can obtain claim status and payment information by calling our toll-free number. At this time, we do not provide after-hours services; however, beneficiaries may leave a voice mail and their call will be returned within 24 hours.</p> <p>After Hours - Disability Individuals can obtain claim status and payment information after hours through our website—myNYLGBS.com, or by calling our toll-free number to access our automated phone system. Voice mail is also available to claimants who call after normal business hours. Absence/Claim managers return calls within one business day.</p> <p>Live Chat (Disability) We have a live-chat feature where employees can message with an advocate between 7:00 a.m. and 7:00 p.m. (CST), Monday through Friday.</p> <p>Email All claimants are given direct emails to their claim manager/specialist.</p>		For life coverage, employees will have access to IVR for after hour calls. For our disability coverage, intake will be available 24/7/365.

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Plan Administration and Sponsor Services	Claims Processing	23	Provide an organizational chart of the claims unit that will process client's claims.	Yes	Life/AD&D and Disability claims organization charts are included as Exhibit 2 .		We have provided an org chart with our proposal response.	No	TBD at finalist stage
Plan Administration and Sponsor Services	Claims Processing	24	For the claims office that will be assigned to the City what is the Average Claims / Processor / Day?	Yes	<p>Life/AD&D Our Life and AD&D Claim Examiners review 14-21 claims per day based on the complexity of the claims.</p> <p>STD/LTD We target a caseload of 150 claims per STD Claim Specialist and 75-85 claims per LTD Claim Specialist.</p>		<p>Life/AD&D Each accident claim specialist receives four to six new cases weekly and handles approximately 250 claims annually.</p> <p>On average, each life claim specialist receives approximately 20-25 new claims weekly and 1,300 claims annually.</p> <p>Disability STD/FMLA - Absence Managers Absence managers manage approximately 89 or 240 new cases per month. The variance is due to some absence managers handling primarily low complexity cases such as standalone leaves where a higher caseload of 240 cases can be managed. Other absence managers handle more complex leaves which require a smaller caseload of 89 cases per month.</p> <p>LTD Claim Managers LTD II Segment LTD claim managers handle a target caseload of 37-42 pending claims.</p> <p>LTD Ongoing Segment LTD claim managers handle a target caseload of 95-105 active claims.</p>	Yes	<p>Target caseload by product</p> <ul style="list-style-type: none"> o STD-The caseload for standalone open STD is 115 cases. o LTD - Average Caseload: 100 open 38 pending o The caseload for LTD new/active vs. stable and mature 85-100 Active, 375 permanent o Life Caseload- average 50-70 pending claims
Operations and Administration	Call Center	25	What are the operating hours of your call center?	Yes	<p>Life/AD&D Claim and call center office hours are from 5 a.m. to 5 p.m. PT, Monday through Friday.</p> <p>STD/LTD Claims may be submitted telephonically from 5 a.m. to 8 p.m. PT by speaking with one of our customer service representatives, who also provide after claim hours access or when the assigned Claim Specialist is unavailable.</p> <p>Claim office hours are from 5 a.m. to 5 p.m. PT, Monday through Friday.</p>		The hours of operation for the national intake service centers are 5:00 a.m. to 5:00 p.m. (PST), Monday through Friday.	Yes	Intake services for disability is available 24/7/365. Life customer service is available from 8am-7pm EST.

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Operations and Administration	Call Center	26	What is the total number of customer service representatives (CSRs) employed on a year-round basis,	Yes	<p>Life/AD&D We have 35 Customer Service Representatives answering calls to our toll-free number for Life claims.</p> <p>STD/LTD We have 293 full-time Customer Service Representatives.</p>		We currently staff 97 intake advocates.		Our intake center has 165 intake representatives for all disability and leave questions. Our Life customer service center has 22 CSR's available for all life and AD&D inquiries.
Operations and Administration	Call Center	27	What is the location of your primary and back up call center(s)?	Yes	<p>Life/AD&D Your Life claims will be processed and paid, and calls will be administered from our Life Claims Operation Center based in Oriskany, NY.</p> <p>STD/LTD Our call centers based in Dayton, OH; Warwick, RI; Oriskany, NY; and Omaha, NE are staffed with Customer Service Representatives dedicated to serving our Disability customers. Callers are automatically routed to the location that can answer the call the fastest. Our systems are programed with customer specific scripting and information to ensure that your employees receive a customized service experience.</p>		Intake offices are in Plano, Texas and Phoenix, Arizona.		Our primary call center for disability and leave services is in Phoenix, AZ with a backup in Hawthorne, NY.
Operations and Administration	Call Center	28	Provide your member services call center number for the purpose of evaluating the accessibility and ease of use for members seeking to acquire information or resolve issues with the help of a customer service representative.	Yes	<p>The City will be provided a dedicated toll-free number that will have options for both Life and Disability for claim reporting and customer service.</p> <p>Based on this dedicated claim line, we cannot provide a duplication of this experience without loading the City's information into our systems.</p>		<p>We provide your employees with a single toll-free number to access live New York Life Group Benefit Solution staff members at our national intake service center. These staff members are specialists who can assist you and your employees with reporting new claims. In addition, customer care advocates are available to support ongoing claims with extended hours to accommodate callers throughout the country.</p> <p>The toll-free number is available for all group insurance products, such as STD, LTD, life, AD&D, FMLA, Americans with Disability Act, PFL, and PFML.</p> <p>The hours of operation for the national intake service centers are 7:00 a.m. to 7:00 p.m. (CST), Monday through Friday. The phone number is 888.842.4462.</p>		Reliance Standard Life's Customer Service Representatives can be reached at 1-800-351-7500 or Email: customer.service@rsli.com

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Operations and Administration	Call Center	29	Describe what resources, policies and practices you have in place to monitor, assess and improve upon the service quality of your customer service team/staff.	Yes	<p>Life/AD&D Life claim associates are trained in all areas of phone etiquette, including how to handle distraught callers. Our quality team utilizes the NICE application to monitor telephone calls to ensure a high level of service is being provided. The NICE application records incoming customer calls. Each monitored call is scored based on our established procedures, documentation and professional phone etiquette. If an individual does not meet the requirements on a phone monitor, feedback is provided to the Unit Leader. Coaching is provided immediately. If necessary, retraining is delivered.</p> <p>STD/LTD Our call center supervisors are responsible for monitoring calls for quality, efficiency and consistency. Supervisors monitor a minimum of five calls per representative per month. The results are captured in our reporting system and are available for immediate review by the representative. Feedback is reinforced in monthly coaching sessions with each representative.</p> <p>In addition, an independent Quality Assurance team will review 15 random calls per team per month for compliance purposes. This allows us to ensure consistency amongst scoring. These independent reviews focus on process and regulatory compliance. Again, results are fed back to representatives via Supervisors.</p> <p>Results of monitored calls are tied to each individual representative's performance metrics.</p>		<p>New York Life Insurance has a long history of a strong commitment to quality across our programs and services. We ensure quality service through formalized training programs, management by experienced staff, and a formal quality review program administered by the claim office management team and network audit team.</p> <p>Monitoring and driving improvements in quality of service to our clients is an integral component of our overall quality management program, which reflects the New York Life commitment to continuous quality improvement (CQI) throughout the organization.</p> <p>The call quality review team provides ongoing reviews and quarterly reports to our regional claim offices and overall network management. On a regular basis, our call quality review team performs call monitoring focused audits. The team audits the following items:</p> <ul style="list-style-type: none"> •Decision Accuracy - provides resolution •Compliance - offers caller validation, and PHI and personal identifiable information (PII) are reduced to the necessary minimum •NYL GBS Brand Experience - delivers the NYL GBS brand characteristics (advocacy for and education on available products and services) •Business Made Easy - provides easy, helpful, and relevant information 		A Customer Service Satisfaction Survey is sent on every claim as it is closed. The employee is asked to rate Reliance Matrix in the areas of communication, claim accuracy, knowledge and professionalism, and overall satisfaction with the claim process. We also have a Quality Assurance Review Program that is designed to support the delivery of timely, accurate, efficient and courteous claim service. Results of the quality assurance reviews are used to evaluate performance, identify training needs, assess workloads, spot trends, and recognize client servicing opportunities and to target areas that would benefit from the development of process improvements.

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
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Operations and Administration	Plan Administration	30	Confirm that you will provide telephone, customer and claim servicing from 7:30 a.m. to 6:00 p.m., Pacific Time, Monday through Friday. Provide detailed information regarding the customer service system, including the telephone and online portal.	Yes	<p>Life/AD&D</p> <p>We provide customer service Monday through Friday, 5:00 a.m. to 5:00 p.m., PT. We also have a self-service IVR feature that is available 24/7/365. The IVR enables beneficiaries who are calling for claim status to enter key information and retrieve a status of a claim they have submitted or retrieve Group Life Claims contact information such as the fax number and mailing address.</p> <p>STD/LTD</p> <p>We provide customer service Monday through Friday, 5:00 a.m. to 8:00 p.m., PT. We also have a self-service IVR that is available 24/7/365, as well as a fully mobile enabled employee web portal with functionality for claim filing, access to correspondence and other features such as EFT initiation/update.</p> <p>Websites - Our self-service websites for both Life & Disability offers tools to help employees complete common benefit related tasks and help better understand their benefits programs and claim activities. Employees have one place to go to see what benefits are available to them, get their questions answered and conduct transactions, allowing them to spend less time and get more value out of their benefits.</p>	Yes	<p>National Intake Center</p> <p>The hours of operation for the national intake service centers are 5:00 a.m. to 5:00 p.m. (PST), Monday through Friday.</p> <p>Life Claim Office</p> <p>Our Pittsburgh, Pennsylvania, claim office has hours from 5:00 a.m. to 5:00 p.m. (PST), Monday through Friday.</p> <p>Disability Claim Office</p> <p>Our disability claim office is available from 8:00 a.m. to 5:00 p.m. (PST).</p> <p>Telephone System</p> <p>New York Life Insurance uses Aceyus software to manage phone calls and responses in our service centers.</p> <p>Aceyus is a real-time call management software system with the ability to track and monitor call volume while highlighting fluctuations, the status of phone representatives, and other key information. This information is also gathered for reporting and historical purposes.</p> <p>The call management system also tracks automated call distribution time, after-call work time, time to answer, abandonment rate, and time to abandon by day, time of day, staff member, or supervisor group. This process serves to ensure consistent call center performance and quality. Depending on the need, internal reports are produced daily, weekly, or monthly to assess aggregate program performance and fine tune the operation.</p> <p>Online Portal</p> <p>NYL GBS offers a series of online capabilities for employers and employees:</p> <ul style="list-style-type: none"> •Online Reporting - NYL GBS provides online reporting through our employer portal for absence (paid and unpaid), disability, life, and AD&D. At any time, the client can generate operational reports that can be customized to provide up-to-date claim status and payment information. For disability coverage, we also provide analytical information including benchmarking and 		Disability /Leave intake team is available 24/7 Life customer service is available 8am-7PM EST M-F

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
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Operations and Administration	Plan Administration	31	<p>Confirm that you have provided an implementation timeline. Y/N</p> <p>Assuming a contract award of 07/01/24 and beginning service date of 01/01/25, provide a proposed implementation plan and timetable, beginning with the award of business to effective date of coverage, including the following:</p> <ul style="list-style-type: none"> a) Steps required to implement the program b) Role played by the plan sponsor/vendor c) Eligibility feed d) Production and distribution of ID cards, directories, and enrollment materials e) Contacts and personnel assigned to each step of the implementation process f) Establishment of on-line plan information 	Yes	Please refer to Exhibit 3 - Sample Implementation Timelines.	Yes	We have provided an implementation timeline with our proposal response.	Yes	Sample timeline in appendix for review.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	32	When was the last major system enhancement and what was the nature of the enhancement?	Yes	<p>Life/AD&D</p> <p>Over the past two years, we have focused on enhancements to the functionality of our Life claims applications and processes include the following capabilities:</p> <ul style="list-style-type: none"> • Empowered beneficiaries to designate communications preferences such as Electronic Status Messaging which allows beneficiaries to receive claim status updates via email or text; • Enhanced Life Beneficiary Claim Portal to be compatible with multiple internet browsers; • Expanded ability to automatically send letters or emails requesting missing claim documents and an automatic follow-up letter for any documents not received by the date requested; • Offered beneficiaries the ability to choose communications preferences, including via text or email. <p>STD/LTD</p> <p>Over the past two years, we have invested in system upgrades designed to increase the performance and stability of our technology platforms and development projects to drive claim and customer service improvements. We continuously invest in the improvement of our claim management systems to improve claim management accuracy, enhance productivity and ensure that we are compliant with all federal, state and local regulatory changes.</p> <p>We have developed tools and technology that enhance the claim experience and provide more guidance while away from work and include:</p> <ul style="list-style-type: none"> • Pre-claim education and illustration providing a claimant with simple, intuitive explanations around complex terms that exist within the disability landscape; • Simplified claim intake; • Enhanced post-claim guidance. <p>We update the disability system via multiple releases throughout the year.</p>		In partnership with FINEOS Corporation, we developed the first comprehensive commercial software suite for group carriers. This solution, FINEOS AdminSuite, is a unified platform that provides centralized policy administration, integrated claim and leave management, and complex billing and revenue management capabilities along with digital and analytics enablement to further enhance the experience for the City and your employees.		<p>Matrix is a Workday Software Alliance Partner. Matrix has many clients that use worked and in 2023, we have implemented an API integration with Workday via our MatrixLink product for the automated exchange of Absence information.</p> <p>Matrix has future plans for additional product offerings to joint Matrix / Workday clients. Unfortunately, these cannot be discussed without an NDA being in place.</p>
Operations and Administration	Plan Administration	33	Do you foresee any specific problems incorporating the City's population and plan features into your system? If yes, describe in detail.	No		No		No	See above on Workday. Through API connectivity the Workday Hierarchy will be reflected in our system. No Issues incorporating the City's plan features and population into our system.

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	34	How many times has your website and system of record been inoperable/inaccessible over the last three years? How long was the website or system down for each occurrence?	Yes			<p>We take our system and portal offline for routine maintenance and upgrades several times a year, with offline time being planned around non-working time for GBS such as weekends, and limiting downtime on the portal to overnights or weekends when necessary.</p> <p>We estimate 6 hours of downtime for outages and maintenance in a typical month, which means the website and portal is operational 99 percent of the time.</p>		None
Operations and Administration	Plan Administration	35	Confirm your ability to provide a dedicated claims team to the City of Los Angeles.	Yes	<p>Life/AD&D A single claim team will be dedicated to the City of LA and will work on your claims as well as other customers.</p> <p>STD/LTD Specific assigned STD and LTD Claim Specialists will be dedicated to the City of LA and will be the only individuals processing City of LA claims.</p>	Yes	We are happy to discuss this topic in more detail if we are selected as a finalist.	Yes	

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Operations and Administration	Plan Administration	36	Within the next 36 months, does your company have plans to upgrade, enhance or change the software or hardware system used to process claims?	Yes	<p>We continually invest in the systems, technology and administrative capabilities that support our extensive employee benefit offerings. Our process continually assesses feedback from our customers, their employees, intermediaries and beneficiaries regarding our technology and systems. This feedback helps us decide where to make strategic investments from product innovation and operational enhancement perspectives.</p> <p>Examples of the types of strategic investments planned include:</p> <ul style="list-style-type: none"> • Group Life Enhancements – We continue to make significant investments in our online capabilities. Such investments are being made to our systems supporting our Medical of Evidence Insurance process to increase the user experience. Additionally, we continue to invest in our claim servicing capabilities where we are enhancing our online claim submissions for employers/TPAs. We are also committed to providing a dynamic Mobile experience where beneficiaries will be able to receive timely information of their claim submissions along with current statuses. Finally, our goal is to provide support to individuals during the very difficult period of recovering from a recent loss while still having to submit information to process a claim. • Group Disability Enhancements – We continue to make significant investment in our Disability product through a strategic focus on simplifying the end-to-end claim journey for our customers, their employees and MetLife claim operations. Simplification is enabled through our use of AI and automation. In addition, we continue to enhance our digital channels and the ways we communicate to our customers and claimants. We also continue to focus on customer data and the ways we provide our customers access to this data. 		<p>Business objectives drive NYL GBS' plans for technical enhancements.</p> <p>Life For our life product, we focus our objectives on improving our claim management and employer-service capabilities, including enrollment, evidence of insurability, billing, and beneficiary administration. Information about our technology upgrades is available upon request.</p> <p>Disability We are constantly making investments and enhancements in our absence system. Because we leverage industry-leading technology, our enhancements are ensuring the connectivity between the various absence plans and programs—including FMLA, disability, and other paid leave offerings.</p> <p>Examples of our continual investments include expanding our leave offering, enhancing the online experience for users, and delivering new capabilities for enhanced administrative practices.</p> <p>While we anticipate any changes to be seamless, your New York Life Group Benefit Solutions account team will keep the City informed of any changes that may affect the program.</p>		<p>Reliance Matrix has a rolling 3-year roadmap that incorporates input from technology trends, the market we serve, and our clients.</p> <p>For customers with Workday, there is an extensive patent pending real-time integration to exchange employee demographic information, absence data, evidence of insurability, billing and an integration with our on-line Calendar that shows all employee absences including PTO, Sick Vacation etc.</p> <p>Absence Blueprint is a brand new patent pending product that assists employees plan absences from work. This details all of the federal, state and employer policies applicable to that employee and indicates how they can supplement or replace 100% of their gross pay. This saves HR hundreds of hours of individual conversations with employees and provides a consistent mechanism for the employee, employer and Matrix to have a conversation about absence.</p> <p>All clients are now on our 5 day RTW SMS bidirectional workflow. This has yielded a 10% increase in positive responses of employees returning to work. We are also providing the opportunity for all employees to enroll in text messages during the intake process. This is yielding 93% adoption.</p> <p>ADA functionality has been implemented for all clients in our on-line portal and mobile, this facilitates uploading documents and making accommodation decisions.</p> <p>A new Employee UI will be rolled out in our portal and mobile application by the end of the year.</p>
Operations and Administration	Plan Administration	37	In the event of termination of this contract, confirm that you will transfer claim information and other administrative records to any vendor that would replace you at no charge, and in a format usable by the City.	Yes		Yes		No	For insured plans and for those plans for which we accept fiduciary responsibility, we must maintain ownership of this data, as these types of claims may need to be continually managed long after our business relationship may end.

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	38	Describe if and how you assess member satisfaction. Indicate if you have tools to assess satisfaction at point of contact and/or as a general member satisfaction survey.	Yes	<p>Life High quality customer service is a key element in our partnership with our customers, their employees and their dependents. Our Voice of the Customer Satisfaction Survey program ensures that we solicit input from our customers, their employees and Life Insurance claimants. We use the feedback to implement changes and improve our processes. We engage Medallia, a professional research firm, to conduct quarterly telephonic satisfaction surveys on behalf of MetLife.</p> <p>STD/LTD We conduct Disability Claim surveys and Caller Satisfaction surveys monthly over the telephone and via automated response. The results are reported quarterly and annually.</p>		<p>To measure our customer service satisfaction, we collect feedback from employers informally through daily conversations and activities. We then use this feedback to identify improvement opportunities and set our priorities for the year.</p> <p>This feedback allows us to maximize the value we bring employers and their employees while also helping us measure our success in meeting each important element in our customer service strategy.</p> <p>We also use internal performance standards to measure and evaluate our success in meeting our customer service goals. These standards include the following: •the timeliness of processing requests •the quality and volume of work produced by our representatives</p>		<p>We seek our customer’s feedback through multiple avenues. At a policyholder/ group customer level, we have assigned service team members solely accountable to ensure that the customer’s experience exceeds their expectations with each interaction. The customer’s feedback may be captured through meetings and/or satisfaction surveys.</p> <p>At an employee/participant/claimant level, we utilize satisfaction surveys to seek feedback throughout the life of each claim from claim filing through claim closure. Robust reporting is available and may vary by the survey tool utilized. All feedback is reviewed and acted upon as appropriate to the topic whether on an individual claim level or as a basis to make an update to our policies/procedures</p>
Operations and Administration	Member Services	39	If you have collected member satisfaction survey data, indicate your 2022 and 2023 (if available) results for both your full client base as well as your five largest public sector clients.	Yes	<p>Life In 2023, 95.3% and in 2022, 96.8% of claimants were satisfied or very satisfied with their Group Life claim experience.</p> <p>STD/LTD In 2023, 93% for STD and 96% for LTD of claimants were satisfied or very satisfied with their Group Disability claim experience. Satisfaction with service from Disability-related calls to our call centers was 95.5% for the same period.</p> <p>In 2022, these same stats were 90% for STD and 96% for LTD as well as 94% for our Disability-related calls.</p> <p>Relative to our largest public sector clients, we do not track member satisfaction statistics at the individual customer level, however, we can provide our overall satisfaction ratings for these group of clients. We have provided this information for our five largest public sector clients in the West, which includes 3 states, one county, and one school district, all of which have more than 85,000 members. - Overall Satisfaction: 7 out of 7 - Net Promoter Score: 100 NPS</p>	No	Satisfaction survey results are provided as part of a performance guarantee.		<p>We can only provide our overall satisfaction results. Overall survey response for our Customer Contact Center :</p> <p>2021: 95% positive 2022: 95%</p> <p>Overall Claim Satisfaction:</p> <p>2021: 85% 2022: 85% 2023 is not yet available</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	40	What are your protocols/standards for responding to customer service inquiries?	Yes	<p>Life</p> <p>We have a centralized customer service team in our Life Claims Operation that answers questions regarding Life claims via the toll-free customer service line. This team is part of Group Life Operations and is not a call center. If needed, there are staff members on the team who can address complex claim questions. We use a once-and-done philosophy when answering questions posed in the initial call to our call center. Our Plan, Do, Check and Act (PDCA) methodology detects and identifies the root causes of problems or issues. PDCA allows us to develop corrective action plans, resolve issues quickly and determine whether to integrate the action within our customer service strategy.</p> <p>Our Customer Service Representatives can leverage a number of resources if they are unable to answer a question. A team of resource consultants is available and our Customer Service Representatives can refer a call to the appropriate administration team for management assistance. Our legal, actuarial and product experts from the Life products management department may also be leveraged to resolve more complex issues.</p> <p>STD/LTD</p> <p>Our Customer Service Representatives can respond to general inquiries. However, your employees will have direct access to an assigned Claim Specialist during the claims process. Additionally, our Disability Customer Advocate will be your point of contact for investigation and resolution of claim-related questions and issues. Your Disability Customer Advocate will periodically share escalations and trends with your Client Services Consultant, Claim Support Specialist and you.</p> <p>Client Service Team</p> <p>Your Client Services Consultant will be available for claim and customer service inquiries and will assist for any specific claim escalations.</p>		<p>Our process is as follows when responding to written inquiries/complaints:</p> <ul style="list-style-type: none"> •Written complaints are immediately electronically forwarded to a consumer advocacy specialist. •The consumer advocacy team records every written complaint in a database and creates the appropriate response within 10 business days of receipt (or within the appropriate time frame specified by the regulatory department involved). •An investigation is conducted in which an objective file review is performed, the involved claim staff is interviewed, and the claimant is contacted. •When the appropriate response has been drafted, it is issued to the inquiring party and/or the complainant. The consumer advocacy team retains copies of the response. 		our commitment is that all calls will be returned within 1 business day of the incoming call if a return call is appropriate/needed.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	41	Do members have the option to leave a message at your customer service line after working hours?	Yes	<p>Life/AD&D After hours and on observed holidays, callers receive a message stating our office hours and asking that they call back during that time.</p> <p>We also have a self-service IVR feature that is available 24/7/365. The IVR enables beneficiaries who are calling for claim status to enter key information and retrieve a status of a claim they have submitted or retrieve Group Life Claims contact information such as the fax number and mailing address.</p> <p>STD/LTD Claims may be submitted telephonically from 5 a.m. to 8 p.m. PT by speaking with one of our customer service representatives, who also provide after claim hours access or when the assigned Claim Specialist is unavailable. For established claims, messages may be left for the assigned Claim Specialists.</p> <p>We also have a self-service IVR feature that is available 24/7/365 as well as claim submission via our fully mobile enabled web portal.</p>	Yes		Yes	
Operations and Administration	Member Services	42	Will your company provide the City with an online chat feature with a customer service representative (for both website and mobile app)?	No	<p>Life/A&D We do not offer online live chat or instant messaging with a Claim Examiner or Customer Service Representative.</p> <p>STD/LTD You will be assigned a Disability Customer Advocate (DCA) to serve as the lead point of contact for in-depth claim inquiries. The Disability Customer Advocate owns the claims relationship with you and will be responsible for resolving your claim inquiries or concerns. Typical claims questions can be addressed through our employer website, which provides real-time claim information. Additional support will be provided by a team of resources via live chat through our employer portal.</p>	Yes	<p>We have a live-chat feature where employees can message with an advocate between 5:00 a.m. and 5:00 p.m. (PST), Monday through Friday, about their STD, state and/or company leaves.</p> <p>While we do not currently have a mobile app, it is on our roadmap for the future.</p>	No	We do not currently offer an online chat feature.

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	43	Does your company conduct member satisfaction surveys for your member service unit? If so, please include the results for the past three reporting periods	Yes	<p>Life/AD&D In 2023, 95.3%, in 2022, 96.8% and in 2021, 97.0% of claimants were satisfied or very satisfied with their Group Life claim experience.</p> <p>STD/LTD In 2023, satisfaction with our claims service was 93% for STD, 96% for LTD. Satisfaction with service from Disability-related calls to our call centers was 95.5%.</p> <p>In 2022, satisfaction with our claims service was 90% for STD, 96% for LTD. Satisfaction with service from Disability-related calls to our call centers was 94%.</p> <p>In 2021, satisfaction with our claims service was 88% for STD, 96% for LTD. Satisfaction with service from Disability-related calls to our call centers was 93%.</p>	Yes	Satisfaction survey results are provided as part of a performance guarantee.	Yes	

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
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Operations and Administration	Communication Materials	44	Do you send out regular communications to your members? If so, how often and what type of communication (email, mailing, text, etc.)?	Yes	<p>Our approach to communications is truly customized, so we don't put a pre-conceived notion as to what is going to fit best for the City and your employees without diving into this with you first.</p> <p>We will coordinate with the HR team and the LAWell group to create the right communications delivered at the right time. We have the ability to deliver a fully integrated and custom-themed campaign across print mail, email, digital avenues, videos, onsite, texting, and more. These communications typically focus on timely messages like plan enhancements, value-added services, and more.</p> <p>In addition, we have provided services through our partner Nayya that integrates with your current TPA vendor, Telus Health. This drives true integration between your life and disability programs and your entire benefit offering, creating a unique experience where employees get information on exactly the programs that matter to them when they need them most.</p> <p>All of these services, communications, and engagement strategies are fully funded by MetLife and will not create additional costs for the City.</p>	Yes		Yes	via e-mail or mail
Operations and Administration	Communication Materials	45	Indicate if you provide print communication materials for members outlining the services offered by your organization, and provide a sample brochure.	Yes	<p>We provide print and digital copies of employee-facing materials such as product overviews, FAQs and slipsheets that can be added to your brochure. We can also offer product overview videos such as BenefitTalk videos. BenefitTalk customization can include the customer's name and logo.</p> <p>Please refer to our Communication and Enrollment Plan included as Exhibit 4.</p>	Yes	We have provided sample materials with our proposal response.	Yes	All of our materials are available online
Operations and Administration	Communication Materials	46	Indicate if the cost of these materials is included within your per-member fee and at what quantity levels (if any), or if additional printing fees apply.	Yes	Materials, including full customization, are included in our quoted rates at the levels necessary to communicate to all members.	Yes	Costs are included in our proposal rates.	Yes	Reliance Matrix is committed to supporting employee education and decision support throughout the enrollment process with materials and media customized to the group. We will fund development and delivery of such tools electronically; or, if printed, to the worksite(s). There is no additional charge or cost-sharing for this level of support.

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Operations and Administration	Website and other Media	47	Describe your interactive support tools available to members. Are these tools provided by a third party? Describe the kind of information available to members and how they would access it.	Yes	<p>Life/AD&D Our employee website offers a Life Insurance Calculator that helps employees determine the amount of insurance they need.</p> <p>In addition, our new Upwise Benefits Engagement Platform can help employees get more from their benefits during enrollment and throughout the year. We are offering this platform through a strategic partnership with Nayya. Upwise can help employees choose their benefits and use them wisely by helping them understand exactly which benefits to choose with personalized and comprehensive recommendations across a full range of a company's' benefits, not only medical insurance. These recommendations are based on their health, lifestyle and finances – now and in the future. Once the plan year starts, Upwise kicks into action, providing timely and relevant reminders to help employees utilize the full range of their benefits. Reminders include wellness check notifications, triggers to activate employer point solutions and triggers for potential benefits claims. Employees can access all their elected benefits across carriers, plus employer point solution from Upwise's benefits hub, providing convenience and accessibility.</p> <p>STD/LTD We have developed tools and technology that enhance the claim experience and includes: <ul style="list-style-type: none"> • Pre-claim education and illustration providing a claimant with simple, intuitive explanations around complex terms that exist within the disability landscape. • Simplified claim intake that is event driven, dynamic and customizable, focused on what is occurring in the claimant's life as opposed to expecting a claimant to understand complex nuances. • Post-claim guidance aimed at level setting a claimant's expectations regarding the activity that will occur during the lifecycle of their claim. </p> <p>These support tools are not offered by third parties.</p>		<p>NYL GBS offers a series of online capabilities for employees:</p> <ul style="list-style-type: none"> •Online Claim Submission - For clients with a file feed, an employee can submit a disability or FMLA absence through our employee portal. For clients without a feed, the employer or employee can submit a claim through our public website. The information is securely transmitted to NYL GBS, where the claim is assigned to the appropriate claims staff. •Online Disability Claimant Self-Service - Through our employee portal, employees can view claim status, benefit start date, and claim payment details. Employees can also upload and view correspondence, as well as provide medical authorization, opt in for direct deposit, and enter or update their return-to-work date. •Work Wellness Website - We provide useful information for employees and their family members about how to submit a disability claim and what comes next, how to manage a specific condition at work, and how to access other valuable programs offered with their disability plan. We also provide what they need to know about family medical leave. •Online Forms - We provide quick access to forms through myNYLGBS.com where employees can access what they need in English or in Spanish. •NYL GBS' Online Medical Evidence of Insurability - We provide this service at no additional cost to our term life and disability clients. It not only helps reduce the administrative burden of a paper process but also helps protect employees' medical privacy, provides ease of use for employees, reduces omissions that delay decision making, provides the same reporting that employers have today, and offers additional activity and match reports. 		<p>With our group life coverage, clients have 24/7/365 direct and secure access to the Self Service Tools available through the Reliance Matrix website without the need for an additional login and password. Via the Self Service Tools, employers can access queries on the website and obtain EOI status reports. Other self service abilities: Download & print forms, check claim status, access contact information, submit EOI online.</p>

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Operations and Administration	Website and other Media	48	Describe your organization's video educational and marketing content. What specific video content do you make available and is it applicable to public sector plan sponsors of employee benefit plans? Does this material require or does it not require customization for the City's Plan? Indicate whether you charge your governmental plan sponsors for the use of this material in their plans or for customization.	Yes	<p>For each step in the employee's engagement journey, we offer a wide variety of curated educational materials that feature simple, straightforward and easy-to-understand messaging. These materials will be tailored to the City of LA in messaging, look, and feel as needed, although we do have a full library of content and communications that can be used off the shelf as well.</p> <p>The preferred messaging includes real-life and authentic examples as to why Life/AD&D/Disability products are important and the significant role benefits play in overall well-being, but we also have flexibility to create additional, targeted messaging that best resonates with your population.</p> <p>Videos are certainly a central option including fully customized videos, and additional digital content such as Brainshark presentations and more. Additional tools include mailers, postcard reminders, web-based banners, and more. These curated materials can be deployed through your existing preferred communication channels via LAWell.</p> <p>Our communications and the accompanying expertise and customization are included with the quoted services at no additional charges to the City.</p>		<p>NYL GBS can provide a dedicated enrollment consultant that meets with each employer to determine a communications strategy that will meet the needs of their employee population and complement their current enrollment methods.</p> <p>Our communication materials include flyers, posters, e-cards, postcards, and webinars. In addition, NYL GBS can provide resources such as benefit counselors for onsite or virtual group meetings and informational presentations.</p> <p>More advanced communication materials can be provided, such as direct mail letters, texting, and email campaigns as well as microsites.</p> <p>Customization and availability of communication materials will vary by the level of need and size of the client; however, employers can rely on their enrollment consultant to deliver the most effective communication strategy for their employees.</p>		We offer educational videos to guide the customer and their employees through claim filing process through our website.
Operations and Administration	Website and other Media	49	Provide samples of any videos you've developed that could be used by a public sector plan sponsor for marketing or educational purposes for members, if you have produced them.	Yes	<p>A sample video and other communication examples are included in the following link, including a video that was created for the State of Alaska, which is a current customer: https://hsview.metlife.com/viewer/65f0b1862c1bbcbd4fd3645e</p> <p>(You can scan the QR code at right as well)</p> <p>As mentioned in the prior response, our marketing team, including a dedicated communications resource, will work with you and the LAWell team to create a customized campaign of education and engagement communications, including customized videos.</p>		<p>NYL GBS' product videos expand and enhance the City's ability to reach and educate its employees on the different products and services offered during enrollment.</p> <p>NYL GBS' enrollment solution team can create a presentation or stand-alone video to explain details of the City's plan for use during or after enrollment or on its intranet site.</p> <p>Your account management team will be happy to provide additional information.</p>	Yes	See appendix for samples

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	50	Indicate if you have a mobile application or mobile optimized website. What features does it include or may it be limited compared to the regular member website? What information (if any) can be customized by the plan sponsor? If you offer one, provide information regarding how to access your mobile application. Indicate whether and how you maintain consistency between your mobile application and website.	Yes	<p>Microsite With out custom microsite capabilities, each microsite is perfectly designed to use on computers, tablets and cell phones. They also include:</p> <ul style="list-style-type: none"> • Information about MetLife benefits in one convenient spot — at no cost to you • Intuitive navigation and easy to understand content • Includes important information pre, during, and after enrollment that employees and their family members can access at any time <p>Each microsite is customized to reflect your unique benefit plans</p> <p>Life/AD&D By using our fully mobile-enabled employee website, claimants can access claim status, correspondence and other important claim details online. Claimants may file claims, establish or change EFT, add comments to the claim that become part of the claim record, see Claim Specialist contact information, access/download forms and view videos explaining the claim process. Employees may also subscribe to receive eAlerts. Additionally, we offer employees the option to receive claim updates via text message.</p> <p>STD/LTD By using our fully mobile-enabled employee website, claimants can access claim status, correspondence and other important claim details online. Claimants may file claims, establish or change EFT, add comments to the claim that become part of the claim record, see Claim Specialist contact information, access/download forms and view videos explaining the claim process. Employees may also subscribe to receive eAlerts. Additionally, we offer employees the option to receive claim updates via text message.</p> <p>Customization is available for the City logo, document downloads and other information.</p> <p>Our websites are mobile optimized, which means they are</p>		<p>We do not currently have a mobile application, but it is on our roadmap for the future.</p> <p>We have developed dedicated websites to meet the specific needs of our customers and clients. We deliver direct access to useful information and services and provide the tools users need to make informed decisions.</p> <p>Public Website (www.newyorklife.com/group-benefit-solutions) As a leader in the group insurance market, New York Life Group Benefit Solutions provides the expertise and consultative strength to help businesses and their employees be more financially protected and productive. We believe financial protection, well-being, and peace of mind is at the heart of building better futures. Learn more at www.newyorklife.com/group-benefit-solutions.</p> <p>Customer and Employer Website (myNYLGBS.com) Customers and employers can access myNYLGBS, which is our integrated self-service portal for information on disability, absence, and group life and AD&D. On myNYLGBS, customers and employers can view and interact with a variety of features and plan information including:</p> <ul style="list-style-type: none"> •open a claim •customers can setup direct deposit, provide medical authorization, and confirm communication preferences including text updates •access benefit information such as <ul style="list-style-type: none"> -check status and provide claim updates -view payments, dates, correspondence, and return-to-work information -upload/view documents -complete forms electronically •employer reporting <p>myNYLGBS is accessible from any mobile device, using responsive design that makes the information easily viewable on any device.</p>		<p>Employees have the option of filing a claim online via our website or on your mobile phone via mobile-responsive browser.. Online an employee can file a claim, check claim status, view and print forms, and have access to all of training materials, videos and legislative updates. For some products that are eligible through our Matrix platform, employees will also have access to our mobile app. The available functionality includes;</p> <p>File a new Claim Report an Intermittent Absence Text / SMS Alerts Upload Medical Documentation View your Absence Claim View Packet</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	51	Provide your firm's "web vision." This should include the foundation, principals and philosophy that guide your current site and form the foundation for future evolution, and enhancements you are preparing for over the next 3-5 years. Describe how this vision differentiates you from your competitors.	Yes	<p>We continually invest in the systems, technology and administrative capabilities that support our extensive employee benefit offerings. Our process continually assesses feedback from our customers, their employees, intermediaries and beneficiaries regarding our technology and systems. This feedback helps us decide where to make strategic investments from product innovation and operational enhancement perspectives.</p> <p>Enhancements are made to our applications and websites annually based on usage patterns and customer needs/requests in order to align to the ever-changing technology landscape.</p>		<p>We build for people, leveraging data and customer insights to build tools that work for humans. Everything we deliver goes through several iterations of user testing & feedback to create an intuitive product.</p> <p>We aim to differentiate with service and experience – both for employees & employers.</p>		<p>Reliance Matrix has a rolling 3-year roadmap that incorporates input from technology trends, the market we serve, and our clients.</p> <p>In 2023 we deployed for all customers a solution called Text Back, which is a conversational SMS based bidirectional communication for return to work. This is being expanded in 2024. Currently, 96% of all employees taking time away from work elect to enroll in text messages.</p> <p>In 2023 we enhanced our account creation process to include reCAPTCHA which includes audio options for the visually impaired.</p> <p>For customers with Workday, there is an exclusive patent pending real-time integration to exchange employee demographic information, absence data, evidence of insurability, billing and an integration with our on-line Calendar that shows all employee absences including PTO, Sick-Time, Vacation etc.</p> <p>Absence Blueprint was launched in 2023 and is now installed with 20 of our national accounts. Blueprint empowers employees to plan their time away from work detailing their pay, time off and job protection for all Federal and State law as well as employer policies. This saves HR hundreds of hours of individual conversations with employees and provides a consistent mechanism for the employee, employer, and Matrix to have a conversation about absence.</p>
Operations and Administration	Website and other Media	52	What 3 recent enhancements/innovations have you implemented over the last few years that best reflect this vision? Comment on how these innovations are relevant to the City and its mission for the Plan.	Yes	<p>The following enhancements have been recently implemented:</p> <ul style="list-style-type: none"> • For Disability we've introduced an online ADA Accommodations intake and an online COVID intake; • Life integrated Empathy resources for grieving beneficiaries and enhancements to make it easier to find the policy coverage amount; • Our employee portal has an improved registration experience with enhanced security measures and simplified experience, redesigned homepage to help guide user to key tasks and new profile and preferences to make it easier for users to update communication preferences. 		<p>Enhancements include:</p> <ul style="list-style-type: none"> Exposed leave strategy notes in the Employer Portal to drive transparency Exposed contact history in the Employer Portal, giving visibility to inbound & outbound communications Developed medical records tracker in the Employer Portal to show progress toward collecting required medical documentation Expanded portal-based messaging from claimant to claim manager Built chat feature staffed with live reps 		<p>Workday API via our MatrixLink product for the automated exchange of Absence information between the Matrix Platform (formerly eServices) and Workday.</p> <p>Absence Blueprint is an employee education awareness and planning tool to help them plan time away from work. The tool shows how federal and state law interacts with Employer policies to contribute towards Pay and Job Protection.</p> <p>CX enhancements include improved end-user identity verification and usability.</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	53	How do your electronic capabilities compare to those in place at other organizations in terms of (a) security controls (e.g. use of and access to SSNs, touch/fingerprint access to self-identify on a mobile app, etc.); and (b) interactivity and responsiveness (e.g. use of a message center and emails/texts to communicate confirmation of transactions)?	Yes	<p>a) We give top priority to the protection of confidential information. Our current processes and systems provide effective safeguards to protect customers' and plan participants' individually-identifiable information, such as SSNs. We are compliant with all state regulations, and based on our experience we believe our safeguards meet or exceed those of other companies in the financial services industry.</p> <p>Consistent with industry practice, we do request and receive SSNs for many important reasons, such as enabling us to verify submitted information and to prevent fraud. It is important to realize that SSN remains the one unique identifier recognized by the U.S. Government, and in some cases, is still required by law for tax purposes.</p> <p>We give access to our employee website using the eligibility file you provide. Access is only given to employees with benefits through MetLife.</p> <p>b) We also have a security feature called multi-factor authentication (MFA). The purpose of MFA is to deter hackers and prevent data breaches. MFA knows when a user is attempting to log in from a device he or she has never used to log in before. When this happens, the site emails a validation code to the user to confirm their identity. Access is granted once the user enters the validation code.</p> <p>Other security measures such as confirmation numbers, e-signatures and session timeouts protect the confidentiality of transactions and personal information. We continuously update our systems to provide the level of security expected when using the website.</p> <p>Specifically for eligibility, once an electronic eligibility file is successfully applied into our system, we send out a reports package via secure email. The package includes enrollees, terms, errors and statistics.</p>		<p>A) -SSNs only present in reporting where needed (ex. tax reporting) -SSNs used during initial registration only to confirm customer identity and encrypted when entering -SSNs not displayed in correspondence or in the portal itself other than during registration B) -all customer correspondence is posted to portal in real time for customers to view -opt in for text available via portal or live conversation with claims team or contact center -display medical records tracker progress for customers and clients (with PHI masked for ER)</p>		Matrix has developed general security objectives and specific controls for individual components within the service provided by Matrix, as per our Matrix Policy Book. See Reference: Matrix_policy_book.pdf
Operations and Administration	Billing & Eligibility	54	Do you agree to receive and timely and accurately process as indicated in this RFP all of the enrollment and eligibility information in the format as provided by the City's third party administrator?	Yes		Yes		Yes	

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	55	Confirm that you will confidentially maintain member data, records and personal information such as social security numbers, dates of birth, marital status, home addresses, transaction histories, and other information related to participation in your program.	Yes		Yes		Yes	Confirmed
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	56	Indemnification to the City for any liability associated with security breaches of your recordkeeping system.	Yes		Yes	New York Life maintains a comprehensive network liability insurance program, also known as cyber risk or data breach protection insurance, that provides protection from claims made by third parties for the loss or disclosure of confidential information. Such confidential information may include medical information, financial data, or other personally identifiable data. The insurance also provides coverage for statutorily-mandated member notification costs and credit monitoring costs as well as regulatory fines, fees, and penalties incurred because of a covered data breach.	Yes	The indemnification for any breach of confidential information is negotiated with Legal during the contracting phase. Matrix also maintains cyberinsurance which we have included in our exhibits

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	57	Describe in detail your procedures and safeguards used to protect the confidentiality of member accounts, including security for your hardware and facility, authorized access to data, confidentiality of data, and security for hard-copy documents in a clearly labeled appendix	Yes	<p>We take security very seriously in order to protect the confidentiality of everyone enrolled in our benefits. We have a documented Information Security Program. This program is administered by the Chief Privacy Officer and Chief Information Security Officer. Our Information Security program is grounded on a comprehensive set of written policies, standards and practices designed to protect your data. It outlines the administrative, physical and technical safeguards designed to protect personal information from unauthorized disclosures. Administrative safeguards include policies and procedures that are documented and distributed through training programs and corporate communications. They also include screening of new hires and contracts defining appropriate protections with third parties.</p> <p>Our security program also includes monitoring and auditing our own performance. Physical safeguards include security arrangements in our office buildings, requirements to store documents out of view and the ability to lock up any confidential information when not in use. Technical safeguards include extensive control on our computer systems, from an application as well as an enterprise standpoint. We follow best practices when physically securing the data centers' hosting systems. Controls include: onsite security personnel 24/7/365, cameras and surveillance to monitor access points to the data centers, logging of all access into and out of the data centers and clearly defined roles and responsibilities for issuing and recertifying user access to the data center.</p> <p>Please refer to Exhibit 1 - Global Resiliency Overview.</p>		<p>Privacy Policy The New York Life has a long-standing commitment to ensuring the privacy of personal information about its customers. We take steps to ensure that personal and confidential information is safeguarded appropriately. Laws such as the Gramm-Leach-Bliley Act, HIPAA, and state privacy and information security laws place additional responsibilities on the company, our agents, and employees to protect the privacy of our customers' personal information and to safeguard their information from unauthorized use, access, or disclosure.</p> <p>We maintain physical, electronic, and procedural safeguards that meet state and federal regulations. Access to customer information is limited to people who need the information to perform their job responsibilities. We regularly update and improve our security standards, procedures, and technology to protect against unauthorized access to confidential information.</p> <p>Our privacy notices describe the types of personal information we collect, how we use it and share it, as well as the choices available regarding our use and sharing of information. New York Life may share certain customer information as permitted or required by law and in the normal course of business. Examples include sharing with TPAs, with regulatory bodies, or with affiliates for routine business purposes. Any non-affiliated company with whom we share customer information is restricted from sharing this information any further and must adhere to privacy standards similar to those of New York Life. All employees are required to complete our Ethics and Privacy Training course on an annual basis, which can be accessed on The Learning Gateway, via HR Central. Management is responsible for putting procedures and controls in place to adhere to privacy principles and regulations. Corporate Audit staff tests for compliance with established procedures as part of their audits.</p> <p>Data Confidentiality We strictly adhere to every applicable law and regulation governing privacy and confidentiality, and consider employee</p>		<p>The confidentiality of data will be maintained while in transit or at rest. The Matrix Platform architecture has a 3-tier implementation, Web, Application and Database. TLS 1.2 256-bit AES encryption is utilized. Data stored in the Oracle database is protected by the advanced security option where the entire database is encrypted.</p> <p>We also utilize NDAs, Information Security Policies, DLP software (which prevents the use of external storage devices), annual security training and Active Directory Group policies (to prevent download or installation of non-approved software). We have not experienced any security breaches to date.</p> <p>Please see our policy book for additional information regarding Data Protection, Data Access and other policies we have in place.</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	58	Describe your response plan in the event of a data security breach. Describe what credit protection and other services you provide to members who may be impacted by a data security breach.	Yes	<p>We have a formal security incident response plan team in place called the Computer Security Incident Response Team. In the event of a security breach, the Computer Security Incident Response Team executes the following steps:</p> <p>Step 1: Alert correct people Step 2: Contain breach Step 3: Initial assessment Step 4: Legal analysis Step 5: Notify appropriate parties Step 6: Identify lessons learned</p> <p>Any additional steps or relief are determined on a case-by-case situation based upon the specifics of the situation.</p> <p>Whenever notification is legally required to the impacted individuals of a data incident, we offer TransUnion credit monitoring services to those individuals at no cost to them or the employer.</p>		<p>New York Life has an established Cyber Security Incident Response program that provides alignment with New York Life Information Security Policies and Standards, as well as the Cyber Security Incident Management Team (CSIMT) Service Level Agreement. The CSIMT's primary objective is to prepare for, manage, and reduce the impact of cyber security incidents by providing a systemic process to cyber security incident management that includes the following steps: Prepare, Detect, Analyze, Contain, Eradicate, Remediate, and Recover. In the event of a breach, the CSIMT will escalate appropriate cyber security incidents to the Office of the General Counsel (OGC) and the Corporate Compliance Department (CCD) to determine whether regulator or consumer notification is required. If required by law or regulation, OGC and CCD will notify consumers and regulators of the incident.</p>		<p>We will inform our at-risk clients once a security breach and the scope of the breach are confirmed. In the event that a breach may have compromised secure client data, we will offer complimentary credit monitoring, credit repair, ID theft coverage, and other tools to affected client populations and develop an ongoing plan to assist with potential data compromises.</p> <p>We will offer complimentary credit protection services and credit rehabilitation to any clients who have personal information compromised by a data breach. Given the current industry environment and recent events that have seen hackers breach security systems of other large companies that store personal and/or financial records for clients, we are taking extra caution with our clients' information and want to emphasize prevention in order to ensure that we do not have to deal with the aftermath of a data breach.</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	59	Describe your disaster planning/prevention resources and plans, including the frequency with which your data is backed up and redundant processing centers.	Yes	<p>To ensure accuracy of all data housed on our systems, the following backup procedures exist based on the type of system:</p> <p>Mainframe The online, updated files are backed up daily. The batch-updated files are backed up at the end of the daily batch trails. On a nightly basis, the backup files are stored onsite and offsite. Backup data stored offsite is available for a restart of the system within two to four hours. The average recovery time is one hour and 45 minutes.</p> <p>Disaster Recovery Telephone call trees are used to notify staff and departments in the correct sequence. The plan is maintained in software and distributed on hard copy. Testing is scheduled regularly and ranges from conference room walk-through to physical relocation of data and restoration of the systems and applications at an external facility. The plan does not target specific disasters. Rather, it establishes the capability to recover from a total loss of any Information System Center, regardless of reason.</p> <p>Our Information Systems Centers are state-of-the-art installations running IBM and plug-compatible equipment. There are corporate policies requiring that a contingency plan, consistent with the value of data and equipment, be put in place for all departments using information technology. Pursuant to this policy, we leverage two primary data centers, one in Troy, NY (RISC) and the other in Clark Summit, PA (SISC) to provide high availability and recovery capabilities. Web-based applications leverage geographic load balancing to ensure availability of applications. The core data is processed on a mainframe in RISC, which leverages DASD mirroring in SISC to provide timely recovery in the event of a disaster. Database replication is used in the distributed environment to ensure availability. The plan is tested annually.</p>		<p>New York Life Insurance is committed to excellence in helping our customers enhance their health, well-being, and sense of security. Such a commitment requires that we be prepared to provide our services and offer our products virtually without fail. Thus, when our ability to provide service is affected, for any reason, we must react in a manner that minimizes the impact, quickly respond to the situation, and restore operations as soon as possible. This response will ensure the continued confidence of our customers and policyholders and ensure our position within the competitive marketplace.</p> <p>Our overall Business Continuity Plan (BCP) is designed to maintain service through a wide range of adverse circumstances. We maintain an enterprise-wide program that establishes and documents procedures for business continuity planning. The program, which is reviewed, updated, and documented annually, addresses both data recovery and continuation of business functions. Our BCP program uses dedicated personnel and supporting technology to recover critical business operations in the event of unexpected disruptions.</p> <p>We have a team of personnel committed to maintaining and growing its business continuity planning program. Business continuity planning is overseen within the Risk Management area, reporting up to our Chief Risk Officer. The Corporate Resilience team is made up of experienced continuity professionals who interact with designated Business Continuity resources in each of the business areas.</p> <p>The Corporate Resilience team oversees the entire BCP process, which includes completion/updating of the Business Impact Analysis and recovery plans as well as the validation/implementation of approved recovery strategies. The process of updating plans includes a thorough review and sign-off by the plan owner. Critical personnel have been assigned recovery time objectives supporting the necessary recovery requirements of the business.</p>		<p>In the event that a disaster should occur, all systems would be restored at our provider's disaster recovery site.</p> <p>File, system and database backups are sent to offsite storage on a weekly basis.</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	60	Describe your disaster recovery resources and plans; indicate how often you test your recovery system.	Yes	As noted in our response to question 59, we back up all online updated files (e.g., the data collection file) nightly. We back up all batch-updated files at the end of the daily batch trails. On a nightly basis, we store backup files both onsite and offsite. Backup data stored offsite is available for a restart of the system within two to four hours. The average recovery time is one hour and 45 minutes.		<p>We have extensive back-up procedures in place to support business assurance efforts that we test twice a year. In the unlikely event of a system shutdown or similar catastrophe, we have the capability to pay claims and conduct business as usual within five days. We have several recovery-time objectives depending on the criticality of the business operation. For instance, we have operations that are recovered in 24 hours, and most of the remaining operations are recovered within three to five days.</p> <p>We operate the systems through our data center, ensuring we meet claim payments and other automated claim handling processes even if a shutdown at a data center occurs. We have processes in place to build customer service desktop workstations from several remote locations. In addition to our offsite storage of system backups, we contract with a vendor that can coordinate a data center to mirror our operations.</p> <p>For Internet applications for which Cigna administration is provided, back-up servers are used when the production server is unavailable. We deploy our applications to a load-balanced environment and can balance the workload and failover in the case of a server problem.</p> <p>In addition, we have an uninterrupted power-supply system connection in our customer service centers. If cessation of power from our main source occurs, the system will immediately supply the service center with power to keep systems and telephone lines fully functional. If a disaster occurs, the customer service centers have a detailed business assurance plan in place; our strategy will have the customer service center fully operational at a remote location within 48 hours.</p> <p>New York Life's Business Continuity plans are tested annually. Testing is conducted as a partnership between technology teams (Infrastructure and Applications) and business areas (end user validation). Network penetration testing is performed by an external party on at least an annual basis. New York Life Insurance has a program of regularly testing its applications on</p>	Yes	<p>Disaster recovery procedures are tested bi-annually and updates are driven by the implementation of new or upgraded hardware/software.</p> <p>Copies of our Matrix Information Policy Book have been provided electronically with our response.</p>

GENERAL QUESTIONS (NOT RATED)				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	61	In the event of a disaster, will current enrollment information be secured and available? Yes or No. How many hours/days will it be until your operations are up and running?	Yes	<p>Our claim system data processing takes place in two hardened Information Systems Centers. These sites are geographically diverse. Each has generator back-up power, redundant data and voice communications lines, 24-hour onsite security and limited physical access to the production network area.</p> <p>To establish protected environments, we maintain disaster recovery vendor contracts. These ensure critical operations are recovered within 24 hours from a major disaster event at a vendor location. Testing is conducted annually to validate that the production systems and applications are recoverable.</p> <p>Any incident disabling a claims office will result in the transmission of all input claim information to a substitute claim office. Uniform hardware and software allow the processing of claims to be transferred quickly and easily from one claim office to another as needed.</p>		<p>We employ real-time replication of data from our primary data center to our secondary data center in another location. Our robust business continuity and disaster recovery program ensure continuous operations without fail during unexpected events.</p> <p>Claim files are scanned (exact location dependent on line of business) and transmitted offsite to our primary data center. Once at the data center, these claim files then follow our preestablished data replication protocols.</p> <p>Many of our business processes are performed at multiple sites, which allows for the easy transfer of work to staff at another New York Life location. Additionally, all call centers have load-balancing capabilities that allow calls to be rerouted remotely in the event of heavy volume or closings caused by severe weather or emergencies.</p>		RPO: 24 hours RTO: 72 hours
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	62	Please provide a link to your disaster recovery plan or include in a clearly labeled appendix.	Yes	For more information, please see our Global Resiliency Overview included as Exhibit 1 .		We do not provide copies of our business continuity plan. Please refer to the attached Table of Contents of the New York Life Business Continuity Plan.	Yes	Please refer to Matrix Policy Book

GENERAL QUESTIONS (NOT RATED)				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Organizational Background, Financial Strength, Experience	Overview	1	Please provide an overview of your organization and organizational structure, to include the name of your parent company (if you have one), the nature of its business, the name of your company, the length of time your firm has been providing the broad range of services included within this procurement, and headquarters.	Yes	<p>Securian Financial Group, Inc. is the parent company for our underwriters, Minnesota Life Insurance Company and Securian Life Insurance Company. Founded in 1880, we provide a full range of financial products for individuals and businesses. We serve 22 million customers across the United States and Canada with \$1.4 trillion of insurance in force and have \$29.7 billion in SFG total investments.</p> <p>Our ultimate holding company is Minnesota Mutual Companies, Inc. We intend to remain a nonpublic mutual company, owned by our policy owners. With our mutual holding company structure, we aren't pressured to deliver short-term returns to shareholders. Instead, we can focus on serving the long-term needs of our customers and we're well-positioned to proactively respond to changes in the environment.</p> <p>We have been insuring group clients since 1917. We are the nation's third-largest direct writer of group life insurance in the United States. We currently have \$3.06 billion of group life insurance in force premium covering 10.82 million lives.</p>	Yes	Standard Insurance Company (The Standard) is a nationally recognized provider of group Disability, Life, Dental and Vision insurance. Our parent company, StanCorp Financial Group, Inc., is a leading provider of financial products and services. We have provided group insurance since 1954, and are headquartered in Portland, Oregon.	Yes	<p>The proposed insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN) which is a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company.</p> <p>ReliaStar Life Insurance Company is a member of the Voya® family of companies. It has been offering group insurance products for more than 90 years, voluntary insurance products for more than 60 years, and supplemental health insurance products for 17 years. It began its operations in 1885 as Northwestern Aid Association of Minneapolis – an assessment company. In 1901, the name was changed to Northwestern National Life Insurance Company at which time the company was also reincorporated. In 1906, it was again reincorporated, at this time as a legal reserve company under the name of Northwestern Mutual Life Insurance Company and the word "mutual" was eliminated from the name later that year. In 1989, the company was demutualized and was reorganized under a holding company structure, and assumed its current name, ReliaStar Life Insurance Company, in 1996. On September 1, 2000, the company was acquired by ING Groep, N.V. In May of 2013, Voya Financial, Inc. (f/k/a ING U.S., Inc.) announced its Initial Public Offering of the common stock of Voya Financial, Inc. and began trading under the NYSE ticker symbol VOYA. ING Groep, N.V. completely divested its ownership of Voya Financial, Inc. common stock between 2013 and 2015.</p>
Organizational Background, Financial Strength, Experience	Overview	2	Is your company licensed to issue this insurance in all fifty United States, Puerto Rico and the District of Columbia?	Yes	Securian Financial is licensed in all 50 states, the District of Columbia, Guam, and Puerto Rico. In New York, we conduct business through our subsidiary, Securian Life Insurance Company.	Yes	Insurance in New York is provided by The Standard's sister company, The Standard Life Insurance Company of New York.	Yes	

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Organizational Background, Financial Strength, Experience	Overview	3	Please provide your organization's revenues and net profits for the last 3 calendar years.	Yes	Our organizations sales revenue for the last three years is: 2021 - \$8.3 billion 2022 - \$4.65 billion 2023 - \$5.17 billion	Yes	Revenue: 2022: 8,451,764,683 2021: 7,301,706,503 2020: 7,256,456,255 Net Profit: 2022: 1,541,918,521 2021: 1,433,190,876 2020: 1,540,414,580 Figures for 2023 can be made available when they have been finalized following Q1 2024.	Yes	2023 - \$7.08B revenue \$661.00M earnings 2022 - 5.92B revenue \$474.00M earnings 2021 - 4.23B revenue \$2.77B earnings
Organizational Background, Financial Strength, Experience	Overview	4	Is your company a subsidiary or affiliate of another company? If yes, describe the nature of the business of the parent firm.	Yes	Securian Financial Group, Inc. is the parent company for our underwriters, Minnesota Life Insurance Company and Securian Life Insurance Company. Our ultimate holding company is Minnesota Mutual Companies, Inc. We intend to remain a nonpublic mutual company, owned by our policy owners. With our mutual holding company structure, we aren't pressured to deliver short-term returns to shareholders. Instead, we can focus on serving the long-term needs of our customers and we're well-positioned to proactively respond to changes in the environment.	Yes	StanCorp Financial Group, Inc. is a leading provider of financial products and services.	No	
Organizational Background, Financial Strength, Experience	Overview	5	Describe any pending agreements to merge or sell your company or any portion thereof, or your parent company; or any pending or anticipated plans to reorganize your company within itself or as part of the larger organization of which your company is a part.	Yes	Securian Financial will continue to be opportunistic and is open to consider opportunities to acquire businesses that support our enterprise strategy. However, no future activity is planned that will directly affect our group business.	Yes	No such pending agreements or restructuring plans are currently in place.	No	No anticipated mergers or sales

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Organizational Background, Financial Strength, Experience	Experience	6	Describe your ability to take on a client the size of the City of Los Angeles? How will you ensure excellent service and support for the duration of the contract?	Yes	CONFIDENTIAL	Yes	<p>The Standard has been the City of Los Angeles' insurance provider for over a decade. In that time we have continued to adapt and improve our services to match the City's needs. Our average member satisfaction survey results over the past five years for the City's employees are 4.1 out of 5, and in 2023 we performed according to all Performance Guarantee metrics.</p> <p>To serve the City's large population, we have a Dedicated Account Specialist assigned exclusively to assist the City and its members through one-on-one consultation for both educational and claims assistance.</p>	Yes	Voya Employee Benefits is proud of our National Accounts service structure as it ensures that our largest, most complex clients have the proper resources to provide elite customer service. Every National Account client will be serviced by a team comprised of a National Account Executive and National Account Client Specialist. These individuals manage a limited book of business to ensure our clients in this space receive concierge-type support.
Organizational Background, Financial Strength, Experience	Experience	7	Describe any incident within the past five years in which your business has had a contract terminated for default. Termination for default is defined as notice to stop performance due to your organization's non-performance or poor performance and the issue was either not litigated or litigated and such litigation determined your organization to be in default. Submit full details of all terminations for default experienced by your firm during the past five years including the other party's name, address, telephone number and your firm's position on the matter. The City will evaluate the facts and may, at its sole discretion, reject your firm's proposal if the facts discovered indicate that completion of a contract resulting from this RFP may be jeopardized by selection of your firm. If your firm has experienced no termination for default in the past five years, so indicate.	No			As with any group insurance carrier, a portion of The Standard's group insurance policies are not renewed for a myriad of reasons, but typically identified as "rates" by the customer at termination.	No	Voya Employee Benefits hasn't experienced a termination of this description in the past five years.

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	8	Has your company been the subject of any complaint filed with any state or federal regulatory agency or office in the past five years? If Yes, please explain	Yes	CONFIDENTIAL	Yes	As an insurance company in a highly regulated industry, from time to time, complaints are filed with a department of insurance related to claims and/or policy administration. This is true for all group insurance carriers. These complaints are typically resolved in the ordinary course of business.	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	9	Has your company ever had a license to do business, an agent/broker license or any other insurance license revoked or suspended? If Yes, please explain	No		No		No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	10	Has your company ever been reprimanded or otherwise cited by a licensing agency? If Yes, please explain	No		Yes	Our business operates in a heavily regulated industry. Our primary regulator is the State of Oregon Insurance Division. Other states also regularly conduct examinations of all insurers operating within their state. These examinations bear out a strong record of regulatory compliance and ethical conduct. The Standard, like other insurers, has been subject in the past to regulatory fines in the normal course of business. The Standard has not been subject to any fines that would be considered beyond the normal course of business in the industry. We are not currently the subject of any disciplinary action. We invite interested parties to inquire about our reputation and record of compliance with our primary regulator, the Oregon Insurance Division.	No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	11	Vendor agrees to notify the City immediately (within 24 hours) if your firm loses any accreditation, licensure, or required insurance coverage (e.g. liability, Tech E&O, etc.)	Yes		Yes		Yes	

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	12	Describe what procedures and policies you have in place to protect against, and provide disclosure of, any potential or perceived conflict of interest involving relationships your firm may have with service providers for which you may also be asked to conduct performance reviews or otherwise evaluate for the City's Plan. To what extent and under what circumstances do the individuals who would be directly servicing the City's account personally meet with service providers that could be actual or potential City clients?	Yes	Our Board of Directors and other selected associates are surveyed annually and disclose any potential conflicts of interest for the previous calendar year.		We expect all of our employees to abide by our Guide to Business Conduct, which includes information about avoiding and handling Conflicts of Interest. We aim for the highest levels of integrity and ethical standards as we conduct our business activities. This policy applies to all members of our organization, from frontline service providers to those interacting with the City and its vendors.	No	No known conflict with the City exists. We report potential conflicts of interest promptly to management, as needed, to help us manage such appropriately. In dealing with these potential conflicts, we require integrity, the use of good judgment and discretion exercised in a manner expected by this Code, Company policies and our Corporate Values. We understand certain conflicts simply cannot be permitted, particularly employees accepting employment with or appointment by a competitor of Voya Financial (e.g., acting as a financial or tax planner, representative or agent of another financial services firm) or practicing as an attorney.
Organizational Background, Financial Strength, Experience	Regulatory Compliance	13	Is Vendor now the subject of any litigation in which an adverse decision might result in a material change in the firm's financial position or future viability?	No		No		No	
Organizational Background, Financial Strength, Experience	Regulatory Compliance	14	Identify and describe any past, pending or threatened judicial or administrative litigation (including lawsuits or protests) in which you have litigated against a client or prospective client, within the past five years, related to the type of services you are proposing. Indicate the reasons for the lawsuit/protest and the outcome. Provide contact information for the entity sued or challenged.	No		No	There are no such instances of The Standard litigating against a client as described.	Yes	The Company is involved in threatened or pending lawsuits/arbitrations arising from the normal conduct of business. Due to the climate in insurance and business litigation/arbitration, suits against the Company sometimes include claims for substantial compensatory, consequential or punitive damages and other types of relief. Moreover, certain claims are asserted as class actions, purporting to represent a group of similarly situated individuals. While it is not possible to forecast the outcome of such lawsuits/arbitrations, in light of existing insurance, reinsurance and established reserves it is the opinion of management that the disposition of such pending lawsuits/arbitrations will not likely have a materially adverse effect on the Company's ability to meet its obligations under the proposed contract.

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	15	How do you handle a breach of confidential information? Please provide a detailed response of the following: a.Process to identify incident b.Timeline to notify the client of incident c.Protocol to notify the client of incident	Yes	CONFIDENTIAL	Yes	<p>The Standard's Security Team have formalized procedures for responding to security incidents that leverage industry best practices and align with NIST SP 800-61. Security incidents and suspected breaches, paper or electronic, are reported to our Security Operations Center and Information Security teams ("Security Team") and thoroughly investigated through our Security Incident Management Process according to our written Cybersecurity Incident Response Plan (CSIRP).</p> <p>Investigations are a combination of both manual response activities and extended security orchestration (XSOAR) with associated procedures and remediation processes. We leverage XSOAR technology and practices to support accuracy and velocity of our incident response. The incident is our investigation, and we would keep the customer informed if affected. In the event of a breach of customer data we may be willing to discuss procedures and scope with the affected customer.</p> <p>As part of the Security Incident Management Process, a review of findings from the incident is performed. Lessons learned activities focus on addressing any needed improvements to our business processes, security control environment, and/or the CSIRP. Incidents are reviewed by Information Security management and all other pertinent stakeholders on a need-to-know basis.</p>	Yes	<p>We have a comprehensive Incident Management program that is managed by a dedicated team assigned solely to manage security events. The Security Incident Response Team (SIRT) is responsible for performing the initial investigation and triage of the event in order to determine the potential scope and impact of the event. Once a security incident has been declared, the SIRT will engage the Security Incident Review Committee (SIRC) to provide business management oversight and communications during the investigation. The Security Incident Management Processes outline standards for communication of security incidents to external parties such as customers, consumers, regulators, law enforcement, and related agencies, as appropriate. It also includes procedures to collect and maintain a chain of custody for evidence during incident investigation. The SIRT and SIRC will continue to follow the Processes through full incident closure. We provide data breach and outage notifications to clients in accordance with Federal and State laws, and Client Service agreements.</p> <p>Voya has developed a Cyber Security Playbook, which outlines the handling of major incidents (from detection/initial triage, to containment, to post mortem). Testing is conducted annually and updates are made as required.</p>

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	16	Describe the policies and procedures in place to ensure CSRs safeguard member's personal information.	Yes	CONFIDENTIAL	Yes	<p>All personnel of The Standard must complete privacy and security training upon hire and annually. Additionally, just in time training and communication is provided to employees regarding changes to policy and standards as well as when necessary to address the needs of the business. Training curriculum consists of the following areas: privacy, security awareness, and acceptable system usage, and bi-annual business ethics training.</p> <p>Our Information Security Policy is part of both cybersecurity awareness and acceptable system usage training and made available to all employees on our internal network. Employees are required to review the Information Security Policy annually and attest that they abide by it.</p>	Yes	Voya's privacy policy forms part of our overall Information Security program. The specific guidance on the definition and handling of non-public personal information is available to all employees and in summary to clients. Voya has implemented security standards and processes—including physical, electronic and procedural safeguards. We limit access to customer information to employees, registered representatives or agents who may need it to do their job.

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Organizational Background, Financial Strength, Experience	Regulatory Compliance	17	HIPAA Compliance: Vendor attests to meeting all applicable HIPAA EDI, Privacy, Security, and HITECH requirements and agrees to hold City of LA harmless for breaches that are the result of the vendor's actions. Further, you agree to perform all of the duties associated with breach notification and assume financial responsibilities for the breach notice and notify plan participants if there is a breach and you will pay for 24 months of identity theft repair and credit monitoring services for those plan participants impacted by the breach.	Yes	HIPAA regulations specifically exclude life insurance coverages, and therefore HIPAA does not affect our group term plan. With that said, we take our customers' privacy very seriously and are in full compliance with the Gramm-Leach-Bliley Act and have privacy specialists who assure all reasonable safeguards are being taken to protect private information.	Yes		Yes	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.
Organizational Background, Financial Strength, Experience	Financial Strength	18	Please provide the most recent rating for your company by the following: - Standard and Poor's - Duff and Phelps - A.M. Best - Moody's If your firm is not rated, submit documentation of a similar nature, which attests to your firm's financial stability.	Yes	Standard and Poor's - AA- Duff and Phelps - AA A.M. Best - A+ Moody's - Aa3	Yes	Standard & Poor's: A+, "Strong" A.M. Best: A, "Excellent" Moody's: A1, "Good" The Standard actively participates in the ratings process with A.M. Best, Moody's and Standard & Poor's. We believe we receive a balanced perspective on our mix of business and our investments. We do not subscribe to the Duff and Phelps (Fitch) rating system.	Yes	Standard & Poor's - A+ (Strong) Fitch (D&P) - A (Strong) A.M. Best - A (Excellent) Moody's - A2 (Good)
Organizational Background, Financial Strength, Experience	Financial Strength	19	Have there been any downgrades in your ratings in the last 2 years? Y/N If yes, indicate to what they are attributed	No		No		No	
Organizational Background, Financial Strength, Experience	Financial Strength	20	Has your company or its subsidiaries ever filed or been petitioned into bankruptcy or insolvency or has your company ever made any assignment for the benefit of your creditors? If so, provide complete details.	No		No		No	
Organizational Background, Financial Strength, Experience	Financial Strength	21	Within the past three years, has Vendor filed for reorganization, protection from creditors, or dissolution under the bankruptcy statutes?	No		No		No	

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Plan Administration and Sponsor Services	Claims Processing	22	Describe other communication tools available for members such as after hour contact capability, chat feature and email.	Yes	<p>Calls received outside regular business hours will have the ability to receive information on their claim through the automated attendant.</p> <p>The automated voice response system provides callers with the following services:</p> <ul style="list-style-type: none"> •Automated information on an existing claim including, but not limited to, the status of the claim, forms received, the date paid, and the benefit amount(s) •Automated information including fax number, mailing address, hours of operation, or the option to report insurance fraud •Option to speak to a customer service representative <p>Additionally, we provide assisted service from 7:00 a.m. to 6:00 p.m. CST. Calls received outside regular business hours that cannot be serviced by the automated system will receive a message to call back during regular business hours.</p>		We offer a customized microsite and decision support tool which are available 24 hours per day. Claims can be filed online at any time. Members can receive claim information via email and can communicate directly with the Dedicated Account Specialist.	Yes	Participants can communicate with customer service via our toll-free number, text-to-chat, online chat, and email. We also can conference in translators to calls and chat sessions via our relationship with our language line. Participants always have access to their account through the web portal and our IVR phone system.
Plan Administration and Sponsor Services	Claims Processing	23	Provide an organizational chart of the claims unit that will process client's claims.	Yes	Included in the Appendix.		Please see the attached organization chart.	Yes	Please see the attached Organizational Chart.

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Plan Administration and Sponsor Services	Claims Processing	24	For the claims office that will be assigned to the City what is the Average Claims / Processor / Day?	Yes	CONFIDENTIAL		<p>Life and AD&D The average claims paid by a Life Claims Examiner is 4 to 5 claims per day</p> <p>Short Term Disability From when a claim is assigned for review, STD decisions are made within 3 to 4 days, on average.</p> <p>Long Term Disability Most LTD decisions are made in 30 days or less. More complex claims may take longer to decide than simpler ones. Usually, if The Standard administers both the STD claim and the LTD claim that follows, there is no gap in payments. The transition from STD to LTD will be seamless.</p>	Yes	STD-only Case Specialists have an average claim load of 65-70.
Operations and Administration	Call Center	25	What are the operating hours of your call center?	Yes	<p>We have three main call centers aligned to claims, medical underwriting, and administration. All call centers operate out of our home office in St. Paul, MN. They are available to those in the continental US and Mexico.</p> <p>Hours of operation The medical underwriting call center is effectively staffed with customer service representatives on weekdays from 5:00 a.m. to 5:00 p.m. Pacific Time, and the claims and administration call centers are staffed from 5:00 a.m. to 4:00 p.m. Pacific Time.</p> <p>For our claims area, an automated voice response system is available 24/7. Additionally, online claims status is available to benefits staff 24 hours a day, with information updated daily.</p>	Yes	6 am to 5 pm Pacific time	Yes	Monday through Friday 8 a.m. to 8 p.m. (ET).
Operations and Administration	Call Center	26	What is the total number of customer service representatives (CSRs) employed on a year-round basis,	Yes	110	Yes	89	Yes	We currently have over 175 associates dedicated to some aspect of service delivery. If staffing adjustments are needed, we will hire more staff to accommodate the higher demand in claims and inquiries.

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Operations and Administration	Call Center	27	What is the location of your primary and back up call center(s)?	Yes	Our call center is located in St. Paul, Minnesota.	Yes	Portland, Oregon is the primary contact center for the City of Los Angeles. We have offices in White Plains, New York and Altavista, Georgia in the case of overflow.	Yes	Minneapolis, MN
Operations and Administration	Call Center	28	Provide your member services call center number for the purpose of evaluating the accessibility and ease of use for members seeking to acquire information or resolve issues with the help of a customer service representative.	Yes	1-866-293-6047	Yes	The Standard has a dedicated line for the City of Los Angeles: 844-505-6025	Yes	Voya Employee Benefits Customer Service can be reached at 1-800-955-7736 for Group products.

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Operations and Administration	Call Center	29	Describe what resources, policies and practices you have in place to monitor, assess and improve upon the service quality of your customer service team/staff.		CONFIDENTIAL	Yes	<p>Our Quality Management Specialists conduct monthly audits of department claims administration, policies and procedures. This assures compliance with department expectations for timeliness; quality; regulatory compliance. They analyze results and make recommendations for corrective action by the department.</p> <p>Specific areas of audit include: Decision accuracy Decision timeliness Payment accuracy Reserve accuracy Procedural accuracy Communication, timeliness and quality. Overall claims administration</p> <p>Internal Audit, KPMG and state regulators regularly audit our business areas. They review the quality of work, standards and controls and regulatory compliance on at least an annual basis.</p>	Yes	<p>Customer Service Representatives receive eight to 10 weeks of training, which includes a combination of classroom and one-on-one training. All new associates must demonstrate proficiency prior to handling customer service calls independently. Training is deployed by our Learning and Development team and Contact Center Team Leads. Quality monitoring is completed by our dedicated Quality Assurance team with additional support from the Contact Center Team Leads. The training includes product, administrative procedures, and customer service skills.</p> <p>Every call entering Voya Employee Benefits' call center is recorded. Random sampling of all Customer Service Representatives' calls is done throughout the month to assess the quality of the calls. Feedback is provided to each team member during one-on-one coaching sessions and the results are included in performance appraisals. In addition, Customer Service Representatives have KPIs (Key Performance Indicators) in both call productivity and quality which are available for review daily to adjust performance.</p> <p>We base our contact center and policy owners' services staffing by the number of customer calls and service requests received. Volume data is reviewed monthly to make ongoing staffing adjustments. As we assume new clients, we take into consideration the need to increase our team of designated Customer Service Representatives accordingly.</p>

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Operations and Administration	Plan Administration	30	Confirm that you will provide telephone, customer and claim servicing from 7:30 a.m. to 6:00 p.m., Pacific Time, Monday through Friday. Provide detailed information regarding the customer service system, including the telephone and online portal.	No	<p>The medical underwriting call center is effectively staffed with customer service representatives on weekdays from 5:00 a.m. to 5:00 p.m. Pacific Time, and the claims and administration call centers are staffed from 5:00 a.m. to 4:00 p.m. Pacific Time.</p> <p>For our claims area, an automated voice response system is available 24/7. Additionally, online claims status is available to benefits staff 24 hours a day, with information updated daily.</p> <p>Our Computer Telephone Integration (CTI) system transforms our call center into a "contact center." Telephone calls, e-mails, web chats, and instant messages are loaded into the same queue to ensure all are responded to promptly by a live customer service representative (CSR).</p> <p>Our CTI technology records 100% of all customer interactions – calls, emails, and web chats. Any authentication is passed directly to the CSR. Our CSR documents every interaction through our customer service Unified Desktop. The CTI interaction ID number is automatically populated in the unified desktop service request, linking the CSR documentation to the CTI recording. Through the Desktop, the CSR captures the reason for the customer's interaction, enabling us to identify trends on a client-by-client basis and proactively enhance our system when necessary.</p> <p>Our custom Salesforce Desktop solution further complements our CTI system by providing our customer service representatives with a holistic view of our customers, streamlines workflows, offers robust reporting, and a dynamic knowledge center.</p>	Yes	Members can contact our Welcome Center via dedicated 800-number for Disability information or to be directed to a claims analyst, access the City's customized microsite for forms and documentation, or contact your Dedicated Account Specialist during business hours for one-on-one guidance. All of these options have been customized to the City's programs and experience.	Yes	<p>Hours are Monday through Friday, between 8:00 a.m. to 7:00 p.m. Central Time (6:00 a.m. to 5:00 p.m. Pacific Time). Voya Employee Benefits Customer Service can be reached at 1-800-955-7736 for Group products. The number for Voluntary Life is 1-800-537-5024.</p> <p>Jennifer Takahashi National Account Executive Telephone: (513) 885-2081 Jennifer.Takahashi@voya.com</p> <p>Lisa Machamer National Account Client Specialist Telephone: (612) 224-7650 Lisa.Machamer@voya.com</p>

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Operations and Administration	Plan Administration	31	<p>Confirm that you have provided an implementation timeline. Y/N</p> <p>Assuming a contract award of 07/01/24 and beginning service date of 01/01/25, provide a proposed implementation plan and timetable, beginning with the award of business to effective date of coverage, including the following:</p> <ul style="list-style-type: none"> a) Steps required to implement the program b) Role played by the plan sponsor/vendor c) Eligibility feed d) Production and distribution of ID cards, directories, and enrollment materials e) Contacts and personnel assigned to each step of the implementation process f) Establishment of on-line plan information 	Yes	An implementation timeline is included in the Appendix.	Yes	As the incumbent carrier we expect to begin implementing plan enhancements beginning in August 2024. This includes both Workplace Possibilities enhancements as well as contract updates to existing plan design.	Yes	Please see the attached Sample Implementation Timeline detailing each phase in the onboarding process.

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Operations and Administration	Plan Administration	32	When was the last major system enhancement and what was the nature of the enhancement?	Yes	CONFIDENTIAL	Yes	We recently upgraded the City to our new online portal, which improves the employer, member, and claimant experience. Usage of the new portal is up compared to our prior service.	Yes	Within the last year, we have added the ability to track the status of your claim, which includes information about any outstanding requirements. We are also in the process of continuing to make the online claim submission process easier for beneficiaries and the HR contacts that support the Life claim process.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	33	Do you foresee any specific problems incorporating the City's population and plan features into your system? If yes, describe in detail.	No		No	As the incumbent carrier we foresee no issues with continuing to provide coverage to the City's population.	No	We don't anticipate any limitations.
Operations and Administration	Plan Administration	34	How many times has your website and system of record been inoperable/inaccessible over the last three years? How long was the website or system down for each occurrence?	No	We have had no downtime during business hours in excess of an hour, with no other outages exceeding two hours in the past three years.	Yes	Scheduled downtime is normally two weekends a month for server maintenance. We use trended logon data to determine hours with minimal activity. This lessens customer impact. No significant, unplanned outages have been noted in the past three years.	Yes	The routine windows for hardware and software maintenance and upgrades are scheduled to avoid business interruptions, typically occurring Saturday evenings between 3:00 p.m. and midnight. The production system is generally unavailable for 8 hours.
Operations and Administration	Plan Administration	35	Confirm your ability to provide a dedicated claims team to the City of Los Angeles.	No	A designated claims team will be provided to the City. With the designated team approach, examiners are assigned to a client's plan as their primary responsibility, but are not dedicated to a single client.	Yes	We have specifically designated teams who are assigned to the City's claims	Yes	
Operations and Administration	Plan Administration	36	Within the next 36 months, does your company have plans to upgrade, enhance or change the software or hardware system used to process claims?	No	CONFIDENTIAL	No	We do not currently have any major system updates planned for our claims systems.	No	Nothing outside of standard updates planned.
Operations and Administration	Plan Administration	37	In the event of termination of this contract, confirm that you will transfer claim information and other administrative records to any vendor that would replace you at no charge, and in a format usable by the City.	Yes	CONFIDENTIAL	Yes		Yes	Voya Employee Benefits will provide information as needed per our data privacy and compliance guidelines. We cannot guarantee software format.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	38	Describe if and how you assess member satisfaction. Indicate if you have tools to assess satisfaction at point of contact and/or as a general member satisfaction survey.	Yes	CONFIDENTIAL	Yes	<p>The Standard surveys 10% of all claim decisions for the prior month. This includes approvals and denials.</p> <p>We use survey feedback as a key driver in our strategic planning process. It helps us identify our priorities, focus on the work for the year ahead and train our employees. Our average results for City of LA members over the past 5 years have been 4.1 out of 5.</p>	Yes	Through our Voice Of The Customer program we are actively engaging with our customers via email, web, and phone to collect feedback and satisfaction metrics during key moments that matter. Results are stored in aggregate in our Customer Experience Management tool where we analyze the data to identify key trends and areas of opportunity. We leverage our Voice of the Customer data to improve upon our products and services and deliver an improved customer experience. The program and associated results are considered proprietary and therefore are not distributed outside of Voya.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Member Services	39	If you have collected member satisfaction survey data, indicate your 2022 and 2023 (if available) results for both your full client base as well as your five largest public sector clients.	Yes	CONFIDENTIAL		Our book of business satisfaction score for 2022 was 4.24 and for 2023 it was 4.34 on a scale of 1 to 5. For the five largest public sector clients the scores were 4.23 in 2022 and 4.48 in 2023.	Yes	Claimants taking the claims survey reported a 4.73/5 overall satisfaction rating during the timeline requested.

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Operations and Administration	Member Services	40	What are your protocols/standards for responding to customer service inquiries?	Yes	CONFIDENTIAL		Through the Dedicated Onsite Account Specialist model we are able to respond to customer service inquiries within 4 business hours of their receipt.	Yes	The call center receives calls through a toll-free number. The caller hears a menu that allows them to choose the appropriate department and is then connected to a customer service representative. If a transfer is required during a call, our standard service is to provide warm transfers. During high call volumes, we will ask the caller if they are agreeable to a direct transfer. All inquiries are responded to within 24-48 hours.
Operations and Administration	Member Services	41	Do members have the option to leave a message at your customer service line after working hours?	Yes		Yes	Members are directed to contact the City's Dedicated Onsite Account Specialist for assistance, and can leave a message on that line which will be responded to within four business hours.	Yes	During after-business hours, the caller may leave a message in a voice mailbox. Messages are retrieved and responded to within 24 hours.
Operations and Administration	Member Services	42	Will your company provide the City with an online chat feature with a customer service representative (for both website and mobile app)?	Yes		No		Yes	Voya currently offers the option to start an email chat via our website. Real time chat capabilities are in development and should be available in the near future.

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Operations and Administration	Member Services	43	Does your company conduct member satisfaction surveys for your member service unit? If so, please include the results for the past three reporting periods	Yes	CONFIDENTIAL		Our book of business satisfaction score for 2022 was 4.24 and for 2023 it was 4.34 on a scale of 1 to 5.	Yes	Through our Voice Of The Customer program we are actively engaging with our customers via email, web, and phone to collect feedback and satisfaction metrics during key moments that matter. The program and associated results are considered proprietary and therefore are not distributed outside of Voya. Implementation satisfaction surveys are sent out on all new clients or existing clients adding a new product(s). Implementation satisfaction for Supp Health products: 4.7 out of 5 Implementation satisfaction for all products: 4.4 out of 5

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Operations and Administration	Communication Materials	44	Do you send out regular communications to your members? If so, how often and what type of communication (email, mailing, text, etc.)?	Yes	CONFIDENTIAL	Yes	Wee are able to communicate through mail, automated text messages, and email upon request. Throughout the group and member relationship, we maintain regular contact. An enrollment consultant is assigned to the City for bringing members onto the plan, a National Accounts Consultant is assigned to assist the group with account level matters, and a Dedicated Account Specialist is solely dedicated to City and member concerns. Our standard of response in all matters is to reply within four business hours, and our EOI and Claims systems are all set up to release communications immediately upon any action being taken.	Yes	Decisions are communicated by phone and letter regardless of the type of decision the Case Specialist has made (approval/denial).
Operations and Administration	Communication Materials	45	Indicate if you provide print communication materials for members outlining the services offered by your organization, and provide a sample brochure.	Yes	Sample communication materials are included in the Appendix.	Yes	Examples are available on our microsite. Any of these materials, and any additional materials developed for the City, can be printed on demand. https://sites.standard.com/employee-benefits/city-los-angeles	Yes	Please see Sample Communication Tools, Brochures and Flyers attached.
Operations and Administration	Communication Materials	46	Indicate if the cost of these materials is included within your per-member fee and at what quantity levels (if any), or if additional printing fees apply.	Yes	All marketing and communication services are included with the insurance package.	Yes		Yes	

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Operations and Administration	Website and other Media	47	Describe your interactive support tools available to members. Are these tools provided by a third party? Describe the kind of information available to members and how they would access it.	Yes	CONFIDENTIAL		<p>We currently provide access to the Decision Support Tool, an online resource customized to the City's plans which helps members choose the plan that works best for them.</p> <p>https://sites.standard.com/edu/city-los-angeles/35306?</p> <p>We can also provide support through Calendly, a service schedules one on one appointments with benefit counselors.</p> <p>https://calendly.com/benefits_consultation/sample?month=2022-02</p>	Yes	<p>Voya Employee Benefits offers clients a customized Employee Benefits Resource Center (EBRC) website that can be branded with a company logo and is available to employees all year. Before and during enrollment, employees and their families can visit the EBRC to educate themselves on the offered products via videos, real-life examples, benefit summaries, and FAQs. They can even follow a link on the site to enroll. After enrollment, they can return to the site to find whether they may be able to make a claim and can follow a link to the Voya Claims Center to get started.</p> <p>The EBRC simplifies the enrollment experience for employers and employees by making benefits information accessible and approachable. No more digging through paper brochures; just one centralized location for product information, enrollment access, and a link to claims filing.</p> <p>For employers:</p> <ul style="list-style-type: none"> • Cobranded and specific to your benefit offerings • Add the EBRC site link directly to your enrollment site, intranet, and/or benefits guide • Targeted messaging leading up to, during, and after enrollment • Goals include increased participation and persistency • Reporting capabilities, including visitor usage and click-through rates • The ability to upload copies of the certificates and riders for the employees to reference <p>For employees:</p> <ul style="list-style-type: none"> • Convenient 24/7 access • Accessible to employees and their families • Enroll directly from the site by adding a button link to your enrollment platform • Direct link to the Voya Claims Center for online claims filing • Responsive design • Cobranded and specific to your benefit offerings • Available in English and Spanish

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	48	Describe your organization's video educational and marketing content. What specific video content do you make available and is it applicable to public sector plan sponsors of employee benefit plans? Does this material require or does it not require customization for the City's Plan? Indicate whether you charge your governmental plan sponsors for the use of this material in their plans or for customization.	Yes	CONFIDENTIAL		We can provide customized videos which explain our benefits programs, and can provide subtitles to the spoken English presentations in a requested language, including Spanish or Tagalog. These vidoes are provided at no charge to the City.	Yes	<ul style="list-style-type: none"> Product videos offered feature true-to-life examples with high level product information in a short, concise and entertaining way. The link to these videos can be shared however you would like. The content available will apply to all industries covering their employees with the proposed products. All standard materials are included in the proposed offer. Customizable emails feature 3 email options: "Attract," "Engage" and "Enroll." These emails can be used as a series or on their own, depending on employer preference. They contain a brief description of product information, as well as one-click icons linked to brochures, videos and coverage calculators for more information. The enroll email even includes links to an enrollment site or to enrollment forms. <p>Voya Employee Benefits is willing to discuss an appropriate marketing budget/reimbursement for additional communication items not already covered above.</p>
Operations and Administration	Website and other Media	49	Provide samples of any videos you've developed that could be used by a public sector plan sponsor for marketing or educational purposes for members, if you have produced them.	Yes			Yes, please see sample videos at the address below: https://players.brightcove.net/1079186452001/default_default/index.html?videoid=6268367232001		Please visit https://www.youtube.com/user/VoyaFinancial for educational video samples.

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Operations and Administration	Website and other Media	50	Indicate if you have a mobile application or mobile optimized website. What features does it include or may it be limited compared to the regular member website? What information (if any) can be customized by the plan sponsor? If you offer one, provide information regarding how to access your mobile application. Indicate whether and how you maintain consistency between your mobile application and website.	Yes	Our websites are designed and optimized to work on all devices – traditional, tablet, and mobile. Our mobile-optimized version of the LifeBenefits website puts group life insurance benefits in the palm of the City's employees' hands. From a smartphone, users can access the mobile-optimized version of LifeBenefits and log in with their username and password or go directly to the secure portion of the site via single sign on. Once logged in, employees can access the full set of features available on the desktop version of the site this includes but is not limited to: <ul style="list-style-type: none"> •Submit evidence of insurability (EOI) with real-time underwriting and receive status updates via text of status changes •Contact plan representatives •Download forms •Use Benefit Scout, our online decision support and engagement experience that uses artificial intelligence to help guide employees through their benefits decision process 	Yes	Our microsite is fully optimized for mobile, with no loss of features. It is customized and co-branded with the City to provide plan and claim information to members at any time. https://sites.standard.com/employee-benefits/city-los-angeles	Yes	Voya Employee Benefits offers a mobile-optimized website, claims center, for online claim submission and online claims tracking. In addition to our Claims Center, Voya also a customized client micro-site that includes access to plan information, certificates of coverage and other helpful tools for employees such as a Life Insurance Needs Calculator for no additional cost. This customized micro-site links to the Claims Center to support easy claim submission and navigation.

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Operations and Administration	Website and other Media	51	Provide your firm's "web vision." This should include the foundation, principals and philosophy that guide your current site and form the foundation for future evolution, and enhancements you are preparing for over the next 3-5 years. Describe how this vision differentiates you from your competitors.	Yes	CONFIDENTIAL		We are committed to enabling a digital future that is people focused and technology empowered. The Standard has a multi-year, technology roadmap based on industry insights, primary and secondary research and ongoing customer experience data gathering. We are continuously assured by our business and research partners that our relationship-centered approach is unmatched by our competitors and a stand out in the industry. Our ongoing enhancements are organized into the following areas: Integration and Administrative Partnerships, Seamless Enrollment Experiences, an Enabled Employer Portal, Dynamic Claim Filing, Insightful Program Reporting with Consultative Support, and Ongoing System Modernization.	Yes	Voya understands that accessing information about your plan should be easy. Our websites are designed with clean user-interface, intuitive steps, and insightful expectation setting for employees and beneficiaries as they progress through a claim submission. In addition, Voya has a robust product portfolio that spans not only employee benefits products, but also retirement plans, emergency savings and health account solutions (HSA, FSA). Within the next year, we plan to launch a comprehensive Voya "Dashboard" that brings together all Voya solutions that an employee may have access to through their employer in a single landing page for ease of navigation and to support our Financial Health and Wealth focus, in an effort to help employees "clear their path" to a better financial future.

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Operations and Administration	Website and other Media	52	What 3 recent enhancements/innovations have you implemented over the last few years that best reflect this vision? Comment on how these innovations are relevant to the City and its mission for the Plan.		CONFIDENTIAL		<p>The in-house-built employer portal is a comprehensive and user-centric platform designed to streamline users in managing their insurance plans. The employer portal prioritizes a user-friendly interface, accessibility, and responsiveness. It</p> <p>Connected EOI populates EOI information automatically. It offers automated decisions, enabling quicker approvals and coverage initiation. More applicants finish their application, increasing participation and utilization.</p> <p>We have established Darin Plotnick, the City's Dedicated Account Specialist, as a resource for one-on-one consultation. He is able to assist members with the claims process for Life, Accident, and Disability. He can also direct members to other City programs and resources as needed.</p>	Yes	<p>1. Voya has recently announced enhancements to our beneficiary support tools through a partnership with Empathy. Empathy provides concierge claim support, bereavement/grief support, funeral planning assistance, family collaboration tools, help with estate and probate, obituary creator tool, online will preparation and more to support employees and beneficiaries during their time of need.</p> <p>2. Online Claims Center Enhancements – within the last year, we have added the ability to track the status of your claim, which includes information about any outstanding requirements. We are also in the process of continuing to make the online claim submission process easier for beneficiaries and the HR contacts that support the Life claim process.</p> <p>3. Voya is looking for ways to simply the claim process for employers and beneficiaries. We also understand that getting life insurance benefits timely is extremely important. That is why Voya has removed the requirement to provide a copy of the death certificate for any claim amount under \$100,000 for natural deaths.</p>

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Operations and Administration	Website and other Media	53	How do your electronic capabilities compare to those in place at other organizations in terms of (a) security controls (e.g. use of and access to SSNs, touch/fingerprint access to self-identify on a mobile app, etc.); and (b) interactivity and responsiveness (e.g. use of a message center and emails/texts to communicate confirmation of transactions)?		CONFIDENTIAL	Yes	<p>The Standard uses the need to know and least privilege principles to enable personnel to service customers without having inappropriate access to confidential information. Access is regularly reviewed by management to assess continuing business need. The Standard leverage strong authentication with multi-factor authentication (MFA).</p> <p>We make use of email and digital imaging to provide communications quickly and efficiently. Our email capability encompasses both personal messages and wide-scale "blasts" of education materials. Claimants can receive information via email and can communicate directly with their claim manager and our Dedicated Onsite Account Specialist.</p>	Yes	<p>It is policy that all business-communications are conducted exclusively on Voya equipment or Voya business applications, (i.e., Microsoft Outlook, Microsoft Teams, Bloomberg, etc.). The use of personal devices, messaging platforms or services for business-communications are prohibited. Business-communications include, but are not limited to, investment strategy; discussions of client meetings; and communications about market color, analysis, activity trends or events. Both incoming and outgoing electronic communications related to the Adviser's business are subject to Voya's overall supervisory review procedures and are reviewed for content.</p> <p>A mobile application is used by employees to access Voya Email accounts. Manager approval for mobile application access and use is required. All data accessible through the company's network by mobile devices is held within a secured container in the applications. The data is fully encrypted and has passed the company's internal IT Security Testing. Employees must follow Voya mobile device settings, which are managed by the mobile management system. These settings include password settings, automatic locks from inactivity and lockouts from failed log-on attempts. It is the responsibility of each employee using a mobile device to adhere to the Mobile Device Acceptable Use and Safety policy.</p> <p>The Voya Investment Management Electronic Communications Policy ("ECP") is in force to support Voya's compliance with the retention of its business records, including business-communications, and supervisory requirements under federal securities laws. Effective January 2022, all employees are required to certify quarterly as to their understanding and adherence to the ECP and that they have not used personal messaging platforms or services for Voya business-communications of any kind.</p> <p>Outbound internet traffic is automatically inspected, categorized and inappropriate content blocked Alerts for events are reviewed, documented and resolved by the Security Operations Center (SOC). Website Filtering is implemented by default, and file sharing sites (i.e., Dropbox, Box, Google Drive,</p>

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Operations and Administration	Billing & Eligibility	54	Do you agree to receive and timely and accurately process as indicated in this RFP all of the enrollment and eligibility information in the format as provided by the City's third party administrator?	Yes		Yes		Yes	
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	55	Confirm that you will confidentially maintain member data, records and personal information such as social security numbers, dates of birth, marital status, home addresses, transaction histories, and other information related to participation in your program.	Yes		Yes		Yes	
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	56	Indemnification to the City for any liability associated with security breaches of your recordkeeping system.	Yes		Yes		Yes	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.

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Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	57	Describe in detail your procedures and safeguards used to protect the confidentiality of member accounts, including security for your hardware and facility, authorized access to data, confidentiality of data, and security for hard-copy documents in a clearly labeled appendix	Yes	CONFIDENTIAL	Yes	<p>The Standard maintains physical, technical and administrative safeguards to protect the integrity, confidentiality and security of confidential information.</p> <p>The Standard follows a need to know policy. Access to personal or other confidential information is restricted to individuals and vendors with a business need to know. All employees, service providers and vendors with access to our systems are required to take new employee/vendor business conduct, privacy and data security trainings. Training is required to be taken on an ongoing basis.</p> <p>Data is encrypted in transit over untrusted networks and at rest. Our encryption mechanisms are aligned with FIPS 140-2 Annex A.</p>	Yes	Voya Infrastructure Security and Threat Management manages the key elements of security and threat management: protection from malicious code, denial of service protection, perimeter protection, use of validated cryptography (encryption), and public access protection. Management includes implementing appropriate controls and protections on hardware, software, and resources; maintaining appropriate auditing and monitoring; and evaluating system threats and vulnerabilities.

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Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	58	Describe your response plan in the event of a data security breach. Describe what credit protection and other services you provide to members who may be impacted by a data security breach.	Yes	CONFIDENTIAL	Yes	<p>The Standard's Security Team have formalized procedures for responding to security incidents that leverage industry best practices and align with NIST SP 800-61. Security incidents and suspected breaches are reported to our Security Operations Center and Information Security teams and investigated through our Security Incident Management Process according to our written Cybersecurity Incident Response Plan.</p> <p>The Standard complies with applicable laws pertaining to the protection of customer information and required notification. The AVP & CISO in consultation with the Company's Privacy Officer in Corporate Legal, is responsible for reviewing these incidents and directing responsible departments in complying with notification obligations.</p>	Yes	<p>We have a comprehensive Incident Management program that is managed by a dedicated team assigned solely to manage security events. The Security Incident Response Team (SIRT) is responsible for performing the initial investigation and triage of the event in order to determine the potential scope and impact of the event. Once a security incident has been declared, the SIRT will engage the Security Incident Review Committee (SIRC) to provide business management oversight and communications during the investigation. The Security Incident Management Processes outline standards for communication of security incidents to external parties such as customers, consumers, regulators, law enforcement, and related agencies, as appropriate. It also includes procedures to collect and maintain a chain of custody for evidence during incident investigation. The SIRT and SIRC will continue to follow the Processes through full incident closure. We provide data breach and outage notifications to clients in accordance with Federal and State laws, and Client Service agreements.</p> <p>Voya has developed a Cyber Security Playbook, which outlines the handling of major incidents (from detection/initial triage, to containment, to post mortem). Testing is conducted annually and updates are made as required.</p>

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Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	59	Describe your disaster planning/prevention resources and plans, including the frequency with which your data is backed up and redundant processing centers.		CONFIDENTIAL	Yes	<p>Our Business Continuity and Disaster Recovery (BCDR) plans and response options are constructed in such a way to provide flexibility to respond to almost any scenario in a prompt and efficient manner. They are designed to ensure that all key systems, including those supporting customer service, suffer little or no impact from any disaster scenario. Using recovery scenarios (e.g., hardware failure, disk failure, data corruption) as an example, The Standard's infrastructure has resilience and redundancy built in to minimize impact to our customers.</p> <p>If The Standard experiences a business continuity disruption event warranting customer notification, The Standard will provide regular situational update reports at an appropriate frequency that includes a summary description of the event, the impact to customers, and an estimate of when services will return to normal operations.</p> <p>The Standard's customer service facility (Contact Center) operates under both onsite and remote working conditions. Our Contact Center Agents are distributed across multiple, geographically diverse locations. If one location is impacted, calls can be automatically routed to another, unaffected location. In the event of a power outage or weather-related issue we can reroute calls.</p>	Yes	<p>Intrusion Detection/Prevention Systems are employed in all network zones that have regularly updated signatures and is configured to generate alerts when incidents and values exceed predetermined thresholds 24x7x365.</p> <p>Intrusion Detection/Prevention System signatures are updated regularly based on new threats. The Intrusion Detection/Prevention System events feed into the Incident Management process.</p> <p>All network traffic is monitored and logged with logs coming into the Security Operations Center (SOC). The center relies on a robust set of tools to detect and prevent inappropriate activity (IPS/IDS) and provide an integrated view of that activity across the environment. The Security Information and Event Management (SIEM) team enables the detection of real attacks by focusing on a subset of firewall, IDS/IPS and log events that are in violation of policy or demonstrate a suspicious pattern. The center is manned by a centralized team of specialists that continuously monitor the activity in the network systems, website and information storage and management infrastructure.</p>

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Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	60	Describe your disaster recovery resources and plans; indicate how often you test your recovery system.	Yes	CONFIDENTIAL	Yes	As part of developing a viable BCDR Program for the production environments and platforms, The Standard conducts the Business Continuity exercise(s) and tests Disaster Recovery Plans at least annually. We also perform multiple micro-tests throughout the year. The scope of the disaster recovery exercise is to activate the disaster recovery site and simulate establishment of The Standard's production environment by utilizing the developed operational and disaster recovery procedures and documentation.	Yes	Our internal auditors have reviewed our disaster recovery procedures. Portions of the plan are tested on an annual basis. Testing results are considered proprietary information. Please see the attached Voya BRO Program Disclosure for additional information on Voya's disaster recovery system.
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	61	In the event of a disaster, will current enrollment information be secured and available? Yes or No. How many hours/days will it be until your operations are up and running?	Yes	Our business unit recovery plan includes a designated recovery site that can hold up to 400 associates. This site is pre-wired for data and telephone connections and operational in 24 hours.	Yes	The Standard's data services are performed in a modern, purpose built colo-data center. Production data are backed up nightly and stored securely at both our primary and secondary data centers. Data centers are in Oregon and Texas. In the event of a disaster, the previous day's full production backup is already in place at the secondary recovery site for use in recovery activities. This recovery includes The Standard's redundant email and voice services infrastructure. RTO and RPO varies depending on the function or application. Specific RTO and RPO are also considered company confidential and are not released.	Yes	Minimal to no downtime as the Voya Disaster Recovery Plan addresses the recovery and availability of systems and data. Control measures are in place to help ensure the availability of systems and data (data replication, journaling, vaulting, and mirroring and offsite media storage).

GENERAL QUESTIONS (NOT RATED)				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Security Protocols, Disaster Recovery & Guarantees	62	Please provide a link to your disaster recovery plan or include in a clearly labeled appendix.	Yes	A copy of our Business Continuation Plan is included in the Appendix	Yes	Please see Business Continuity Overview	Yes	Please see the attached Voya BRO Program Disclosure for additional information on Voya's disaster recovery plan.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Describe your non-payment appeals process for members who continue coverage after employment separation.	Yes	Appealed claims will be managed in accordance with the appeal regulations for the claim type. In addition, any reporting and notification requirements agreed to at implementation will be adhered to regardless of claim type.		The Hartford's ¹ claims appeals process for employees who utilize one of the portability/conversion options upon termination from the City is comparable to our process for claim denials of employee claims who are still employed with the City. Upon denial, we will furnish a written notice of the decision to the beneficiary and a written explanation to the employer. An appeals specialist will review and respond to all appeals under any policy insured by The Hartford. Team Leaders review all initial claim denials. Our independent network of Medical Consultants are also available for review and consultation on all claim appeals.	Yes	Employee's are provided with a 31 day grace period. If they are termed for non-payment and are wanting reinstatement Lincoln, reinstatement is allowed assuming all premiums are paid to date and approved by Lincoln.
Plan Administration and Sponsor Services	Plan Administration	2	Will employees have the ability to designate different beneficiaries across different lines of coverage?	Yes		No	If the AD&D benefit is a provision of the Life insurance policy, the same beneficiary designation applies to both coverages. If the AD&D benefit is issued as a separate, standalone policy, the employee can assign a separate beneficiary designation.	Yes	
Plan Administration and Sponsor Services	Plan Administration	3	What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted? -For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions. -For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.	Yes	Less than 5%. All services are provided in the continental US. For Life insurance, Aflac works with IBU, Inc. for medical underwriting, TELUS Health for EAP services, and Everest Funeral Package, LLC for funeral planning and concierge service. All Third Party Vendors have undergone Aflac's thorough vendor process, and are under confidentiality agreements to safeguard all information handled on behalf of Aflac is handled in the most confidential and sensitive manner. Additionally, the contracts for vendors handling sensitive information contain strict privacy, confidentiality, and information security clauses to ensure they will adhere to the strict compliance and privacy requirements Aflac defines for handling personal information.		We do not intend to use subcontractors; however, if we do so, we will make every effort to notify City of Los Angeles (the City) beforehand. The term "subcontractor" shall not include vendors hired by us to provide services across our book of business. We outsource certain functions to well-respected firms in the U.S. and overseas, including India and the Philippines. Percentage of this work is proprietary. All work and services to support Life claim intake, processing, and adjudication is performed on-shore and we do not offshore any calls from our Life Claim Call Center.	No	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Administration	4	The City is working toward paper-free or reduced-paper administration of claims. How can you assist the City in achieving this?	Yes	Aflac is environmentally conscious and seeks to reduce its footprint, which includes reducing the amount of paper we use in our day to day processes. We seek to do as much paper-free administration as we can. We will provide the City access to our state-of-the-art portal which will provide ease of administration, and will allow the City to access services electronically.		As our primary intake method, the Life Claims Digital Experience allows employers to initiate claims online and check existing claims status. An eligibility feed isn't required but expedites claim submission. Your benefit staff may also obtain real-time claim status on our employer portal. In addition, we will notify the employer via email of claim approval.	Yes	
Plan Administration and Sponsor Services	Plan Administration	5	Do you have a system in place to store digital images of all employee-related documents?	Yes		Yes	We image all incoming claim files and documents for Life claims. File imaging allows our claim organization to provide automated document/data storage as well as enhanced information sharing, improved timeliness of decisions and enhanced data security.	Yes	
Plan Administration and Sponsor Services	Plan Administration	6	Confirm your ability to provide a dedicated email address for City of LA employees.	Yes	Although this isn't our standard practice, we do have the ability to provide a dedicated e-mail address for the City of LA employees. Please note, we are providing a dedicated phone number.	No	While we do not support customer specific email boxes for employees to email questions, the City's employees will have the ability to contact their Life Care Advocate directly. The City's team will also have the direct contact information for their Customer Claim Consultant who will be the single point of contact for the customer's claims service needs.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Administration	7	Confirm that you will accept self-billing on a bi-weekly basis.		We will coordinate specifics during implementation. We will provide a group billing and premium remittance service contact for assistance. The service account manager will be the main point of contact for billing related inquiries and handling of premium application and reconciliation. We will also provide documentation to the group specific to calculation of premium, based on the specific benefit products. Aflac will provide a customized monthly invoice template for the client based on product, volume and rate for ease in completion and submission. On a monthly basis the service account manager will review the billing remittance form and payment receipt. If the group has back up tracking as to calculation of premium, we would also request that on a monthly basis. Aflac performs annual billing audits to ensure premium remittance and calculation are correct. The servicing account manager will work closely with the group contact with any auditing feedback or assistance.	Yes	Partial Payments can be received throughout the month, However, invoices will be generated and premiums will be calculated monthly.	Yes	
Plan Administration and Sponsor Services	Plan Administration	8	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	Payment options include: check; ACH; and wire. Self-billing template needs remitted via email to support payments.		Payment Options: • Online through our employer portal (preferred) • Check • ACH/Wire • Money order	Yes	Lincoln can accept payment via check, wire, or EFT/ACH. The preferred method of payment is ACH.
Plan Administration and Sponsor Services	Plan Administration	9	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes	We do not currently charge interest on late payments made beyond the due date. However, plans are subject to cancellation if we do not receive premiums within the grace period. If your payment is not received within the grace period, or if your policy is in cancelled status, we will notify your benefit representative(s). If we receive payment for at least 80% of the amount due, the account is considered current. In this case, no late communication occurs, there is no lapse in coverage and any outstanding amount due will carry forward to your next bill. We will work with your payroll administrator to develop a process for reconciliation of any ongoing discrepancies.	Yes	No late payment fees or penalties will be charged to the City of LA.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	10	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities. We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.	Yes	We can create this content within our internal marketing material creation system. We can cobrand and customize to fit the City's plan designs and messaging. Your dedicated Enrollment Manager will partner with you to build a communication plan that will clearly communicate benefit and enrollment details. Communication strategies can be built to speak to annual enrollment, mid-year reminders and wellness and/or Value Added services.	Yes	Lincoln offers many options to choose. Some examples included in the appendix
Plan Administration and Sponsor Services	Plan Administration	11	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	Aflac performs annual billing audits to ensure premium remittance and calculation are correct. The servicing account manager will work closely with the group contact with any auditing feedback or assistance. Once a customer is implemented, we perform a 1st quarter billing audit after the effective date. The billing audit consists of comparing the billing remittance with eligibility file data or billing backup, provided by customer to ensure premium calculations are correct, as well as remittance of accuracy for member count and volume for each benefit. During implementation, the PLADS billing team will provide a "how to calculate" document to be discussed during our billing call and for customer reference. If errors or questions arise during or after the audit, the PLADS team will coordinate with the customer to discuss reconciliation. Ongoing audits will be performed at a minimum annual basis.	No	Year-end reconciliation is not applicable to non-participating policies. For non-participating policies, we provide an experience summary at each renewal based upon agreed timelines.	Yes	For major accounts with Lincoln, our usual reconciliation is done on an annual basis which typically coincides with the groups policy year, for City of LA this would be in January-February. In some circumstances, reconciliations can be done more than once per year or outside of the policy year time period upon customer request. Lincoln is completely flexible with our major accounts inforce block to handle discrepancies and audits when convenient for our customers.
Plan Administration and Sponsor Services	Plan Administration	12	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes		Yes	We will indemnify the City for our and our subcontractors' / vendors' errors and omissions to the extent that they are caused by our negligence and/or intentional or criminal misconduct. Also, with regard to the fully-insured coverage, in the event that the City is wrongfully named as a defendant in litigation, we will use our best efforts to have the City dismissed from the litigation.	No	With respect to fully-insured lines of business, we are claim fiduciary. We do not issue a hold harmless agreement or provide indemnification for fully-insured business.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Administration	13	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes	For Life: Aflac will waive the Active at Work requirement and will cover the employee and their eligible dependents on a No Loss / No Gain basis if the employee is not able to satisfy the Active at Work definition on the policy effective date, but only to the extent the person is not the liability of the prior carrier. Coverage under these circumstances will be extended, on a premium paying basis, for a maximum of 12 months from the effective date of the policy. After 12 months, the covered person's coverage may continue on a premium paying basis, subject to Aflac's approval. If Aflac does not approve the request, or if the policyholder does not request an extension, the covered person will be offered the opportunity to convert their coverage at the end of the 12 month extension period. Upon transfer of coverage, carrier liability is determined by employee-specific situations. Aflac will require a listing of all disabled employees. For Disability: We are unable to waive the Actively-At-Work provision	Yes	<u>No Loss/No Gain</u> No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date. <u>Premium Waiver</u> Claims incurred prior to the effective date are the responsibility of the incumbent carrier. <u>Actively-at-Work</u> We will provide our Continuity of Coverage provision to address concerns that employees might lose coverage due to a change in insurance carriers. Please refer to the Underwriting Assumptions tab for our AAW wording.	Yes	Lincoln cannot waive the actively at work provision. However, Lincoln takes all necessary steps to ensure a member does not lose coverage by a carrier change to Lincoln. Lincoln's policy includes a prior insurance credit which allows employees to continue coverage under the Lincoln policy on a no loss no gain basis as long as they were eligible under the prior plan and not eligible for waiver of premium with the prior carrier. If an employee is approved for waiver of premium, the employee claim stays with the carrier who approved waiver. Employees who are not on waiver can continue coverage for the same amount of time under Lincoln's policy as the prior carrier would have allowed under the previous policy.
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	Aflac will require at least 45 days of advance notice in order to initiate an audit; the same standard is followed for broker/consultant audits. An NDA needs to be signed, and audited files require formal authorization from the claimant allowing another party access to their file, depending on the scope.	Yes	The City can conduct an annual audit at The Hartford's ¹ Claim Center or at a mutually agreed upon location. Our preference is to receive notification of the requested audit three months in advance. Audits can be conducted with proper written and signed authorizations from the claimants and a signed indemnification agreement in place. An audit may be conducted upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to our security and confidentiality policies. The audit may consist of a review of the administration of the plan.	Yes	The employer may audit claim files, subject to the appropriate confidentiality measure, or hire an independent third-party auditor. For third-party auditors, Lincoln requires a letter of authorization from the employer and the execution of a non-disclosure agreement by the vendor. We request 30 days' notice of an audit.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	Aflac has allocated dollars as a percentage of premium.	Yes	The City can conduct an audit virtually. Our preference is to receive notification of the requested audit three months in advance. The virtual audit may be conducted, upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to The Hartford's security and confidentiality policies, and once The Hartford has received signed authorizations from claimants if confidential claim information is in scope for the audit. We have built in \$30,000 (\$10,000 per line of coverage) to allocate towards audits. This is in addition to the Implementation Credit we have included.	Yes	Lincoln will allow external audits with 30 days advance notice. Lincoln is including an implementation credit which can be used to pay for the cost of an outside auditor. Lincoln's implementation credit does not expire after the implementation period and can be used at any time during the rate guarantee period.
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes	We provide our comprehensive suite of reports via our self-service employer portal, at no additional charge, these reports can be accessed anytime of any day. The portal provides on-demand reports for now and you can access scheduled reports to view later. When you schedule reports to run (daily, weekly and monthly), you'll get an automated email once the reports are available online.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes	We can provide reporting on the data fields shared within your eligibility file.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes	We will notify the City promptly of any losses of accreditation, license or liability insurance.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written billing history	Yes	We are in the process of expanding our billing capabilities to include online billing and history.	Yes	12 month bill history can be seen on Employerview portal.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes	Our systems automatically determine eligibility based on the information provided on the file feed. We will work with the City to determine specific requirements during the implementation.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes	We will work with the City to determine specific requirements during the implementation.	Yes		Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	23	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes		Yes	<p>Kristin Tapia, Senior Client Relationship Manager will be assigned to the City. She handles all customer deliverables and account success. As the single point of accountability, Kristin will ensure all goals and expectations are met.</p> <p>Additionally, Client Consultants support the Senior Client Relationship Manager with all aspects of account management. Along with responding to customer inquiries, issues and requests, they provide administrative support for various business functions. With the Senior Client Relationship Manager, Client Consultants work with customers on plan administration and processes.</p>	Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	24	<p>Please describe your account team that will be assigned to the City of LA to include:</p> <ul style="list-style-type: none"> a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing 	Yes	<p>Our Account Management/Client Relationship Model is centered on delivering through the Account Executive. From pre-sale, implementation and over the life of the client relationship, your Account Executive will be the focal point for all service delivery and leads the Customer Relationship Team. They are accountable to facilitate and ensure successful execution of our customer strategy. They work across disciplines (Underwriting, Implementation, Administration, IT and Claims) to ensure the highest level of service delivery to our customers.</p> <p>We will assign a team and provide references during the finalist stage.</p> <p>As a courtesy to our customers, we prefer to coordinate any reference calls through the customer's respective Account Executive.</p> <p>We will assign appropriate contacts during the finalist stage for each of the areas mentioned, and will coordinate processes to work with the City.</p> <p>g. Will be provided once an Account Executive is named during the finalist stage.</p>	Yes	<ul style="list-style-type: none"> a) Kristin Tapia, Senior Client Relationship Manager b) Matthew Pierce, Chief National Account Underwriter c) Billing Consultant-TBD d) Kristin Tapia, Senior Client Relationship Manager e) Primary Life claim center located in Hartford, CT; supported by additional Life Advocates in Arizona/Florida. 66 staff members/Director/11 Team Leaders. Life Care Advocates: 17 years' experience. Hours: M-F, 5a.m.-5p.m. PT. Life Care Advocate: 3a.m.-3:30p.m. PT. g) To preserve/respect the confidentiality of our policyholders, we do not release the names of our customers. Our Life Service Center handles all Life claims from 10 lives up to 115,000 lives. We have included 3 current references. 	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	25	<p>Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.</p>	No	<p>We have provided a high level org chart showing the key personnel who will work with the City. During the finalist stage, we will assign a complete team, and will provide more detailed org charts and bios.</p>	Yes	<p>Please refer to the enclosed Account Management Team and Resumes document in section F.</p>	Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	26	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.	Yes	<p>Our standard reports are delivered through a dashboard accessed through Aflac's portal. We have provided sample reports/dashboards with our submission.</p> <p>We do not currently offer a test site, but we are happy to provide a demonstration to the City.</p>	<p>You can access our comprehensive suite of reports via our self-service employer portal, at no additional charge, 24/7. The portal provides on-demand reports for now and you can access scheduled reports to view later.</p> <p>You can view reports online, download to .pdf or Excel formats on demand or schedule for future review.</p> <p>Many reports provide data on a real-time basis, otherwise they are updated nightly.</p> <p>When you schedule reports to run you'll get an automated email once the reports are available online.</p> <p>Your sales and account team are happy to provide a demo of our employer/reporting website.</p>	<p>You can access our comprehensive suite of reports via our self-service employer portal, at no additional charge, 24/7. The portal provides on-demand reports for now and you can access scheduled reports to view later.</p> <p>You can view reports online, download to .pdf or Excel formats on demand or schedule for future review.</p> <p>Many reports provide data on a real-time basis, otherwise they are updated nightly.</p> <p>When you schedule reports to run you'll get an automated email once the reports are available online.</p> <p>Your sales and account team are happy to provide a demo of our employer/reporting website.</p>	Yes	<p>Our standard delivery method is through our secure site, My Lincoln Portal®. Access to the portal is established at the individual user level and granted by employer-assigned administrators. Report folders can be secured by user ID. Security is determined by assigned administrators and may be modified at any time.</p> <p>Additional electronic distribution methods include SFTP and secure email.</p> <p>Lincoln offers a standard suite of life reports available on a daily, weekly, bi-weekly, monthly, quarterly, semi-annual, or annual frequency.</p> <p>Life Claims Report Life Waiver of Premium Report Life Coverage Conversion Report Life Account Experience Review Report</p> <p>Custom and ad hoc reporting is also available at no additional cost.</p> <p>Examples provided in the appendix.</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	27	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	28	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <p>a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation.</p> <p>b. agree to accept the City determination of each member's eligibility as transmitted</p> <p>c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation</p> <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	29	<p>Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?</p>	Yes	Our standard record retention is 7 years.	Yes	<p>We maintain all insurance records consistent with applicable state and federal requirements, including ERISA.</p> <p>Paper claim files are:</p> <ul style="list-style-type: none"> • Scanned upon receipt at our imaging center • Maintained for 33 days and then destroyed by a bonded data storage vendor <p>Company confidential data that was transmitted, read or stored electronically cannot be deleted from The Hartford's computer systems or equipment. It is our policy to take commercially reasonable steps to maintain the confidentiality of such Company confidential data. Such steps shall be no less rigorous than those used to protect The Hartford's own similar information.</p>	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	30	<p>Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?</p>	Yes		Yes	Kristin Tapia, your Senior Relationship Manager will hold account management team meetings and teleconferences on a mutually agreed-upon schedule (for example, on a quarterly basis) to monitor our performance. We can also schedule more frequent reviews as needed to meet your business needs.	Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	31	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?	Yes	We have internal legal experts and Product experts who can assist the City in matters pertaining to their plans. We do not provide tax or legal advice but can provide information relative to the products and services we offer.		The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing. We do not provide legal advice to our customers.	Yes	Lincoln offers legal support through our LifeKeys program which is included at no additional cost. Members will have access to estate and probate law, real estate transactions, social security survivor and child benefits and other important information for beneficiaries. There is also an on-line will preparation service included.
Plan Administration and Sponsor Services	Plan Sponsor Services	32	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix	Yes	Yes. Our processes and systems comply with federal and state leave laws for the leaves we administer. Upon becoming aware of new or revised state or federal leave laws, and as a courtesy to our leave customers, our Account Executives will provide notice of the substance of newly enacted leaves or amendments to existing leave laws or regulations that impact our leave portfolio and our customers' employee population. It is important that customers make independent legal and compliance analysis of state and federal leave laws that impact their employment operations since Aflac does not assume employment-related responsibility. The February-2024-PLADS-Legislative Advisory Newsletter is included with our submission.	Yes	The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing. We do not have any samples we can provide as they are case specific.	Yes	Yes, we provide monthly legislative and regulatory changes to our clients through our Absence Advisors Series. This series also features webinars, podcasts and white papers on a number of different topics ranging from return to work, accommodations, state regulatory updates and legislation.
Plan Administration and Sponsor Services	Claims Processing	33	What is the average 'payout' or processing time for assignment of benefits for the past 12 months?	Yes	1 day. This is based on when we have the last piece of information.		Based on overall results of the Life Claims department, our standard turnaround times are as follows: <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. 2023: We processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations. We conduct the existing assignment review process during case implementation to protect both the employer and the employee.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	34	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.	Yes	We are not responsible for any foreign exchange risk. We pay claims in US Dollars. Claim payments to anyone outside of the US must be wired		Assuming the foreign domiciled employee is a U.S. citizen, we require: <ul style="list-style-type: none"> • A fully completed claim form • A copy of the local Certificate of Death (or equivalent document) with translation, and/or • A Death of American Citizen Abroad form issued by the local U.S. Consulate All benefits are issued in U.S. currency and mailed to either the beneficiary or to the U.S. Consulate in the country of residence. We strictly follow all OFAC Regulations in paying Life insurance proceeds.	Yes	The claim process and payment does not change when a beneficiary resides in a foreign country. Claims are paid out in US dollars. Any currency exchange rate rules that are applicable through the country and bank are the beneficiaries responsibility.
Plan Administration and Sponsor Services	Claims Processing	35	Indicate whether you will accept eligibility information electronically, or by other format.	Yes	We will accept eligibility electronically via file feed or API.	Yes	We routinely accept claim submissions via email, fax or paper. Additionally, we offer phone and web intake processes at no extra charge. If we have an eligibility file feed, you use our BenSelect enrollment platform or Beneficiary Management Services; both options are available.	Yes	Employers may use our electronic eligibility system to support early intervention on claims. The process provides an employer or vendor of choice the ability to build a file in a proprietary layout from source data in their HRIS systems. This file may be transferred to Lincoln via electronic methods including SFTP or web-based file.
Plan Administration and Sponsor Services	Claims Processing	36	Do you offer online claims submission for enrollees?	Yes	No. However, the City will have the ability to initiate claims on behalf of enrollees. Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine.	Yes	We offer a comprehensive digital process for employers to submit a life claim. Employers will use our self-service employer portal to provide and/or validate information about the insured and named beneficiaries. At any time, they can save their progress and upload claim documents. With our enrollment and/or beneficiary management services, the application process is even simpler as fewer fields and documents are required at the time of the claim.	No	The City of LA HR team can initiate a claim on-line. Lincoln then contacts the beneficiary directly to follow up and finish processing the claim. Beneficiaries can initiate the Life claim by calling Lincoln Financial and initiating telephonically. In these situations, Lincoln will actively reach out to the City of LA HR team to finish the claim process and collect any information that maybe needed for claim payment that may not be on the eligibility file.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	37	From where will claims be paid? Are all claims adjudicated in one location? By one claims team? Provide information about the number of employees and their credentials who will pay the claims.	Yes	Claims offices are located in Farmington, CT and supported by remote employees throughout the US.		<p>The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. We assign a Primary Life Care Advocate to your account.</p> <p>The Life and AD&D Claim Centers have 66 staff members and are governed by a Director of Life Claims and 11 Team Leaders. Life Care Advocates have an average over 17 years' in the industry.</p>	Yes	
Plan Administration and Sponsor Services	Claims Processing	38	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No	We have regular releases and are constantly improving our system to benefit our employers and their employees. We do not anticipate any changes to the system other than enhancements to improve the user experience.	No	<p>We release maintenance changes once a month and project enhancements once a quarter, following a robust development, QA testing, and change management process.</p> <ul style="list-style-type: none"> • Manage development under strict discipline and governance • Develop and test all system changes on separate platforms • Perform a thorough impact analysis with a cross-functional business team prior to release • Implement changes outside of business hours to avoid disruption 	No	
Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes	The Hartford will automatically be the claim fiduciary under the fully-insured coverage.	Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes	Through the employer. The City will have the ability to initiate claims on behalf of enrollees. Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine.	Yes	The refreshed Life Digital Claims Experience modernizes the way we handle Life claims. We have created and support this digital platform that allows employers to file and track claims online. If additional paperwork is needed for a claim, for example enrollment information or a death certificate, the employer can upload it by logging on to the site. Upon submitting the claim, the employer will receive an immediate confirmation.	Yes	Web based life filing is available to employer HR only. Beneficiaries may initiate claim via email, telephonically, fax or paper.
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?		Employees will have access to materials through one of our Learning Hubs. As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities. We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.	Yes	Yes, employees will have access to forms.	Yes	In addition to claim forms, directions on how to submit claim paperless will also be provided.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	42	Briefly describe your process for administering claims.		<p>Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine. With simple entry of an employee's name, HR can then select the member's name onscreen, and follow the prompts to indicate the type of life claim being submitted, attach the appropriate documents, and initiate the claim online. Employees and beneficiaries will have access to our Customer Care Center.</p> <p>For Life claims, a Life Claims Statement and a copy of the Death Certificate are requested. We may need other documents to complete a claim, depending on the circumstances of the claim itself. Claims are settled with payments being made directly to the beneficiary or to the surviving beneficiary. For claims where the beneficiary is a minor, the benefit is held until either 1) we receive guardianship for the estate of the minor or 2) when the child turns of age.</p> <p>Each claim is reviewed for completeness, if needed, a call is placed to the beneficiary to explain the claim process and to request any additional information required to evaluate the claim. Complete claims are reviewed, and decisions rendered within five business days. Our average turnaround time from complete claim is ~1 day. It is our goal to be supportive and provide an easy to use solution at a difficult time in a family's life.</p> <p>We have options to deliver payments electronically via ACH, direct deposit, as well as paper checks. We do not hold any beneficiary funds in retained asset accounts.</p> <p>Please refer to our Group Life flyer, which includes an overall overview of the general life claims process.</p>		<p>Life Care Advocates complete the following tasks within five business days of receiving all documentation:</p> <ul style="list-style-type: none"> • Checks the death certificate/natural cause death confirmation • Verifies the claim form is signed/dated • Confirms the eligibility • Checks enrollment for timely election • Makes sure the beneficiary designation is included • If payable, reviews state tax notices and interest requirements in line with proper statutes. <p>If the application is missing anything, the beneficiary will be contacted via phone, email or written correspondence. Life Care Advocates will provide education on the process, assist with gathering missing information (as applicable), and provide additional resources through The Hartford's Life EssentialsSM.</p>	Yes	<p>An employee or beneficiary notifies the employer's human resources or benefits team to submit a claim. The employer then gathers necessary information and submits the claim via My Lincoln Portal®. The portal is a fast and easy way to securely report a life claim.</p> <p>When Lincoln receives the claim information, we call the beneficiary and send a beneficiary package to be completed and returned to finish the claim submission. A Lincoln claim specialist is assigned to review the claim information upon receipt from the beneficiary.</p> <p>A beneficiary or employee can also initiate claim with Lincoln directly by telephone, email, fax or paper. When this occurs, Lincoln will proactively reach out to the City HR team to complete the claim.</p> <p>We typically provide a benefit determination within three business days from the time all required information is received. If information is missing, we contact the beneficiary to request the missing documentation.</p>

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Plan Administration and Sponsor Services	Claims Processing	43	For the claims office that will be assigned to the City what is your average annual claims volume?		2023: ~1,500		The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. In 2023, we processed 42,075 Life claims.	Yes	
Plan Administration and Sponsor Services	Claims Processing	44	Also indicate the percentage of claims denied, and the category reasons for denial		<1% due to no coverage or exclusions		Our book of business claim denial rates, as well as our appeal uphold and remand rates are considered proprietary and confidential. Once you are one of our customers, we will share your case specific approval/denial rates, as well as appeal uphold and remand rates based on your specific claim activity.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	45	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.		<p>The Aflac development program is a dynamic training program to onboard, train and provide continuing education to our claim professionals managing STD, LOA, LTD and Life claims. We consider our training program a component of our quality process, focusing on the customer and employee experience. There are three different phases to our development program:</p> <p>i. Phase 1: General Training- The initial phase of our training consists of classroom training. The training involves: - The Aflac commitment and strategy - The Aflac brand and products - Disability, absence and life product sales experience - Comprehensive training of products, contracts, provisions - ERISA and state regulations - Technology training - Claim scenario and role playing. Empathy training - Motivational interviewing - Return to work negotiation - Clinical process - Condition management training - Medical terminology - Coding 101 - Benefit calculation and offsets - Professional Writing- Plain language principles.</p> <p>ii. Phase 2: Concept Application Following the successful completion of the basic training, the trainee will enter the Concept Application phase where they will begin to apply concepts. In this phase, our team is also trained on customer-specific policies, culture, and any special handling. The trainee will be paired with a mentor within the customer service center, who will continue to mentor the trainee for eight weeks after training.</p> <p>iii. Phase 3: Continuing Education Claims Professionals are expected to engage in continuing education opportunities suggested by their mentor and supervisor. An annual calendar will be provided, and participation will be tracked. Also, Aflac supports a robust individual development plan. The Aflac employee works with their manager and mentors to establish career goals. In addition, each client is assigned a Claim Liaison who provides ongoing cultural and process training to the case managers assigned to each client account.</p> <p>Additionally, they will receive additional training specific to case management, file maintenance, efficiency and accuracy, among other things. If they are aligned to specific customers, they will also receive training on those customers' specific policies and</p>		<p>Our Life/AD&D Service Center has a full-time trainer on staff. Actual training varies based on prior experience of new hire, though a new hire generally remains in formal training for four weeks. The balance of the learning happens on the job under the guidance of mentoring managers.</p> <p>General training includes:</p> <ul style="list-style-type: none"> • Contract/client-specific language interpretation • Claim set-up • System training • Medical records review • Benefit calculations • Compliance <p>Trainee's work is audited prior to release. Claim approval authority is granted and gradually increased as the trainee demonstrates competence.</p> <p>Ongoing training focuses on grief & loss training, enhancing the customer experience, & client-specific procedural issues.</p>		<p>Initial training for life claim staff includes a one-on-one training and mentoring program for new hires. We partner with a hospice care provider for bereavement training, which includes a detailed overview of bereavement counseling. Claims specialists also participate in an interactive question and answer session with a focus on addressing specific real-life situations.</p> <p>We review 100% of a new hire's work until the employee demonstrates proficiency.</p> <p>Continuing education includes on-the-job-training, industry workshops, and formal curriculum including LOMA and ICA. All claims specialists are trained on bereavement and hospice annually.</p> <p>Life claim beneficiaries receive a hand written note from our claims manager.</p>

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Plan Administration and Sponsor Services	Claims Processing	46	For the last 12 months, what is your average number of business days to process a claim from date received.		33 days. From complete claim to payment: 1 business day		<p>We do not track turnaround time from date received. Based on overall results of the Life Claims department, our standard turnaround times are as follows:</p> <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. <p>For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.</p>	Yes	
Plan Administration and Sponsor Services	Claims Processing	47	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.		From complete claim: 100%		<p>We track turnaround time from the date all necessary information is received. Based on overall results of the Life Claims department, our standard turnaround times are as follows:</p> <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. <p>For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.</p>	Yes	
Plan Administration and Sponsor Services	Claims Processing	48	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.		From complete claim: 100%		<p>We track turnaround time from the date all necessary information is received. Based on overall results of the Life Claims department, our standard turnaround times are as follows:</p> <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. <p>For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.</p>	Yes	We do not track this information due to the multiple circumstances beyond our control including timely submission of claims, obtaining death certificates, and minor beneficiaries.

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Plan Administration and Sponsor Services	Claims Processing	49	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings, copies of which can be obtained at: https://ir.thehartford.com/financial-information/annual-reports-and-proxy-statements/default.aspx	No	
Plan Administration and Sponsor Services	Claims Processing	50	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	1		The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. In 2023, our Financial Accuracy result was 99.58%	Yes	Lincoln maintains a 98% or higher claim payment accuracy rate. We run all claims through our OFAC system and require a minimum of two levels of review before issuing a check. We do not track the dollar amount paid over or under.
Plan Administration and Sponsor Services	Claims Processing	51	What are your procedures for recovery of the overpayments or duplicate payments?	Yes	If an overpayment of benefits occurs, we will reach out to the beneficiary to notify them and explain the reason for the overpayment. We would also send a letter with the information. Once we connect with the beneficiary, we will arrange for a method to for overpaid amount to be returned to us.		If an overpayment occurs, we request reimbursement from the overpaid or incorrect beneficiary, with the option to reimburse the overpayment over several months. You are provided with copies of all correspondence.	Yes	In the unlikely event an overpayment occurs, the life claims unit works with the employer and the account manager prior to communicating with the beneficiary. We first attempt to contact the incorrect recipient to collect the funds. If unsuccessful, we refer the case to a collection agency.
Plan Administration and Sponsor Services	Claims Processing	52	What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?	Yes	Aflac will honor any prior payee assignments that are transferred from a prior Life plan. We can work with the City on any new assignments needed. For Life claims, a Life Claims Statement and a copy of the Death Certificate are requested for all claims. We reserve the right to request an original Death Certificate.		With our Express Pay feature, a beneficiary may receive a claim payment in as few as 48 hours (applies to U.S., natural deaths with a funeral director's certificate of death). With the proper paperwork, we will accept funeral home assignments to pay the funeral home directly for expenses.	Yes	We make payments directly to a designated funeral home as long as we receive a completed funeral home assignment form. Payments are made within three business days after receipt of complete claim information. Lincoln also has an express claims process to ensure payment is made quickly. With express claims, a death certificate is not needed as long as the following requirements are met: Combined basic and optional life benefit is less than \$1,000,000. A claim must be reported by the employer, or information from the beneficiary must be validated with the employer. The beneficiary must be a person. Death must have occurred in the United States. Manner of death must be natural. Coverage is not contestable. Beneficiary of coverage is confirmed and undisputed.

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Plan Administration and Sponsor Services	Waiver of Premium	53	How is the City notified of Waiver of Premiums?		If Waiver of Premium is applicable, an immediate system trigger is sent to the Life team to initiate that process. Our goal is to make the transition to LTD smooth and provide the employee with supportive emotional and financial services to help adjust to a long term illness.		<p>If you also have LTD coverage with us, the seamless process automatically sets up these premium waiver claims 1-month prior to the required elimination period being met.</p> <p>If additional information is needed, e.g. physician records, enrollment records, etc. we request that information; however, we ask the claimant to provide assistance in obtaining the information.</p> <p>The City will get a copy of the letter that's sent. For denials or terminations they standardly receive a separate generic letter of the determination. If they've elected to not have any communications sent to them, they can access status reports through the employer portal.</p>	Yes	<p>Lincoln has an intergrated waiver of premium when customers also have disability with Lincoln, we ease the administrative burden of waiver claims by automatically initiating the process. Our combined claims system facilitates identification of claims and coordination of information. Once we identify a potential waiver claim, we will contact the employer via email to verify and obtain required life insurance information. Our claims specialists will coordinate requests for additional information from the employee. The employee will work with only one contact and will not need to complete an individual waiver application.</p> <p>Upon approval of the claim, we will notify employers and claimants in writing. Employer groups can adjust billing statements accordingly. If we deny a claim, we will send a written notice to the claimant and a generic letter to the employer, who will notify the employee of the right to convert from the existing group policy to an individual policy.</p>
Plan Administration and Sponsor Services	Evidence of Insurability	54	Confirm that you can administer all aspects of the EOI process, including notice and follow up.	Yes		Yes	When connected with our enrollment solution, online EOI processing will occur after the employee elects their benefits. Our processing procedures includes enrollment engine triggers, EOI determination rules, notification and follow up.	Yes	
Plan Administration and Sponsor Services	Evidence of Insurability	55	Can the EOI process be automated?	Yes	Our preferred and standard method of EOI is through our online portal. We can also make paper EOI forms available, upon request, through our customer care line as instructed on the EOI invitation.	Yes	<p>Our Enrollment engine triggers EOI determination rules. When an applicant submits their EOI application online, they will receive an immediate approval, decline or pending decision. This will include details on what more information they need to provide.</p> <p>Approximately 91% of National Account online applicants with a direct connection from their TPA platform to our EOI portal got a real-time decision in 2022. This was based on rules built into our Medical Underwriting system.</p>	Yes	<p>Dependent upon the capabilities of the system the City uses, Lincoln has EOI API technology that can fully automate the EOI process in real time. If the City does not have API capabilities, Lincoln will work with their current system vendor to develop.</p> <p>If API is not a function the City system can accomodate to build, Lincoln can also help automate the process through file feeds and reverse file feeds of data to help automate the process.</p>

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Plan Administration and Sponsor Services	Evidence of Insurability	56	How can the EOI process be simplified?	Yes	We have a simplified, short-form, method of doing EOIs electronically. This allows most EOI to be complete using less than 10 questions in most circumstances.	Yes	For all products, we have a streamlined EOI form with five to seven health questions (depending on your state). These forms apply to both the paper and online EOI process.	Yes	<p>We believe that the EOI process through Lincoln will drastically improve EOI administration with the City and simplify the process substantially.</p> <p>Lincoln's Enhanced Evidence of Insurability process is a 5 question EOI with instant confirmation. Lincoln does not underwrite based on employee volumes of insurance and we do not require para medical examination follow ups or blood work which drastically improves the EOI decision process. 80% of submitted EOI on-line are given a real time decision.</p> <p>Lincoln's EOI process leverages our real-time medical underwriting system platform. Benefits include:</p> <ul style="list-style-type: none"> •Easier application process: Employees complete a dynamic questionnaire that adjusts based on their responses, ensuring questions answered are relevant to their history. •Faster turnaround times: 80% applicants receive a real-time decision upon submitting their application through the portal. •Less back and forth: Lincoln does not require para medical examinations or blood work, we do not underwrite employee volume amounts of coverage resulting in a faster turnaround for decision. •Better communication: Simplified correspondence to employees through preferred member communication. <p>Lincoln does have the capability for EOI decisions to be sent to the City in real time via API. If the City cannot support API, Lincoln can automatically push EOI reporting via email on any cadance to the HR team managing EOI.</p> <p>Our EOI can be integrated with the City's administration and include single sign-on (SSO) capabilities which simplifies the administration process a step further. Once an employee logs into an City's benefits site or intranet and is authenticated, they are permitted direct access to our portal where they can submit an EOI application. Employees are not required to "re-authenticate" prior to entering the secure area of the portal.</p>

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Plan Administration and Sponsor Services	Evidence of Insurability	57	Verify that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes		Yes	For Life coverage, family status changes may include the following: <ul style="list-style-type: none"> • Marriage • Birth of child • Adoption or becoming a Legal Guardian • Death of a spouse • Divorce • Death or emancipation of a child • Spouse loss of employment (loss of group insurance) • Change from part-time to full-time employee • Change from full-time to part-time employee 	Yes	
Plan Administration and Sponsor Services	Evidence of Insurability	58	If you cannot comply with the current requirements for evidence of insurability, please describe your requirements in the following situations: After the first open enrollment, what terms and conditions will you require evidence of insurability? What requirements will apply to new hires?	Yes	Enrollment outside a designated annual enrollment will require EOI from first dollar. New hires must submit EOI if they exceed the guarantee issue.	Yes	We are matching current requirements; there is a Guaranteed Issue over \$500K on the Basic Life for Class 3.	Yes	Lincoln can comply with the current requirements for EOI that is in place with the City and options that the City wants to see. Lincoln is also enhancing the guarantee issue level to the lesser of 3x salary or \$1,000,000.
Plan Administration and Sponsor Services	Evidence of Insurability	59	Do you agree to grandfather existing life insurance amounts for all currently covered employees and dependents so that evidence of insurability is not required?	Yes		Yes	We will grandfather all existing insureds and their current amounts as indicated on the census provided during the presale process, as long as they are identified and within the In force/Proposed plan design.	Yes	
Member Services and Communications	Call Center	60	Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing. If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST	No		No	The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. Our hours of operation are M-F, 5 a.m.-5p.m. PT. We assign a Primary Life Care Advocate to your account. In addition, a Customer Claim Consultant will be assigned as your case contact for claims. Our Customer Claim Consultant will act as a single contact for claims service needs. Our Life Claim Office's hours of operation are M-F, 5a.m.-5p.m. PT. Life Care Advocate support is available between 3am-3pm PT.	Yes	Confirmed - This resource is in addition to our Major Accounts NAE and NASM.
Member Services and Communications	Call Center	61	Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)	Yes	6 seconds		The average call queue time goal for the Customer Contact Center is 30 seconds or less. In 2022, the result was 31.22 seconds. 2023 results are not yet available.	Yes	Lincoln tracks this information at the customer level, our goal is less than 30 seconds. 80% of all calls will be answered within 30 seconds once prompted to speak with a live CSR.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	62	Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?	No	Aflac is assigning a customer service representative (account manager) who will have City of Los Angeles as part of a portfolio of clients. Aflac is not providing a dedicated customer service representative to City of Los Angeles.	No	We have 30 Life Claims Customer Service Representatives trained to field incoming calls related to Group Life AD&D claims. This team conducts research on claim inquiries as needed.	Yes	
Member Services and Communications	Call Center	63	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.		The average tenure for our Customer Care Center Advocates is 3 years. Customer Care Advocate training is a layered approach designed to build and develop expertise and foster growth and strength of desired soft skills and behaviors. Customer experience is the primary and unifying theme throughout our culture, client, product, process and behavioral training modules. We utilize a variety of styles and teaching methods to accommodate all learning styles. This includes classroom training, practice exercise, job shadowing, knowledge checks, reinforcement reviews and team competitions. A flexible and customized cadence allows for individual trainee needs for additional explanation and discussion. Training is completed in 3 phases: Life, LOA/STD Intake, LOA/STD Claims. After successful completion of each phase, CCAs are added incrementally to additional skills to ensure proficiency and optimized customer experience. At the conclusion, CCAs are full trained in all products and clients maintaining the focus on an authentic, individualized experience on every call.		Life Claim team members complete a sensitivity training program to enable them to empathize with beneficiaries who have recently suffered the loss of a family member. Customer Service Representatives also complete a training session on delivering superior phone and email customer service. Life Claims Customer Service Representatives have an average of 3.96 years of service.	Yes	Upon employment, CSRs are required to acknowledge and sign Lincoln Financial Group's confidentiality agreement and comply to its policy. Claim system access is provided only as business needs require and managed via an internal control. CSRs are required to identify callers prior to initiating a claim or disclosing any information by obtaining a minimum number of unique, demographic identifiers which are subject to regular Quality Audits. Discussion of non-public personal information is only permitted after the caller is identified, and for non-claimant callers, a signed authorization is on file. CSRs may leverage the group's eligibility file or claim system to validate the identifiers. CSRs have an average tenure of 3 years typically move to other positions within Lincoln such as claims or management.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	64	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.		Employees will be able to identify themselves by confirming some of the information we have been provided in the file feed. Customer Care Advocates (CCAs) have access to sensitive data, and will be able to address questions even before the employee has a claim.		A caller is initially asked for their full name and phone number. The Customer Service Representative (CSR) will then ask if the call is regarding an already established claim. If so, we ask for the type of claim and claim number. If the caller does not have the claim number available, we will search for the claim by alternate methods. We will then authenticate the caller before providing and personal or confidential information. Authentication of the caller varies based on who the caller is and includes a combination of items. Once the caller is authenticated, we ask the caller how we may assist.	Yes	The City of LA will have a dedicated customer service phone number. That phone number is not published, other than with the City and City members. Anyone calling that number, Lincoln knows will be associated somehow with the City. Additionally, our prompt notifies our CSR team that someone from the City is calling and our CSRs are trained to know the City plans. Our CSRs leverage the eligibility file to validate employee identifiers. Social security numbers are not necessary in order to validate an employee for eligibility purposes, there are other methods to do this such as employee ID. We will proactively reach out to the benefits HR team to confirm Life claimant information to finish the claim and assign a life claims examiner to process.
Member Services and Communications	Call Center	65	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	Our Customer Care Center is staffed with experienced customer care advocates (~15% of our representatives are bilingual Spanish-speaking agents). We also have access to Language Line which is a resource that provides translation services for over 240 languages. Our product roadmap includes features to assist those with hearing difficulties. However, most individuals that have hearing devices or are impaired, have their own support devices and will typically call us with their own translator.		<u>Language Services</u> We have a partnership with Conduent to provide Spanish-speaking translation assistance through their relationship with Language Select who provides instant telephone access to interpreters of over 200 languages, for no additional cost to the client. In addition, our employees who speak fluent Spanish are certified through our Spanish Certification Process. This process equips our employees to interact solely in Spanish without the use of translation services. <u>Hearing Capabilities</u> Our claim offices use phone relay services to link telephone equipment for the deaf, hard-of-hearing and speech-impaired with our claim staff.	Yes	We use Language Line Services to provide translation services for virtually every language. Our English-speaking claims specialists can call the line to engage an interpreter for the employee and claims specialist. We have several additional resources available for interpretation of written documentation in various languages. Translation of written documentation takes approximately three to five business days. My Lincoln Portal can toggle between english and spanish.
Member Services and Communications	Call Center	66	How many customer service issues are resolved during first contact?	Yes	0.92		Our telephone and claims system does not allow us to measure first call resolution; however, we estimate that at least 80% of all inquiries are resolved at the first point of contact and 95% of calls are resolved within 24 hours.	Yes	Lincoln does not track first call resolution.

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Member Services and Communications	Call Center	67	Can your call center 'warm transfer' calls to the Dedicated Liaison and/or the City?	Yes	<p>Aflac understands that the best way to service our customer's employees is through a connected experience. We want to create synergies with all the wellness and health programs available to your employees. By educating and connecting employees to the right programs we hope to impact how the employee manages their health and improve productivity. We have the flexibility and expertise to partner with the customer's vendors to create these connections. We understand the programs available for the employees and can simply educate your employees on basic program components. We can provide the resource information or warm transfer employees when trigger diagnosis or circumstances are identified. We can send electronic referrals to the customer's vendors through a file feed or refer through an email notification. This will create a single point of contact to receive the referral.</p> <p>At implementation, we would establish the best method to collaborate across programs. At this time, we would collect program information and instructions to house in our Knowledge tool. This tool serves as a guide to our Customer Care Advocates and Case Managers to educate the customer's employees during Case Manager interactions and influence engagement. We can also house program information (documents, forms, links to pertinent web sites) within our web portal. We recommend scheduling regular meetings with vendors to monitor the collaboration activities and be proactive in making adjustments as needed. We understand that program integration is not just about data feeds, it is about using connected workflows to educate and provide a simplified experience to the employee population.</p>	No	<p>Although we are not able to "warm transfer" your employee to the Dedicated Liaison and/or the City, we do have the ability, after telephonic intake and at any time during the life of their claim, to provide your employee the contact information for any individuals or teams you would like.</p> <p>By providing the contact information to them so they can reach out when it is convenient for them, we believe will provide more successful interactions, thus, helping to expedite recovery, end an illness sooner and ultimately speed a safe return to work.</p>	Yes	We can warm transfer a caller to another Lincoln employee, dedicated liaison, vendor or HR team when necessary. If for some reason a warm transfer is not available (receiving call not available for example), we will follow up with the employee on how to contact the individual they may need to reach.
Member Services and Communications	Appeals Process & Member Complaints	68	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes	We have a team of Compliance, Legal and Product experts who are part of industry groups and stay ahead of the changing regulations. They then ensure that our internal processes align with what is required by guidelines.	Yes	Our Law and Compliance Departments monitor regulatory changes using internal and external systems, internet/intranet websites, manuals and other resources. These units also analyze applicable laws and communicate with the affected business units within The Hartford to ensure that we comply with changes.	Yes	

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Member Services and Communications	Appeals Process & Member Complaints	69	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case		We monitor and track all appeals and complaints. Our appeal tracking includes name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions, and much other data. However, the tracking and reporting of appeals are not automated. We do have automated reporting of complaints.	Yes	We handle all claim appeals, regardless of source (including those for non-ERISA plans) in accordance with ERISA guidelines. We monitor each appeal until it has been resolved and enter the resolution information into our claim system database. Complaints, regardless of source, are handled by supervisory or management-level staff. We maintain online electronic complaint logs for analysis and internal reporting as well as for resolution and adjudication purposes. A written record of the complaint is maintained in the individual claim file. Information about complaints and appeals are documented in the "Comments" section of our online Claim system.	Yes	
Member Services and Communications	Appeals Process & Member Complaints	70	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?		During the appeal review we keep service top of mind and communicate with the member throughout the process. We track all complaints and grievances, respond with empathy, and track the complaint or grievance to resolution.		We do not survey Life insurance beneficiaries because we prefer not to intrude during an extremely difficult time following the loss of a loved one. Our goal is to adjudicate a claim as quickly as possible and be empathetic and assist in the family's time of need. We receive positive feedback from beneficiaries who are pleased with our prompt turnaround time and the sensitive manner. For employers, our Customer Loyalty Program provides an avenue to collect feedback on our life claim process and service. See our current ratings and testimonials on our website at: https://www.thehartford.com/employee-benefits/group-life-insurance#reviews	Yes	We include a survey in all of our initial life correspondence packages. The results are primarily favorable, with respondents thanking us for our exceptional service during a difficult time. We also provide a hand written note with every life claim adjudicated.
Member Services and Communications	Appeals Process & Member Complaints	71	Describe your procedures for notifying the client of any appeal process.		We notify the ASO client when an appeal is received, if an extension is taken, and we notify them of the outcome.		We do not routinely send full copies of appeal requests directly to employers because they contain confidential medical information. They can be provided upon receipt of a signed authorization from the claimant allowing disclosure.	Yes	When a life claim is denied, Lincoln sends a letter to the beneficiary explaining the reasoning. This denial letter, which satisfies all ERISA requirements, clearly outlines: The specific reasons for the denial The governing policy/plan language upon which the denial is based Additional information which may be submitted to appeal the claim decision The party to whom additional information should be submitted The claim review procedure (or appeal process) Where to send the appeal The format and timing of the appeal

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Member Services and Communications	Website and other Media	72	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?	Yes	<p>Employees will have access to materials through one of our Learning Hubs.</p> <p>As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities.</p> <p>We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.</p>		<p>During enrollment, we offer online services that educate employees about available benefits and how to enroll. We also provide printed enrollment materials at your request. Communications are designed with language that is easy to understand and relatable to ensure employees understand how all benefits work for them.</p> <p>Life claims are filed by the employer.</p>	Yes	Lincoln offers many modes of education to members such as microsites, educational videos, email campaigns, customized presentations to help educate employees in person or through webex. Some examples of video education include, why it's important to purchase and how to file claim and our value added benefits such as TravelConnect and LifeKeys. These videos can be embedded in within the LAWell benefits page. In addition to video options, Lincoln has HTML email campaigns that can include information on how to file claim, why life insurance is important, open enrollment value added services such as LifeKeys which includes legal consultation and Funeral Prep. Additionally, Lincoln strives to help educate employee's on the benefits they may not know exist such as FAQs on portability and conversion, waiver of premium and how members can access accelerated death benefits. Finally, we also build tailored training to address the specific needs of employees. These trainings are developed with employers during implementation and modified on an ongoing basis as needs evolve for the employee population. We have included samples within the appendix of communication ideas we think can help educate members at the City.
Member Services and Communications	Website and other Media	73	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes	We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, disability needs calculator, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to other resources including our MyBenefits portal.	Yes	We offer On24 (a microsite) for Voluntary Coverages. On24 promotes the coverages available to employees, as well as, Value-Added Services, MyTomorrow, videos, and other marketing materials. We can build and offer On24 for the City's Coverages, with the support of our Enrollment Manager.	Yes	
Member Services and Communications	Website and other Media	74	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.		<p>We can offer English and Spanish capabilities.</p> <p>We are in compliance with WCAG Guidelines. Aflac has taken appropriate steps to ensure that persons with disabilities have an equal opportunity to participate in our services, activities and programs and is working to ensure websites and online services are accessible for everyone.</p>		<p>We're committed to ensuring that our customer-facing digital portals and platforms are accessible to everyone. Currently, we're working to meet compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 A/AA.</p> <p>Additionally, we've reviewed and edited communication materials including educational digital flyers, emails, and banner ads to be compliant with the Americans with Disabilities Act (ADA). The continuous enhancement of our website increases the accessibility of our digital content for all customers.</p>	Yes	My Lincoln Portal® has English or Spanish default displays and is compliant with applicable laws/regulations for disabled member access. Lincoln updates this regularly as applicable with ADA laws.

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Member Services and Communications	Website and other Media	75	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.		The employer portal can be customized to align with the employer's needs, including, but not limited to adding their company logo, embedding company videos and correspondence. During Implementation, Aflac's Implementation Manager will conduct functional area interviews with specific subject matter experts to regarding this request.		We can add the City's logo, and upload custom forms and documents as needed.	Yes	The following customization options are available within My Lincoln Portal® without any additional technology deployment. The majority of our customers do not need additional customization but if it is needed, Lincoln can accommodate. Ability to display organization's logo Various opportunities to insert employer specific messages to the employees Customize reporting folder structure Option to include customized Q&A Upload employer specific forms Display employer specific contacts; i.e., HR, Benefits, etc. Include only relevant program information within the employer area Allow employees and employers to report return-to-work information online Our portal allows each employer user to elect permissions based on their specific needs.
Member Services and Communications	Website and other Media	76	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	Yes, we can add logos for your Benefits Program and Wellness Program, and we can also link to materials or URL's that you'd like to highlight on the Aflac page.	Yes		Yes	Co-branding is one of the most valued features within our web portal.
Member Services and Communications	Website and other Media	77	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.		We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.		The refreshed Life Digital Claims Experience modernizes the way we handle Life claims. We have created and support this digital platform that allows employers and third-party administrators (non-employers/brokers) to file and track claims online. If additional paperwork is needed for a claim, the employer can upload it by logging on to the site. Upon submitting the claim, the employer will receive an immediate confirmation. Key features of our employer portal include providing access to robust reporting– reports can be downloaded to Excel for easy access to information that can help you better understand the trends in your programs.	Yes	On a quarterly basis, Lincoln offers Webinars for employee and employer education through our Absence Advisor series. This series touches on topics mostly involved with disability but does also educate on Life benefits and other value added benefits. The most recent focused on the importance of will preparation. With approval from the City, Lincoln can also push out email campaigns on behalf of the City educating about Lincoln benefits and administration. Finally, Lincoln is very active through social media platforms such as Linkdin, X, and Instagram. Educational content is shared through these platforms and touch on things like technology options with Lincoln, helpful tax tips, and evidence of insurability. One example regarding tax tips and where it linked users to can be found here: https://visit.lfg.com/3OLD7ja

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Plan Design	Plan Design	78	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?		Life benefits are paid in the form of a lump sum check through a check or direct deposit. Aflac does not offer retained asset accounts.		<p><u>Settlement Options</u> Claim settlement options:</p> <ul style="list-style-type: none"> • Lump sum check • Safe Haven Program (an interest earning draft account and personal representative for support) - Is available when benefits of \$10,000 or more are payable to a single beneficiary • Electronic Fund Transfer, if requested by beneficiary <p><u>Interest Rate</u> Interest is based on state statutes. To determine if interest is payable, we consider the beneficiary's state of residence, state where insured resided, and case situs state. The interest rate can also vary. If it is determined that interest payment is required based on more than one state, we will pay the greater interest amount.</p>	Yes	<p>We offer our SecureLine® account for payment when the benefit is \$5,000 or greater. We deposit benefits into a personalized security account that allows a beneficiary to begin collecting interest on the benefit immediately. We then issue a checkbook to the beneficiary that provides access to the benefit.</p> <p>If the beneficiary prefers, full settlement in a lump sum may also be elected. The payment option can be determined at the employee/beneficiary level. If the beneficiary does not select a payment option, we default to a paper check.</p> <p>We credit interest on life claims according to state requirements. The actual interest rate as well as interest due date varies by state. We do not include interest credits in our experience rating formula.</p>
Plan Design	Plan Design	79	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitation (for example, if you do not allow an absolute or a collateral assignment).	Yes	<p>Yes, we allow absolute assignments.</p> <ul style="list-style-type: none"> •The Absolute Assignment form is completed by the appropriate parties (Employee, Assignee and Employer) and sent into Aflac. •Aflac will review for completeness and acknowledge. Aflac will provide copies to all parties and keep a copy on file. •Collateral Assignments are not usually accepted under an employer group term policy but will be reviewed. •Funeral Home assignments are accepted as part of the claim submission and will be honored if the named beneficiary(ies) have requested it. 	Yes	<p>We will accept existing and new assignments. We will review the assignments and validate that they contain the appropriate "Transfer of Ownership" language. Upon approval, we will honor the assignment forms (including those for viatical settlements); new forms are not required. Assignments must be legal and we must be able to confirm that the covered employee has made them.</p> <p>If the assignment does not include "Transfer of Ownership" language, we will ask the insured to complete a Statement of Intent form.</p> <p>We allow Absolute Assignments on our Group Term Life policies; however, we do not accept Collateral Assignments.</p>	Yes	<p>We permit viatical, revocable, and non-revocable assignments. Employees can use our absolute assignment form, a prior carrier's form if the assignment was made before the effective date, or the form of the viatical company. The policyholder maintains this information until point of death.</p> <p>In addition, we honor absolute assignments made prior to the contract effective date. These are reviewed at the time of claim.</p>
Plan Design	Plan Design	80	Describe your administration "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?	No	Aflac does not have a living needs benefit. Aflac does offer a accelerated life benefit.		<p>The Hartford's Accelerated Benefit, also known as the Living Benefit Option, is generous in the industry, without many of the common costs and restrictions. The Accelerated Benefit will not be available if the employee has not been actively at work under the policy.</p> <p>The cost of this feature is included in our rates and causes no additional cost to the employer or employee.</p>	Yes	<p>The living needs benefit is referred to as the accelerated death benefit with Lincoln. When the covered employee has submitted satisfactory proof of having a terminal condition, a benefit is payable under our contract equal 75% up to \$500,000.</p> <p>With respect to the accelerated death benefit provision, "terminal condition" means a condition which is expected to result in the covered person's death within a specified number of months and from which there is no reasonable prospect of recovery.</p> <p>There is no additional cost to the group for this provision.</p>

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Plan Design	Plan Design	81	Please confirm when age reductions take place (e.g. on plan anniversary, on birthdate, 1st of the month following date of birth, etc.)	Yes	As noted in the contract, typically the 1st of the month following.		<p>Basic Life and AD&D is standardly reduced at set ages as agreed to by The Hartford and the Employer.</p> <p>The employer is responsible for making sure that the offer of insurance to employees under its benefit plans complies with the Age Discrimination in Employment Act (ADEA). We offer a variety of age reduction tables so employers can choose the ones that work best in their benefit plans. Please consult your legal counsel to determine whether ADEA applies to your benefit plans and, if so, whether your benefit plans comply with ADEA and other applicable laws.</p>		Any of those three is acceptable, provided they are applied consistently to all eligible employees. We allow the City to tell us how they want to administrate age reductions. We do find the most common is on plan anniversary so ages are updated once per year.
Plan Design	Plan Design	82	Confirm your proposal includes accelerated death provisions	Yes		Yes	<p>Our Accelerated Benefit allows an employee to receive an accelerated payment of up to 80% of the group Term Life benefit amount when the employee is diagnosed as terminally ill by a physician, to a maximum of \$500,000. The insured must have at least \$10,000 of Group Term Life Insurance coverage and be under the age limit, if any, described in the Certificate of Insurance. The Accelerated Benefit will not be available if the employee has not been actively at work under the policy.</p> <p>Employers may select a 6, 12 or 24-month terminal illness duration. This quote assumes a 12-month terminal illness duration.</p>	Yes	Confirmed.
Plan Design	Plan Design	83	Confirm that your proposal does not include any interdependencies for coverage amounts for Employee, Spouse, Child.	Yes			<p>Our standard guideline requires that the employee participate in the Supplemental Life program to elect coverage for a spouse or a dependent child. However, we may be willing to allow a spouse to be covered for up to 100% of the employee's basic life amount.</p> <p>The spouse's amount of life insurance limited to the employee's amount of insurance is determined by the specific state regulation.</p>	Yes	Confirmed.

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Plan Design	Plan Design	84	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes		Yes	<p><u>No Loss/No Gain</u> No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date.</p> <p><u>Grandfathering</u> We will grandfather all existing insureds and their current amounts as indicated on the census provided during the presale process, as long as they are identified and within the In force/Proposed plan design.</p>	Yes	Confirmed.
Plan Design	Plan Design	85	Describe your provisions for policy lapse in terms of 1) Carrier transition/implementation, 2) employer administration (e.g. non-payment, etc.), and 3) member perspective (e.g. non-payment, portability, etc).		<p>Coverage will lapse if the employer stops making payments. We allow a grace period for the employer to bring their premiums to current level before we cancel the policy.</p> <p>GRACE PERIOD WHEN PREMIUMS ARE PAID DIRECTLY TO US Each premium due directly from You for insurance provided under the [Policy] may be paid up to [31-180] days after its premium due date. This period is known as the grace period. The insurance provided by this certificate for which premium has not been paid will stay in effect during the grace period. We will notify You In Writing that, if the premium is not paid by the end of the grace period, such insurance will end at the end of the last day of the grace period. If We fail to give Written notice by the end of the grace period, such insurance will continue in effect until the date notice is given</p>		<p>We may terminate the policy by giving the Policyholder 31 days' written notice for any of the following reasons:</p> <ul style="list-style-type: none"> • The Policyholder fails to furnish any information which The Hartford may reasonably require • The Policyholder fails to perform any obligations pertaining to this policy • Less than 100% of the persons eligible for coverage on a non-contributory basis are insured • Less than 25% of the persons eligible for coverage on a contributory basis are insured • Fewer than 10 persons are insured <p>May vary by state.</p> <p>Portability is not contingent upon the active policy remaining in force after the employee ports his or her coverage.</p>	Yes	<p>Lincoln will not lapse the City of LA, assuming that premiums will be paid. Standard, we have a 60 day grace period but there are times we realize customers may need more time. We are flexible.</p> <p>Employee's are provided with a 31 day grace period. If they are terminated for non-payment and are wanting reinstatement Lincoln, reinstatement is allowed assuming all premiums are paid to date and approved by Lincoln.</p>

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Plan Design	Plan Design	86	Describe your Waiver of Premium Process.		If Waiver of Premium is applicable, an immediate system trigger is sent to the Life team to initiate that process. Our goal is to make the transition to LTD smooth and provide the employee with supportive emotional and financial services to help adjust to a long term illness.		When we insure both the LTD and Life programs, the Life premium waiver filing takes place automatically and seamlessly. The premium waiver claim is established one month prior to the end of the required elimination period if the LTD claim is active and complete. This ensures timely filing and less duplication of efforts for both the employer and the employee.		For our employers that have both LTD and life coverage with Lincoln, we ease the administrative burden of waiver claims initiating the process. Our combined claims system facilitates identification of claims and coordination of information. Once we identify a potential waiver claim, we will contact the employer via email to verify and obtain required life insurance information. Our claims specialists will coordinate requests for additional information from the employee. The employee will work with only one contact and will not need to complete an individual waiver application. Upon approval of the claim, we will notify employers and claimants in writing. Employer groups can adjust billing statements accordingly. If we deny a claim, we will send a written notice to the claimant and a generic letter to the employer, who will notify the employee of the right to convert from the existing group policy to an individual policy.
Plan Design	Plan Design	87	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.	Yes	6 months	Yes	Our standard contract language has a 180 day elimination period to qualify for Premium Waiver. Once that is met, if the insured is disabled according to the policy definition of disabled, premiums are waived as of the date the elimination period is met, not retroactive to the date of disability.	Yes	The intent is to match the current plan WoP waiting period: Our quote includes a waiver of premium provision. Under this provision, we will continue life insurance coverage without premium payment provided that: · The covered employee becomes totally disabled while insured under our policy and before age 60 ; · We receive initial proof that the covered individual is no longer in active employment and that total disability has continued for six months ; and · We receive proof of continuation of total disability three months before each anniversary of receipt of initial proof. Coverage will be continued up to a maximum age of SSNRA.
Plan Design	Plan Design	88	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?	Yes	Only after the elimination period is satisfied	No	Once the elimination period is met, if the insured is disabled according to the policy definition of disabled, premiums are waived as of the date the elimination period is met, not retroactive to the date of disability.	Yes	Lincoln's standard practice is to waive premiums beginning on the approval date. However, if this is not the current practice of the City, Lincoln is flexible to administer as the City currently administers.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	89	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for covered dependents also be waived?	Yes	If the City of LA buys the options that have waiver of premium priced in, then yes this is correct.	Yes	<p>We offer premium waiver for spouse and child life premium, which is triggered by the employee's disability. The coverage applies to dependents covered under the plan at the time the premium waiver is approved.</p> <p>The benefit continues from the approval date of the waiver until the first of the following events occur:</p> <ul style="list-style-type: none"> • The employee no longer qualifies for premium waiver • The policy terminates, where allowed by state regulations • The employee dies • The dependent is no longer in an eligible class, or dependent coverage is no longer offered • The dependent no longer meets the definition of a dependent, as defined by the contract • The policy discontinues 	Yes	Employee coverage is only waived.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	90	Describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).		<p>[Suicide Exclusion For Life Insurance Benefits [The suicide exclusion applies only to any amounts of insurance for which You pay part of the premium.] If You commit suicide before life insurance on You has remained in effect without interruption for a period of [1-2] years under this and any predecessor group policy, We will not pay such insurance and Our liability will be limited as follows: • any premium paid by You will be returned to the Beneficiary. • any premium paid by the [Policyholder] will be returned to the [Policyholder]. If You commit suicide before an increase other than a scheduled or automatic increase in life insurance on You has remained in effect without interruption for a period of [1-2] years under this and any predecessor group policy, We will pay the Beneficiary the amount of life insurance in effect on the day before the increase, provided such insurance was in effect without interruption for a period of [1-2] years prior to Your suicide. Any premium You paid for the increase will be returned to the Beneficiary. Any premium paid by the [Policyholder] for the increase will be returned to the [Policyholder]. [If Your [Dependent] commits suicide before life insurance on such person has remained in effect without interruption for a period of [1-2] years under this and any predecessor group policy, We will not pay such insurance and Our liability will be limited as follows: • any premium paid by You will be returned to the Beneficiary. • any premium paid by the [Policyholder] will be returned to the [Policyholder]. If Your [Dependent] commits suicide before an increase in life insurance on such person has remained in effect without interruption for a period of [1-2] years under this and any predecessor group policy, We will pay to the Beneficiary the amount of life insurance in effect on the day before the increase provided such insurance was in effect without interruption for a period of [1-2] years prior to such person's suicide. Any premium You paid for the increase will be returned to You. Any premium paid by the [Policyholder] for the increase will be returned to the [Policyholder].]</p>		<p><u>Basic Life Exclusions</u> The Basic Life plan has no exclusions.</p> <p><u>Supplemental Life Exclusions</u> If an insured commits suicide within two years of the Effective Date of any coverage increase or enrollment, the death benefit paid will be limited to the amount of any prior in force coverage. If any Statutory provisions apply to the insured's coverage, those will take precedent over this exclusion.</p>	Yes	<p><u>Life</u> Basic life does not contain any exclusions. For optional life insurance, our standard policy contains an exclusion for suicide within two years of the effective date of coverage or any increase in coverage under the policy.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	91	What options do you provide for members to continue insurance after employment separation?	Yes	Conversion and portability are included provisions.		<p><u>Portability</u> Our portability feature allows employees to continue their Group Life Insurance and Accidental Death portion of their AD&D coverage at affordable group rates if they lose coverage for reasons other than illness or injury prior to age 85. Maximum, minimums and benefit reductions apply. EOI may apply.</p> <p><u>Conversion</u> Our standard Life offering includes a conversion right that allows employees and their covered dependents to convert their coverage to an individual life policy when their group insurance terminates or reduces for any reason. No EOI or initial coverage period is required.</p>	Yes	<p>Lincoln's proposed coverage includes continuation options. We do understand that the City currently handles termination services and notifies employees. Lincoln does offer termination services and can be included at no additional cost should the City want to outsource.</p> <p>We offer conversion and/or portability administration services whereby the employer provides notification of terminated employees via a supplemental file. This file satisfies the employer portion of the application, including the wet signature.</p> <p>Upon receipt of the employer file, a notification is mailed or emailed to the terminated employee or the impacted dependent with information and instructions for obtaining permanent coverage.</p>
Plan Design	Plan Design	92	If you offer conversion, do you provide an option for members to convert policies upon termination of employment?	Yes		Yes	Our standard Life offering includes a conversion right that allows employees and their covered dependents to convert their coverage to an individual life policy when their group insurance terminates or reduces for any reason. No EOI or initial coverage period is required.	Yes	Yes, please also see question 91 regarding termination services Lincoln can provide for employee notification.
Plan Design	Plan Design	93	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage.	Yes		Yes	Please refer to the enclosed Sample Portability Contract in Section F.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	94	What types of end-of-life services can you offer? For example, do you offer a way for employees to pre plan or pay for funeral services in advance?		<p>Our Care Manager Program is offered to Group Life and Disability product set and is truly unique in the group life and disability industry. It is available to our Life and/or Disability customers, and there is no charge to you or your members for the help and assistance we provide.</p> <p>Our Care Managers are Master’s-level licensed Social Workers who pro-actively seek out your employees and family members who truly need them the most, when they need them. Your employees may have just been diagnosed with a terminal illness, they may be facing end-of-life issues or have chronic conditions which confine them to their own home or a rehabilitation facility.</p> <p>Our Care Managers will take the time to talk with and listen to your employees, their caregivers, to educate about a variety of services that may be available to assist through their difficult time. That help may come in the form of providing education on federal benefits for which they may be eligible, like Veterans (VA), Social Security, Medicare, Medicaid, and about available community resources like Dial-a-Ride or Meals On Wheels. It can also include helping them navigate to making and keeping doctor’s appointments, assisting with three-way calls to coordinate assistance, getting forms completed, or coordinating care between doctors and specialists.</p> <p>Our Care Managers will identify and educate members on the many services available to them and setup an individualized plan. They really help in five ways:</p> <ol style="list-style-type: none"> 1. Information on your Health Care Coverage and services available to you 2. Federal –type benefits, i.e., Social Security and Veteran’s Administration (VA), Medicare, Medicaid 3. Local services in your area, such as Dial-a-Ride, Meals On Wheels, Catholic Charities, and helpful caregiver support 4. Aflac services such as Accelerated Death Benefit (ADB) payments, Everest Funeral Planning, Conversion and/or Portability of benefits 5. LTD and Premium Waiver benefits <p>We may identify members from their health status given to us</p>		<p>We provide employees access to The Hartford Life Essentials, a suite of tools/ services to guide them through major life decisions, including:</p> <ul style="list-style-type: none"> • Living Benefit option can advance benefits in the event of terminal illness • Online Will Preparation Services • Funeral Planning Services • Unlimited grief counseling • Assistance for beneficiaries to start collecting information, understand what to expect, and consult with a Care Team member for assistance. Includes guidelines, resources, pre-planning assistance and tools. • Travel assistance • Identity theft protection 	Yes	<p>This service is offered through FuneralPrep - Included coverage with Life through Lincoln.</p> <p>For pre-planning, our funeral plan consultants can meet with members and their families to review options, provide personalized service to ensure your plan reflects your wishes, and offer objective guidance on planning options and funding strategies.</p> <p>To learn more about Lincoln FuneralPrep, visit lincolnfuneralprep.com/gplife</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	95	What are your requirements for funeral planning/concierge services and how quickly is the turnaround time to those who have experienced a recent death?		<p>We do not have specific requirements for funeral planning/concierge services. Our Funeral Planning & Concierge partner works with beneficiaries to simplify the process and respond within 1 business day with benefits paid in as little as two days.</p> <p>Our partners offers both preplanning and at-need services, including:</p> <ul style="list-style-type: none"> • Online planning tools. • Online will and document preparation. • Price-comparison tools. • Price negotiations on your behalf. • Communication of your wishes to the funeral home. 		<p>Funeral Pre-planning services are available to all Insureds prior to a loss and Funeral Planning services are available to all Beneficiaries just before and after a loss at no added cost. These services are available for use whenever the Insured and Beneficiary wish to use them, both pre and post loss.</p>	Yes	<p>FuneralPrep can also help with urgent matters:</p> <p>For pre-planning, our funeral plan consultants can meet with members and their families to review options, provide personalized service to ensure your plan reflects your wishes, and offer objective guidance on planning options and funding strategies.</p> <p>To learn more about Lincoln FuneralPrep, visit lincolnfunealprep.com/gplife</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	96	Indicate any enhanced services (financial planning, bereavement counseling, funeral services, etc.) included in your proposal. Include marketing materials you feel would be beneficial.	Yes	<p>Funeral Planning & Concierge (with Life or Long-Term Disability Insurance): We provide access to funeral planning and concierge services through Everest Funeral Concierge. Through this service, employees and beneficiaries can call Everest to discuss funeral planning options, and have Everest make the plans directly for a hall, music, flowers, caterers, and more. Everest can also provide pricing and price comparison data, and have Everest negotiate lower prices on the employee's and beneficiary's behalf.</p> <p>Online Will Prep (with Life Insurance): In addition to the Funeral Planning & Concierge services shown above, Online Will Prep is available at no additional charge for all employees with our Life Insurance. The Will Prep tool helps with Wills, Power of Attorney documents, Health Care Directives and more. Everest's online system asks the right questions and provides guidance on how to decide who inherits property, what to do for minor children, how to name an executor, and more. With this tool the user can create and edit needed documents, save and share them with family, use with an attorney for more complex issues, and edit them at any time.</p> <p>Beneficiary Companion (with Life Insurance): At a time of loss, the last thing loved ones want to do is make phone calls and handle paperwork. With Beneficiary Companion, available from Iris, powered by Generali, they won't have to. The administrative details involved in closing a loved one's financial accounts, social media presence and other vendor accounts will be taken care of. This includes:</p> <ul style="list-style-type: none"> •Guidance on how to obtain death certificates •24/7 live information and advice from dedicated Beneficiary Assistance Coordinators •Beneficiary Companion Guidebook that serves as a handy reference tool for navigating the aftermath of a loved one's death <p>Assistance with notification to the following:</p> <ul style="list-style-type: none"> •Social Security Administration •Credit reporting agencies •Credit card companies and other financial institutions •Social media accounts •Third-party vendors •Government agencies <p>Also includes Identity Protection and Fraud Resolution for the deceased person's accounts:</p>		<p>We provide a range of value-added services as described in detail below.</p> <ul style="list-style-type: none"> • Beneficiary Assist[®] - Provides confidential grief, financial and legal counseling* • EstateGuidance[®] - An online will preparation service* • Funeral Concierge Services - 24/7 Advisor Assistance • Travel Assistance - Through our preferred vendor International Medical Group (IMG), we offer Travel Assistance services when venturing more than 100 miles from home and for 90 days or less. • Identity Protection - Identity Theft Support services provide 24/7/365 assistance. <p>* This service is provided through The Hartford by ComPsych</p>	Yes	<p>Lincoln offers the following additional benefits and features with our life product:</p> <ul style="list-style-type: none"> WellnessPATH Online tool that helps offers personalized action steps to help members manage their financial life Microsite: https://www.lincolfinancial.com/public/static/digitalbrochure/gp/wellnesspath/index.html LifeKeys[®] beneficiary services Grief Counseling Legal Support Financial Services Grief resources On-line will preparation TravelConnect[®] travel assistance Lincoln FuneralPrep

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	97	Please confirm that you have quoted a plan that is considered a 'Match to current' for both Basic and Voluntary Life Tabs	Yes		Yes	It is our intent to match the requested in force benefits and features as described in our proposal. The Hartford's contract language, provisions and exclusions will apply in the event of any discrepancy between the language in the proposal and the contract language. Whereas our contractual provisions may be similar to those of your current carrier, the actual terms and conditions of the contract may be different. Due to state insurance regulations and filing requirements, it may not be possible to change the language in our policy to exactly match your current contract's wording.	Yes	
Plan Design	Plan Design	98	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design' tabs of this workbook	Yes		Yes		Yes	
Plan Design	Whole Life	99	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as Employer Paid	No		Yes		No	Lincoln does not offer Whole Life.
Plan Design	Whole Life	100	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as 'Voluntary' or Employee Paid	No		Yes		No	Lincoln does not offer Whole Life.
Financial Cost	Financial Cost	101	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes		Yes	We agree to issue a one-time payment of \$200,000 to the City to cover discretionary implementation activities. This credit will be built into the premium rate and will be reflected on all applicable reporting schedules. If a policy issued as a result of this request for proposal terminates prior to The Hartford recouping the \$200,000 through premiums, the City agrees to pay The Hartford any amount outstanding as of the policy termination date.	Yes	\$125,000 total for all Life and AD&D coverages. (\$250,000 combined for all coverage lines)
Financial Cost	Financial Cost	102	For purposes of premium calculation, those who have age reductions, are premiums calculated on the full policy amount or the age reduction amount?	Yes	Age reduced amount.		Premium calculation is on the age reduced amount.	Yes	Reduced amount.
Financial Cost	Financial Cost	103	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?	Yes	Basic life pricing does require that Voluntary Life products must be purchased in combination.	Yes	We require that all Life lines sell together ; Basic and Voluntary Life (EE, SP and CH). AD&D and Disability does not need to sell.	Yes	Quote assumes Basic Life, Voluntary and ADD.
Financial Cost	Financial Cost	104	Please confirm that you have completed the Pricing Tab for Life Insurance	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	105	Please confirm that you have completed the Underwriting Tab	Yes		Yes		Yes	
Financial Cost	Financial Cost	106	Please confirm that you have completed the PG Tab for Life Insurance	Yes		Yes		Yes	
Financial Cost	Financial Cost	107	Confirm that you will provide quotes for Term Life Insurance, Whole Life Insurance, or Both?		Term	No	Our quote is for Term Life Insurance only.	Yes	Lincoln's quote includes quotes for term life insurance.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Describe your non-payment appeals process for members who continue coverage after employment separation.	Yes	<p>Once an employee converts to an individual policy, the payment method is direct bill. The converted participant can pay the premium via check or electronic funds transfer (EFT). Frequency of billing will be discussed with the financial services representative at the time of the conversion application.</p> <p>The general rule for appeals is that if full payment can be made in under 35 days from lapse, we allow one courtesy reactivation. If longer than 35 days, or they have already had their courtesy reactivation, it is looked at on a one-by-one basis. But generally, if there was a mistake by MetLife, a 2nd reactivation may be approved. If not, the coverage remains lapsed.</p> <p>Other extenuating circumstances might be considered, but what is listed above is our normal practice.</p>		<p>To start the appeal process, a claimant can request a review of our claim decision by submitting an appeal to our claim office within 60 days of the date they received notification of claim denial. The written request must accompany the reason for appeal, the insured's SSN, and any additional information or documentation that supports or clarifies the claim appeal.</p> <p>Within 10 calendar days from the date of receipt of the appeal, we send a letter to the claimant acknowledging the appeal request. A claim specialist of equal or higher level than the original claim specialist reviews the claim file and seeks additional information if needed.</p> <p>We then make a decision to affirm or overturn the denial within 60 calendar days and communicate the decision to the claimant. If there are special circumstances that cause a delay (e.g., additional information is needed), the maximum time for an appeal decision to be rendered is 120 calendar days.</p>		If the governing plan/policy includes Appeal rights, any appeal request by a Claimant will be processed in compliance with that provision
Plan Administration and Sponsor Services	Plan Administration	2	Will employees have the ability to designate different beneficiaries across different lines of coverage?	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	3	<p>What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted?</p> <p>-For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions.</p> <p>-For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.</p>	Yes	<p>Less than 3% of the total services provided in this RFP would be outsourced or subcontracted.</p> <ul style="list-style-type: none"> • No outsourced service represents more than 5% of the total fee proposed. • No services will be outsourced overseas to non-U.S. service providers. 		<p>Currently, for life and AD&D coverage, we provide claim administration and customer service from offices within the US; however, we may use offshore support services in the future.</p> <p>Because of the current confidentiality agreements in place, we are unable to provide specific details about arrangements with our suppliers, including a list of countries for these suppliers.</p> <p>Our subcontracted/vendor arrangements are in place to service our entire book-of-business and are not specifically contracted to service this RFP arrangement. New York Life will remain wholly responsible for the provision of every service for which it contracts with the City, notwithstanding certain services that may be performed, in part, by vendors with particular expertise or an affiliate of New York Life to help contain costs and to make use of their expertise.</p> <p>New York Life's Third Party Risk Management (TPRM) function is tasked with identifying, measuring, mitigating, and reporting on risk posed to New York Life by a third-party. TPRM supports the business units/corporate functions by conducting due diligence activities on a risk-prioritized basis. The due diligence requirements will be commensurate with the types and level of inherent risk identified.</p>	No	We provide all Life and AD&D services in-house.
Plan Administration and Sponsor Services	Plan Administration	4	<p>The City is working toward paper-free or reduced-paper administration of claims. How can you assist the City in achieving this?</p>	Yes	<p>We provide a number of different options to address your communication preferences. As such, you or your benefits administrator can notify us of a loss by submitting the employer's portion of the claim through a variety of paperless methods, including by file feed, fax, email or online through our employer website. Employers can also upload supporting documents via the website.</p> <p>To make the process easier for beneficiaries, they have the option of submitting their portion of a death claim and corresponding claim documentation via email or through our Life Beneficiary Claim Portal. Claim status is available to employers via our employer website and to beneficiaries via the Life Beneficiary Claim Portal. Beneficiaries can also elect Electronic Status Messaging which provides the option to receive status updates via email or text.</p>		<p>All claim submissions and other required documents can be submitted electronically via email or online. We accept scanned, legible copies of all documents including Death Certificates.</p>	Yes	<p>With our group life coverage, clients have 24/7/365 direct and secure access to the Self Service Tools available through the Reliance Matrix website without the need for an additional login and password. Via the Self Service Tools, employers can access queries on the website and obtain EOI status reports. Other self service abilities:</p> <p>Download & print forms, check claim status, access contact information, submit EOI online.</p> <p>During enrollment activities a customized web portal can be created, giving employees direct access to relevant product, plan and process information, and forms. We also offer EOI online which can provide immediate decisions. These online formats help reduce paper administration as well.</p>
Plan Administration and Sponsor Services	Plan Administration	5	<p>Do you have a system in place to store digital images of all employee-related documents?</p>	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix		
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	
Plan Administration and Sponsor Services	Plan Administration	6	Confirm your ability to provide a dedicated email address for City of LA employees.	Yes		Yes	We are open to this approach and would need to further research and fine tune the details around the City's request at the appropriate time to ensure that all security/legal concerns are addressed.	Yes		
Plan Administration and Sponsor Services	Plan Administration		7	Confirm that you will accept self-billing on a bi-weekly basis.	Yes		No	For online Group Billing Administration billing portal clients, we release notifications of open invoices via email on the first of each month. Our policies are self-administered. Premiums are due on the start date of the policy and at the end of each coverage period thereafter (for monthly and quarterly policies). If the employer elects to use the Group Billing Administration portal, a remittance form will generate on the first of the month and premiums are due at the end of that month. If this method provides issues for the City, we can revisit the topic if we are selected as a finalist.	Yes	This can be done through our Workday Integration
Plan Administration and Sponsor Services	Plan Administration		8	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	Bills can be submitted electronically using our employer website, or by email in Excel.	Yes	Clients may submit their premium payment(s) via EFT with the Group Billing Administration billing portal, wire transfers, or automated clearing house, or check if they are using either the portal or paper remittance.	Yes	online or by check
Plan Administration and Sponsor Services	Plan Administration		9	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	10	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	<p>Our approach to communications is truly customized, so we don't put a pre-conceived notion as to what is going to fit best for the City and your employees without diving into this with you first.</p> <p>We will coordinate with the HR team and the LAWell group to create the right communications delivered at the right time. We have the ability to deliver a fully integrated and custom-themed campaign across print mail, email, digital avenues, videos, onsite, texting, and more. These communications typically focus on timely messages like plan enhancements, value-added services, and more.</p> <p>In addition, we have provided services through our partner Nayya that integrates with your current TPA vendor, Telus Health. This drives true integration between your life and disability programs and your entire benefit offering, creating a unique experience where employees get information on exactly the programs that matter to them when they need them most.</p> <p>All of these services, communications, and engagement strategies are fully funded by MetLife and will not create additional costs for the City.</p>	Yes	<p>We provide access to a dedicated enrollment consultant who will be the primary point of contact for employers and sales partners during the onboarding phase and ongoing annual enrollment process. They will recommend strategies that align with our best practices model which have shown to increase benefit awareness and participation. The goal of the enrollment consultant is to collaborate with the producer and client to help maximize participation. Once a post-enrollment census is received, the enrollment consultant will conduct an enrollment debrief meeting to share results and opportunities for enrollment planning growth.</p> <p>The enrollment consultant can spearhead the development of marketing and communication materials, digital resources, and benefit counselor support based on how the employer typically communicates and educates their employees. We can also provide educational benefit videos to inform employees on their available coverage options and how it may benefit them.</p>	Yes	
Plan Administration and Sponsor Services	Plan Administration	11	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	At the end of each plan year, we generate financial reports and perform a year-end reconciliation. Any required premium adjustments are made as soon as possible following the end of the plan year.	No	Year-end reconciliations are not typically performed for cases with non-participating funding. If we aren't answering the question appropriately, we are absolutely open to further conversation.	Yes	
Plan Administration and Sponsor Services	Plan Administration	12	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes		No	<p>Our insurance policy itself makes us directly liable for the promised benefits, regardless of whom a claim may be asserted against. There is, therefore, no need for a separate hold harmless agreement.</p> <p>For fully insured benefits, it is our practice, where a policyholder is sued in connection with a claim not involving acts or omissions of the policyholder, to assume the defense of the policyholder; however, we will not accept responsibility for any liability that arises from actions by the policyholder, your employees, or agents.</p>		We would agree to a limited indemnification of the client for litigation involving claims for benefits under the policy, provided that the claim is not a result of any action or inaction by the employer.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	13	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes		Yes	No Loss/No Gain We design our policy to help prevent your employees from losing coverage because of a change in carriers. In addition, we permit employees to grandfather their current insurance amounts without providing evidence of good health, subject to the actively-at-work provision. Unless stated otherwise, the maximum life amount (basic and voluntary) grandfathered depends on the size and characteristics of the group and can be as much as \$2.5 million. Actively-at-Work Provision We will waive the actively-at-work rule for employees on vacation, short-term sick leave for fewer than seven days, and an employer-approved paid leave of absence. Employees in these situations are considered actively at work under our broad definition of "active service." Non-Confinement Our provisions include the following: "If an eligible spouse or dependent child is an inpatient or confined on the date that insurance would otherwise be effective, the insurance will be effective on the date they are no longer an inpatient or confined. If such spouse or dependent child was covered by the prior plan immediately prior to the policy effective date, this provision will not apply to the amount of coverage in effect as of the policy effective date, but will apply to any increase in coverage."		We generally require all employees to satisfy the Actively at Work requirement, however there is a transfer of coverage provision that assures that a person insured by a prior carrier does not lose coverage solely because of a change in carrier.
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	We allow audits by customers or their designated auditors. If your audits are conducted at a MetLife facility, your auditors are provided with workspace and access to supervisory personnel at no additional charge. We ask that audit requests be submitted to us in writing two months in advance of the proposed audit-review start date. All requests should include information about the services to be audited, records to be reviewed, time period of the audit, sampling technique and any other specific instructions. We are prepared to instruct the auditors how to access the claim history files, eligibility files or other aspects of the claim operation. Generally, six to eight weeks are needed to accumulate the data requested from the audit sample.	Yes			Reliance Matrix would allow the employer group to audit its claim files at a mutually agreeable time during regular business hours at our claim location and with reasonable advance notice, subject to the claimant's privacy rights and to the extent possible or practicable consistent with any applicable privacy regulations.

Basic and Supplemental Employee, and Dependent Life Insurance Services			MetLife		New York Life		Reliance Matrix		
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	We have included a \$35,000 annual credit that may be used during the initial three-year term of the contract period for audits.	Yes	We may agree to an audit of our claims administration process when there is a satisfactory reason for cases that meet a certain size/claim threshold; however, the following must be completed in advance of the audit: •NYL GBS and all parties must agree to the audit •the audit must be scheduled within reasonable limits of time and scope •NYL GBS, the client, and the auditor must approve funding for the audit •the producer or third party must provide the claim listing at least one month prior to the audit date •a claim audit agreement to protect the confidentiality of personal and propriety information •a nondisclosure agreement (provided by NYL GBS) that will outline the auditor requirements and timing To support external audits, we will provide the following: •resources to guide audits through the electronic claim file that was requested •space in our office for the review •resources to answer questions about our internal procedures (e.g., how it is administered in specific claim situations)	Yes	Included in Annual Budget Discussion - Must must be an invoiced expense
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written billing history	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	23	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes	A fully-dedicated Client Services Consultant will be assigned to the City. In addition, Neil McMahon, Senior Account Executive is responsible for the overall relationship with the City and will coordinate resources across MetLife to deliver a differentiated experience for you and your employees.	Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	24	<p>Please describe your account team that will be assigned to the City of LA to include:</p> <p>a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing</p>	Yes	<p>a) <i>To Be Named - Client Services Consultant</i> - This contact will be 100% dedicated to the City's account. They are responsible for the day-to-day administrative relationship with the City. The CSC's responsibilities involve administrative and claim-related issues including plan implementation, benefit consultation and preparation of forms and contracts. The CSC will have the decision-making authority and ability to direct resources around all obligations of your contract.</p> <p>b) <i>Chris Chambers - Senior Underwriting Consultant</i> is responsible for determining groups risk and setting appropriate rates. Chris also is responsible for reviewing and managing existing groups performances by reviewing the groups claims and utilization throughout their contract periods.</p> <p>c) <i>Brian McBride- Financial Consultant</i> - Brian works under the direction of the Financial Service Manager and partners with the full service team. Brian is responsible for the financial elements of customer plans including, billing, reporting and data analysis.</p> <p>d) <i>Neil McMahon - Senior Account Executive</i> - Neil is responsible for the overall management of your MetLife account. Neil serves as your lead account representative who will coordinate resources across MetLife. Neil will work with you to customize products and services to support your unique benefit strategies.</p> <p>e) 5 Park Plaza, Suite 1850, Irvine, CA 92614 - Hours: 8:00 a.m. - 5:00 p.m. PT. Our Irvine office includes 85 staff.</p> <p>g) Three largest customers include (names have been redacted due to these client's desire for privacy - we will extend the same courtesy to the City as well): - State-wide public union: 215,000 members - California County: 85,000 employees - Defense Contractor: 95,000 employees</p>		<p>Our goal is to build a valuable business partnership with employers to become an integral part of your team. We accomplish this by listening and ensuring we understand your needs and delivering timely and expert solutions to meet your program objectives.</p> <p>The team assigned to your account is made up of a national implementation manager, a national account executive who serves as your field-based consultative resource, and a national account manager who provides your day-to-day support.</p> <p>National Implementation Manager Alice Pepitone will be your national implementation manager. Working in conjunction with the sales executive and account management team, Alice takes the lead during implementation to ensure your plans and services are set up accurately, consistent with your contract, and on time. Alice •develops the implementation schedule and clarifies roles/responsibilities; •discusses the employee communications strategy and confirms the eligibility process; and •verifies that setup tasks are completed and delivers the policy, certificates, and enrollment materials.</p> <p>National Account Executive Tracey Nelson will be your national account executive. Tracey is involved from the first day of implementation to get to know you and your plan requirements, as well as program expectations from the start of your partnership with us. As the implementation of your account nears completion, Tracey assumes primary responsibility for your account and works with you on an ongoing basis to ensure your plan runs smoothly. Tracey is •the overall relationship manager; •central to meeting your short- and long-term strategic and financial program objectives; and •a consultative expert in plan coverage, plan design, and financial matters.</p> <p>Tracey works remotely out of Washington state and is</p>		<p>We will provide contact & biography information for your client management team at the finalist stage. It is important to note, that client management is a differentiator for Reliance Matrix. We have industry experts with an average of 15+ years of absence experience that are managing a book of business with no more than 10 national sized clients, with all absence product offerings. In addition to your client manager, you will also have additional resources to support the overall account management requirements. The Client Manager will serve as your consultative advocate, with an Account Consultant managing the tactical aspects of the overall relationship</p>
		25	<p>Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.</p>	Yes	<p>Account Team biographies are included as Exhibit 5.</p>	Yes		No	TBD at finalist stage

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	26	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.	Yes	<p>We deliver reporting on a scheduled basis and upon request. We deliver the following reports via email, our employer website, or hard copy. We can schedule / run these reports for you or you can run ad reports anytime. Sample reports that are available:</p> <ul style="list-style-type: none"> • Statement of Health Status; • Premium versus Claims; • Premium, Claims and Waiver; • Life Management Review; • Empathy Usage; • Grief Counseling; • Plan Design Benchmarking. <p>In addition to our reporting package, we conduct regular stewardship meetings to benchmark plan performance and solutions for your industry. Neil McMahon, Senior Account Executive and members of your Client Services Team will meet with you regularly to review results, discuss trends and make recommendations based on your specific plan data and performance. Stewardship meetings are typically conducted on an annual or semi-annual basis. However, we gladly meet as often as required.</p> <p>To take a tour of our employer website, visit: http://metdemo.metlife.com/MetDemo/8e87e31d-9033-4688-a62f-25ebfe41b897</p> <p>To access the demo, use your email address as the username. The password is getmet19.</p>	Yes	<p>Online Claim Reporting</p> <p>At no additional cost, NYL GBS offers our clients online comprehensive claim reporting through our client website as a standard part of our life and AD&D products. This capability provides more control and greater access to employee benefit plans as well as life and AD&D data. Clients can create customized reports specific to their needs (e.g., an approved-claim-only report, monthly claims experience reports, customized date ranges).</p> <p>Our online life and AD&D claim reporting provides the information clients need when they need it, which allows them to answer questions and make informed decisions quickly. Clients have self-service access—via a single log-in—24 hours a day, 7 days a week, 365 days a year. Online information is refreshed overnight.</p> <p>•Claim Listing - Through our online claims reporting, clients can access the claims list feature. This feature provides drop-down menus that allow clients to perform customized searches and generate reports using real-time data. The following includes available information through this website:</p> <ul style="list-style-type: none"> -access to a full report of claim details with the click of a button -search information on specific employees -view claim payment detail (e.g., check number, date, amount) -export and save claim detail (PDF or Excel, both available in formatted and unformatted versions for further data sorting) -generate custom reports <p>Online Medical Evidence of Insurability Reporting</p> <p>In addition, NYL GBS offers online medical evidence of insurability reporting through our client website. Medical underwriting activity reports are available on demand and can be accessed on the same page as other types of reporting (e.g., life and AD&D, disability, summary and trends) are located. Clients have access to the following benefits:</p> <ul style="list-style-type: none"> •Reports - Provide details on an employee's progress in the medical underwriting process (e.g., status of approved, pending, and closed applications) and are exportable as an Acrobat or Excel file •Administrator Capabilities - Clients can assign medical underwriting administrators who can customize reports through filters and search functions (e.g., the status of an individual 		<p>Client-generated reports are also available 24/7 online. This includes the ability to query basic claim status without a separate login and password; and, for the administrator, the ability to generate more detailed claim activity reports.</p> <p>Self-serve reports include:</p> <ul style="list-style-type: none"> - Claim History - Claim Summary / Claim Detail - Evidence of Insurability - Disability Income Case Summary - Premium History

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	27	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Yes	We work closely with Telus Health on multiple large clients, and have full confidence in our partnership with them.	No	Eligibility feeds are not typically offered on basic term life programs or voluntary term life programs where New York Life Group Benefit Solutions is not offering enrollment services. Most often, a complete eligibility data file is required early in the implementation phase to prepare for the initial enrollment campaign. After initial enrollment, updated eligibility information requirements vary based on processing requirements.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	28	The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will: a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)	Yes	We agree to accept member eligibility as determined by the City.	Yes		Yes	With the city moving to Workday, Reliance Matrix as a software alliance partner has direct API connections available to assist with eligibility.
Plan Administration and Sponsor Services	Plan Sponsor Services	29	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes		Yes		Yes	Documents are scanned into our system at intake. Claim history is available as far back as the original effective date of the plan. Data are stored in the claims system indefinitely, although they are archived after they have become inactive for a specified period. Once archived, they can be retrieved in 24 hours.
Plan Administration and Sponsor Services	Plan Sponsor Services	30	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Plan Sponsor Services	31	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?	Yes	<p>Our Global Government Relations Department releases are sent directly to you. Our Operations Enablement team develops administrative procedures so internal associates can service and speak to new products and legislative changes. Updates to procedures are communicated weekly so users are kept current on updates and changes.</p> <p>Our product and administrative support units work together to review potential changes in procedures and products. This allows us to provide you with timely information concerning upcoming changes. We recognize the need for customer feedback in our development of procedures and products. As a result, we rely heavily on customer focus groups to comment on proposed initiatives. We have found that this process assures that we provide value to our customers, and in many cases, assists us in making the process more comprehensive than initially planned.</p>		<p>We can make product and service documents available with the sole intention of providing background information on legal and related topics. Any information provided is not intended to be relied on as legal advice as we cannot provide such advice.</p> <p>New York Life Insurance ensures compliance with applicable laws and regulations through coordination of our legal and compliance departments and other business areas. Our legal and compliance departments track federal and state laws and regulations and determine the effects on our business. They then work with our business areas to ensure the necessary requirements are implemented, including making product and procedural changes.</p> <p>Additionally, our product filing team develops policy and certificate language to comply with applicable laws.</p>		Reliance Matrix has a robust internal compliance team who collectively have decades of in-house and employment law expertise. We monitor all newly introduced federal and state statutory changes. Monitoring continues until the law is passed or fails to pass. Once approved, our legal team does a full comprehensive review. Reliance Matrix will enact the change in the most generous interpretation of the law and then make changes once the specifics of the law are released. Though our compliance team does not provide legal counsel to client-employers, they are readily available to discuss difficult leave cases on a consultative basis--
			Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix	Yes	<p>MetLife provides multiple avenues to provide updates on regulatory changes. These include:</p> <ul style="list-style-type: none"> - legislative updates (ie - changes to CA SDI program) - MetLife Disability / Leave resource hub - A sample update is included as well: <p>https://hsview.metlife.com/viewer/65f0b1862c1bbcbd4fd3645e</p> <p>(You can scan the QR code at right as well)</p>	Yes	<p>New York Life Insurance ensures compliance with applicable laws and regulations through coordination of our legal and compliance departments and other business areas. Our legal and compliance departments track federal and state laws and regulations and determine the effects on our business. They then work with our business areas to ensure the necessary requirements are implemented, including making product and procedural changes.</p> <p>Additionally, our product filing team develops policy and certificate language to comply with applicable laws.</p> <p>Yes, New York Life provides monthly updates via email regarding legislative and regulatory changes. In addition, we have a bi-monthly Group Insights Newsletter (also delivered via email) which may contain additional updates or in-depth articles. Finally our online Absence Regulatory Guide is also updated with legislative and regulatory changes, especially for programs New York Life Group Benefit Solutions administers. Please refer to https://www.newyorklife.com/group-benefit-solutions/employers/absence-assist/absence-regulatory-guide for examples.</p>		We will proactively update you on changes that can affect your program design and administration. This information is delivered via then Absence Mentor Blog at reliancematrix.com , newsletters, webinars and direct client interaction.

Basic and Supplemental Employee, and Dependent Life Insurance Services			MetLife		New York Life		Reliance Matrix			
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	
Plan Administration and Sponsor Services	Claims Processing	33	What is the average 'payout' or processing time for assignment of benefits for the past 12 months?	Yes	In 2023, 96% of all Group Life claims were processed within five business days. In 2023, 98% were processed within 10 business days.	Yes	While do not currently track average turnaround time and we do not have the ability to carve out specific assignment payouts, we are happy to revisit this topic if we are selected as a finalist.		we will make payment to the 3rd party within 10 business days of our receipt of all information needed to make the claim decision.	
Plan Administration and Sponsor Services	Claims Processing		34	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.	Yes	If death occurs outside the U.S., we require documents be authenticated by the American Consulate or bear the stamp of the Apostille. If the employee is a U.S. citizen, the Death of an American Citizen Abroad form issued by the American Consulate is also an acceptable form of proof of death. Depending on the country the beneficiary resides, we may require Tax Form W8-BEN to be completed. Our system automatically checks to determine if payments are being directed to a country on the OFAC list and would prevent erroneous payment automatically. For any foreign documents, original documents must be submitted. Claims may be referred to our Special Investigation Unit for review of the circumstances surrounding the claim. Payments are made in U.S. currency.		Under life, accident, and disability benefits, we can consider coverage for inpatriates, expatriates, foreign nationals, local nationals, and third-country nationals based on review by underwriting and compliance to assess any possible increased risk as well as any applicable regulatory issues. To determine coverage, we will need a census of these employees that includes the following information: •basic demographic information (e.g., date of birth [DOB], gender, annual salary) •the country the employee is working in •the country the employee is a citizen of •the number of employees in each location •the category the employee falls into (e.g., local national, third-country national) When covering these groups, we work strictly with the client's local HR department and other local resources; each transaction is executed with US dollars. Certain features such as conversion, portability, or dependent coverage may not be available depending on the specifics of the case or local regulations of a particular country. We will gladly provide detailed information to the client of our ability to extend coverage to these employees upon receipt of the specifics for the population.		All claims are paid in US dollars.
Plan Administration and Sponsor Services	Claims Processing			35	Indicate whether you will accept eligibility information electronically, or by other format.	Yes		Yes	Eligibility feeds are typically not offered on basic term life programs or voluntary term life programs where NYL GBS is not offering enrollment services. Most often, a complete eligibility data file is required early in the implementation phase to prepare for the initial enrollment campaign. After initial enrollment, updated eligibility information requirements vary based on processing requirements.	Yes
Plan Administration and Sponsor Services	Claims Processing		36	Do you offer online claims submission for enrollees?	Yes	Beneficiaries can submit their claim forms, upload documents and check claim status online via our Life Beneficiary Claim Portal.	Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	37	From where will claims be paid? Are all claims adjudicated in one location? By one claims team? Provide information about the number of employees and their credentials who will pay the claims.	Yes	Life claims are paid by our Claims Concierge team based in Oriskany, NY. All claims are adjudicated from this location. There are 11 members of this team with an average tenure of 7.4 years. Claims are handled by a Beneficiary Claims Concierge Services team made up of specialists including Claim Reviewers, Claim Examiners, Complex Claim Examiners and Senior Claim Examiners. Each of these associates go through grief-sensitivity training and serve beneficiaries and survivors with compassion. Claim Reviewers do initial data entry of claim documents and claim reviews to complete simple claim adjudication. Claim Examiners review claim documentation, research and develop the claim, request or assist with additional documentation as needed and make determination on the claim. Complex Claim Examiners review, research and develop more complicated submissions such as AD&D, rival claims, homicides, suicides and denials. Senior Claim Examiners provide guidance on unique claim situations and review high dollar claims and denials. The team reports to a Unit Leader and an Operations Manager.	Yes	Claims are administered and paid from our Pittsburgh, Pennsylvania, life and AD&D claim office. The City's account is assigned to a designated life claim specialist and an accident claim specialist, both of whom are familiar with the employer's plan specifics. The accident claim specialist, working as the point of contact, handles claims for life and accident benefits for claimants (if the employer has both lines of business with New York Life Group Benefit Solutions). Each account is assigned a minimum of one life claim specialist and one accident claim specialist. We will assign additional specialists if needed. We look for candidates who have a college degree or equivalent work experience as well as exceptional organizational, time management, and customer service skills. Our extensive training programs help develop the skills our staff members need to provide exceptional service in claim processing and customer satisfaction.	Yes	All life claims are handled by our life claims examiners located in our Philadelphia, PA claims office. City of Los Angeles will have designated team of life examiners to process all life claims.
Plan Administration and Sponsor Services	Claims Processing	38	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No		Yes	We are continually making system upgrades and enhancements and will keep the City apprised of new developments.		Yes, we are very excited to share that we have and are continuing to upgrade our claim processing system. Our Sales representative can share more information regarding this work.
Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes		Yes	For an insured arrangement, Reliance Matrix handles the appeal process, since they are the designated claim fiduciary. The insurance Plan outlines the rights of the employee under ERISA and Reliance Matrix conducts the appeal process accordingly.
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes	Claims can be submitted by phone, or by mail or fax. Beneficiaries can submit their claim forms, upload documents and check claim status online via our Life Beneficiary Claim Portal.	Yes		Yes	
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?	Yes		Yes	We provide quick access to forms through myNYLGBS.com where employees can access what they need in English or in Spanish.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	42	Briefly describe your process for administering claims.	Yes	<p>Once we receive the participation file, we will use the data from the file to create the employer portion of the claim on employer's behalf. In the event a beneficiary never calls to initiate a claim, rest assured we have it covered. We can automatically initiate a claim if you notify us on the file of an employee death and generating claim kits to the beneficiary of record. Separately, we include Electronic</p> <p>We also conduct a death match to provide you with piece of mind that we periodically compare all insureds on the provided participation file to third party databases to validate if an individual may have died but not reported by the beneficiary, customer or TPA.</p>		<p>The initial notification of life and accident claims can be submitted to us online as well as by phone, email, mail, or fax.</p> <p>For phone or online claim submissions, the employer/administrator provides eligibility and beneficiary information as well as supporting documentation that include the following:</p> <ul style="list-style-type: none"> •a copy of the death certificate (for basic life claims only, not including voluntary, we can pay claims up to \$50,000 without a death certificate) •if applicable, a doctor's statement (for other losses) •original enrollment card or coverage election form or screen printout •all absolute assignment forms •all change of beneficiary forms •any applicable estate papers, accident reports, or medical records <p>If we do not receive the necessary information, the claim specialist will request the information needed to make a claim decision.</p> <p>If we do not need additional information, the claim specialist will begin his or her review and notify the insured or beneficiary of the claim decision.</p>		Life claims can be processed online, fax, e-mail and mail. All life claims are handled by our life claims examiners located in our Philadelphia, PA claims office. Once an employee files a claim either online via our website reliancestandard.com, mail, email, fax, and also telephonically, if given eligibility file feed with the disability and leave products, the life claims examiner would directly contact the beneficiary for all necessary information to process the claim. We would only need to contact Senior Operations' personnel for verification of employment, if necessary. typically, Within 5-10 business days from receiving all necessary information, the life claims examiner will either adjudicate, approve/deny, and pay Life claims.
Plan Administration and Sponsor Services	Claims Processing	43	For the claims office that will be assigned to the City what is your average annual claims volume?	Yes	In our most recent annual period, we paid 180,652 Life and AD&D claims; we paid \$7.4 billion in Life and AD&D benefits.		In 2022, we handled 42,387 life claims. Life claims handled for 2022 include claims received in 2022. It can also include claims received before 2022 that are still open, as well as claims received before this year but closed after January 1, 2022.		10,150
Plan Administration and Sponsor Services	Claims Processing	44	Also indicate the percentage of claims denied, and the category reasons for denial	Yes	<p>In 2023, our Life and AD&D claim denial rate was 1.68%.</p> <p>The top reasons for 2023 denials are:</p> <ul style="list-style-type: none"> • AD&D Death Excluded or AD&D Loss Not Covered; • Lack of Documentation for Review; • No Coverage in effect; • Suicide Exclusion. 		We are unable to provide this metric, as it is considered proprietary and confidential.		Not disclosed

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	45	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.	Yes	<p>Group Life Claim Examiners attend a one-month classroom training with a prerequisite of completing a five-week Reviewer training. The first three weeks focus on claim processing and the remaining two weeks focus on customer service. Customer service training includes dimensions of service, task and people skills, demonstrating awareness, listening skills, stages of grief, role playing, live calls and mentoring. Our quality team reviews all of the trainees' work and provides feedback on any discovery. If needed, the trainer provides one-on-one assistance.</p> <p>Once released from training, Examiners work with their mentor on a plan for production and quality. Our quality team reviews all of the trainee's work and provides feedback on any discovery. If needed, one-on-one assistance will also be provided by the trainer. Refresher classes are held three months and six months after class ends.</p> <p>Group Life Claim Supervisors and Managers are typically promoted from within the Life Claim organization so they are already proficient in the Life Claims process. Formal corporate training focuses on leadership and people management responsibilities. Each new Supervisor or Manager is mentored by a peer and trained by their manager.</p> <p>Ongoing training includes: various phone and claim refresher training, along with mandatory training sessions required by all associates such as privacy, data retention and money laundering.</p> <p>We also provide ongoing culture and customer initiative training.</p>		<p>Our claim specialists receive a strong foundation in quality claim processing and customer service. During initial on-the-job training, which lasts approximately four months, our claim specialists learn and practice basic life and accident claim processing tasks under close supervision by management.</p> <p>Training topics include the following:</p> <ul style="list-style-type: none"> •proof of death •contracts •beneficiary designations •assignments •privacy guidelines •statutory requirements (e.g., ERISA, interest, notice and consent, small estates, unfair claim practices) <p>We also provide training on medical-related topics.</p> <p>In addition, accident specialists complete specialized training at the Institute of Forensic Science and Law at Duquesne University in Pittsburgh, Pennsylvania. By examining real-life cases, our accident specialists obtain specific knowledge to enhance and expedite the claim process.</p> <p>We encourage our employees to earn professional certifications and/or degrees, and we actively support them through tuition reimbursement programs. We hire accident claims staff out of Duquesne University's Master of Science in Forensic Science and Law Program.</p> <p>In addition, work by new claim specialists is closely monitored by job coaches, technical specialists, and team leaders until those specialists achieve and sustain certain levels of competence.</p> <p>Ongoing training topics include the following:</p> <ul style="list-style-type: none"> •phone-based customer service •writing with care •time management and desk organization <p>In addition, we provide continued forensic training for accident specialists.</p>		<p>During the first 3 months on the job, 100% of a Claims Examiner trainee's denials and 100% of first claims are reviewed prior to release. In-house training includes training on customer service, legal/regulatory issues and cross training in other disciplines.</p> <p>In addition, all Examiners receive training on Client-specific program management. A foundation to our success has been our ability to tailor our services to the needs and resources of each individual Client. Each Client has specific needs. It is our job to customize the communication, data exchange, and decision processes to our clients' specific requirements. We will work with each impacted Client position/department to fully document roles and responsibilities. Training will be conducted to meet the Client's requirements, and can include combined training with the Client staff.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	46	For the last 12 months, what is your average number of business days to process a claim from date received.	Yes	In 2023, 4.22 average number of business days to process a claim from receipt of all necessary information.		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information. We track turnaround from time of receiving all required information. Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		100% of all Life/AD&D claims are processed from date of complete information within 10 business days.
Plan Administration and Sponsor Services	Claims Processing	47	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.	Yes	In 2023, 98% of all Group Life claims were processed within ten business days.		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information. Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		100% of all Life/AD&D claims are processed from date of complete information within 10 business days.
Plan Administration and Sponsor Services	Claims Processing	48	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.	No	We do not track claims paid within 30 days, as our goals are to pay claims far faster than in 30 days. We process 98% of all claims within ten business days.		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information. Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		84.58%
Plan Administration and Sponsor Services	Claims Processing	49	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No		No	
Plan Administration and Sponsor Services	Claims Processing	50	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	In 2023, our financial accuracy was 99.68%. We define financial accuracy as dollars paid correctly divided by the total dollars. Customer service accuracy is defined as the number of correct data elements divided by the total data elements required to make claims decisions.		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information.		Life/AD&D claim financial accuracy : 99%

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Plan Administration and Sponsor Services	Claims Processing	51	What are your procedures for recovery of the overpayments or duplicate payments?	Yes	<p>As part of the claim entry, our system compares the Social Security number (SSN) submitted to the existing claims in our system. To avoid duplication, matches to the SSN are displayed in our system allowing the examiner to update the existing claim in lieu of adding a new claim. If a match is not found and a new claim is created, the SSN is required to be keyed in two different fields to ensure it is accurate.</p> <p>As part of the claim adjudication process, the claim system also checks for duplicates of the same SSN and customer. If a duplication is found, our system requires high-level approval for the continuation of the payment process. We also review a daily report of potential duplicate claims based on additional criteria.</p> <p>If an overpayment is identified, we call the payee to advise them of the overpayment, we provide explanation of how the error occurred and we request reimbursement. A letter is also sent to the payee. If payment was made by check and the check is still outstanding, a stop-payment is placed immediately with our bank. We instruct the payee by phone not to cash the check. If there is no response from the payee within 45 days of overpayment notification, we refer the overpayment to an outside vendor to pursue recovery of the funds.</p>		<p>If an overpayment has occurred, the claim specialist will contact the insured or claimant/beneficiary in writing to explain the reason for the overpayment. We then forward the claim to our overpayment recovery team for handling and follow-up; in addition, covered during this correspondence is the amount of the overpayment and the repayment options.</p>		<p>Typically, overpayments are resolved in-house through communication and interaction with the claimant. Our claim examiners have the authority to recover overpayments if they can be resolved through repayment within 12 months (i.e. through reimbursement from the claimant or by withholding future LTD benefits against the overpayment).</p> <p>For fully-insured coverage, the client will not be notified prior to initiating recovery efforts.</p>
			What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?	Yes	<p>Claimants are able to initiate a funeral assignment as soon as the claim is filed. They would indicate via a yes/no question during the claim submission:</p> <p><i>Have you signed a document with a funeral home that authorizes us to make a payment directly to them? This document is usually referred to as a funeral home assignment. If yes, please provide a copy of the form with your claim submission.</i></p> <p>This can be executed prior to issuance of a death certificate, which greatly expedites the payment to the funeral home.</p>		<p>An immediate payment option (e.g., a quick advance of a portion of the death benefit for payment of funeral expenses) can be arranged pending a hold harmless or policy agreement. If a client is interested in this approach, we will be happy to discuss it further; however, because it results in claims being handled multiple times, we do not recommend it.</p>		<p>A funeral assignment is a written agreement that allows a beneficiary to transfer all or a portion of the life insurance benefits they are eligible to receive to a funeral home. The beneficiary chooses the amount of benefits to assign and the name of the specific funeral home that should receive the payment.</p> <p>We will make payment directly to a funeral home from any life insurance benefits a beneficiary is eligible to receive, if directed to do so by that beneficiary in writing</p>

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Plan Administration and Sponsor Services	Waiver of Premium	53	How is the City notified of Waiver of Premiums?	Yes	<p>Assuming that both life and disability are awarded to MetLife, we can follow the automated process below. These waiver of premium claim initiations can be shared directly with the City or with Telus Health via an automated process as needed.</p> <p>Initial Notification For Class 3 which includes premium waiver, we will automatically create the pending waiver claim when the LTD claim decision is made. We will reach out to you to confirm coverage details as part of this process.</p> <p>Death Notification Upon death, the waiver file is closed and the claim is terminated in our system. This process automatically opens a pre-claim on the Life claims system. All information in the waiver claim will be available for review, if needed, via the Life claim system or imaging system.</p>		<p>If NYL GBS is the disability provider Claimants are not required to submit a separate life waiver of premium claim form when New York Life Group Benefit Solutions is both the life and disability provider for a specific plan. The information is easily shared within our claim office.</p> <p>If NYL GBS is not the disability provider For waiver of premium claims when New York Life Group Benefit Solutions is not the disability provider, we can partner with the chosen disability vendor to provide the most seamless waiver of premium process for employees. Details would be worked out during implementation.</p>		We will notify the Policyholder and Claimant in writing of our determination. If the Waiver of Premium is approved, the premium paid after the date that Total Disability began will be refunded.
Plan Administration and Sponsor Services	Evidence of Insurability	54	Confirm that you can administer all aspects of the EOI process, including notice and follow up.	Yes		Yes		Yes	As a Workday Partner, we have a API enabled solution that offers automated EOI submission and associated status updates.

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Plan Administration and Sponsor Services	Evidence of Insurability	55	Can the EOI process be automated?	Yes	<p>Our recommended method is to set up a single-sign on process. We have set up this process with Telus Health with other mutual clients, and it has worked very well for them.</p> <p>Under this process, employees complete and submit a statement of health electronically through our employee website utilizing e-signature capabilities. Trusted authentication allows employees to move between the Telus site and MetLife without entering a separate username and password.</p> <p>Employees who complete a statement of health will seamlessly enter the employee website at the same time Telus streams us employee data. Employees answer medical questions and submit the application with an e-signature. They are then returned to the Telus site. We auto-adjudicate clean statement of health submissions (almost 3 of 4 applicants) and instantly inform the applicant of the decision via email. If the employee is not automatically approved, they can continue with the normal underwriting process. Employees receive periodic automated correspondence to support medical review activities.</p> <p>Employees can check the status of their application through our employee website, while you and/or the third-party administrator can check employees' status via our employer website.</p>	Yes	Approximately 83 percent of applications submitted online are auto-adjudicated or jet underwritten. For applications that require medical underwriting review, the average processing and initial underwriting review is about five days or less.	Yes	

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Plan Administration and Sponsor Services	Evidence of Insurability	56	How can the EOI process be simplified?	Yes	In addition to creating the single-sign on with Telus described in the question immediately preceding this question, we would suggest moving to a short EOI form versus a longer, standard form. This streamlines the process for employees and encourages more completion of the EOI form at the time of application.	Yes	<p>Medical evidence of insurability services are available online for employees and spouses at no additional cost for employers with term life and disability insurance. These services also support annual enrollment and new hire and life event processing. With our single sign-on (SSO) technology, the medical evidence of insurability questions are integrated into your enrollment process workflow so an employee can finish their enrollment and medical underwriting questions at the time of enrollment. For employers that are unable to support SSO functionality, we can accept an enrollment file with the employees' elections for groups with more than 500 lives.</p> <p>When the enrollment file identifies employees who need to receive medical evidence of insurability, we contact and inform those employees that they must complete the form on the employee portal or through our real-time enrollment-to-evidence-of-insurability connection.</p> <p>The evidence of insurability process includes the following components:</p> <ul style="list-style-type: none"> •We notify employees by email (if address available) or mail that they need to furnish evidence of insurability. •Employees log on to the employee portal to complete their evidence of insurability. •Qualifying applicants will receive automatic approvals. •Applicants who are not approved or require additional medical underwriting will be forwarded to our medical underwriting team. (Applicants can check the status of their application online on the employee portal.) •Employers receive an email notification when there is activity for them to see in our client website. 	Yes	Employees access Reliance Matrix's online enrollment system to enroll for coverages and will automatically be prompted if they are required to completed EOI. This option is ideal for policyholders that utilize our standard business rules for each of our lines of coverage. We have other online enrollment/EOI options available as well. We have provided our EOI option brochure in our exhibits.
Plan Administration and Sponsor Services	Evidence of Insurability	57	Verify that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes		Yes		Yes	Employees experiencing a qualified life status change have 31 days from the date of such change to make or revise benefit elections. Coverage amounts up to the Guaranteed Issue amount will not require EOI. After the 31 day period the applicant would require EOI for all amounts applied for.
Plan Administration and Sponsor Services	Evidence of Insurability	58	If you cannot comply with the current requirements for evidence of insurability, please describe your requirements in the following situations: After the first open enrollment, what terms and conditions will you require evidence of insurability? What requirements will apply to new hires?	Yes			Evidence of insurability on life and disability insurance applications is required for the following: <ul style="list-style-type: none"> •requests for coverage in excess of the guaranteed issue amount (at any time) including life status event •late entrants •reinstatements 		Matching Inforce plan, We can align with the current requirements. Further discusison will be needed if alternate plan is selected. IE: Increment plan will require approvals on how the current/Future enrollees will be hanaded.

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Plan Administration and Sponsor Services	Evidence of Insurability	59	Do you agree to grandfather existing life insurance amounts for all currently covered employees and dependents so that evidence of insurability is not required?	Yes		Yes		Yes	
Member Services and Communications	Call Center	60	Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing. If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST	Yes	We will be providing the City a dedicated Client Services Consultant who will be available to assist the City with administration and will work with members/beneficiary. The Client Services Consultant will be available by phone and/or email Monday through Friday 8:00 a.m. to 5:00 p.m. PT.	Yes	We look forward to discussing this topic in more detail if we are selected as a finalist.	Yes	Our stance would be that we are flexible in this circumstance and with our Executive Service contact, and willing discuss options to meet the needs if chosen as a finalist.
Member Services and Communications	Call Center	61	Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)	Yes	In 2023, our average speed of answer was 19 seconds.		Average speed to answer in the Contact Center/Intake for 2023 was 25 seconds.		Average Speed to Answer: 30 seconds
Member Services and Communications	Call Center	62	Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?	No	We have a centralized customer service team in our Life Claims Operation that answers questions regarding Life claims via the toll-free customer service line. This team is part of Group Life Operations and is not a call center. If needed, there are staff members on the team who can address complex claim questions. Our goal is to answer calls on a "once and done" basis whenever possible. However, if a complex situation requires a callback, our call turnaround time goal is 24 hours. Additionally, your dedicated Client Services Consultant will be available to assist participants and City administrators with any inquiries.	No	We don't typically assign Advocates to specific clients and all Advocates can handle all calls that come into the Intake queues.	No	Our standard Customer care team is available between 8AM – 7Pm EST. If a customer service representative or claims examiner is not available, employee will have access to IVR.

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Member Services and Communications	Call Center	63	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.	Yes	<p>Life claim associates are trained in all areas of phone etiquette and empathy, including how to handle distraught callers. Our quality team utilizes the NICE application to monitor telephone calls to ensure a high level of service is being provided. The NICE application records incoming customer calls. Each monitored call is scored based on our established procedures, documentation and professional phone etiquette. If an individual does not meet the requirements on a phone monitor, feedback is provided to the Unit Leader. Coaching is provided immediately. If necessary, retraining is delivered.</p> <p>Since customer service calls are not scripted, audit feedback provides useful information for best practices and places to focus training. As a department, we track trends, recognize efficiency, identify and share best practices, and promote consistency. Year-round refresher training is provided for our Phone Team to ensure our customer service is of the highest quality.</p> <p>The average tenure for our Customer Service Representatives is eight years.</p>		<p>New York Life hires intake advocates based on customer service experience and prefers individuals who have worked in a face-to-face customer service environment.</p> <p>Intake advocates receive three weeks of initial training that emphasizes customer service skills, medical terminology, and system functionality. We provide training through classroom lectures, manuals, and continuous skill building. After the classroom training, new intake advocates complete two weeks of on-the-job training under the supervision of experienced intake mentors.</p> <p>We also provide ongoing training at six-month intervals to reemphasize customer service techniques and claim processes. Additionally, each new intake advocate is assigned a dedicated coach to provide ongoing mentoring and on-the-job training.</p> <p>The quality of our intake advocates and the extensive training provided enables many to advance within the New York Life organization. We often promote intake advocates to other absence management positions within the business.</p> <p>Current tenure for Intake Advocates is 4.3 years.</p>		Customer Care Representatives (CCR's) currently receive 10 weeks of training based on a formal curriculum. This is broken into 3 core skills: Product knowledge, Billing systems and processes (Group Administration), Claims support and Administration and Annuities systems and processes. Each new CCR is also assigned a mentor who works with the associate to assure a smooth transition to the role. After each phase of training, the CCR will handle calls for a minimum of 6 months before the next phase of training begins.
			Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.	Yes	At the outset of a call, the Customer Service Representative asks the beneficiary for either the insured's Social Security number or the claim number. The Customer Service Representative is then able to see all related information for that claim, including the insured's name, date of birth and Social Security number; the company and coverage amount(s); beneficiary information; and all submitted supporting documentation.		We require the employee name, date of birth and/or last 4 digits of the employees SSN are required to authenticate the caller. If the caller does not authenticate, when they are connected to an Advocate they will be asked for their name, DOB and full SSN. From here the Advocate will be able to pull up their eligibility information which provides full demographic and employment information. If the client does not have an eligibility feed, the employee will have to provide their name, DOB, full SSN, home mailing address and employer information including employer name, work location, job title, salary, work schedule, etc.		Our Call Centers are staffed with Reliance Matrix employees and they do have access to the claim related information necessary to provide information to Claimants on claim status and claim payment. A Claimant will need to provide identifying information for our Call Center to locate the correct claim IE claim number, Insured name etc

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Member Services and Communications	Call Center	65	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	<p>All Life customer service personnel have access to interpreters through LanguageLine Solutions, Inc. This is a full-service language interpretation and translation company that provides over-the-phone interpretation in over 240 languages.</p> <p>Our Customer Service Representatives are trained in the use of a relay service and can communicate with callers using a hearing-support tool.</p> <p>For Total Control Account customers, callers with a Telecommunications Device for the Deaf (TDD) are provided with a specific toll-free number that can be found in their Total Control Account Welcome Kit.</p> <p>These services are provided during all hours of telephone customer service availability.</p>	Yes	<p>Phone/Customer Service New York Life Group Benefit Solutions offices are culturally diverse, and we have employees assigned to various teams who speak fluent Spanish to provide assistance when needed. In addition, our teams use LanguageLine Solutions, which provides immediate access to translator services for more than 300 languages and dialects.</p> <p>Web and Mobile Our portal (available on mobile devices and browsers) and website is available in English and Spanish.</p> <p>Print Communication Materials We have printed communication materials available in a variety of languages, including English, Spanish, Simplified Chinese, French, German, Arabic, and Hindi.</p> <p>TDD To assist members who are deaf, hard of hearing, and/or speech disabled, we utilize the services provided through 711, which is a telecommunications relay service that translates from TTY for those with hearing disabilities to speech and vice versa. We contact the relay service to connect with a 711 operator to ensure the hearing-impaired member is easily able to communicate.</p>	Yes	We have full-time Spanish speaking employees. Other language requirements will be met using CTS LanguageLink. CTS LanguageLink shall provide over-the-phone interpretation (OPI) services in over 240 languages and dialects. We also have a TDD service available and are able to provide assistance to any hearing and speech impaired employee.
Member Services and Communications	Call Center	66	How many customer service issues are resolved during first contact?	No	Approximately 86% of member calls are resolved during the first call.		We do not track this metric; however, our goal is to resolve any issues during the first contact.		Not tracked
Member Services and Communications	Call Center	67	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?	Yes	Our Concierge Claims Service provides beneficiaries with compassionate step-by-step support throughout the claim process. Our claim experts can assist beneficiaries by notifying third parties, initiating warm transfers and informing beneficiaries of the value-added services that are available to them. These services include funeral assistance, legal services, financial consultation and grief counseling services.	No	<p>The Contact Center/Intake does not have the ability to warm transfer callers as we have performance guarantees with average speed to answer so Advocates need to be available for the calls in the queue. We can provide callers with information on who they would need to follow up with.</p> <p>New York Life Group Benefit Solutions (NYL GBS) can accept warm transfers from the client's call center; however, we do not offer a warm transfer call to any outside vendors as it is NYL GBS' goal to capture the voice authorization from the employee during intake. At the same time, NYL GBS can offer a warm transfer to a vendor at the claim manager level.</p> <p>We will discuss the client's objectives and the appropriate solutions in detail during the sales process.</p>	Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Appeals Process & Member Complaints	68	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes		Yes		Yes	For an insured arrangement, Reliance Matrix handles the appeal process, since they are the designated claim fiduciary. The insurance Plan outlines the rights of the employee under ERISA and RSL conducts the appeal process accordingly.
Member Services and Communications	Appeals Process & Member Complaints		69	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case	Yes	We can provide reports with the data elements requested.	No	Reporting through our business-based compliance unit, our consumer advocacy team maintains required data to meet all state and regulatory requirements. Our consumer advocacy team tracks complaints for statistical purposes; this data is for internal purposes only and is not shared with employers. We monitor the appeals timing but do not provide information to an employer unless requested. NYL GBS' consumer advocacy team may offer feedback and guidance to the claim staff but does not process claims or offer an alternative to the appeal process for disputed claim decisions. Our consumer advocacy team reports through our Compliance and Risk Management program, thus promoting objectivity and fairness. In working as advocates for claimants, this team works closely with the claim staff to provide feedback and ensure appropriate resolution.	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Appeals Process & Member Complaints	70	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?	Yes	<p>When a complaint is received, it is directed to our Corporate Customer Relations Unit for tracking and internal reporting.</p> <p>In the event a claim has been denied in whole or in part, the beneficiary may request a review of the claim. Information regarding the right to appeal and the process is included in the denial letter. This appeal request is sent to the claim administrator within the period specified with a statement from the beneficiary as to the reason they believe the claim was improperly denied. Additional information, questions or comments should also be provided.</p> <p>The entire claim is re-evaluated by our appeal committee. Whether we uphold or reverse a claim decision based on an appeal review, we send a letter to the claimant with an explanation of the decision.</p> <p>Additionally, we conduct participant and beneficiary satisfaction surveys.</p>		<p>We view complaints as an opportunity for our staff to identify service and decision quality opportunities, address them with a sense of urgency, and learn from them to improve the overall experience for our clients and their employees.</p> <p>The appropriate claim team personnel will respond to verbal complaints within 24 hours to ensure we have begun working toward a resolution. To ensure written complaints receive priority attention, we developed the consumer advocacy specialist role, which specifically addresses and resolves service opportunities on written complaints we receive.</p> <p>New York Life Group Benefit Solutions' consumer advocacy specialists are located in our claim offices. This team's performance is part of our Compliance and Risk Management program, thus promoting objectivity and fairness. Consumer advocacy specialists work closely with the claim staff to provide feedback and ensure appropriate resolution.</p> <p>Our process is as follows when responding to written complaints:</p> <ul style="list-style-type: none"> •Written complaints are immediately electronically forwarded to a consumer advocacy specialist. •The consumer advocacy team records every written complaint in a database and creates the appropriate response within 10 business days of receipt (or within the appropriate time frame specified by the regulatory department involved). •An investigation is conducted in which an objective file review is performed, the involved claim staff is interviewed, and the claimant is contacted. •When the appropriate response has been drafted, it is issued to the inquiring party and/or the complainant. The consumer advocacy team retains copies of the response. 		<p>Appeals, Formal Complaints and Litigation activities are addressed within our Claims Governance Team by experienced Claims Professionals. The Claims Governance Team will work with the assigned Claims Operations team members to ensure all appropriate actions steps are taken based on the facts of each claim.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Member Services and Communications	Appeals Process & Member Complaints	71	Describe your procedures for notifying the client of any appeal process.	Yes	If we reverse a decision and approve a claim, a Notice of Claim Payment would be sent to the customer.		<p>If a claim is determined to be non-compensable, we send a detailed denial letter to the insured or beneficiary with appeal instructions.</p> <p>To start the appeal process, a claimant can request a review of our claim decision by submitting an appeal to our claim office within 60 days of the date they received notification of claim denial. The written request must accompany the reason for appeal, the insured's SSN, and any additional information or documentation that supports or clarifies the claim appeal.</p> <p>Within 10 calendar days from the date of receipt of the appeal, we send a letter to the claimant acknowledging the appeal request. A claim specialist of equal or higher level than the original claim specialist reviews the claim file and seeks additional information if needed.</p> <p>We then make a decision to affirm or overturn the denial within 60 calendar days and communicate the decision to the claimant. If there are special circumstances that cause a delay (e.g., additional information is needed), the maximum time for an appeal decision to be rendered is 120 calendar days.</p>		<p>If an appeal of the denial is submitted in a timely manner, we acknowledge it in writing, and assign a new Claims Examiner in our Quality Review Unit to conduct an independent review of the entire claim file. New information may be requested.</p> <p>The Claimant or his/her representative usually will be notified of our decision on appeal within 45 days, but an extension of time of up to an additional 45 days may be required. If such an extension is required, we will provide written notice.</p> <p>Note that we make every attempt to ensure that our appeal procedures are in full compliance with the Employee Retirement Income Security Act of 1974, as amended, and the accompanying regulations. Our procedures are subject to change to ensure continued compliance.</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Website and other Media	72	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?	Yes	<p>We consider communications and overall employee education to be a significant part of our overall value proposition. As a standard service, we are proud to offer a dedicated communications and enrollment specialist, Howie Sisken. Howie will work with your account team to co-create an end-to-end employee engagement strategy that aligns with your current communications strategy and preferences.</p> <p>Examples include product overviews, FAQs and infographic flyers. Additionally, we offer a library of digital content in the form of videos, Brainshark presentations and more. These curated materials can be deployed through your existing preferred communication channels, and we will work with you every step of the way to ensure all employees receive this important messaging.</p> <p>We will also provide a microsite which features product information about filing claims and additional life insurance benefits.</p> <p>We provide onsite support through our Onsite Services team who will recommend and deliver the best onsite strategy to suit your specific requirements. Our licensed benefit counselors are among the best in the industry and have been trained and certified in our product offerings. They will educate your employees about their benefit options to enable them to make informed benefits decisions.</p>		<p>Pre-enrollment Communication and Education Services</p> <p>Communication is key for a successful voluntary benefits offering. Our employee education process ensures employees understand the benefits offered and the value they provide. We partner with the client and producer to identify best practices and ways to convey the benefit offering so employees can make decisions that best meet their needs. Services include the following:</p> <ul style="list-style-type: none"> •Marketing Services - the enrollment consultant develops a customized campaign to include pre-enrollment marketing and education communications, including product video links, e-cards, flyers, postcards, and posters to inform employees of key dates and actions for benefit enrollment •Onsite Group Meetings - licensed, voluntary benefits counselors provide employee education on NYL GBS benefits on site at appropriate client locations •Virtual Support - licensed, voluntary benefits counselors are available to provide employee education on NYL GBS benefits via a virtual setting (webinar or virtual benefit fair) to reach employees across the organization <p>Post-enrollment Services</p> <ul style="list-style-type: none"> •Reporting which includes data analysis, forecasting, resources used, and the opportunity to solicit feedback for subsequent enrollment support. •Additional enrollment support is available for acquisitions or mergers on a case-by-case basis. •Materials and content for new hires orientation. 		Reliance Matrix develops a customized strategy from the widest range of tools and support available, including: Staffed employee benefit meetings, Paper or electronic personalized enrollment forms and kits, Bilingual support, Online Evidence of Insurability (integrates with your real-time enrollment platform), Webcasts, Customized video presentations, Toll-free telephonic help-line, employee email blasts, and posters.
			Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes	<p>We have created the beginning structure of the City's MetLife microsite. This site is just a start, and would be fully customized to include the specific content to provide needed education, process instructions, forms, and City-wide updates.</p> <p>The sample can be viewed at: https://www.metlife.com/info/city-of-LA/</p>	Yes	New York Life Group Benefit Solutions (NYL GBS) can provide microsities which are educational websites designed to allow employees to access videos, use interactive calculators, and review benefit highlight sheets to make informed decisions. In addition, NYL GBS can provide recorded webinars (available for 30 days) to help employees better understand their insurance options and why they may need them.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Member Services and Communications	Website and other Media	74	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes	As part of our multi-year digital transformational program, identified components of our Online Service Portals are being enhanced to conform to the Web Content Accessibility Guidelines (WCAG) version 2.1 Levels A and AA of the World Wide Web Consortium Web Accessibility Initiative (W3C WAI). This means that components of our Online Service Portals are designed to work with assistive technology, such as screen readers like JAWS or NVDA. As part of this digital transformation and commitment to customers, our foundational capabilities and experiences enhancements are targeted to be completed in 2024, with many applications already significantly conforming to the accessibility guidelines.	Yes	Our portal (available on mobile devices and browsers) and website is available in English and Spanish. We designed www.myNYLGBS.com according to accessibility guidelines for WCAG 2.0AA. Newer features are designed to WCAG 2.1AA. We continue to monitor changing standards and make updates to any older content which adhered to WCAG 2.0AA.		Our website is in English, however we have access to live, on demand, translation services for customers calling our customer services facilities who do not speak English. We also have - on-site - Spanish speaking representatives as this is typically our most commonly requested translation. We're also able to produce virtually all of our enrollment and communication materials in almost any language that is required.
Member Services and Communications	Website and other Media	75	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	We can customize the website with your company name or a company logo. The website contains client specific plan design information, benefit schedules, underwriting requirements and rates. We are also able to support client specific messages within the website. There is no additional cost for this customization. As a standard service, we offer a Communication & Engagement Lead, Howie Sisken, who will partner with the City to develop a robust communication strategy. Starting at implementation, your MetLife team will hold discovery sessions to better understand your current approach to communicating the Life/AD&D programs, as well as any considerations around site locations, demographics and specific marketing requirements. With this information, Howie will partner with your dedicated Client Services Consultant and other internal MetLife experts to assemble and activate a comprehensive and meaningful communications strategy. In developing the strategy, we will focus on delivering a surround sound approach to drive awareness, engagement and education in a sequenced and purposeful manner leading up to the enrollment action.	Yes	The employer reporting self-service site is fully customizable. Users can save personalized reports with nearly 300 available data elements.		We have the ability to develop custom microsites to consolidate client specific forms, information and decision support tools related to their program. These pages can be embedded in a client's secure intranet or third party administration platform for security.
Member Services and Communications	Website and other Media	76	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	The website can be integrated into the City's website in that it would have a similar branded look and could be seamlessly transitioned from the City's site to the benefits site.	Yes	This co-branding capability is scheduled for 2025 release.	Yes	

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Member Services and Communications	Website and other Media	77	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	<p>For each step in the employee's engagement journey, we offer a wide variety of curated educational materials that feature simple, straightforward and easy-to-understand messaging. These materials will be tailored to the City of LA in messaging, look, and feel as needed, although we do have a full library of content and communications that can be used off the shelf as well.</p> <p>The preferred messaging includes real-life and authentic examples as to why Life/AD&D/Disability products are important and the significant role benefits play in overall well-being, but we also have flexibility to create additional, targeted messaging that best resonates with your population.</p> <p>Videos are certainly a central options including fully customized videos, and additional digital content such as Brainshark presentations and more. Additional tools include mailers, postcard reminders, web-based banners, and more. These curated materials can be deployed through your existing preferred communication channels via LAWell.</p> <p>Our communications and the accompanying expertise and customization are included with the quoted services at no additional charges to the City.</p>		Supported by our technology strategy, our corporate mission over the next 24 months is to continue to enhance our innovative array of plans and services in a way that enables us to use our superior capabilities in medical management, integration, and information to customize solutions that address a wide range of employer needs. Information about our in-flight technology upgrades is available upon request.		<p>Reliance Matrix have also entered into a partnership arrangement with Workday as a Software Alliance Partner. This partnership gives our companies "insider access" to Workday code, advances, development environment, training and ecosystem. It also enables informed and joint development which means stronger and faster client integrations.</p> <p>With this access, we implement an API-enabled solution in three phases for customers with the Workday Cloud Platform:</p> <ul style="list-style-type: none"> • Automated Evidence of Insurability (EOI) submission and associated status updates. • Real time access to employee eligibility, including voluntary enrollment elections. • Real time access to EE demographic data to integrate with our eFiling process • Real time access to organization hierarchy for supervisors and HR • Real time access to all employee absence information, not just what is managed by Matrix

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Plan Design	Plan Design	78	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?	Yes	<p>We can set up an interest-bearing account or pay directly via a check or EFT. The account offers access to funds through drafts, a Visa debit card and the ability to link the account to PayPal® and Venmo®.</p> <p>The interest-bearing Total Control Account is typically set up in the beneficiary's name. Once it is established, the beneficiary can transfer funds from the account via ACH transfer or via wire transfers at no cost. If the beneficiary does not want a Total Control Account, they can indicate that they would prefer to receive a check on the claim form which can be mailed or sent via direct EFT payment.</p> <p>Beneficiaries begin earning interest from the day the claim is paid. Interest is compounded daily and is credited on the last day of the month. Beneficiaries pay no monthly maintenance fees and have complete control over the entire amount of the insurance proceeds. They have the option to withdraw the full amount from their account at any time or keep the account open for as long as they would like. Beneficiaries can also use the enclosed drafts (which are similar to checks) for a minimum of \$250, up to the full balance of the account.</p> <p>Our current interest rate is 0.50%.</p>		<p>Through our extensive NYL GBS Survivor Assurance beneficiary program, life and personal accident benefit payments over \$5,000 can be deposited into an interest-bearing account with check-writing privileges that is cleared through BNY Mellon Bank.</p> <p>A book of drafts is provided to the beneficiary, who is able to write an unlimited number of drafts at any time—until the account is cleared. Interest is compounded daily, credited monthly, and begins to accrue when the claim is paid. The account earns competitive interest comparable to a money market checking account. Statements are provided quarterly. Additionally, there are no maintenance charges or penalties for withdrawals.</p> <p>Beneficiary settlements of less than \$5,000 are paid in a lump sum.</p>		Lump sum payment via check or direct deposit

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Plan Design	Plan Design	79	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitation (for example, if you do not allow an absolute or a collateral assignment).	Yes	<p>We assume no obligation as to the validity or the sufficiency of any assignment. Your recordkeeper maintains assignments and shares with us at the time of claim.</p> <p>Assignment of Benefits to a Funeral Home or Nursing Home - On the life insurance claim form, the claimant can request an assignment of expenses to a funeral home and/or a nursing home.</p> <p>Viatical Assignments - Unless prohibited by state law or the certificate, requests for viatical assignments are handled like any other assignment. Please note AD&D benefits may not be assigned to a viatical company.</p> <p>Absolute Assignments - Absolute assignments are permitted unless you choose not to allow them. We recognize any existing assignments made under a prior carrier.</p> <p>Gift Assignments - Life and AD&D coverage may be assigned as a gift.</p> <p>Collateral Assignments - Collateral assignments are permitted for all group Life policies, including Term Life and Group Universal Life coverages. We review assignment forms completed in favor of a creditor on a case-by-case basis.</p> <p>Existing Assignments - We recognize the ownership interest of existing assignments if the Life insurance is in effect at the time the transfer of business occurs.</p> <p>Assignment of Benefits to a Trust - We permit assignment of benefits to a trust.</p>	No	<p>For self-administered life business, assignments would be maintained by the employer.</p> <p>Should NYL GBS administer the City's life plan, LINA cannot directly accept assignments made under a former policy; therefore, LINA requires that a new assignment must be executed.</p> <p>While we can review existing assignment forms to see whether they meet the requirements for grandfathering, we cannot provide legal or tax advice. We will work with the employer to design alternatives to help protect existing estate tax planning if the existing assignment forms do not meet those requirements. We are happy to revisit this topic if we are selected as a finalist.</p>		<p>Yes, our life policies do permit the assignment of benefits. Viatical settlements are processed using our absolute assignment form. The insured must assign coverage irrevocably to the viatical company. Before assigning the coverage, we require a copy of the viatical company's license and we contact the insured to make certain they are aware of the Living Benefit Rider provision included in our life insurance policies.</p>

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Plan Design	Plan Design	80	Describe your administration "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?	Yes	<p>This is a living benefit feature that allows a terminally ill insured early access to their face amount of insurance:</p> <ul style="list-style-type: none"> • Up to 80%; • To a maximum of \$500,000; • Based on a \$20,000 minimum face amount. <p>Typically, the insured must have a life expectancy of 12 months or less. Life expectancy and other guidelines may vary based on state regulations.</p> <p>Assuming that both the life and disability coverages are awarded together through this RFP, we also have ability to create direct referrals for Disability claimants who could qualify for this benefit. This helps promote awareness of the benefit for those who need it most.</p> <p>There are no restrictions on the use of the accelerated proceeds. The subsequent death benefit will be reduced by the amount accelerated and no future premiums on the reduced amount will be required while the employee is insured under the group plan.</p> <p>Payment can be made in a lump sum or three monthly installments. The claimant chooses the settlement option on the claim form. If no option is chosen, the default settlement is a lump-sum payment.</p> <p>Our contract does not require repayment of the benefit amount if the Accelerated Benefit Option has been paid and the contract terminates prior to the death of the insured.</p>		<p>We offer a policyholder-elected terminal illness feature to help an insured employee or spouse financially manage medical costs and household expenses during a terminal illness. This benefit pays a percentage of the in force benefit (and may be subject to a maximum) and is payable to any insured employee or spouse that is diagnosed with a terminal illness and is expected to live a specific length of time, such as 6, 12, or 24 months or less (as specified within the policy). The terminal illness feature is not available on dependent child coverage.</p> <p>The terminal illness feature can be included in any employer- or employee-paid group term life insurance plan at no additional cost. The terminal illness benefit starts on the later of the date the group life policy begins, or the date the benefit is added. A preexisting condition limitation does not apply, and insured employees and their covered spouses are eligible regardless of age. Benefits are payable only once and reduce the amount of the death benefit. Payment of this benefit also ends automatic coverage increases, if that provision applies.</p>		<p>We offer an Accelerated Death Benefit as a rider to our standard Group Term Life Policy. This provision will provide a benefit up to 75% of the face amount to a covered employee who has been diagnosed with a terminal illness and has a life expectancy of less than 12 months. The maximum benefit payable under this rider is \$500,000. There is no charge to the employee or employer for exercising this rider.</p>
Plan Design	Plan Design	81	Please confirm when age reductions take place (e.g. on plan anniversary, on birthdate, 1st of the month following date of birth, etc.)	Yes	<p>Our standard is to use the date of the increase or decrease, but we are flexible depending on what works best for you. Options such as: 1st of month following date of change, 1st of year following date of change, common calendar date, etc. are all available.</p>		<p>We will work with the client to determine the best option for their needs.</p>		<p>We Can Align our Systems to align with Age Reductions with the setup you have in your HRIS.</p>

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Plan Design	Plan Design	82	Confirm your proposal includes accelerated death provisions	Yes		Yes	<p>Below is our standard process. We are open to creating a custom process which may include integration with the LTD vendor to identify terminally ill claimants who may potentially be eligible for accelerated death benefits to determine the most empathetic and appropriate way to approach potential accelerated death benefit claimants. Our standard process is as follows:</p> <p>We ask the insured to complete an accelerated benefits claim form providing information about the illness and sign a certification to release medical information form. We also require a copy of the insured's beneficiary designation to verify the beneficiary of record and that no assignments or irrevocable beneficiaries have been executed.</p> <p>Before payment of benefits, we require reasonable objective proof such as medical records of the claimant's illness. The claim office contacts the doctor(s) and requests the information; however, the claim is expedited if we can secure the doctor's reports at the time of the initial claim.</p> <p>Once approved, we notify the insured of the approval and benefits are paid. At this time, we notify the insured that the life insurance benefit has been reduced by the amount of the terminal illness benefit and the date of the change.</p>	Yes	
Plan Design	Plan Design	83	Confirm that your proposal does not include any interdependencies for coverage amounts for Employee, Spouse, Child.	Yes		Yes		Yes	If Alternate plans are elected, Spouse only coverage cannot be contracted, as well as we will limit spouse coverage to 100% of employee coverage.
Plan Design	Plan Design	84	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes		Yes	Our quote reflects the grandfathering of the current amounts of coverage.	Yes	Please see Attachment for Continuity of Coverage.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Design	Plan Design	85	Describe your provisions for policy lapse in terms of 1) Carrier transition/implementation, 2) employer administration (e.g. non-payment, etc.), and 3) member perspective (e.g. non-payment, portability, etc).	Yes	<p>1) Our Group Term Life Insurance policy provides coverage on a no-loss, no-gain basis for employees who are not actively at work on the plan's effective date. Your employees will not be negatively impacted nor will they benefit in terms of their coverage level solely from the transition from the prior carrier to us. The policy provides the complete terms and conditions of this coverage.</p> <p>2) Premium is due on the first day of each month. Our standard grace period is 60 days. In the event payments are late, your assigned financial / billing contact will reach out. Once a payment is 105 days past due, additional steps could be taken.</p> <p>3) Members would not be aware of the City's non-payment of premium. We would notify the City of the lapse to ensure a quick resolution.</p> <p>Portability allows employees to continue their insurance at their own expense when their coverage under your plan ends due to certain qualifying events. Employees and dependents can continue the same or lesser amount of insurance in force without providing evidence of insurability or elect to increase their coverage amount and receive preferred rates with evidence of insurability. They are direct billed for the ported policy.</p>		<p>1. We design our policy to help prevent your employees from losing coverage because of a change in carriers. In addition, we permit employees to grandfather their current insurance amounts without providing evidence of good health, subject to the actively-at-work provision. Unless stated otherwise, the maximum life amount (basic and voluntary) grandfathered depends on the size and characteristics of the group and can be as much as \$2.5 million.</p> <p>2. The policyholder is responsible for payment of premiums due. The policy will lapse due to nonpayment if the payment is not received by the end of the grace period.</p> <p>3. For conversion/portability, in order to keep the coverage in force, employees must pay premiums by the due date on the billing notice.</p>		If a policy lapses due to non-payment of premium, we would send the lapse in coverage or termination letter directly to the employer as voluntary coverage is usually payroll deducted

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Plan Design	Plan Design	86	Describe your Waiver of Premium Process.	Yes	<p>Initial Notification For Class 3 which includes premium waiver, we will automatically create the pending waiver claim when the LTD claim decision is made. We will reach out to you to confirm coverage details as part of this process.</p> <p>Monitoring We review the status of those on waiver of premium on an annual basis. Until age 65, we conduct a medical reinvestigation, review the medical records and/or follow up with the attending physician if needed. We may look at the vocational and medical profiles to determine whether or not the disabled employee is likely to continue to be disabled or can return to work. This process will continue until the insured is no longer disabled, dies or the waiver terminates.</p> <p>Death Notification Upon death, the waiver file is closed and the claim is terminated in our system. This process automatically opens a pre-claim on the Life claims system. All information in the waiver claim will be available for review, if needed, via the Life claim system or imaging system.</p>	Yes	<p>Please note that we only quoted Waiver of Premium for Class 3 Basic Life, as per current plan design. There is no Waiver of Premium on Voluntary Life.</p> <p>Waiver of premium is available for any basic or voluntary life benefit that defines "waiver" within the policy. Eligible employees are those who are not actively at work because of a disability. Spouse/dependent (child) coverage is continued if the employee's coverage is continued and if noted in the statement of benefits.</p> <p>For our standard waiver of premium provision, premiums are waived for covered employees who meet all of the following criteria: •provided proof of disability within the time required by the policy •have been disabled for six consecutive months •became disabled before their 60th birthday</p> <p>No premiums are required throughout the waiver elimination period provided the policy provision does not state premiums are required during that period. Otherwise, the employee is required to remit premiums to keep the coverage active during the waiver elimination period; these premiums may be refunded upon waiver approval.</p> <p>Upon approval for waiver, premiums continue to be waived. Claimants must provide proof of continuing disability annually. The waiver continues until the employee is no longer totally disabled, refuses to submit proof of continued disability, or reaches age 65, whichever occurs first.</p> <p>By definition, qualifying disabilities are those which prevent the claimant from performing any occupation for which they are reasonably qualified for wage or profit.</p> <p>If quoting extended death benefit option, use the following.</p> <p>Extended Death Benefit Option Our waiver of premium includes an extended death benefit feature that •requires employee disability to occur before age 60;</p>	Yes	If Reliance Matrix is also providing Long Term Disability benefits to an eligible (Totally disabled) employee, the same Disability Claim Statement used to submit the Long Term Disability claim will be used to assess his or her eligibility for the Waiver of Premium benefit under the Group Life Policy. After an employee who is receiving Long Term Disability benefits has been disabled for the applicable six-month qualifying period, a Waiver of Premium claim file is automatically established. The Long Term Disability Examiner will then review the medical information on file and notify the Policyholder and Claimant in writing of approval or denial of the Waiver of Premium benefit. Please note that additional information may be requested to confirm the Claimant's eligibility for coverage, the amount of insurance and the Beneficiary designation under the Group Life Insurance Policy.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	87	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.	Yes	We have replicated your current waiver of premium provision for Class 3 with a 180 day elimination period.	Yes	Our quote reflects a waiver of premium provision that requires a 6 month elimination period. Please note that the WOP provision is only applicable to Class 3 Basic Life, as per the current plan. Voluntary Life does not have a WOP provision.	Yes	6 month waiting period
Plan Design	Plan Design	88	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?	Yes		Yes	No premiums are required throughout the waiver elimination period provided the policy provision does not state premiums are required during that period. Otherwise, the employee is required to remit premiums to keep the coverage active during the waiver elimination period; these premiums may be refunded upon waiver approval.	Yes	If the Waiver of Premium is approved, the premium paid after the date that Total Disability began will be refunded.
Plan Design	Plan Design	89	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for covered dependents also be waived?	Yes		Yes		Yes	
Plan Design	Plan Design	90	Describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).	Yes	<p>Basic Life We do not have any exclusions for Basic Life coverage.</p> <p>Supplemental and Dependent Life A Life claim benefit is not payable for deaths due to suicide within the first two years of the insurance effective date or the date of an increase in coverage, subject to state variation. The two-year period includes any time the individual was insured under the prior plan.</p> <p>There are no other exclusions for Supplemental or Dependent Life.</p>		There are no exclusions in our basic life employer-paid contracts. Voluntary life products have a 24-month exclusion for suicide; this states that if an insured commits suicide within 24 months from the date their insurance takes effect, benefits are limited to a refund of premiums paid.		<p>No exclusion on the Basic Life. Our Voluntary Life Product includes the standard suicide exclusion with return of premiums paid.</p> <p>The Waiver of Premium provision contains two exclusions relating to the qualifying disability: waiver of premium is not provided if total disability is from intentionally self-inflicted injury or if it results from an act of war (declared or undeclared).</p> <p>If the Voluntary Term Life AD&D benefit is included on the plan, the following exclusions are specific to the AD&D benefit and are standardly included: loss resulting from: an intentionally self-inflicted injury; any act of war (declared or undeclared); sickness or disease which contributes to the loss (except infection resulting from an accidental cut or wound); bodily injury occurring as a direct result of any work for wage or profit. Optional (at the employer level) AD&D exclusions include the following: loss resulting from the insured's: commission or attempted commission of an assault or felony; alcoholic intoxication (including when presumed because the blood alcohol level exceeds the applicable limit); and voluntary consumption of an illegal or controlled substance or non-prescribed narcotic or drug.</p> <p>Also, while not an "exclusion", the Policy includes a 2-year incontestability provision.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	91	What options do you provide for members to continue insurance after employment separation?	Yes	<p>Our Transition Solutions program for employees is available to our Group Life customers as part of our PlanSmart® financial education series. Whether an employee is losing benefits due to retirement, leaving employment voluntarily or involuntarily, or experiencing a reduction in coverage, this program provides the support your employees need to make informed decisions.</p> <p>Employees affected by benefits changes have access to financial services professionals who can provide education at a time when they are making important, time-sensitive benefit and financial decisions.</p> <p>Portability Portability is available on our Life coverages. Portability allows employees to continue their insurance at their own expense when their coverage under your plan ends due to certain qualifying events. The insured employee joins a portable pool established under a separate insurance policy.</p> <p>Employees and dependents can continue the same or lesser amount of insurance in force without providing evidence of insurability or elect to increase their coverage amount and receive preferred rates with evidence of insurability.</p> <p>Conversion To apply for a conversion policy, the employee must:</p> <ul style="list-style-type: none"> • Contact us to coordinate the process with a financial services representative; • Apply within the application period as stated on the conversion notice; • Pay the required premium. 		We offer both conversion and portability.		Employees have the options to Port their coverage or convert their coverage.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	92	If you offer conversion, do you provide an option for members to convert policies upon termination of employment?	Yes		Yes	<p>NYL GBS' standard group life insurance products include a conversion privilege. Conversion allows an insured employee to elect individual whole life coverage if their group coverage ends for any reason—except failure to pay premiums. The amount converted cannot be greater than the amount in force under the group contract. Premiums depend on the insured's age at the time of issuance.</p> <p>If the policy is canceled or amended to cancel a particular class of employees or if the employer cancels participation in the policy, conversion is available only to employees who have been covered under the group policy for at least three years. In that event, the amount that can be converted is limited to the amount of group coverage in force or \$10,000, whichever is less. Certain parameters may vary by state. NYL GBS will administer the conversion process according to applicable state regulations.</p> <p>Employees must apply for conversion within 31 days of the date their group coverage ends. If an insured dies during this 31-day period, their beneficiaries will receive a benefit equal to that which could have been converted even if the employee did not apply for conversion. Note, however, that provisions may vary by state.</p> <p>Benefit options or riders other than pure life insurance, such as waiver of premium or AD&D, are not available under the converted policy.</p>	Yes	<p>If the insurance ceases due to termination or amendment of the Policy, coverage is limited to a maximum amount stated in the Conversion Privilege provision of the Policy (the amount varies by state) and is available only for employees who have been covered under the group Policy for a minimum period of time specified in the Policy (usually three to five years).</p> <p>Employees must apply for conversion within 31 days of the date their Group Life insurance terminated. If an eligible employee dies within this 31-day period, the Beneficiary will receive a benefit equal to the amount that could have been converted, even if the employee did not apply for conversion. Waiver of Premium, AD&D and other supplemental benefits may not be converted to an individual policy of insurance.</p> <p>When an individual converts their coverage there is no additional cost assessed to the group life program, since the converted coverage is an individual policy - not part of the group contract. Converted coverage carries separate rates, which are the individual's responsibility. These rates are based upon the age of the employee at the onset of the converted coverage.</p>
Plan Design	Plan Design	93	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage.	Yes	Please refer to Exhibit 6 .	Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	94	What types of end-of-life services can you offer? For example, do you offer a way for employees to pre plan or pay for funeral services in advance?	Yes	<p>Our Empathy services gives individuals in an end-of-life scenario, including their family members, complimentary access to 24/7 support for challenges that this situation brings, helping them save time, money, and stress in dealing with the planning and administrative burdens, so loved ones can pay attention to the things that matter most.</p> <p>Some of the services available include:</p> <ul style="list-style-type: none"> - Probate and estate settlement - Closing open accounts - Grief support and counseling - In-depth guidance on taxes, estate taxes, and necessary paperwork - Immediate arrangements following an individual's passing - Funeral planning, obituary writing, and helping to manage the entire process <p>Our disability claims team is also trained to help identify individual claimants who may be nearing the end-of-life. They are in a unique position to have this difficult conversation, but also to make them aware of this broad and valuable services available through Empathy. MetLife will make also make beneficiaries aware of Empathy services following a loss.</p> <p>Additional details are listed below for services specific to Funeral Discounts and Planning Services that are designed to simplify the process for your employees and their families and beneficiaries and make it easier to organize an event that will honor a loved one's life. Participants have access to face-to-face Grief Counseling services. Grief Counseling provides concierge services to address personal and funeral planning needs for your employees and their dependents and other family members when they need it most.</p> <p>Personal Needs</p> <ul style="list-style-type: none"> • 24/7 access to a work/life specialist; • Up to five face-to-face grief counseling sessions; • Information about support groups in your area; • Unlimited telephone consultations; • Support including coping with a serious medical diagnosis or 	Yes	<p>An immediate payment option (e.g., a quick advance of a portion of the death benefit for payment of funeral expenses) can be arranged, and we look forward to discussing in more detail if we are a finalist.</p> <p>Survivor Specialist For new life insurance plans sold by New York Life Group Benefit Solutions, we offer a survivor support specialist service as a resource to help guide employees and their loved ones in their journey to healing after a death in their family.</p> <p>The survivor support specialist will be available to help assess a survivor's needs and provide help when families need it most. Our survivor support specialists are experienced in grief and loss, and are knowledgeable about life and AD&D insurance.</p> <p>It is important to note that a survivor does not have to be a claimant in order to have access to the specialist. The survivor can receive immediate care after experiencing a loss, as well as ongoing care.</p> <p>This role is not a replacement for our claims team but an upfront resource to provide additional support when a survivor is trying to navigate the initial stages after a loss.</p> <p>These services include but are not limited to the following:</p> <p>Immediate Care</p> <ul style="list-style-type: none"> •insight into the claim process •guidance in obtaining death certificates or locating forms •support finding funeral homes and assistance in making assignments with them <p>Ongoing Care</p> <ul style="list-style-type: none"> •support before, during, or after the loss of a loved one •identifying grief and bereavement resources •referrals to appropriate programs and local community support <p>Empathy Empathy provides support for families to cope and deal with all the issues that follow the death of a loved one, and seeks to address</p>		Through our EAP provider, we offer resource referrals for legal, financial planning, and funeral planning. We also provide employees will simple will prep.

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	95	What are your requirements for funeral planning/concierge services and how quickly is the turnaround time to those who have experienced a recent death?	Yes	<p>The availability of these services is immediate. We will notify beneficiaries of these services upon receipt of a claim, but we also recommend that our support services are included in whatever information is provided by the City when a claim is reported.</p> <p>Additionally, our Disability claims team is also trained to help identify individual claimants who may be nearing the end-of-life. They are in a unique position to have this difficult conversation, but also to make them aware of this broad and valuable services available through Empathy.</p> <p>We would welcome additional avenues available through your current processes to promote awareness of these services as soon as possible.</p>		<p>If we receive a properly completed funeral assignment signed by the appropriate payee(s) during our claim review, we will pay the amount assigned directly to the funeral home. This amount will be deducted from the total benefit issued to the payee(s). The details of the payment to the funeral home are included in the payment letter sent to beneficiaries. We do not generally track average turnaround time (just claims paid in under 10 days) and we do not have the ability to carve out specific assignment payouts.</p>		<p>Resource referrals for Funeral Planning are available through our EAP provider, ACI Specialty Benefits. We do not offer Funeral Concierge Services at this time.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	96	Indicate any enhanced services (financial planning, bereavement counseling, funeral services, etc.) included in your proposal. Include marketing materials you feel would be beneficial.	Yes	<p>Our value-added services for Life coverages are described below:</p> <ul style="list-style-type: none"> • Empathy - Designed to help beneficiaries and their families cope, deal and plan for all of the issues that follow the loss of a loved one. • Critical Incident Support — Provided if there is a sudden death of an employee, violence in the workplace, a workplace accident, a disaster that occurs in the workplace, or anticipated but impactful incidents that occur outside work that causes the employees to experience trauma and grief. • Grief Counseling — Face-to-face sessions with a licensed counselor are available to help participants and their loved ones cope with a loss. • Savi - MetLife has partnered with Savi, a social impact technology startup working to solve the pressing student debt crisis affecting 46 million borrowers by helping them discover and manage new repayment and loan forgiveness options. Savi helps users discover and enroll in government repayment programs that can result in lower monthly payments and potentially student loan forgiveness. Savi users are able to reduce their student loan payment by an average of \$150/month. Savi also helps with the ongoing management and paperwork of student loans, saving users money, reducing anxiety, and letting you focus on your broader financial goals. <p>Financial Wellness Tools</p> <ul style="list-style-type: none"> • Retirewise - A workshop series provides information that covers financial topics suited to all employees. • Topical Workshops - Educational workshops that address the different needs of your employees. • MetLife's Personal Finance App - We offer a personal financial wellness app that helps employees make meaningful progress with their finances. <p>Other added services include:</p> <ul style="list-style-type: none"> • Digital Estate Planning • Face-to-Face Will Preparation Services through MetLife Legal Plans • Will Preparation Online • Estate Resolution Services • Funeral Planning and Discounts 	Y/N	<p>We offer a variety of value-added programs and services to enhance the health, well-being, and peace of mind of those we serve:</p> <ul style="list-style-type: none"> • Employee Assistance and Wellness Support - Emotional and work/life assistance support for you and your family members at no additional cost. Access is available 24 hours a day, 7 days a week. Includes up to three face-to-face counseling visits as well as five virtual/over the phone coaching sessions, family care services that provide customized research, online articles, resources, and videos. • Financial, Legal & Estate Support - Professional support for all types of pressing financial, legal, or estate issues; includes unlimited law consultations, unlimited tax consultations, credit and tax questions, and much more. Assistance includes identity theft and fraud resolution services, online tools for state-specific wills as well as other important legal documents. • NYL GBS Secure Travel - We offer pretrip planning assistance while traveling, and unlimited medical evacuation and repatriation benefits when traveling 100 miles or more from home. This service is included with AD&D and business travel accident plans. • NYL GBS Survivor Assurance – NYL GBS Survivor Assurance offers a free, interest-bearing account for beneficiary payments of \$5,000 or more. Beneficiaries have access to Employee Assistance and Wellness Support and Financial, Legal & Estate Support. This is included with life and AD&D plans. 	Y/N	<p>We provide a variety of services with our Life/AD&D coverage that is included in our standard offering such as Travel Assistance, repatriation benefit, and ID Theft Protection. Through our EAP services, we offer simple will preparation, financial counseling and Bereavement counseling for our clients and their families. Additional fees may apply for EAP offering. We have provided value added brochures for your review.</p>
Plan Design	Plan Design	97	Please confirm that you have quoted a plan that is considered a 'Match to current' for both Basic and Voluntary Life Tabs	Yes		Yes	Our quote reflects the current plan design that fits within our filed language.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services			MetLife		New York Life		Reliance Matrix		
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	98	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design' tabs of this workbook	Yes		Yes	NYL GBS does not quote whole life insurance.	Yes	
Plan Design	Whole Life	99	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as Employer Paid	No		No	NYL GBS does not quote whole life insurance.	No	
Plan Design	Whole Life	100	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as 'Voluntary' or Employee Paid	Yes		No	NYL GBS does not quote whole life insurance.	No	
Financial Cost	Financial Cost	101	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes	One-time implementation credit of \$200,000 is provided with sale of all Life/AD&D (Basic and Supplemental) coverages.	Yes		Yes	\$150K For Disability \$50K for Life *For subsequent years followinf the intial implmentation, We will also include a \$50K annual "Budget" for items referenced in the questions as needed. These items must be an invoiced occurrence.
Financial Cost	Financial Cost	102	For purposes of premium calculation, those who have age reductions, are premiums calculated on the full policy amount or the age reduction amount?	Yes	Premiums are collected on the age reduction amount.		Our quoted rates assume that premium is calculated using the benefit amount that is reduced based on the appropriate age reduction schedule.		Age Reduction amount
Financial Cost	Financial Cost	103	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?	Yes	Rates provided are on bundled (all life/AD&D coverages) and non-bundled (self-supporting) basis.	Yes	Our proposal assumes that all Life and AD&D coverages will be sold together.	Yes	Our Rates are inclusive of the Basic Life and the Supplemental life being awarded together. The AD&D is not included in that bundle.
Financial Cost	Financial Cost	104	Please confirm that you have completed the Pricing Tab for Life Insurance	Confirmed.		Confirmed		Yes	
Financial Cost	Financial Cost	105	Please confirm that you have completed the Underwriting Tab	Confirmed.		Confirmed		Yes	
Financial Cost	Financial Cost	106	Please confirm that you have completed the PG Tab for Life Insurance	Confirmed.		Confirmed			
Financial Cost	Financial Cost	107	Confirm that you will provide quotes for Term Life Insurance, Whole Life Insurance, or Both?	Confirmed w/ deviation.	We have provided quote for both Term Life and Whole Life, as requested.	Term life only			Term Life only - Whole life was not included in this proposal.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Describe your non-payment appeals process for members who continue coverage after employment separation.	Yes	If premium for a direct-billed insured is not received by the lapse date, the contract is canceled and a lapse notice is mailed. We allow a reinstatement one time per contract if the insured contacts us within 90 days of the coverage lapse.	Yes	Members can apply for reinstatement within 60 days of coverage termination. They must provide satisfactory Evidence Of Insurability to become insured again. Insurance will be effective when we approve this Evidence Of Insurability. In no event will insurance be retroactive.	Yes	Both conversion and portability are available for members to continue their life coverages after employment ends. Voya is agreeable to handling the communication of all portability and conversion rights to members upon coverage termination. Voya will provide all of the forms and information necessary to continue coverage. Ported/converted members will be billed directly by Voya. Premiums are typically billed quietly and are due within 30 days of the end of the quarter. In the event that a policy would lapse due to non-payment of premium, the member can call Voya to request a reinstatement of their policy.
Plan Administration and Sponsor Services	Plan Administration	2	Will employees have the ability to designate different beneficiaries across different lines of coverage?	Yes		Yes	This can be supported if the plan is updated to allow different beneficiaries.	Yes	
Plan Administration and Sponsor Services	Plan Administration	3	What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted? -For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions. -For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.	No	Securian Financial does not subcontract any services provided to group insurance customers. All services defined and provided for in our insurance contracts and/or service agreements are performed by us. We do utilize third-party vendors to provide ancillary services directly to Securian Financial, which enables us to provide higher quality products and services to our customers.		Less than 1% of services will be performed by vendor partners.	Yes	No more than 5% of our services are subcontracted.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	4	The City is working toward paper-free or reduced-paper administration of claims. How can you assist the City in achieving this?	Yes	CONFIDENTIAL	Yes	We provide paperless options throughout the member's experience. Evidence of Insurability, claim filing, and the claim management process can all be performed electronically with no need for paper forms. Our Life claims team operate in a fully paperless environment.	Yes	Electronic communication is our standard option to clients. This is in compliance with our "Going Green" environmental initiatives. These services are provided at no additional cost. We offer a paperless claims process whereby the vast majority of claims can be completed on-line via the Voya online claims center. Pictures or other electronic forms of necessary documents can be uploaded directly avoiding the need to print or send.
Plan Administration and Sponsor Services	Plan Administration	5	Do you have a system in place to store digital images of all employee-related documents?	Yes		Yes	Our Life Claims Department operates in a paperless environment. Any paper documents we receive for Life Claims are imaged and stored in our systems.	Yes	Our imaging system is integrated with all applicable systems for ease of digital storage.
Plan Administration and Sponsor Services	Plan Administration	6	Confirm your ability to provide a dedicated email address for City of LA employees.	No	While we do not offer a dedicated email addresses, employees can email us directly through our benefit service center, which are handled promptly.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	7	Confirm that you will accept self-billing on a bi-weekly basis.	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	8	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	We can accept electronic fund transfer, however, we do not do manual invoicing for client administered plans.	Yes	Both	Yes	Both EFT and manual invoicing are performed.
Plan Administration and Sponsor Services	Plan Administration	9	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes	Confirmed	Yes	Confirmed

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	10	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes		Yes	We can provide customized email blasts that coincide with the City's enrollment and wellness campaigns.	Yes	Confirmed
Plan Administration and Sponsor Services	Plan Administration	11	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	When premium is received, our billing team clears the premium to the appropriate policy level class(es). If there are any discrepancies, we will work with the City to make necessary adjustments.	Yes	Within 60 days of the end of the reporting period.	Yes	Financial reconciliation information for the group will be supplied within 120 days of the anniversary date, provided all monthly premiums due for the policy year have been remitted within the respective grace periods. A Group Insurance Information Report form will be prepared by Voya Employee Benefits from our in-house databases which will include necessary information for the Employer's completion of the applicable section of Form 5500. The data includes paid premium, paid commissions and broker fees, and average number of lives covered for each product.
Plan Administration and Sponsor Services	Plan Administration	12	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes	It will be in a separate agreement between Securian Financial and the City, and not in the group insurance policy.	Yes		Yes	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.

Basic and Supplemental Employee, and Dependent Life Insurance Services			Securian		The Standard		Voya		
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	13	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes	<p><u>For plans with waiver of premium (Plan 1 Class 3)</u> The actively-at-work requirement for initial transition will be waived and all coverage will be grandfathered on a no-loss/no-gain basis as outlined below.</p> <p>Disabled and on approved waiver of premium: Incumbent Carrier Disabled and not yet approved waiver of premium: Incumbent Carrier/Securian Financial* Disabled and satisfying elimination period: Incumbent Carrier/Securian Financial* Absent due to disabling ailment: Incumbent Carrier/Securian Financial* Absent due to nondisabling ailment: Securian Financial On vacation: Securian Financial On non-medical leave of absence: Securian Financial On excused absence (funeral, etc.): Securian Financial At work: Securian Financial</p> <p>*Our proposal assumes employees on approved waiver of premium on the effective date will stay with the incumbent carrier under the current waiver of premium provision. If an employee is absent due to disability but not yet eligible or approved for waiver of premium, we recommend paying premiums to Securian Financial. If the employee returns to work or otherwise does not satisfy the requirements for approval of a waiver of premium claim, we will be responsible for the ongoing life insurance coverage. If the employee remains disabled and satisfies the requirements for a waiver of premium claim, the claim should be filed with the incumbent carrier. Similarly, if the employee dies while totally disabled but before satisfying the waiting period for a waiver of premium claim, the death claim should be filed with the incumbent carrier. In any event, either Securian Financial or the incumbent carrier will provide coverage for every insured employee.</p> <p><u>For plans without waiver of premium (Plan 1 Classes 1 and 2, Plan 2)</u> We will waive the actively-at-work requirement at initial transition and will grandfather all coverage on a no-loss/no-gain basis. We will also waive our standard confinement restriction for dependent life coverage for currently insured dependents.</p>	Yes		Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	Upon reasonable notice, the City or its designee may audit our performance of the agreement and ensure the security of the City's confidential information through the execution of an audit agreement.	Yes	City reserves the right to assign an independent auditor to assess the quality of services being provided and the extent to which Contractor and its subcontractors, if any, are conducting City business within generally accepted industry standard practices. Contractor shall, subject to applicable law, cooperate fully with any such audit.	Yes	ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request. Audits will be supported as covered and noted by contract.
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	Securian Financial and the City shall agree on the audit process, including but not limited to the scope of the audit and any additional confidentiality and privacy provisions pertaining to the information obtained or disclosed during the audit. Securian Financial will allow the City and its third-party auditor to audit our policies, procedures, and controls. Securian Financial will provide subject matter experts on its processes; however, we will rely on the City and/or its third-party auditor to determine the scope of the audit.	Yes	Up to \$100,000 inclusive of all coverages	Yes	ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request. ReliaStar will cover the cost of the audit, not to exceed \$50,000 per policy year.
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written billing history	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	23	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes		Yes		Yes	Voya Employee Benefits is proud of our National Accounts service structure as it ensures that our largest, most complex clients have the proper resources to provide elite customer service. Every National Account client will be serviced by a team comprised of a National Account Executive and National Account Client Specialist. These individuals manage a limited book of business to ensure our clients in this space receive concierge-type support.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	24	Please describe your account team that will be assigned to the City of LA to include: a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing		CONFIDENTIAL	Yes	a) Jennifer Queen, National Accounts Consultant b) Nathan Briggs, Consulting Underwriter c) Angelica Schmitt, Manager - Premium Services d) Darin Plotnick, 100% Dedicated Account Specialist e) Orange County, 6, 8 am to 5 pm Pacific g) The references listed in their tabs include two customers within Jennifer's block of accounts. As a courtesy to our customers, we do not otherwise identify them during the proposal process.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.
Plan Administration and Sponsor Services	Plan Sponsor Services	25	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.	Yes		Yes	Confirmed. Please see the attached Team Chart which includes a description of roles as well as resumes for the account management team.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	26	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.	Yes	CONFIDENTIAL	Yes	Our online portal provides access to membership data which updates through the eligibility feed. We also provide detailed reports during our annual stewardship meeting.	Yes	Online Reporting – The City's personnel will have on-demand access to a variety of Life and Disability status reports, as well as an online administration guide, contact information for your Voya Client Engagement team, and access to our online billing tool. Security can be set up to allow for varying access to employee specific data. See attached for more information. Our Employee Benefits Resource Center (EBRC) website serves as a one-stop shop for employees to learn more about the additional insurance products offered in their benefits plan. Designed as an educational resource, employees and their families can educate themselves on the offered products via videos, real-life examples, brochures, and FAQs. This site also serves as one central source for Employers to access product information, enrollment access and claims filing. Please see attached Employer Gateway Demo Guide for more information.
Plan Administration and Sponsor Services	Plan Sponsor Services	27	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	28	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes		Yes	Future eligibility changes will be subject to mutual contract review.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	29	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	30	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	31	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?	No	Securian Financial believes that the services it normally provides meet the expectations of the City and wish to clarify the scope of the "legal services" requested. In general, Securian Financial cannot provide legal advice to the City. Such advice must be sought by the City from independent counsel. It is Securian Financial's intent to provide the City with non-legal services that assist in the provision of group life insurance policies. Securian Financial will not, however, perform services which, in its opinion, change Securian Financial's obligations or status under the Employee Retirement Income Security Act (ERISA) of 1974.	Yes	The Standard has a dedicated Compliance Team. This team's responsibilities include filing and negotiating approval of policy language in jurisdictions where required. The team also has a legislative review role.	Yes	State and Federal legal and regulatory matters are monitored by our internal Legal and Compliance departments. Legislative Bulletins are issued by the Compliance Department in order to inform our employees, claims payers, and group policyholders of new state laws and regulations that impact policies and/or business practices of Voya Employee Benefits. At times, these bulletins include implementation tasks for various business units to perform in order to bring our policies and practices into compliance with the laws.
Plan Administration and Sponsor Services	Plan Sponsor Services	32	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix	Yes	A team of attorneys and legal professionals is responsible for identifying, monitoring and interpreting state and federal laws, rules, and regulations. This team advises associates regarding the applicability of those laws, rules, and regulations to business operations. To the extent regulatory changes and issues affect the City, we will notify the City when it is determined there is a material impact to their inforce products	Yes	As needed, The Standard will notify the City if changes to applicable law require an amendment to the group insurance policy or administrative services agreement. There is no charge for this service.	Yes	Updates will occur as needed. Please refer to the attached State Legislative Updates sample.
Plan Administration and Sponsor Services	Claims Processing	33	What is the average 'payout' or processing time for assignment of benefits for the past 12 months?	Yes	In 2023, we processed and paid 98.9% of claims within 10 calendar days from receipt of all necessary information. An average of 2.53 calendar days.	Yes	In 2023 the average was 2 business days.	Yes	Performance Standard – 5 business days 2023 – 6 business days

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	34	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.	Yes	Our standard method of payment is in U.S. dollars. We have the capability to pay in foreign currencies when necessary. A beneficiary residing in a foreign country who is not a U.S. citizen will need to complete IRS form W-8BEN (just like U.S. beneficiaries need to complete a Beneficiary Statement or W-9 - this is related to interest portion of payment only). We do not withhold taxes on payments to foreign beneficiaries. The interest on the proceeds will be reported the IRS. The beneficiary will receive a 1042 in March or April of the following year. We have the capability to wire transfer in U.S. dollars to almost any country. Exchange rates are determined on the date of payment.	Yes	The Standard pays benefits in U.S. dollars for the U.S. equivalent of the insured's foreign earnings. We pay via regular benefits check. The Standard will calculate the equivalent life insurance benefit using the exchange rate on the date of the insured's death if: A benefit is based on an individual's annual earnings Those earnings are paid to the individual in a foreign currency	Yes	All benefits are paid in US dollars. We do not issue benefits in foreign currencies. Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.
Plan Administration and Sponsor Services	Claims Processing	35	Indicate whether you will accept eligibility information electronically, or by other format.	Yes	We support both electronic file transmission and physical media. Our preference is electronic file transmission as this method eliminates any lag time due to mail delivery and reduces the potential for media damage (i.e., corrupted diskettes).	Yes	We receive eligibility via data feed.	Yes	Electronically is the preferred method.
Plan Administration and Sponsor Services	Claims Processing	36	Do you offer online claims submission for enrollees?	Yes.		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	37	From where will claims be paid? Are all claims adjudicated in one location? By one claims team? Provide information about the number of employees and their credentials who will pay the claims.	Yes	CONFIDENTIAL	Yes	Claims are processed by a dedicated team in Portland, Oregon. In the event of overflow, other teams in the Portland office or in Altavista, Virginia can be made available.	Yes	All Life claims are administered from our Home Office in Minneapolis, MN. There are seven Claim Examiners, four Claim Coordinators, one Claim Consultant, and one Team Lead who work on Group Life claims. Claim Examiners are assigned to specific sales territories and are fully cross trained so that absences do not impact turnaround times. All new claim examiners must complete a training period of at least 6 months and are not allowed to release claims until they have reached a certain accuracy level. All trainee claims must be reviewed by a Senior Examiner, or higher level examiner, before they can be released.
Plan Administration and Sponsor Services	Claims Processing	38	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No	CONFIDENTIAL	No	There are no anticipated changes over the next 2 years	No	Other than enhancements, no large-scale plans are in place.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes		Yes	Our goal is to provide a consistent, legally-compliant process that allows employers to be confident in the knowledge that their claims will be handled in a manner that mitigates the risk for non-compliance. At Voya, we include strong indemnification language within the service agreements that allows employers to be confident in their ability to administer their absence program. The bottom line is if we make a malicious mistake, then it would be covered. Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?	Yes		Yes		Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	42	Briefly describe your process for administering claims.		CONFIDENTIAL	Yes	Your Dedicated Account Specialist will work with the beneficiary to obtain the necessary claim data and answer any questions. Once they have received all needed forms and data the information is sent to the Life Claims Department where a Staff Assistant will review, set up the file, and assign to the claims examiner depending on complexity. The examiner will review and make their determination within 5 business days. They may request additional information during the review process. Approved claims are reviewed for accuracy and the beneficiary will select a payment method. Denied claims will prompt a review for accuracy, followed by a detailed letter to the beneficiary explaining the reason and any next steps.	Yes	Upon receipt, claims are distributed by our electronic workflow system based on work assignment. The examiner will review the claim to verify the group policy was in force, the employee was eligible for coverage, and the amount of insurance requested matches the amount provided under the group policy. If the claim includes supplemental life, the examiner determines whether evidence of insurability was needed and subsequently approved as required by the policy. The examiner will also verify that the person claiming benefits is the beneficiary and the information provided is sufficient to issue payment to the beneficiary (name, address, date of birth, SSN). The examiner enters all the appropriate information into the claim system for processing in the nightly batch cycle. The examiner then sets up a transition account for the eligible beneficiaries. A payment kit and check book are mailed to the beneficiary on the 2nd business day after the payment is approved or if chosen benefit checks are mailed directly. Accidental death claims are verified in the same manner as death claims, except that the examiner also requests accident information to determine if the claim is eligible for an accidental death benefit under the provisions of the group policy. Accident information requested may include the accident report, autopsy report, coroner's report, toxicology report, and medical records. Other information may also be requested, depending on the circumstances surrounding the death. Eligible claims are paid promptly upon completion of the accidental death investigation. Waivers of Premium claims are verified in the same manner as death claims. In addition to verifying the benefit amounts and that any supplemental life was applied for correctly, the examiner will review the medical information and determine if the insured is totally disabled as defined in the policy. Additional medical information is usually required. The examiner will contact the insured's medical care providers and request copies of the medical records. Once we have the medical information, the claim decision is usually made within 3 business days.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	43	For the claims office that will be assigned to the City what is your average annual claims volume?		91,312	Yes	Total Life Claims for 2023 was 27,000.	Yes	Target workload for claim examiners is 150 claims/examiner.
Plan Administration and Sponsor Services	Claims Processing	44	Also indicate the percentage of claims denied, and the category reasons for denial	Yes	1.5% We do not track category reasons for denials.	Yes	Our denial rate is less than a tenth of one percent. The most common reason for denial is Policy exclusion applying for AD&D.	Yes	1% of all claims are denied. Common reasons for denial include; missing information, maximum age limit, no coverage, not actively at work, policy exclusions, suicide, terms of contract not met, not eligible and other.
Plan Administration and Sponsor Services	Claims Processing	45	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.	Yes	CONFIDENTIAL	Yes	The Life Department has regular training sessions. Topics typically include, Fraud legal issues, and new procedures We use guest speakers when possible. They provide expert, first-hand knowledge of scheduled subject matter. Upon hire, a Life Processor/Analyst receives several months of formal training. This consists of one-on-one instruction with a Senior Life Analyst. Training is ongoing on both an individual and group basis.	Yes	All new claim examiners must complete a training period of at least 6 months and are not allowed to release claims until they have reached a certain accuracy level. All trainee claims must be reviewed by a Senior Examiner, or higher level examiner, before they can be released. Trainees are given a reduced dollar limit; this limit is increased as they become totally proficient. Training is ongoing, and a process is in place to update documentation, as needed.
Plan Administration and Sponsor Services	Claims Processing	46	For the last 12 months, what is your average number of business days to process a claim from date received.	Yes	CONFIDENTIAL	Yes	2 business days	Yes	6 business days
Plan Administration and Sponsor Services	Claims Processing	47	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.	Yes	CONFIDENTIAL	Yes	98.51%	Yes	74%

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	48	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.	Yes	CONFIDENTIAL	Yes	This is not a statistic we measure	Yes	91%
Plan Administration and Sponsor Services	Claims Processing	49	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No	We have not been penalized for timeliness	No	
Plan Administration and Sponsor Services	Claims Processing	50	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	CONFIDENTIAL	Yes	99%	Yes	98.50%
Plan Administration and Sponsor Services	Claims Processing	51	What are your procedures for recovery of the overpayments or duplicate payments?	Yes	CONFIDENTIAL	Yes	An overpayment is very rare. This can happen if we receive incorrect information from one or more parties. We may seek overpayment recovery depending on a variety of factors, including: How the error occurred When we discovered the error relative to the payment The amount of funds at issue Initially, we: Request the individual return the funds to us Explain how the error occurred If we are not successful, we may escalate our methods by: Referring the claim to our overpayment recovery area If appropriate, referring the claim to a collection agency	Yes	We contact the recipient directly to request the overpayment and make repayment arrangements. If no response is received and/or depending on the amount of the overpayment further legal action may be taken. Our claim system contains edits that will flag the examiner if a similar claim has been paid (compares key claim elements).

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	52	What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?	Yes	CONFIDENTIAL	Yes	Funeral assignments are paid when the claim is deemed payable. With our current average turnaround time of 2 business days from receipt of final information payment of funeral assignments is very prompt. However, we would be happy to discuss any changes to our contract or processes regarding this subject.	Yes	Empathy will provide expedited claim review to covered participants. Empathy receives the notification of the death of an eligible participant from Voya and follows the communication and administration protocol.
Plan Administration and Sponsor Services	Waiver of Premium	53	How is the City notified of Waiver of Premiums?	Yes	Our Claims Department will email notification of any Waiver of Premium approvals through email. The City will also have access to our LifeBenefitsExtra portal to check claim statuses, run reports, and receive our weekly snapshot emails.	Yes	A report is available through our online portal and a copy of the decision letter is mailed to the city.	Yes	The city will be able to access waiver status via Voya's online reporting tools. We can also schedule push report to be sent to the employer on a pre-determined schedule.
Plan Administration and Sponsor Services	Evidence of Insurability	54	Confirm that you can administer all aspects of the EOI process, including notice and follow up.	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Evidence of Insurability	55	Can the EOI process be automated?	Yes		Yes	Yes, we can use your enrollment data to make applying easy for employees while automating administrative tasks. Simple data requirements that can be delivered through a feed allow us to send invitations with simple instructions and link.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Evidence of Insurability	56	How can the EOI process be simplified?	Yes	Securian Financial uses a simplified underwriting approach, with requirements tailored to the level of risk, for amounts above the guaranteed issue limit, and coverage applied for outside an eligibility period. Our goal is to enable most individuals to become insured while appropriately screening unacceptable risks to minimize anti-selection. Applicants are asked to provide their height, weight, and answer three general health questions. Our underwriters take into consideration this information and any additional information obtained that may include prescription history, digital medical and laboratory data reports, a report from the Medical Information Bureau, and the amount of coverage requested in determining if more information is needed to assess insurability. Most of the applications we receive are approved without asking for further information.	Yes	Our Connected EOI service features the following: •Automated decisions •Automated invitations to apply by e-mail or mail •Automated reminders to start and/or finish •Mobile-responsive design – works on phones and tablets •Pre-populated enrollment and demographic data •Family applications •Save progress	Yes	Voya recommends a fully automated evidence of insurability process with real time decision making capabilities. Voya has an updated EOI form which includes four health questions. We would integrate this as part of the City's enrollment process.
Plan Administration and Sponsor Services	Evidence of Insurability	57	Verify that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes	Our intent is to match the current requirements for evidence of insurability.	Yes		Yes	
Plan Administration and Sponsor Services	Evidence of Insurability	58	If you cannot comply with the current requirements for evidence of insurability, please describe your requirements in the following situations: After the first open enrollment, what terms and conditions will you require evidence of insurability? What requirements will apply to new hires?	Yes	Our intent is to match the current requirements for evidence of insurability.	Yes		Yes	Voya will comply with the requirements for evidence of insurability.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Evidence of Insurability	59	Do you agree to grandfather existing life insurance amounts for all currently covered employees and dependents so that evidence of insurability is not required?	Yes		Yes		Yes	
Member Services and Communications	Call Center	60	Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing. If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST	No	A designated claim team will be assigned to the City's account. Our claims examiners and support staff work as a team for each employer group, providing the exceptional service we are known for. Our examiners have an average of 9.56 years' experience working with Securian Financial's group claims. Their collective experience along with our low turnover rate gives our claims department a unique advantage in providing outstanding service to our clients. All claims examiners receive extensive training focusing on group products, claims processing procedures, and quality customer service. In addition, we have experienced medical and legal advisors ready to assist us in making fair and equitable decisions. The claims call center is staffed from 5:00 a.m. to 4:00 p.m. Pacific Time.	Yes	Confirmed	Yes	Jennifer Takahashi will be the National Account Executive assigned to the City of Los Angeles. She manages a limited book of business that allows her to be available as a resource for the City by phone and/or email Monday through Friday 8:00 a.m. to 5:00 p.m. PST to answer any questions they may have.
Member Services and Communications	Call Center	61	Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)	Yes	In 2023, the average hold time was 3 minutes.		The average time for the City's dedicated line in 2023 was 49 seconds.	Yes	The standard ASA is 30 seconds.
Member Services and Communications	Call Center	62	Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?	No	A designated customer service approach will be taken for the City's plan. Our customer service representatives are thoroughly trained on processes, procedures, product knowledge, technology and system education, and client scenario examples. A team of cross-functional associates representing key areas such as claims, underwriting, technology, and contracts, will also be involved and available to ensure smooth and exceptional service.		In order to provide satisfactory service levels in relation to call volume we do not assign CSRs to specific accounts. Under this model we were able to answer 91.4% of the City's calls within 30 seconds in 2023. In addition to the dedicated service 800-number, a Dedicated Account Specialist is available to take calls Monday through Friday.	Yes	The City team will include a lead and 10 additional team members. All CSRs will be fully educated on the City of LA's benefit programs.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	63	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.	Yes	CONFIDENTIAL	Yes	<p>All employees receive foundational training that includes:</p> <ul style="list-style-type: none"> Regulatory and legal topics Company values Department orientation Basic introductions to systems and applications An introduction to the claims process <p>The contact center training program incorporates varied learning strategies, including:</p> <ul style="list-style-type: none"> Classroom instruction Desk-side training eLearning and model office labs where newly trained employees take calls in a controlled environment <p>Typical training for a Contact Center agent is four weeks. The average tenure of a CSR is 5.11 years.</p>	Yes	<p>Customer Service Representatives receive eight to 10 weeks of training, which includes a combination of classroom and one-on-one training. All new associates must demonstrate proficiency prior to handling customer service calls independently. Training is deployed by our Learning and Development team and Contact Center Team Leads. Quality monitoring is completed by our dedicated Quality Assurance team with additional support from the Contact Center Team Leads. The training includes product, administrative procedures, and customer service skills.</p> <p>Every call entering Voya Employee Benefits' call center is recorded. Random sampling of all Customer Service Representatives' calls is done throughout the month to assess the quality of the calls. Feedback is provided to each team member during one-on-one coaching sessions and the results are included in performance appraisals. In addition, Customer Service Representatives have KPIs (Key Performance Indicators) in both call productivity and quality which are available for review daily to adjust performance.</p> <p>We base our contact center and policy owners' services staffing by the number of customer calls and service requests received. Volume data is reviewed monthly to make ongoing staffing adjustments. As we assume new clients, we take into consideration the need to increase our team of designated Customer Service Representatives accordingly. We currently have over 175 associates dedicated to some aspect of service delivery. If staffing adjustments are needed, we will hire more staff to accommodate the higher demand in claims and inquiries.</p>
Member Services and Communications	Call Center	64	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.	Yes	CONFIDENTIAL	Yes	Information regarding a life claim status will only be provided to a call if approved as a Beneficiary on the claim. Claims are accessed by the CC Reps using claim number, First and last name and social security number, for the beneficiary and claimant.	Yes	Members and dependents are able to self-identify using their name, date of birth and the last 4 digits of the SSN. However, once the claim is established, we assign a claim number and this number is used to identify the claim. The group policy number recorded on each claim identifies the policyholder.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	65	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	CONFIDENTIAL	Yes	We have bilingual employees who speak a variety of languages. We also use Lionbridge language translation services for over-the-phone interpretation. Lionbridge interprets more than 350 languages, including Spanish, Creole, Mandarin, Korean, Vietnamese, Somali, Russian, French and Arabic and is available 24/7.	Yes	We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.
Member Services and Communications	Call Center	66	How many customer service issues are resolved during first contact?	Yes	99%	Yes	First call resolution is not tracked.	Yes	92%
Member Services and Communications	Call Center	67	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?	Yes	Our standard practice is to provide a transfer to external phone numbers as well provide the caller with a direct number should they need to reach the person/institution in the future. Warm transfers cannot be guaranteed due to the possibility of a contact being unavailable or the call transfer landing within an IVR.	Yes		Yes	
Member Services and Communications	Appeals Process & Member Complaints	68	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes		Yes		Yes	
Member Services and Communications	Appeals Process & Member Complaints	69	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case	Yes		Yes	Complaints and appeals are tracked by our Benefits teams and our Administrative Review Unit. Contested claims are consistent with all relevant regulatory guidelines. Summary information will be provided to the City on appeal results, such as volume per year, timeliness and outcomes.	Yes	Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Appeals Process & Member Complaints	70	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?	Yes	CONFIDENTIAL	Yes	Complaints and appeals are tracked by our Benefits teams and our Administrative Review Unit. Contested claims are consistent with all relevant regulatory guidelines. Senior staff and department managers provide oversight of the appeals process to ensure accurate and timely decision making for contested claims.	Yes	Through our Voice Of The Customer program we are actively engaging with our customers via email, web, and phone to collect feedback and satisfaction metrics during key moments that matter. Results are stored in aggregate in our Customer Experience Management tool where we analyze the data to identify key trends and areas of opportunity. We leverage our Voice of the Customer data to improve upon our products and services and deliver an improved customer experience. The program and associated results are considered proprietary and therefore are not distributed outside of Voya.
Member Services and Communications	Appeals Process & Member Complaints	71	Describe your procedures for notifying the client of any appeal process.	Yes	Generally, the appeals process is managed directly by Securian Financial with the claimant. If the City would like to be notified of appeals, we can send them through email. This can be discussed further during the implementation process.	Yes	All denial letters include language informing the beneficiary of their right to request a review of our decision and the process for their appeal should they choose.	Yes	A letter is sent to the claimant explaining the reason(s) for the denial and how the claimant can appeal the claim determination. A letter is also sent to the policyholder/employer saying that the claim is denied. Communication preferences will be discussed during the implementation process.
Member Services and Communications	Website and other Media	72	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?	Yes	We notify the claimant by letter and continue to communicate regularly with the beneficiary throughout the entire claim process via letter, phone and/or email. The following are standardly included in the death/life claim packet: Cover Letter Information about claim payment methods available (e.g. check, interest-bearing account) A checklist or detailed instructions for how to submit a claim		The Standard's online Decision Support Tool helps employees understand their benefit options and choose what works best. They can learn about available benefits on our mobile-friendly website. The tool is customized to the City's plans. The City also has a customized microsite which includes information about plans and claim filing documents, as well as a Dedicated Account Specialist who can help guide employees through the claim process.	Yes	We support our customers beyond helping manage out-of-pocket costs due to a health-related incident. Voya Employee Benefits offers access to additional services that help navigate life's ups and downs with programs that can assist at work, home and on the road. <u>Bereavement Support, including Funeral Planning and Will Preparation</u> With this service, employees will have complimentary access to Empathy's Essential plan, which will assist them with pre-planning, help ease their family's burden in the future, and offer tools to further support them in the event of loss including: * Emotional Support * Probate and Estate Administration * Guidance and Assistance * Family Collaboration * Timesaving Tools * Enterprise Customization * Dedicated Care Team <i>Bereavement Support, including Funeral Planning and Will Preparation services are provided by The Empathy Project, Inc., New York, NY. Provisions and availability of each service may vary by state.</i>

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Website and other Media	73	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes		Yes		Yes	
Member Services and Communications	Website and other Media	74	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes	Securian Financial's web site also supports the Spanish language. We have received our WCAG 2.1 AA certificate.	Yes	Our microsite and Decision Support Tool can be enhanced with translated content in a variety of languages. We adhere to a Conformance AA Level of the W3C Web Content Accessibility Guidelines Version 2.1. We work with an accessibility consultant and website builder to update all customer facing materials to comply which includes tests every two weeks. Currently we are scored at AA level "Level Access."	Yes	Marketing and enrollment materials are available in Spanish. Other materials are not currently available in Spanish. Specifics regarding what is needed for your employee population can be discussed as part of implementation. We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.
Member Services and Communications	Website and other Media	75	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	CONFIDENTIAL	Yes	The City's microsite is customized to the City's plans and available services. Ongoing updates and customization are provided at no cost.	Yes	Our Employee Benefits Resource Center (EBRC) or employer micro-site can be customized for no additional cost with the employer logo, a link to your designated enrollment platform, targeted messaging leading up to, during and after enrollment, and the ability to display in both English and Spanish. As noted above the EBRC has employer specific Enrollment Materials, brochures and certificates of coverage available. Please see attached EBRC website flyer for more information.
Member Services and Communications	Website and other Media	76	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes		Yes	Our microsite is co-branded with the City's programs.	Yes	

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Website and other Media	77	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	CONFIDENTIAL		Our enrollment strategy incorporates a variety of media including presentations and videos, email blast campaigns, and paper materials specifically designed to inform employees of their options. Presentations and materials can be customized for both plan information and language needs.	Yes	<p>Voya Employee Benefits offers clients a customized Employee Benefits Resource Center (EBRC) website that can be branded with a company logo and is available to employees all year. Before and during enrollment, employees and their families can visit the EBRC to educate themselves on the offered products via videos, real-life examples, benefit summaries, and FAQs. They can even follow a link on the site to enroll. After enrollment, they can return to the site to find whether they may be able to make a claim and can follow a link to the Voya Claims Center to get started.</p> <p>The EBRC simplifies the enrollment experience for employers and employees by making benefits information accessible and approachable. No more digging through paper brochures; just one centralized location for product information, enrollment access, and a link to claims filing.</p> <p>For employers:</p> <ul style="list-style-type: none"> • Cobranded and specific to your benefit offerings • Add the EBRC site link directly to your enrollment site, intranet, and/or benefits guide • Targeted messaging leading up to, during, and after enrollment • Goals include increased participation and persistency • Reporting capabilities, including visitor usage and click-through rates • The ability to upload copies of the certificates and riders for the employees to reference <p>For employees:</p> <ul style="list-style-type: none"> • Convenient 24/7 access • Accessible to employees and their families • Enroll directly from the site by adding a button link to your enrollment platform • Direct link to the Voya Claims Center for online claims filing • Responsive design • Cobranded and specific to your benefit offerings • Available in English and Spanish

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	78	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?	Yes	CONFIDENTIAL	Yes	<p>Lump Sum Payment A check is requested and a transmittal is prepared. The check is mailed to the beneficiary the following day. A lump sum payment will be sent directly to the beneficiary if less than \$25,000.</p> <p>Standard Secure Access This is an interest-bearing draft account set up in the beneficiary's name to use as the beneficiary wishes. The interest rate is a variable short-term rate.</p>	Yes	<p>Settlement Options: For amounts < \$5,000 a check is issued. For amounts > \$5,000, if a beneficiary does not wish to receive the life insurance benefit in a lump sum the following settlement options are available (some restrictions may apply):</p> <p>Proceeds Held at Interest Proceeds are left with the Company at interest with the right of withdrawal. Interest at the declared rate is credited annually. Beneficiary may withdraw from the principal (\$100 minimum) as often as needed until the proceeds and interest are exhausted.</p> <p>Annuity Options without Life Contingency: Installments for a Specified Amount Beneficiary receives installments for a chosen amount at equal intervals until the proceeds and interest are exhausted.</p> <p>Installments for a Specified Period Beneficiary receives equal installments at equal intervals for a specified number of years. Excess interest payments may be made if the current rate is higher than the guaranteed rate.</p> <p>Annuity Options with Life Contingency: Single Life / Life Income Annuity Beneficiary receives equal installments for a specified amount at equal intervals for life. If beneficiary should die, no further payments are made. Payments are issued based on age.</p> <p>Fixed Period / Period Certain Annuity Beneficiary receives equal installments for a specified amount at equal intervals for life. If beneficiary dies before the end of the guarantee period, the designated beneficiary will receive the balance of the guaranteed payments. Payments of principal and interest are based on age.</p> <p>Voya Employee Benefits routinely pays interest on all death claims from the date proof of death is received to the date of payment of proceeds. Interest is calculated using the greatest of 0.25% or any state-mandated calculation.</p>

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
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Plan Design	Plan Design	79	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitation (for example, if you do not allow an absolute or a collateral assignment).	Yes	Securian Financial will accept all assignments but assumes no responsibility for the validity or effect of any assignment.	Yes	Absolute Assignment is allowed if the amount of life insurance is \$25,000 or more. Collateral is not allowed.	Yes	For self-administered groups, the employer maintains all eligibility and enrollment data and provides to Voya Employee Benefits at time of claim. We will accept current enrollment lists, absolute assignments, and beneficiary designations for an existing enrolled group. We will work directly with the employer to set-up any data transfer processes necessary to provide any special administrative support including evidence of insurability processing. Anyone with a current absolute assignment needs to complete a Statement of Intent at the time Voya Employee Benefits takes over the case so there is no break in the assignment. If a group is Self-Administered, the Employer group maintains all documentation, including absolute assignments and beneficiary designation forms for their employee. Voya Employee Benefits will retain this information for individually owned Voluntary products.
Plan Design	Plan Design	80	Describe your administration "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?	Yes	We offer one of the most competitive and flexible accelerated death benefit provisions in the market. Terminally ill insureds with a life expectancy of 12 months or less can accelerate up to 100% of their insurance to a maximum of \$1,000,000 (basic and supplemental coverage combined). The minimum face amount eligible to be accelerated is \$10,000. We do not discount the benefit amount for early payment of the claim. Including the accelerated benefit provision has no impact on premium rates.	Yes	Must have a qualifying medical condition with no more than 12 month life expectancy and at least \$10,000 in life benefits. Maximum amount is lesser of 75% or \$500,000. Minimum is \$5,000	Yes	Employees with a terminal illness and a life expectancy of 12 months or less may access 75% of their life insurance proceeds to a maximum of \$500,000.
Plan Design	Plan Design	81	Please confirm when age reductions take place (e.g. on plan anniversary, on birthdate, 1st of the month following date of birth, etc.)	Yes	Our intent is to match the allow for the continuation of the current administrative practice as to when age reductions take place. Our interpretation of this practice per the current certificate is that age reductions are applied on the birthdate.	Yes	A decrease in your Life Insurance because of a change in your age becomes effective on the date of the change.	Yes	Voya will match the current process.
Plan Design	Plan Design	82	Confirm your proposal includes accelerated death provisions	Yes		Yes		Yes	
Plan Design	Plan Design	83	Confirm that your proposal does not include any interdependencies for coverage amounts for Employee, Spouse, Child.	No	Dependent coverage is limited to 100% of employee's coverage amount.	Yes		Yes	Voya's intent is to match the current administration procedure.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
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Plan Design	Plan Design	84	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	No	Insureds who are disabled prior to the 01/01/2025 policy effective date and eligible for the insured waiver of premium benefit under the basic life plan will remain the liability of the incumbent life carrier. Additionally, any insureds who have ported or converted coverage will remain the liability of the incumbent carrier.	Yes		Yes	
Plan Design	Plan Design	85	Describe your provisions for policy lapse in terms of 1) Carrier transition/implementation, 2) employer administration (e.g. non-payment, etc.), and 3) member perspective (e.g. non-payment, portability, etc).		1) N/A, our proposal is valid for the duration of the proposal process and up to the agreed upon effective date. 2) If premiums are not paid within the grace period, we will work with the City to reach a mutually agreeable remittance plan. 3) If premium for a direct-billed insured is not received by the lapse date, the contract is canceled and a lapse notice is mailed. We allow a reinstatement one time per contract if the insured contacts us within 90 days of the coverage lapse.	Yes	Non Payment by Employer: 60 day grace period. Nonpayment by employees: Date of the last period for which a premium was paid. If employment terminates employees may port or convert	Yes	Voya is matching the current policy lapse provisions. The policy would lapse for non-payment of premium. Voya will provide a 75 day grace period for premium remittance.
Plan Design	Plan Design	86	Describe your Waiver of Premium Process.	Yes	Certificate holders who provide proof of total and permanent disability as defined in the policy before age 60 are eligible to have premiums waived on all their term insurance coverage, including all riders. Their coverage will continue in force without payment of premiums during the uninterrupted period of total and permanent disability. Total disability is "a disability which occurs while a certificate holder's insurance is in force and which results from an accidental injury or an illness that continuously prevents the certificate holder from engaging in any occupation for which he or she is reasonably suited by education, training, or experience." Permanent disability is "a total disability which has existed continuously for at least six months." Insurance will be continued under this rider, without payment of premium, until the earliest of: 1) the certificate holder's 65th birthday; or 2) the date the insured employee retires, including normal and early retirement; or 3) the date the certificate holder recovers so that he or she is no longer totally and permanently disabled; or 4) the date the certificate holder fails to furnish proof of continued disability when requested or refuses to submit to a required medical examination.	Yes	An employee who expects to be off work for 180 days or longer should submit a Waiver of Premium claim. The claimant must provide Proof of Loss. This begins by completing our Waiver of Premium claim packet, including: •Employee's Statement •Employer's Statement •Attending Physician's Statement •Signed Authorization (to obtain information) The claimant must submit the forms listed above. Once we receive this information: •We assign the file to a Waiver Analyst •The Analyst begins reviewing the claim If we need additional information to make a decision, we will request this from the appropriate source. We usually request additional information from medical providers. However, the claimant is responsible for being proactive in providing such information. Decisions timeframes vary depending upon: •The facts of the claim •The complexity of the claim Most claim decisions occur within two to three months. During this time, we keep the claimant apprised of the claim status.	Yes	Voya Employee Benefits waives your Life Insurance premium that becomes due when you are totally disabled. The premium will be waived if you satisfy certain conditions. When premium is waived, the amount of Life Insurance equals the amount that would have been provided if you had not become totally disabled. That amount will reduce or stop according to the Schedule of Benefits in effect on the date total disability begins. Waiver of Premium standardly covers both Employee Basic and Supplemental Life coverage. When premium is waived, it includes Life Insurance, Accelerated Death Benefit, and Waiver of Premium. It generally does not include Dependent's Insurance, or any other benefits as elected under this certificate which were effective at the time of disability.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	87	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.	Yes	180 days	Yes	180 days. The Standard can offer an enhanced Waiver of Premium definition where it is only required to be disabled from your own job for 24 months, rather than totally disabled.	Yes	Voya is matching the current Waiver of Premium provision that includes a 6 month wait.
Plan Design	Plan Design	88	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?	No	Premiums are not waived back to the date of disability. To ensure continuity of coverage we recommend premiums be continued during the elimination period in case the waiver claim is denied or the person dies and would not have met the definition of total and permanent disability.	Yes	Premiums are refunded back to the date of Total Disability	Yes	When proof of total disability is approved, premiums are waived as of the date the insured becomes totally disabled. We refund, to the Policyholder, any premium paid for a period during which the insured was totally disabled. It is the Policyholder's responsibility to refund to the insured any part of the premium they paid.
Plan Design	Plan Design	89	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for covered dependents also be waived?	Yes		Yes		Yes	
Plan Design	Plan Design	90	Describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).	Yes	A suicide exclusion applies to supplemental life and dependent life coverage. The exclusion limits our liability to an amount equal to the premiums paid for an insured if the insured, whether sane or insane, dies by suicide within two years of the effective date of coverage. For existing amounts transferred to our policy, we will credit time satisfied under the prior policy.	Yes	Our Basic Life does not contain any exclusions.	Yes	A 2 year suicide exclusion applies to the employee paid Supplemental and Dependent Life insurance.
Plan Design	Plan Design	91	What options do you provide for members to continue insurance after employment separation?	Yes	Members will be able to port or convert their coverage if employment is terminated.	Yes	Our Life coverage includes the option for either Conversion or Portability.	Yes	Employees can port their policy and be direct billed and they also have the conversion privilege, which converts the policy to a Whole Life option.

Basic and Supplemental Employee, and Dependent Life Insurance Services				Securian		The Standard		Voya	
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Plan Design	Plan Design	92	If you offer conversion, do you provide an option for members to convert policies upon termination of employment?	Yes	<p>Our provision allows insureds to convert their group life insurance to a Whole Life insurance policy if all or a part of their coverage terminates under the group policy. If coverage terminates because the insured moves from one eligible class to another, the insured is no longer in an eligible class, or the insured terminates employment, the insured may convert up to the full amount of coverage.</p> <p>Insureds must apply for the conversion policy in writing and pay the first month's premium to Securian Financial within 31 days after the loss of eligibility. Evidence of insurability will not be required.</p> <p>Premiums for the individual policy will be at Securian Financial's current rates at the time the new policy is issued. The individual policy will not include any supplemental benefits, such as disability, accidental death and dismemberment, or accelerated benefits. Interested individuals are provided with a brochure that explains the conversion provision, a worksheet for calculating the new premium, and an application. Individuals may access conversion information on our Continuation website or call our toll-free number to receive assistance with understanding and completing the conversion process.</p>	Yes		Yes	<p>Our group life policies contain a conversion privilege, which permits covered employees, covered spouses and eligible dependents to convert his/her life coverage to an individual whole life policy. The conversion must be applied for within 31 days after the termination of group coverage unless the group contract specifies a different time period. A conversion is made without evidence of insurability. Conversion rates are based on age and risk.</p> <p>Policies are individually owned. Premium amount is based on coverage amounts, issue age and tobacco status</p>
Plan Design	Plan Design	93	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage.	Yes			Please see the attached Portability Provisions document.		Please see the attached Appendix with an outline of our Portability provision.

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Plan Design	Plan Design	94	What types of end-of-life services can you offer? For example, do you offer a way for employees to pre plan or pay for funeral services in advance?	Yes	CONFIDENTIAL	Yes	When we pay a Life insurance claim, we refer the beneficiary to our Life Services Toolkit. This can help them cope with grief and make important decisions about their finances.	Yes	Please see the attached Empathy Employer & Broker Flyer (Bereavement Support, Funeral Planning & Will Prep) for an overview of some options available.

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Plan Design	Plan Design	95	What are your requirements for funeral planning/concierge services and how quickly is the turnaround time to those who have experienced a recent death?	Yes	<p>Beneficiaries of insureds covered under the group life insurance plans are eligible for Empathy Services. As part of our Financial Wellness 360® program, Empathy provides funeral planning resources in the days and weeks after loss, when grief and shock make tasks overwhelming, including but not limited to:</p> <ul style="list-style-type: none"> The Funeral Home Finder helps beneficiaries find a provider they can trust. The Obituary Creator crafts a beautifully written obituary using information provided by the family. <p>Access information to Empathy services is included in the condolence letter during the time of claim and is available at no extra cost.</p> <p>Expedited processing allows for peace of mind during a difficult time and can include same-day claim review and callback to validate claim payment assignment, rush forms of payment (direct deposit or overnight check), and the ability for us to work directly with the funeral home or lending agency.</p>	Yes	Our Life Services Toolkit provides funeral-planning support. Beneficiaries can call a toll-free number for answers to their questions and referrals to local funeral services or use the online tools to locate local funeral services. All covered members can use the Life Services Toolkit website to calculate funeral costs, find local services and access helpful information about planning a funeral.	Yes	<p>Employee living in the U.S. and enrolled in a qualifying life insurance policy are eligible to receive Empathy's comprehensive system for grief and loss support. Eligible users receive dedicated care and support, combined with experienced resources and tools. Empathy is committed to helping employees and their families prepare for the future and provide support in some of life's most challenging moments. We're here to meet families wherever they are, whenever they're ready. These services are On Demand.</p> <p>Please see the attached Empathy Employer & Broker Flyer (Bereavement Support, Funeral Planning & Will Prep) for a more robust description.</p>

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Plan Design	Plan Design	96	Indicate any enhanced services (financial planning, bereavement counseling, funeral services, etc.) included in your proposal. Include marketing materials you feel would be beneficial.	Yes	CONFIDENTIAL		<p>Our Life Services Toolkit provides a variety of tools to help beneficiaries navigate an extremely challenging time, including financial and counseling resources.</p> <p>We provide Travel Assist to members and their families who are far from home. The services range from lost luggage and passport assistance to emergency medical transport and repatriation of remains.</p>	Yes	<p><u>Bereavement Support, including Funeral Planning and Will Preparation</u></p> <p>With this service, employees will have complimentary access to Empathy's Essential plan, which will assist them with pre-planning, help ease their family's burden in the future, and offer tools to further support them in the event of loss including:</p> <ul style="list-style-type: none"> * Emotional Support * Probate and Estate Administration * Guidance and Assistance * Family Collaboration * Timesaving Tools * Enterprise Customization * Dedicated Care Team

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Plan Design	Plan Design	97	Please confirm that you have quoted a plan that is considered a 'Match to current' for both Basic and Voluntary Life Tabs	Yes		Yes		Yes	
Plan Design	Plan Design	98	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design' tabs of this workbook	Yes		Yes		Yes	
Plan Design	Whole Life	99	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as Employer Paid	No		No	The Standard does not provide Whole Life coverage. Our plans are Term Life.	No	N/A
Plan Design	Whole Life	100	Please confirm that you have provided a quote for a 'Whole Life' life option, as an attachment to this RFP that is quoted as 'Voluntary' or Employee Paid	No		No	The Standard does not provide Whole Life coverage. Our plans are Term Life.	No	N/A
Financial Cost	Financial Cost	101	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes	Our proposal includes a \$100,000 one-time implementation credit. Our implementation credit rider allows for reimbursement of implementation expenses incurred within 365 days of the plan effective date. Please note, costs will not be paid prior to the effective date and will only be paid when the policy rider is issued.	Yes	Up to \$100,000 inclusive of all coverages	Yes	\$250,000

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Financial Cost	Financial Cost	102	For purposes of premium calculation, those who have age reductions, are premiums calculated on the full policy amount or the age reduction amount?	Yes	Premium calculations are based on the actual coverage amounts in force. Therefore, premium calculations would apply to coverage amounts reduced by age reductions.	Yes	The age reduction amount	Yes	Premiums are calculated on the age reduction amount.
Financial Cost	Financial Cost	103	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?	Yes	Our proposal requires that basic life, voluntary life, and AD&D will be awarded together.	Yes	Basic Life and Voluntary Life must be awarded together. AD&D does not need to be purchased	Yes	Basic Life and Supplemental Life must be sold together.
Financial Cost	Financial Cost	104	Please confirm that you have completed the Pricing Tab for Life Insurance	Confirmed		Yes		Yes	
Financial Cost	Financial Cost	105	Please confirm that you have completed the Underwriting Tab	Confirmed		Yes		Yes	
Financial Cost	Financial Cost	106	Please confirm that you have completed the PG Tab for Life Insurance	Confirmed		Yes		Yes	
Financial Cost	Financial Cost	107	Confirm that you will provide quotes for Term Life Insurance, Whole Life Insurance, or Both?	Confirmed	We have provided a quote for term life insurance.	Yes	Term Life	Yes	Group Annual Term insurance only

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?		Continuity of coverage will apply for all employees actively at work.	Yes	No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date.	Yes	It is our intention that current employees will not lose coverage during a transfer to Lincoln. Our disability contracts include a transfer provision that provides continuity of coverage for employees insured as of the effective date of the transfer. It also allows for coverage, under certain circumstances, for employees who are not actively at work on the effective date of transfer due to injury or sickness.
Plan Administration and Sponsor Services	Plan Administration	2	What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted? -For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions. -For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.		Less than 5%. All services are provided in the continental US. For Life insurance, Aflac works with IBU, Inc. for medical underwriting, TELUS Health for EAP services, and Everest Funeral Package, LLC for funeral planning and concierge service. All Third Party Vendors have undergone Aflac's thorough vendor process, and are under confidentiality agreements to safeguard all information handled on behalf of Aflac is handled in the most confidential and sensitive manner. Additionally, the contracts for vendors handling sensitive information contain strict privacy, confidentiality, and information security clauses to ensure they will adhere to the strict compliance and privacy requirements Aflac defines for handling personal information.		We don't intend to use subcontractors. If we do, we'll make efforts notify the City beforehand. We outsource functions to well-respected firms in U.S. overseas, India and Philippines. Outsourced servicing stable mature LTD claims, inquiry intake calls, data entry paper claim intake, billing; and processing transactions quotes, policy setup back office service requests; are highly protected and monitored through contractual, technological process safeguards. Percentage of work done is proprietary, we work with highest level of integrity to ensure sanctity of confidential PII. Due to non-disclosure agreements, ask the City allow us opportunity to obtain Vendor approval to disclose name services.	Yes	Not applicable. Lincoln provides disability coverage in-house.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	3	Explain your process for determining during the transition and implementation from one carrier to another? Please touch on all aspects.		Aflac's Implementation services provide expert project management and benefit expertise. Our highly consultative implementation staff understands all aspects of absence, disability and life programs. We have a unique approach that guarantees thorough discovery, a timely set up and quality delivery of the program. At the core of our implementation solution are the concepts of program integrity and consultation. As such, Aflac's Implementation Manager will make sure all facets of your program are reviewed and confirmed. This method ensures accurate set up of the customer's policy and service information.		Key steps in implementation process: •Internal Initial conference call —Assign kick-off meeting date identify required resources □Hartford Customer Support Representative will be assigned to assist with creation and submission of Individual Data Management File •Create Implementation log —Track all implementation activities in this log •Kick-off meeting —Discuss your needs/concerns develop a process plan —Cover agenda items such as claims processing, plan design, billing, communication and training •Ongoing communications —Schedule conference calls to finalize details and ensure the project is running on schedule —Update all project team members via email and informal phone calls	Yes	The employee must be actively at work and meet our definition of active employment to be eligible for coverage. Our forms ask for the date last worked, and the employer verifies that the information is true by signing the forms. In a fully-insured arrangement, successive claims filed by individuals who were covered under a claim by the prior carrier remain subject to the prior carrier's successive policy provision of benefits. Recurrent disabilities under a fully-insured arrangement are the prior carrier's responsibility, assuming the claimant meets the prior carrier's contractual requirements. If they do not meet the prior carrier's requirements but satisfy all of our requirements, they may be eligible for coverage under our plan on satisfying the actively at work provision.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	4	Will you prepare the W-2, W2-Cs, 1099s and issue tax statements for disability payments? If yes, please provide a sample report.	Yes		Yes	<p>Standard Tax Services:</p> <ul style="list-style-type: none"> •Withhold and deposit applicable and properly elected additional United States federal income taxes (FIT) and state income tax (SIT) as well as applicable Employee FICA taxes from benefits/sick pay; however, we will not withhold SIT or FIT from non-taxable benefits. •Make timely filings with appropriate U.S. federal state agencies •Deposit taxes using The Hartford's tax identification number •Notify Employer of these payments – notification is provided to City of Los Angeles on the Claim Payment Reports. •Prepare deliver an annual summary report of benefits paid. <p>We have included a Claim Payment Report with our response in Section F.</p>	Yes	Confirm.
Financial Cost	Financial Cost	5	<p>Do you pay the employer FICA taxes and send out the W-2 forms?</p> <p>a. If yes, is the payment of the taxes and preparation of W-2 forms included in your rates?</p> <p>b. If not, how much additional would the rates increase to include you paying the employer FICA taxes and preparing the W-2s?</p> <p>Please be sure to indicate on the Pricing tab for Disability</p>	Yes	Aflac will pay the employer portion of FICA taxes and it is included in Aflac's pricing.	Yes	<ul style="list-style-type: none"> • We will withhold and deposit the employee's portion of these taxes, when applicable, from benefits payments. • We deduct the employee's portion of this tax withholding from the applicable benefits and report all withholdings to the employer via the claim payment reports. • We report and deposit the withholding under The Hartford's Tax Identification number pursuant to the federal requirements. • When the employer elects our Employer FICA Match Service, we remit both the employee and employer portion of FICA taxes. • There is no charge for fully-insured LTD Employer FICA match. 	Yes	Yes, Lincoln is including FICA and W2 in our rates.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	6	<p>Please describe your account team that will be assigned to the City of LA to include:</p> <ul style="list-style-type: none"> a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing 		<p>Our Account Management/Client Relationship Model is centered on delivering through the Account Executive. From pre-sale, implementation and over the life of the client relationship, your Account Executive will be the focal point for all service delivery and leads the Customer Relationship Team. They are accountable to facilitate and ensure successful execution of our customer strategy. They work across disciplines (Underwriting, Implementation, Administration, IT and Claims) to ensure the highest level of service delivery to our customers.</p> <p>We will assign a team and provide references during the finalist stage.</p> <p>As a courtesy to our customers, we prefer to coordinate any reference calls through the customer's respective Account Executive.</p> <p>We will assign appropriate contacts during the finalist stage for each of the areas mentioned, and will coordinate processes to work with the City.</p> <p>g. Will be provided once an Account Executive is named during the finalist stage.</p>		<ul style="list-style-type: none"> a) Kristin Tapia, Senior Client Relationship Manager b) Matthew Pierce, Chief National Account Underwriter c) Billing Consultant TBD d) Kristin Tapia Senior Client Relationship Manager e) Our virtual claims include three national centers of excellence located in Scottsdale, AZ; Lake Mary, FL; and Hartford, CT. Disability Center network has 1,933 staff members. Office's hours of operation are Monday through Friday from 5:00 a.m. to 5:00 p.m. Pacific Time. g) To preserve and respect the confidentiality of our policyholders and producers, we do not release the names of our customers. We have included 3 current references. 	Yes	

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	7	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Confirmed.		Yes	Kristin Tapia, Senior Client Relationship Manager will be assigned to the City. She handles all customer deliverables and account success. As the single point of accountability, Kristin will ensure all goals and expectations are met. Additionally, Client Consultants support the Senior Client Relationship Manager with all aspects of account management. Along with responding to customer inquiries, issues and requests, they provide administrative support for various business functions. With the Senior Client Relationship Manager, Client Consultants work with customers on plan administration and processes.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	8	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.	Not confirmed.	We will assign a complete team during the finalist stage.	Yes	Please refer to the enclosed Account Management Team and Resumes document in Section F.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	9	Confirm that you will provide Quarterly and Annual Claim Reports	Confirmed.	Yes, reports are refreshed regularly and are readily available in our portal. While the system updates immediately in real time, analytics reporting data is available near real time within 2 hours. The City of LA will be able to access individual claim information in real-time.	Yes	We provide our comprehensive suite of reports via our self-service employer portal, at no additional charge, these reports can be accessed anytime of any day. The portal provides on-demand reports for now and you can access scheduled reports to view later. When you schedule reports to run (daily, weekly and monthly), you'll get an automated email once the reports are available online.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	10	Confirm that you will provide Report on total number of claims by claim type	Confirmed.		Yes		Yes	Confirm.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	11	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Confirmed.	We can provide reporting on the data fields shared within your eligibility file.	Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	12	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Confirmed.		Yes	We will notify the City promptly of any losses of accreditation, license or liability insurance.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you will provide Plan sponsor on-line or written billing history	Confirmed.	We are in the process of expanding our billing capabilities to include online billing and history.	Yes	12 month bill history can be seen on Employerview portal.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Confirmed.	Our systems automatically determine eligibility based on the information provided on the file feed. We will work with the City to determine specific requirements during the implementation.	Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Plan sponsor on-line or written plan/service details	Confirmed.	We will work with the City to determine specific requirements during the implementation.	Yes		Yes	Confirm.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.		<p>Our standard reports are delivered through a dashboard accessed through Aflac's portal. We have provided sample reports/dashboards with our submission.</p> <p>We do not currently offer a test site, but we are happy to provide a demonstration to the City.</p>		<p>You can access our comprehensive suite of reports via our self-service employer portal, at no additional charge, 24/7. The portal provides on-demand reports for now and you can access scheduled reports to view later.</p> <p>You can view reports online, download to .pdf or Excel formats on demand or schedule for future review.</p> <p>Many reports provide data on a real-time basis, otherwise they are updated nightly.</p> <p>When you schedule reports to run you'll get an automated email once the reports are available online.</p> <p>Your sales and account team are happy to provide a demo of our employer/reporting website.</p>	Yes	<p>My Lincoln Portal® is a secure one-stop destination for managing benefits online and is optimized for use on desktop, tablet, and mobile devices.</p> <p>Employers can use the portal to:</p> <ul style="list-style-type: none"> · View program performance · Report a claim on an employee's behalf · Upload supporting documents for an open claim · Access employee-specific details · View real time status and details for a specific claim · Review analytical reports · Access view status to: - Review correspondence - View EOI status and amounts · Reference important program documents, including contracts and forms · Complete administrative tasks, such as setting up access privileges or ordering forms · Look up service team contact information · Communicate sensitive information with claims specialists and service teams via secure email · Use the learning center to stay updated on benefits trends and best practices with white papers, articles, and online training · Reference the help guide for details on how to navigate through the portal <p>Our custom reporting solution is an on-demand, self-service reporting tool that enables employers to perform unlimited queries through My Lincoln Portal®. Employers can access and filter information by product, subsidiary, location, date, and other details to better understand and manage workforce and productivity.</p>

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Plan Administration and Sponsor Services	Plan Sponsor Services	17	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Confirmed.		Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	18	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Confirmed.		Yes		Yes	Confirm.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	19	Can the City audit the services provided? Indicate what services, records, and access will be made available to the City at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	<p>The City can audit the services provided. Most clients opt to do so annually. We will work with the City to provide necessary access to the appropriate claim files, and will align resources to perform the audit.</p> <p>We will require at least 45 days of advance notice in order to initiate an audit; the same standard is followed for broker/consultant audits. An NDA needs to be signed prior to the audit taking place.</p>	Yes	<p>The City can conduct an annual audit at The Hartford's Claim Center or at a mutually agreed upon location. Our preference is to receive notification of the requested audit three months in advance.</p> <p>Audits can be conducted with proper written and signed authorizations from the claimants and a signed indemnification agreement in place.</p> <p>An audit may be conducted upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to our security and confidentiality policies.</p> <p>The audit may consist of a review of the administration of the plan.</p>	Yes	<p>The employer may audit claim files, subject to the appropriate confidentiality measure, or hire an independent third-party auditor. For third-party auditors, Lincoln requires a letter of authorization from the employer and the execution of a non-disclosure agreement by the vendor.</p> <p>We request 30 days' notice of an audit.</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	Aflac has allocated dollars as a percentage of premium.	Yes	<p>The City can conduct an audit virtually. Our preference is to receive notification of the requested audit three months in advance.</p> <p>The virtual audit may be conducted, upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to The Hartford's security and confidentiality policies, and once The Hartford has received signed authorizations from claimants if confidential claim information is in scope for the audit.</p> <p>We have built in \$30,000 (\$10,000 per line of coverage) to allocate towards audits. This is in addition to the Implementation Credit we have included.</p>	Yes	Lincoln will allow external audits with 30 days advance notice. Lincoln is including an implementation credit which can be used to pay for the cost of an outside auditor. Lincoln's implementation credit does not expire after the implementation period and can be used at any time during the rate guarantee period.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	21	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Confirmed.	Our standard record retention is 7 years.	Yes	<p>We maintain all insurance records consistent with applicable state and federal requirements, including ERISA.</p> <p>Paper claim files are:</p> <ul style="list-style-type: none"> • Scanned upon receipt at our imaging center • Maintained for 33 days and then destroyed by a bonded data storage vendor <p>Company confidential data that was transmitted, read or stored electronically cannot be deleted from The Hartford's computer systems or equipment. It is our policy to take commercially reasonable steps to maintain the confidentiality of such Company confidential data. Such steps shall be no less rigorous than those used to protect The Hartford's own similar information.</p>	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Confirmed.		Yes	Kristin Tapia, your Senior Relationship Manager will hold account management team meetings and teleconferences on a mutually agreed-upon schedule (for example, on a quarterly basis) to monitor our performance. We can also schedule more frequent reviews as needed to meet your business needs.	Yes	Confirm.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	23	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?		<p>We have internal legal experts and Product experts who can assist the City in matters pertaining to their plans.</p> <p>We do not provide tax or legal advice but can provide information relative to the products and services we offer.</p>		<p>The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing.</p> <p>We do not provide legal advice to our customers.</p>	No	Lincoln offers legal support through our Employee Assistance Program which is included at no additional cost with disability coverage. Members will have access to estate and probate law, real estate transactions, social security survivor and child benefits. Our service also offers financial guidance on household budgeting and short and long term planning.
Plan Administration and Sponsor Services	Plan Sponsor Services	24	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix		<p>Our processes and systems comply with federal and state leave laws for the leaves we administer. Upon becoming aware of new or revised state or federal leave laws, and as a courtesy to our leave customers, our Account Executives will provide notice of the substance of newly enacted leaves or amendments to existing leave laws or regulations that impact our leave portfolio and our customers' employee population. It is important that customers make independent legal and compliance analysis of state and federal leave laws that impact their employment operations since Aflac does not assume employment-related responsibility.</p> <p>The February-2024-PLADS-Legislative Advisory Newsletter is included with our submission.</p>	Yes	The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing. We do not have any samples we can provide as they are case specific.	Yes	Yes, we provide monthly legislative and regulatory changes to our clients through our Absence Advisors Series. This series also features webinars, podcasts and white papers on a number of different topics ranging from return to work, accomodations, state regulatory updates and legislation.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	25	Describe the enhancements you would make for the City's current Reasonable Accommodations process. Be specific about the role/responsibility that your Firm would 'own' or take on.		Aflac has a workplace accommodations benefit provision in the LTD contract which includes a \$2500 benefit.		Our Vocational Case Managers work with the employee, the attending physician(s), the client's' internal medical directors and the employee's managers to discuss return-to-work options and promote transitional employment as a bridge to resuming full-duty employment. The Vocational Case Managers specialize in negotiating and coordinating return-to-work opportunities through light-duty accommodations, modified work and adjusted work schedules such as a part-time and graduated return to work.	Yes	

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	26	<p>The City's current process allows for employees to code from any of their available Leave banks while a claim is pending approval/denial. Any offsets that may be defined are taken on future disability benefits payable (and not through other means such as payroll adjustments). Please confirm that you can agree to continue this practice.</p> <p>If not, please describe the effect of integration of sick time on a claim. Be sure to include the impact of use while a claim may be 'pending approval'.</p>		<p>We are more than happy at Intake to ask a member if they want to use PTO to top off their benefit. If they do, we can advise the client who is then able to use time to supplement the benefit.</p>		<p>The Hartford offsets for sick leave if it's collected in tandem with STD benefits. We don't require sick leave be used before paying benefit, so if sick leave is not collected, we wouldn't offset for it in our STD benefit calculation.</p> <p>The City must notify us of number of unused sick leave days paid at time of claim. We can create a supplemental employer certification that's automatically generated at time of claim and subsequently emailed to designated contacts. The City can populate the certification with the employee's sick leave balance (date of exhaustion) and email it back to us.</p>	Yes	<p>Yes, Lincoln can adjudicate and handle claim in this same manner.</p>

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	27	The City is looking to improve the timeliness and accurateness of reporting claim status back to the City. Please describe the top three (3) actions/functions that you will implement to accomplish this.		We provide real-time access to claim data, with near real-time access to reporting which updates up to every 2 hours. When a claim is reported to Aflac, we will notify the City via email within 1 business day. Lastly, the City will be able to assess their program by accessing our portal.		<p>You can access our comprehensive suite of reports via our self-service employer portal, at no additional charge, anytime. The portal provides on-demand reports for now and you can access scheduled reports to view later.</p> <p>You can view reports online, download to .pdf or Excel formats on demand or schedule for future review. Reports provide data to help manage your programs. Just select report criteria about specific products, policy numbers, claim types and date ranges.</p> <p>Data is updated on a nightly basis and reports will reflect information from the prior day. Many reports provide data on a real-time basis.</p>	Yes	<p>Improving timeliness:</p> <p>Lincoln provides real-time claim status either via look-up through the employer portal or through push notifications to supervisors and managers. Real-time status is available to the employer and employees.</p> <p>Features of our real-time status capabilities for employers and managers via the portal include:</p> <ul style="list-style-type: none"> - Real-time information — Current status of a claim or leave is displayed in order by the most recent status change - Configurable — Employers can define the status and product a user is able to view - Convenient — Information can be viewed in our portal at any time, from any device <p>The following real-time status features are available to employers:</p> <ul style="list-style-type: none"> - Real-time notification — Generates real time notifications of changes in claim status, leave status, and return to work -Data — Reflects changes made to claim/leave operational systems as soon as the changes are made -Two distribution groups — Options for HR/employer group and supervisor -Notifications — Distributes notifications based on a company's organizational hierarchy and customizes notification by employee <p>Improving accurateness:</p> <p>F.O.C.U.S. — Our claim management philosophy, which includes the following attributes:</p> <ul style="list-style-type: none"> - Frequent and timely communication on every claim - Outcome driven case management on every claim

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Member Services and Communications	Communication Materials	28	Confirm that you will provide written, virtual, and/or in-person education to employees about disability insurance, its processes and services.	Yes		Yes	<p>During enrollment, we offer online services that educate employees about available benefits and how to enroll. We also provide printed enrollment materials at your request.</p> <p>Our customer-facing websites provide educational materials to support employers and their employees. This also includes our self-service employer and employee portals.</p> <ul style="list-style-type: none"> • Employer portal: <ul style="list-style-type: none"> – Offers educational materials such as flyers, “how to file a claim” videos and enrollment materials that can be accessed at any time. • Employee portal: <ul style="list-style-type: none"> – Provides product details and FAQs to help provide information to employees as their needs arise. 	Yes	Confirm.

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Member Services and Communications	Communication Materials	29	Confirm that you agree to allow for a custom insert in the initial disability packet mailed to employees (post intake) that outlines their options under the City's Benefit Protection Plan (BPP).	Confirmed.			<p>We give claimants access to their benefits information in more ways than ever before. Our email alerts can be accessed via both mobile and desktop. These proactive communications help claimants by providing key updates and reminders for the following scenarios:</p> <ul style="list-style-type: none"> •Claim Acknowledgement •Early Notice Claim •Missing Attending Physician information (5th day and 10th day): •Return-to-Work Follow Up: •Claim Payment: •Claim Extension: •Receipt of APS and Medical Records: •Seamless Authentication <p>For claimants who opt out of the electronic claim notifications, we notify the claimant telephonically for both approvals and denials and a letter is mailed with the decision.</p>	Yes	Lincoln's custom messaging is very customizable. In addition, we have the ability to include important messages through our on-line claims portal when employee's file claim. For example we can include a message after claim submission to an employee that pops up and reminds them about the BPP.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	30	Describe the disability claim process. Can individuals file electronically? Describe your verification process for determining whether an individual qualifies for STD/LTD disability payments include what the Benefit Waiting Period looks like. What criteria are used to determine benefit eligibility? What is required of the claimant and what validation process do you engage in in order to validate eligibility for benefits? Please answer all these questions in a clearly labeled appendix.		<p>Employees can submit a claim via our portal or Customer Care Center. When a claim is submitted our claim system determines eligibility based on information we receive in your file feed. The information is fed into our claim system and automatically determines eligibility based on the years of service worked and number of hours worked. It will also recognize if the employee qualifies for any state or company leave based on the response collected during the intake process.</p> <p>The claim will then be assigned to the appropriate Case Manager, who is responsible for managing all entitlement providing the employee with a single point of contact for all benefits. Our Case Managers are trained in all benefit types including company specific policies to ensure compliance with State and Federal requirements. Our digital and telephonic intake process is robust and typically gathers the information needed to expedite a claim. If we find additional information is needed the Case Manager will contact the employee and/or the employer to gather missing information. Once we have enough information to confirm the eligibility, the Case Manager will approve payment, and the first payment will be sent within a few days. The employee can complete direct deposit information quickly and easily in the portal for those instances where Aflac is paying checks.</p> <p>If needed, Aflac will contact the provider to request clinical information. We encourage the provider's office to provide telephonic information as it may expedite a decision. We also educate the employee about our self-service tools available on the portal. The employee can take a picture of their medical information and simply upload the information through our portal. Within minutes that information will be linked to their claim and the Case Manager can review the information. We will make frequent follow ups with the medical provider to try to obtain the necessary information,</p>		<p>We provide the following claim submission options:</p> <ul style="list-style-type: none"> •Telephonic Intake (preferred) •Online via employer portal •Paper Application <p>We have included an outline of our STD/LTD disability claim process in Section F.</p>	Yes	

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Plan Administration and Sponsor Services	Claims Processing	31	What are your requirements of a claimant for ongoing verification of disability status of an STD/LTD claimant?		Each claim is managed based on its own attributes. The Case Manager will determine how often to connect with the employee and what resources to coordinate with internally to provide the optimal experience throughout the claim.		<p>The contact will receive an emailed link connecting them to an online form. Needed details will be indicated and can be provided online. When submitted, a notification is sent to our claims team who keeps the claim moving.</p> <p>For claimants who chose electronic communications, we will send employee explainer videos that will address specifics of their claim to address and alleviate confusion in the claim process.</p> <p>For LTD plans, we provide Ability Assist, a value-added service designed to help with everyday work, home, personal or family concerns, as well as help emotional, financial or legal issues which may affect employees.</p>	Yes	<p>For ongoing duration management, we make determinations on continued eligibility based on clinical documents and discussions with treating physicians and the claimant. Claims specialists continue to evaluate the definition of disability to ensure the claimant is meeting all contract provisions. They also monitor medical restrictions and limitations to identify any changes to limitations and assist the claimant with return to work planning.</p> <p>Frequent communication with the employee ensures active participation and provides an opportunity to clarify and establish expectations about the disability claim process. We encourage return to work efforts by asking the employee to maintain progress discussions with physicians and the employer. The execution of these steps, paired with clinical and vocational resources, helps deliver favorable outcomes for the claimant and employer.</p>
Plan Administration and Sponsor Services	Claims Processing	32	What do you require of the employer as part of the validation process for an STD/LTD claim?		We will request an employer statement as part of the process.		<p>The claim analyst contacts the employer if employer information is missing.</p> <ul style="list-style-type: none"> •If we do not receive the missing information by the 15th business day, we remind the employee that we will close the claim until it is received. •If the employer or attending physician information is missing and we are unable to reach the employee through e-mail, text, or phone, the claim analyst sends the employee a letter detailing a delay in the claim process. 	Yes	Employees who are passed on the eligibility file, Lincoln does not need the employer to validate the claims process. Here's how it works: Lincoln maintains a tracker for all received eligibility files. We use this information to ensure customer files are received and loaded in a timely manner. Additionally, automated controls exist to detect and reject incomplete eligibility files. An error notification is automatically generated, and the customer is notified. If the error rate for an eligibility file is less than 5%, records with errors are systematically removed from the eligibility file prior to loading. During the benefit adjudication process, the claims specialist contacts the customer to validate eligibility information for missing records.

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Plan Administration and Sponsor Services	Claims Processing	33	When a claimant no longer meets your definition of disability and is determined to no longer be eligible for continued STD/LTD benefits, explain your process and criteria for addressing these situations in a clearly labeled appendix.		We review each claim based on its own attributes. We will collect necessary medical and supporting documentation to support the claim. We will work with our internal resources, including clinical and vocational. If we determine that the employee does not meet the definition of disability, we will call the employee to let them know our finding and the rationale. This will be followed up by a detailed letter, which includes information about the right to appeal our decision.		In order to satisfy the elimination period and be considered disabled under The Hartford's own occupation definition, while actually working in an occupation, as a result of sickness or injury, the employee must be unable to engage with reasonable continuity in that occupation or any other occupation in which they could reasonably be expected to perform satisfactorily in light of their age, education, training, experience or station in life, and physical and mental capacity. We have included an outline of our Definition of Disability Process in section F.	Yes	Our internal vocational claims specialist role is to provide return to work counseling and assistance to employees in their return to work. This includes close coordination with the employer to develop an appropriate return to work plan. When return to work with the employer is not feasible, the claims specialist can coordinate a vocational rehabilitation program aimed at returning the employee to work with a new employer. In addition, our vocational rehabilitation program provides internal consulting services to our claims specialists to aid with their understanding of the differences between job and occupation for the claim review and adjudication process.

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Plan Administration and Sponsor Services	Claims Processing	34	Indicate if you use disability Case Managers (CMs) for STD/LTD claims. Do you assign CM based on the type of disability involved? For example, would you assign case managers that specialize in behavioral health related disabilities to behavioral health related CMs?	Confirmed.	Yes, claim assignment is based on complexity and happens once the claim has been reported through our web portal or our Customer Care Center. The system will recognize certain attributes collected at intake and will automatically assign the appropriate Case Manager to process the claim. We have a sophisticated claim segmentation workflow composed of the following: • Maternity claims • Surgical Claims • Guided claims • Behavioral Health claims We believe that by applying the right level of expertise to each claim the employees will have a knowledgeable advocate to assist in navigating through the process.	Yes	Different analysts handle STD and LTD claims. The STD claim analyst transitions the claim to the LTD claim analyst when the STD claim reaches the midpoint of the LTD elimination period (depending on the claim situation). We have specialized procedures and staffing in place in every claim office to handle mental illness and addiction claims. Based on the information obtained from the claimant, the Customer Care Nurse determines the appropriate claims management protocol and refers all behavioral health claims to a Behavioral Health Case Manager.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	35	How do you use nurses vs. physicians for claim management in the IMR process? What guidelines determine who handles independent medical review?		<p>From an IMR perspective, we partner with external physicians. We have guidelines in place to seek a review from physicians with the corresponding clinical expertise of the claim (ex. An orthopedic condition would require an orthopedic physician).</p> <p>LTD Case Managers have access to a clinical team comprised of nurse consultants, behavioral health specialist, vocational specialists and our Chief Medical Director. They also have access to an independent network of physicians, psychologists and physical therapists, who perform IMEs, FCEs, and peer reviews. They specialize in a wide array of professional disciplines. All experts are carefully credentialed by reviewing CVs, board certifications, licenses, malpractice coverage and work product samples. These clinical resources are utilized to complete clinical reviews at definition of disability. We also have access to our National vendors to complete peer physician reviews, IMEs, FCEs if needed.</p>		<p>Medical Case Manager is responsible for referring case for physician review. Independent physician consultant reviews may be used to:</p> <ul style="list-style-type: none"> •Answer specific questions regarding claimant's functional abilities, limitations, diagnosis, treatment, duration or pre-existing issues. •Initiate a physician-to-physician discussion to resolve questions, conflicts and differences of opinions that Medical Case Manager was unable to resolve in previous conversations with claimant's attending physician. •Provide insight on claims with complicated, difficult and/or dual diagnoses. •Assess a claimant's current functional capabilities limitations versus previous functionality at a point well in the past. •Review medical data as part of an appeal of a denial or termination. 	Yes	<p>To provide expert services in clinical review, we have 130 independent consulting physicians and 80 nurses.</p> <p>Our nurses review all claims over 13 weeks.</p> <p>Our physicians review 28% of STD cases, depending on the medical condition and time period of the claim, as well as the degree of nurse management.</p> <p>Our physicians review up to 85% of LTD cases, depending on the medical condition and time period of the claim, as well as the degree of nurse management.</p>

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Plan Administration and Sponsor Services	Claims Processing	36	Describe any independent medical evaluations (IME) and functional capacity evaluation (FCE) services you can offer to the City.		LTD Case Managers have access to a clinical team comprised of nurse consultants, behavioral health specialist, vocational specialists and our Chief Medical Director. They also have access to an independent network of physicians, psychologists and physical therapists, who perform IMEs, FCEs, and peer reviews. They specialize in a wide array of professional disciplines. All experts are carefully credentialed by reviewing CVs, board certifications, licenses, malpractice coverage and work product samples. These clinical resources are utilized to complete clinical reviews at definition of disability. We also have access to our National vendors to complete peer physician reviews, IMEs, FCEs if needed.		We arrange IMEs with independent, credentialed physicians within relevant specialties. Appointments are available within three weeks. Physicians provide telephonic reports within 24 hours, written reports within two weeks of the exam. Basis for each IME depends on individual claim circumstances. Examining physician finds claimant's limitations or restrictions due to illness or injury, which helps determine the correct claim decision. In addition, it supports our return-to-work and vocational rehabilitation services. We may set up an FCE rather than an IME when: <ul style="list-style-type: none"> •Disability is musculoskeletal or subjective in nature. •Attending physician says an FCE is necessary to address the claimant's functional abilities. 	Yes	Our network of independent medical exam (IME) and functional capacity evaluation (FCE) vendors is comprised of medical specialists that do not have a vested interest in a claim's outcome or Lincoln's business performance. Expenses associated with an IME or FCE referral are offset by their value in highlighting our commitment to objectively evaluate each claimant's medical status. When claim circumstances warrant, the utilization of an independent medical evaluator helps minimize costly legal expenses and payment of disability benefits on claims not otherwise eligible under the applicable policy.

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Plan Administration and Sponsor Services	Claims Processing	37	Describe any vocational rehabilitation services you can offer to the City. If so, list physical locations / virtual services and availability times.		<p>Our goal is to integrate a Return to Work (RTW) plan with every claimant whenever feasible based on the claimant's condition(s), identified restrictions and limitations, policy definitions and utilization of an employer's RTW policies. Routinely we will involve a vocational rehabilitation counselor (VRC) in the STD to LTD transition to assess for the opportunity to actualize a RTW plan based on a RTW hierarchy. The Case Managers can engage the VRC, if the employee has a level of capacity to help achieve a return to work plan. Lastly, if an employee's absence duration reaches a disability definition change from "own occupation" to "any occupation" a VRC referral is again triggered.</p> <p>Our vocational rehabilitation services to include:</p> <ul style="list-style-type: none"> • ergonomic assistance/job modifications, • employer education on employee's skill sets, • on the job training/skills enhancement, • job development/placement, • transferrable skills analysis, • development of rehabilitation plans for retraining, • employability assessments and, • labor market surveys. 		<p>For early intervention, our industry-unique STD and LTD Vocational Case Managers help claimants devise a plan to return to productivity and coordinate the plans with employers to make timely return to work possible.</p> <p>The rehabilitation services include:</p> <ul style="list-style-type: none"> •Worksite modifications •Networking and job search coaching opportunities •Direct job placement •Vocational evaluation and job analysis •Transferable skill analysis using OASYS (a Counselor Support Computer System that matches employee skills to employer job requirements) •Salary build-up incentives •Retraining, re-education, transitional work or temporary job placements •Incorporating volunteerism to improve activity and skills •Alternative treatment plans such as physical, occupational and speech therapy 	Yes	<p>When a claim has been referred to one of our in-house vocational resources, they determine the level of services and necessary resources required based on the unique characteristics of the claim. Many services are performed by our internal vocational resources, including:</p> <ul style="list-style-type: none"> · Coordination of ergonomic assessments of the work site · Development of transitional duty return to work plans · Vocational assessments · Transferable skills analyses · Vocational testing · Vocational counseling and guidance · Job seeking skills training · Job placement · Training program coordination · Self-employment exploration <p>However, if a particular employee requires more hands on, direct services, we will refer the employee to a local provider from within our network of professionals. This provider will work closely with the employee, our in-house vocational resource, and the claims specialist to develop the most appropriate vocational plan. If there is an opportunity for an employee to return to work with modified duties, the vocational resource will work with the claims specialist and the appropriate resources at the employer to facilitate this process.</p>

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Plan Administration and Sponsor Services	Claims Processing	38	Describe any STD/LTD disability duration guidelines you use in administering claims. Describe your protocols and practices in the event a physician and/or claimant's disability duration exceed your duration guidelines?		The source for disability duration guidelines is Reed Group's Medical Disability Guideline (MDG), which is used in establishing a base for developing an expected return to work date with treating providers.		We manage duration of employee's time away from work for STD claims by utilizing Modern Official Disability Guidelines from Work Loss Data Institute. Guidelines are integrated into our system and are accessed online by our clinicians and analysts. Our initial determination of an LTD claim is based on functionality rather than purely on the claimant's medical situation. We determine disability status and duration by comparing the limitations imposed on the claimant by illness or injury to his/her occupational requirements. Depending on need, we use clinical expertise of team nurse, independent medical examinations, independent physician reviews, or independent functional capacity evaluations.	Yes	We use MD Guidelines as a benchmark for duration guidelines. When benchmarking guidelines fall outside of a claimants duration, our attending physicians and medical directors work with the employee's attending physician to establish duration expectations.

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Plan Administration and Sponsor Services	Claims Processing	39	Describe any Return to Work and Job Accommodation support services you might have and how will you work with City's Reasonable Accommodations office?		LTD Case Managers have access to a clinical team comprised of nurse consultants, behavioral health specialist, vocational specialists and our Chief Medical Director. In partnership with the Case Manager, our vocational rehabilitation resources, and the employer's Reasonable Accommodations Office, we will partner to seek available options for accommodations to return an employee to work. We will then continue to follow up with the employer to verify that the accommodation is working.		Claim analyst interviews the claimant to gather all information necessary to assess early return-to-work capability. Claim analysts, Medical Case Managers and Behavioral Health Case Managers can make referrals to Vocational Case Managers at any point in a claim that exhibits return-to-work potential. This is determined by considering: <ul style="list-style-type: none"> • Claimant's functional capacity and level of interest in return to work. • Attending physician's notes and comments. • Return-to-work opportunities at claimant's work site. Vocational Case Managers specialize in negotiating and coordinating return-to-work opportunities through light-duty accommodations, modified work and adjusted work schedules such as a part-time and graduated return to work.	Yes	<p>We strongly believe that early return to work is facilitated by setting expectations with employees from the beginning, and our contract supports return to work by defining disability based on different factors. Our claims specialists are trained to look for opportunities for an employee to return to work on an ongoing basis, whether it is a part time return to work, modified duty, or some other arrangement that facilitates a return to work conversation. The expectation is set early that return to work is the expected outcome. This is communicated at the beginning of the interview, when we receive the initial claim, and the claims specialist informs the employee that their goal is to get the employee to return to work safely when it is appropriate.</p> <p>After the initial conversation and as early as possible, the claims specialists discuss return to work plans with employees, advise that we look for early return to work opportunities, and that we will work with their employer on a safe and effective return to work. As soon as an employee indicates they are interested in return to work or the medical information in the file points to possible early return to work potential, the claims specialist contacts the employer to discuss return to work options. If appropriate, a referral to a vocational resource is made. The vocational resource will initiate a three-point contact with the employee, their physician, and the employer to ensure everyone is on board and invested in the success of the return to work plan. The vocational resource will continue to be in contact with the employee to help with return to work planning, anticipated hurdles, motivation, and how to transition back to full duty</p> <p>Workplace Modification Benefit</p> <p>If a covered person is disabled or partially disabled and receiving a benefit from Lincoln, a benefit may be payable to the management of the covered person's benefit for</p>

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Plan Administration and Sponsor Services	Claims Processing	40	Explain how you would assess disability duration and identify return-to-work opportunities. When do you begin Return to Work evaluation? What are your evaluation procedures?		Aflac believes that a solid return to work program can alleviate many of the concerns, fears, and frustrations experienced by the employee following an illness or injury. The return to work process begins once the Case Manager makes an initial claim decision. The Case Manager is responsible for developing a preliminary return to work plan. This plan is based on the clinical information available, physical demands of the job, employee's motivation, and psychosocial factors identified that could be considered challenges to achieve an optimum return to work. Five days before the expected return to work date, the Case Manager will engage the treating provider and the employee in finalizing the details of the return to work plan.		For STD, Customer Care Nurse determines claims management protocol based on information obtained. Claim is considered complex due to diagnosis or other complicating factors, nurse triages claim for appropriate management by Clinical Case Manager. Claim is triaged for appropriate resource: <ul style="list-style-type: none"> • Medical/Behavioral Health Case Manager for Ability management • Vocational Case Manager for modified/transitional return-to-work planning • Claim analyst for case management per guidelines For LTD, approach is tailored to employee's needs. Using patented LTD Triage Tool, claims triaged into three different paths based on characteristics complexities of LTD claim: <ul style="list-style-type: none"> • Ability Advocate • Ability Partner • Ability Advantage 	Yes	A standard part of our claim process is to obtain appropriate medical information to assess the medical necessity for restrictions and limitations and the associated duration to adjudicate claims. Depending on the specific medical conditions and occupational issues, this may be determined from review by a nurse, behavioral therapist, independent consulting physician, vocational rehabilitation consultant, or a combination of these individuals. They review information obtained from medical records and forms, as well as from discussion with treating providers. Principles of evidence-based medicine as defined by academic peer reviewed medical literature, standards of care, and other factors may be considered when determining the types of restrictions and limitations that are reasonably supported. The claims specialist and vocational rehabilitation consultants subsequently compare the reasonably supported restrictions and limitations and their duration with the essential physical and mental job/occupation requirements. The claims specialist determines if the claimant continues to meet the definition of disability as defined by the disability contract. Return to work evaluation begins immediately.

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Plan Administration and Sponsor Services	Claims Processing	41	Confirm that you will provide administration services for STD/LTD claimants that were disabled prior to the effective date of this contract (1/1/2025) and are eligible for STD/LTD benefits on or after 1/1/2025?	Yes	Aflac will provide administrative services but the claims liability payments are the responsibility of the prior carrier. If claimants are disabled prior to the effective date of 1/1/25, then they are the liability of the carrier responsible for claims prior to 1/1/25.		For Disability coverages, employees will not ordinarily lose coverage due to a change in carriers. If an employee is on an approved leave (other than medical leave), a paid vacation day, or another approved paid day off, coverage will begin on the new policy's effective date. If an employee is absent from work due to a medical condition on the coverage effective date, we would defer the onset of coverage until that employee returns to active employment for one full day. Please refer to the Underwriting Assumptions tab for our Actively-at-Work provisions.	No	Employee's who's date of disability occur on 12/31/2024 or prior will belong to the prior carrier. Any date of disability that occurs January 1, 2025 will belong to Lincoln assuming the employee is actively at work. This is standard within the industry.
Plan Administration and Sponsor Services	Claims Processing	42	Please submit sample authorization form for release of medical information in a clearly labeled Appendix.		We have included one with our submission.		We have included a copy of our Authorization to Obtain and Disclose Information form in Section F.	Yes	
Plan Administration and Sponsor Services	Claims Processing	43	In the event a City employee is incapacitated to the point that they are unable to file for STD/LTD, what options are available for another entity to file for STD/LTD on their behalf?		The City of LA can initiate a claim on behalf of an employee in the event that they cannot do it themselves. The person may also provide a power of attorney, and we can take action based on what is directed by the Power of Attorney.	Yes	A third party may initiate the claim if the employee/claimant is incapacitated and unable to do so. Required information includes claimant demographic information, employer information, date last worked, diagnostic and physician information, etc. We do reserve the right to gather additional information and/or verify the information provided if/as appropriate prior to initiating benefits.	Yes	The employer or someone else acting on the employee's behalf may initiate the claim process.

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Plan Administration and Sponsor Services	Claims Processing	44	How long does it take on average to process a Short/Long Term Disability claim from your claims unit?		<p>STD: Average 8 days LTD: Average 38 days</p>		<p><u>STD</u> Our goal is to adjudicate 93% of STD claims within five business days of receiving complete information. During 2023, we adjudicated 94.75% of STD claims. A surge in volume created opportunities for process improvements, including new best practices within our standard operating model.</p> <p><u>LTD with STD</u> Our goal is to adjudicate 90% of LTD claims within 20 calendar days of the LTD benefit effective date. During 2023, we surpassed our goal and achieved a 92.5% result. As a note, completed claim statements must be received prior to the benefit effective date (reporting based on office-level results).</p>	Yes	

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Plan Administration and Sponsor Services	Claims Processing	45	Describe how a long-term disability claim would flow through your organization including the steps involved in the review and points of contact with personnel.		<p>Eight weeks prior to the end of STD benefits, the Case Manager initiates an evaluation for LTD benefits. The Case Manager reviews all attributes of the claim and determines if the claim has a potential to transition to LTD. If there is a high probability of transition, an LTD claim is created. The STD Case Manager reviews the claim at the multi-disciplinary forum and discusses the claim with the LTD Case Manager. The STD Case Manager will schedule a transition call with the employee. The STD and LTD Case Managers will conference with the employee to introduce the LTD Case Manager, discuss the changes in benefit, and new pay structure.</p> <p>We use all STD clinical information to mitigate the need to gather additional information at LTD decision. Any additional information will be collected via the initial interview rather than a lengthy LTD application.</p> <p>LTD Case Managers have access to a clinical team comprised of nurse consultants, behavioral health specialist, forensic psychologists, vocational specialists and our Chief Medical Director. They also have access to an independent network of physicians, psychologists and physical therapists, who perform IMEs, FCEs, and peer reviews. They specialize in a wide array of professional disciplines. All experts are carefully credentialed by reviewing CVs, board certifications, licenses, malpractice coverage and work product samples. These clinical resources are utilized to complete clinical reviews at test change. We also have access to our National vendors to complete peer physician reviews, IMEs, FCEs if needed.</p>		<p>Our claim system drives transition process from STD to LTD using automated tasks and concierge service model that result in LTD claim form being sent to claimant. In all cases, exact transition date may vary depending on each claim situation.</p> <p>If LTD claim form is not returned, two follow ups performed at 15 day intervals. If claim form is not returned after two follow ups, pursuit of form is discontinued. Claimants with a Compassionate Allowance Diagnosis, we will reach out by telephone prior to claim closure.</p>	Yes	<p>An STD claims specialist initially handles the STD claim if return to work is expected within the STD period. However, if the employee's situation changes and it appears the disability will extend to LTD, we escalate the claim to an LTD claims specialist during the STD period. When a claim is approaching the LTD transition point, the STD claims specialist meets with the LTD claims specialist to review the medical information, communications, and action plan.</p> <p>The actual transition is automatic and takes place approximately two-thirds of the way through the LTD elimination period. This transition occurs behind the scenes and no additional claim intake or action is needed by the employer or the employee. The LTD claims specialist takes over the claim for ongoing management and notifies the employee of the transition by letter and telephone. The LTD claims specialist partners with the employee to reach the best outcome, whether that means a return to work, pursuing Social Security disability, vocational rehabilitation, etc.</p> <p>LTD case management contact protocols include, but are not limited to, the following:</p> <ul style="list-style-type: none"> · Initial contact 60 days prior to the transition from STD to LTD · At claim determination · Every 60 days, where appropriate and as medically required · Immediately prior to a scheduled return to work date · Six months prior to the LTD change in definition <p>Our claims specialists use their judgment to adjust this contact schedule based on individual claim complexity and</p>

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Plan Administration and Sponsor Services	Claims Processing	46	Describe your disability management program, including your handling of: <ul style="list-style-type: none"> • Duration management • Benefit integration • Confidentiality • Psychiatric claims • Early return to work • Closing claims missing "necessary" information. 		<p>Our disability program is focused on providing a caring, streamlined experience to help employees in a difficult time. Below are some components.</p> <p>Duration management- Operations Managers use reports to review duration management. They use this to measure different components of the claim, and determine where to take action.</p> <p>Benefit integration- We integrate various offsets using reports. We capture this data and integrate offsets, SSDI, Workers Comp, etc. This allows us to provide benefits that meet employee needs and try to avoid overpayments.</p> <p>Confidentiality- All of our data is treated as confidential per legal and corporate standards.</p> <p>Psychiatric claims- We have specialty clinicians who review psychiatric claims. There are checkpoints for such claims to be reviewed if the diagnosis is behavioral only, prior to it being denied.</p> <p>Early return to work- This is part of the Case Manager's review. They will work with the employee to assess how they are progressing and determine if there are opportunities to return to work early, as well as how we can facilitate so.</p> <p>Closing Claims missing necessary info- Claims missing information will be denied for administrative reasons. We request proof of loss, and the employee has 30 days to send the information. We will provide another 30 days to provide the information. After this time, we will decline it for administrative reasons and provide the information to the employee.</p>		<p>1) STD utilize Modern Official Disability Guidelines. LTD based on functionality.</p> <p>2) Claim system drives transition process from STD to LTD using automated tasks concierge service model.</p> <p>3) Strictly adhere to all applicable privacy laws and regulations.</p> <p>4) Specialized procedures staffing in claim office to handle mental illness claims.</p> <p>5)Nurse determines claims management protocol based on information obtained from claimant. LTD, approach is tailored to employee's needs. Using patented LTD Triage Tool.</p> <p>6) Fifth business day follow up one more time before closing claim for lack of information. LTD make three attempts to call attending physician at 15-day intervals.</p>	Yes	<p>Duration Management: For ongoing duration management, we make determinations on continued eligibility based on clinical documents and discussions with treating physicians and the claimant. Claims specialists continue to evaluate the definition of disability to ensure the claimant is meeting all contract provisions. They also monitor medical restrictions and limitations to identify any changes to limitations and assist the claimant with return to work planning.</p> <p>Frequent communication with the employee ensures active participation and provides an opportunity to clarify and establish expectations about the disability claim process. We encourage return to work efforts by asking the employee to maintain progress discussions with physicians and the employer. The execution of these steps, paired with clinical and vocational resources, helps deliver favorable outcomes for the claimant and employer.</p> <p>There are a variety of system-generated triggers and tasks to address key milestones throughout the duration of a claim and prevent benefits from being issued when a claimant is no longer eligible. Some examples include approved-through dates, change in the definition of disability, and review of other income status.</p> <p>Benefit Integration: Offset management is a critical part of the claims specialist's job. Upon approval, the claims specialist identifies, investigates, and calculates any potential offsets that may apply to the claim in accordance with the plan or policy language. We can offset the sick days from the STD claim or adjust the STD benefit start date accordingly. The employer provides us with the sick days used either through the</p>

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Plan Administration and Sponsor Services	Claims Processing	47	How will you minimize fraudulent claims?		Aflac has a Special Investigation Unit (SIU) that investigates insurance fraud perpetrated against the Company by Insureds, beneficiaries, agents, and applicants. The SIU has the obligation to report the suspected fraud to our regulators and the appropriate law enforcement entity. For cases originating in the state of California, the SIU has an obligation to report a suspected fraud when the SIU has a "reasonable belief" that a fraud has been committed, is being committed or is about to be committed. We train all of our claim teams to watch for fraud indicators or "red flags" and immediately initiate a referral to the SIU. The SIU unit is utilized to investigate any fraud situation for all of the products that Aflac manages.		Our Special Investigative Unit (SIU) investigates suspected cases of fraud to ensure we are responsive to all legitimate claims. These Specialists and Desktop Investigators work directly with our claim staff to help identify potentially fraudulent claims and direct investigations into suspicious claim activity. They have high-level desktop investigations experience. We also have 5 Medical Case Managers who are highly experienced Registered Nurses with clinical experience and insurance backgrounds. Their main function is to accurately update the claimant's functionality level after an investigation has documented inconsistencies. They also help achieve the appropriate medical resolution in investigations.	Yes	Lincoln's approach toward fraudulent claims incorporates an anti-fraud environment of well-trained claims professionals, with tools to ensure individuals committing fraud against Lincoln can expect their actions will be discovered and investigated. Any individual proven to be involved in submitting fraudulent claims will be referred for prosecution. This operating philosophy is practiced all day, every day, and translates into better claim service and reduced costs.

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Plan Administration and Sponsor Services	Claims Processing	48	<p>What systems are in place to insure quality in the management of the plan's benefits including:</p> <ul style="list-style-type: none"> • Internal audit procedures including turnaround and payment accuracy. • Controls for comorbidity edit. • Controls to identify incorrect payees, payment in excess of plan maximums, duplicate and fraudulent checks, over and underpayments and other claim processing and benefit payment discrepancies. 		<p>Our Quality Assurance program consists of auditing a predetermined number of claims, calls and customer interactions, with the goal in mind of identifying impact points we can learn from and improve upon. Our process consists of selecting the pertinent files and calls and conducting an evaluation. We then compile a scorecard which we use to coach Operations. We then identify actions to improve upon the service, which we track and trend.</p> <p>We audit 5% of Disability and Absence claims and 10% of LTD claims.</p> <p>We have collaborative team communications with our Audit team, Operations leadership, and Training department to ensure continuous improvement and member focus.</p> <p>Monthly quality audits are completed to ensure service standards are met (6 calls per month per advocate (18 per quarter)). Additionally ad hoc audits and live monitoring are completed on a weekly basis.</p> <p>Contact center management software includes tracking of volume of incoming calls, abandonment rates, types of calls, speed to answer, hold time, average handle time, calls answered accurately by customer care advocate, and first call resolution rates. For the QA, we test for accuracy of information provided, ensuring the privacy of the claimant, using plain language, efficiency, tone/verbal encouragement, providing education around self-service options, and setting realistic expectations about next steps. For claims, we do the same as for CCAs, as well as accuracy, risk management, compliance to plans and legislation, financial accuracy, procedural accuracy, and ensuring accurate communications are used.</p> <p>Our QA team performs the following types of audits: initial</p>		<p>We manage quality assurance through our Claims Excellence program. Program is staffed by full-time Claims Quality and Solutions Consultants who review a percentage of both active and closed claims and identify strengths and opportunities in execution of best practices. We then focus our training and process improvement initiatives in areas identified.</p> <p>Evaluated for:</p> <ul style="list-style-type: none"> • Accuracy — includes financial, payment, coding and claim decision • Resolution — ensures timely handling of claims in line with our claim standards • Efficiency – ensures accurate and timely claims service with appropriate amount of resources • Customer service — ensures communication with customers and service commitments are met 	Yes	<p>Our quality assurance (QA) team performs a variety of claim audits to ensure concise, accurate, and effective claim management techniques are applied and appropriate resources are used to achieve superior performance and results. The QA team assists in strategic management planning by analyzing and reporting overall operational effectiveness. Recent modifications to our program allow more clear assessment of claims management. Through the identification of claim management trends, we develop targeted training programs and implement appropriate enhancements to facilitate and support optimal results.</p> <p>Our QA team performs detailed assessments of claims, including:</p> <ul style="list-style-type: none"> • Contractual, procedural, and financial analysis • Effective claim management recommendations • Operational performance trend identification and training needs assessment <p>The QA team completes random reviews of claims to ensure:</p> <ul style="list-style-type: none"> • Correct application of policy provisions • Focused claim case management • Appropriate utilization of additional resources (e.g., vocational, Social Security assistance, special investigation, risk management services) • Superior customer service • Accuracy of benefit payments • Data integrity

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Plan Administration and Sponsor Services	Claims Processing	49	Describe your Social Security assistance/advocacy program, including staffing, procedures, fees, and results.		We currently partner with industry leader Allsup for Social Security Disability Insurance (SSDI) advocacy services. Once we identify SSDI candidates, Allsup will explain the obligation to apply for SSDI. They will also discuss the financial advantages of receiving SSDI, and what they can expect from the application and appeals process. An initial telephonic application interview is conducted, during which the vendor completes all necessary forms on behalf of the employee. They submit the forms electronically via the Social Security Administration's (SSA) website. They also explain how a retroactive SSDI award may create an overpayment and reiterate the employee's contractual obligation to repay any overpayments. The employee can easily repay the overpayment amount through a preauthorized electronic funds transfer or by issuing a check. If denied, the SSDI vendor aggressively represents the employee through appropriate levels of appeal.		All LTD claimants that we believe will meet the Social Security Administration (SSA) definition of disability are required to pursue Social Security Disability benefits through initial, reconsideration and hearing levels. We will refer claimant to one of our contracted, Social Security Disability benefit advocacy vendors who will assist claimant throughout life of their Social Security claim. Claim analyst generally makes referral to the Social Security representative telephonically and introduces the claimant directly to vendor. Social Security success rates as of 2022 : Duration from Date of Disability/Claims with Social Security Awards 25+ months/82% 37+ months/86.46% 121+ months/89.62%	Yes	

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Plan Administration and Sponsor Services	Claims Processing	50	What is your Social Security approval rate? Appeal rate?		Overall offset rates: At 24 months: 88% At 36 months: 98.5% At 48 months: 99.8% At 60 months: 99.9%		Our Social Security success rates as of year-end 2022 are as follows: Duration from Date of Disability with Social Security Awards Percentage of Claims 25+ months 82% 37+ months 86.46% 121+ months 89.62%	Yes	
Plan Administration and Sponsor Services	Claims Processing	51	When and how are estimated Social Security offsets applied?	Yes	Standardly, we have the employee apply no later than 18 months from the benefit begin date. We can engage this process early. If the employee does not complete a Social Security claim, we will provide them time to apply. If they do not apply, we will begin to offset the claim to ensure that if they do apply later, that there is no overpayment created.		We allow claimants to decide if their LTD benefit will be offset for an estimated Social Security benefit, provided he/she agrees to participate in the application and appeals process. If the claimant chooses to have LTD payments reduced by an estimated Social Security offset and the Social Security Disability Income (SSDI) benefit payments are ultimately denied, we will issue a retroactive reimbursement for benefits that were previously withheld. Otherwise, full benefits are paid to the claimant with the understanding that they are responsible to reimburse The Hartford for any resulting overpayment.	Yes	We will not use SS estimates with the City employees as we understand that not all employees are eligible for SS since they are eligible under LACERS. During claim, our claims examiners will request other income benefits and ask if the employee is eligible for LACERS and SS (from a prior job). We will not offset this amount without proof. LACERS we have the ability to estimate the offset if eligible since we know the benefit is approximately 33% of their highest level of income.

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Plan Administration and Sponsor Services	Claims Processing	52	How often will you verify the disability status of a claimant?		Each claim is managed based on its own attributes. The Case Manager will determine how often to connect with the employee and what resources to coordinate with internally to provide the optimal experience throughout the claim.		All ongoing STD claims have a future clinical diary based on protocol or system referrals set by clinical intake. The system prompts referral to a Medical Case Manager at certain intervals in the claim process. The claim is triaged for the most appropriate resource. During the Own Occupation Period, a task is created when we anticipate a material change in the claimant's condition or financial situation. These LTD review dates are based on the anticipated duration of disability. All LTD claims are also reviewed at test change from the Own Occupation to the Any Occupation definition of disability. Compliance with these guidelines is monitored as part of our ongoing quality audit process.	Yes	Our claim system includes automatic intervention points and allows our claims specialists to manually enter follow-up dates. Our follow-up with disabled employees occurs at least once every 30 days for STD claims and 60 days for LTD claims. Follow-up frequency may increase depending on an employee's medical condition, return to work plan, Social Security status, and rehabilitation potential.
Plan Administration and Sponsor Services	Claims Processing	53	How do you verify if an individual qualifies for disability payments?		We validate at with the employer the eligibility and financial (pre-disability earnings). We will gather information from the employer, as well the employee, and supporting information from their physician. Our Case Managers will then review the information, and make a decision in line with the information provided.		Claims are validated by gathering all required information to confirm the individual is eligible for coverage and that they meet the policy definition of disability. If we cannot confirm benefit eligibility due to missing information, our claim analysts contact the City to verify coverage and validate the date the employee last worked. We also reach out to the attending physician to gather any additional medical information that might be needed to verify eligibility for benefits. A decision is marked as "pending" until the vendor or the employer verifies coverage. If the disability is verified on medical grounds, the claim will be approved. If the person had no coverage or the medical information did not substantiate the disability, the claim will be denied.	Yes	We base disability qualifying criteria on two key elements: contractual and medical. The claims specialist first evaluates the information received with the claim to ensure the employee meets contractual requirements, such as meeting the elimination period. The claims specialist then reviews the medical information to ensure we have all required information. Once the claims specialists obtain medical documentation that clearly presents the medical condition (e.g., diagnosis, treatment plan, prescriptions, restrictions, limitations, abilities, prognosis), they compare that information with the physical and, when appropriate, psychological and environmental demands of the employee's occupation. The claims specialist then renders a decision or refers the claim for clinical case management.

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Plan Administration and Sponsor Services	Claims Processing	54	How do you handle a case where the participant no longer meets the definition of disability?		We review each claim based on its own attributes. We will collect necessary medical and supporting documentation to support the claim. We will work with our internal resources, including clinical and vocational. If we determine that the employee does not meet the definition of disability, we will call the employee to let them know our finding and the rationale. This will be followed up by a detailed letter, which includes information about the right to appeal our decision.		Our procedure for Disability claim denial/termination notification protects privacy of claimant while communicating reasons for denial. If claim for benefits is wholly or partially denied, we provide a written notice of decision to claimant. All denial/termination letters provide a clear explanation of the decision and also contain appropriate appeals language. Additionally, all denial/termination decisions are reviewed and signed-off by a Team Leader. Since the letter may contain personal and confidential information, we do not provide a copy of the claim denial letter to the employer. Instead, the employer receives a written notification of the denial, but without the confidential details.	Yes	Our claims specialists work with the employer's contact and employee to assist with return to work, including the need for modified or accommodated return to work. Once restrictions and limitations are provided by the treating physician, our claims specialist will discuss return to work options, as well as suggestions for modifications, with the employer.
Plan Administration and Sponsor Services	Claims Processing	55	What percent of all Disability claims submitted - regardless of information - have been processed within 30 calendar days?		We measure based on the benefit begin date. Currently, we process 100% of integrated claims by the benefit begin date.		Goal is to adjudicate 93% of STD claims within five business days of receiving complete information. During 2023, we adjudicated 94.75% of STD claims. A surge in volume created opportunities for process improvements, including new best practices within our standard operating model. Goal is to adjudicate 90% of LTD claims within 20 calendar days of the LTD benefit effective date. During 2023, we surpassed our goal and achieved a 92.5% result. As a note, completed claim statements must be received prior to the benefit effective date (reporting based on office-level results).	Yes	

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Plan Administration and Sponsor Services	Claims Processing	56	What steps have been taken to improve the efficiency of claims processing for the employee and the employer?		Ongoing, we seek for ways to improve the process for the employee/employer. We have taken steps to be more efficient by streamlining policy language, implementing simplified forms, and taking employer and employee feedback to improve our experience for all users.		<p>We continue to invest in evolving technology that maximizes speed accuracy of claims decisions while enabling clinical staff to focus expertise on interventions maximize claimant experience. Below is a list of technology and automation currently in production.</p> <ul style="list-style-type: none"> • Rules engine screens all initial STD claims - Each claim is initially evaluated against 60 or more conditions for rapid approval. • Flag Key Issues for Analyst - For claims that can't be auto-approved, outstanding issues are flagged for the Claim Analyst. • Rapid Attending Physician Statements (APS) - Scan APSs that populate our claim system within minutes of receipt. • Language Processing • Claim Extension Analytics 	Yes	<p>We deliver enhancements to our system throughout the year deploying updated ad hoc, often on a daily basis.</p> <p>All enhancements are built in a development environment and then pushed to our user test environment for validation. Once testing is complete, the enhancements are migrated to our production environment during non-business hours to ensure there is no interruption for our employers. The drivers of these system enhancements include, but are not limited to, employer needs, changes in marketplace demand, addition of new products or services, and process efficiencies.</p> <p>System enhancements completed in 2023:</p> <ul style="list-style-type: none"> · Accommodation services redesigned with ability to upload up to 10 documents · Employers can disable return to work reporting functionality (in lieu of IVR reporting process)

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Plan Administration and Sponsor Services	Claims Processing	57	How often and in what manner does your organization communicate with the disabled's physician?		We communicate with the physician as required by the claim. We will connect with them via phone, email, fax. This is up to the Case Manager and clinicians involved on the claim.		<p>For ongoing STD claims, we will advise employee to provide additional medical information and send requests directly to the treating physician by fax.</p> <p>Stand-alone LTD claim, analyst contacts claimant's attending physician during initial claim evaluation. LTD cases that extend for lengthier periods, analyst reviews case and contacts physician as needed to obtain updated medical information. Depending on nature and extent of information required, contact may be either telephonic or written via email.</p> <p>For all claims, we will contact the attending physician as necessary over the life of the claim to confirm ongoing disability status and to effect return-to-work opportunities.</p>	Yes	<p>Our claims specialists contact the provider's office directly to gather initial and ongoing medical information. Initially, we make two requests over three business days. We contact the physician(s) telephonically to obtain a full understanding of the patient's condition, prognosis, and treatment plan. In addition, we also request detailed restrictions or limitations placed on the employee to compare with the requirements of his or her job.</p> <p>If we do not receive a response from the provider, we request the information via a fax to the provider's office and notify the employee by phone and letter asking the employee to assist us in gathering the necessary medical information.</p>
Plan Administration and Sponsor Services	Claims Processing	58	Do you offer direct deposit for benefits payable? If so, indicate of there are any requirements/restrictions.	Yes	Employees can complete documentation in our portal.	Yes	For the convenience and protection of our claimants, Electronic Fund Transfer (EFT) is our standard method of payment for STD and LTD benefits, which are deposited directly to the claimant's checking or savings account.	Yes	No restrictions or specific requirements.

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Plan Administration and Sponsor Services	Claims Processing	59	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	100%		<p>Our virtual claims operations include three national centers of excellence for leave and disability, geographically located in Scottsdale, AZ; Lake Mary, FL; and Hartford, CT.</p> <p>Our Financial Accuracy in 2022 was 98.17% for STD and 98.66% for LTD. 2023 Disability Financial Accuracy is not yet available.</p>	Yes	
		60	How do you avoid duplicate payments of the same claim? If duplicate payments or overpayments are made, what are your procedures for recovery of the overpayments or duplicate payments?		Our system has controls in place, which check for payments and activity on a claim. If a duplicate payment were set up, the system would reject it.		<p>Disability Claim system automatically screens for duplicate claims based on claimant's name, Social Security number date of disability. Disability Claim system immediately informs analyst of any duplicate claim errors.</p> <p>STD/LTD claim overpayments, we withhold future benefits. We negotiate reimbursement schedules with claimants if there are no future benefits to withhold. If this fails, refer the overpayment to a collection agency.</p> <p>Each LTD claimant fills out a Payment Options and Reimbursement Agreement</p> <p>Overpayments from social security and Workers' Compensation are usually reimbursed. If the claimant doesn't reimburse us, we will withhold future benefits.</p>	Yes	The scheduled payment function prevents Lincoln from issuing duplicate payments. In addition, we produce control reports as part of our overall quality assurance program to ensure a claimant is not receiving duplicate payments.

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Plan Administration and Sponsor Services	Claims Processing	61	Describe your integration/interaction for Disability and Workers Compensation.	Yes	<p>We would work with workers' compensation vendors to create a coordinated solution that simplifies the process and reduces any administrative redundancies.</p> <p>We can provide:</p> <ul style="list-style-type: none"> • Warm transfer to another carrier. • Integration of workers' compensation toll-free number into our call tree • Create dynamic interfaces to share claim information to initiate FMLA and STD claims to be managed concurrently with workers' compensation claims. • Review of any ADA needs if a workers' compensation claim is denied. 		<p>We welcome opportunity to work closely with The City and its Workers' Compensation carrier or TPA. We recommend that your company facilitate a meeting between your staff, your Workers' Compensation carrier/administrator and The Hartford to develop coordination procedures that will successfully meet everyone's needs. This approach results in a smooth workflow and high level of coordination when two or more organizations are involved.</p> <p>On all approved Workers' Compensation claims, we need basic Workers' Compensation compensability payment information to calculate STD and/or LTD offset. Payment information also needs periodic updating when Workers' Compensation statute contains a Cost of Living Adjustment provision.</p>	Yes	<p>As part of our standard case management process, we screen every claim to determine if it is a potential occupational injury. If we identify an occupational claim, our claims specialist coordinates with the employer's workers' compensation (WC) carrier to review the disability and medical information. If we approve the disability claim, we require the employee to sign a form that outlines our rights to collect the WC benefit equal to our offset amount.</p> <p>If a claim appears to be work related, the claims specialist follows up with the WC carrier to clarify the WC claim status. During this time, the claims specialist continues normal disability claim investigation. For STD plans with work-related exclusions, if the WC claim is approved, we close the STD claim and recoup any benefits previously paid under the STD.</p> <p>If the employer prefers, we also have the ability to deny claims that appear to be work related up front, and then reopen the STD claim if the WC claim is denied.</p> <p>We have developed successful solutions that allow us to coordinate data from WC carriers. These solutions can include data from automated lost-time reports used to reconcile claims and leaves, financial impact, and direct communication between the WC carrier and our claims specialist. During implementation, Lincoln works with the WC administrator to develop a streamlined solution to minimize impact to the employer's benefits team.</p>

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Plan Administration and Sponsor Services	Claims Processing	62	Confirm that your Firm will make Benefits payable after Injured on Duty (IOD) pay ends and State Rate Begins	Yes	Yes, for the LTD plan.		Work Related injuries are an exclusion for our standard fully insured STD plans, therefore if a claim is compensable under a Workers Compensation plan, we would not issue benefits under our STD plan once the Worker's Compensation/IOD claim has been closed. To calculate the LTD offset, we require basic Workers' Compensation liability and payment information. With claimant's signed/executed Authorization to Release Information Form, we may contact Workers' Compensation carrier or administrator for additional data: <ul style="list-style-type: none"> • Medical information • Independent medical examinations results • Vocational rehabilitation plans and information • Payment information (Lost time) • Settlement information (if applicable) 	Yes	Confirmed that we can administer to the intent of the plan to make benefits payable after IOD benefits end.
Plan Administration and Sponsor Services	Claims Processing	63	In the event of a Workers Comp/IOD and disability overlap, how do you reconcile and pursue over/under payments? Would you agree to offset future benefits payable in the event of an overpayment?	No	We would initiate overpayment procedures.		We carefully screen all initial claim submissions to determine if they are work-related. When there is a question, we investigate by obtaining copies of accident police reports, medical reports and Workers' Compensation records. If claim was denied by Workers' Compensation carrier, we would obtain a copy of denial from claimant, complete our own review of claim and, if appropriate, issue any applicable benefit. We recommend that your company facilitate a meeting between your staff, your Workers' Compensation carrier/administrator and The Hartford to develop coordination procedures that will successfully meet everyone's needs.	Yes	Contract language allows us to offset and recover other income as defined in the policy; the right of recovery section also grants us rights to subrogation and recovery of lump sum awards and other settlements or overpayments. We supplement these rights with standard reimbursement agreements, and agreements concerning benefits, as a routine part of claims management. However, we review each claim individually to determine nature and cause of error, impact on employee, ability to recover through withholding of net benefits, and other factors when errors occur. Overpayments are disclosed in writing to develop terms of repayment (full documentation is provided along with an explanation to the employer and/or employee if required).

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Plan Administration and Sponsor Services	Claims Processing	64	Describe the quality controls, auditing and peer review mechanisms in place for your claim processing department? Do you use internal or independent/outside auditors?		<p>Our Quality Assurance program consists of auditing a predetermined number of claims, calls and customer interactions, with the goal in mind of identifying impact points we can learn from and improve upon. Our process consists of selecting the pertinent files and calls and conducting an evaluation. We then compile a scorecard which we use to coach Operations. We then identify actions to improve upon the service, which we track and trend.</p> <p>We audit 5% of Disability and Absence claims and 10% of LTD claims.</p> <p>We have collaborative team communications with our Audit team, Operations leadership, and Training department to ensure continuous improvement and member focus.</p> <p>Monthly quality audits are completed to ensure service standards are met (6 calls per month per advocate (18 per quarter)). Additionally ad hoc audits and live monitoring are completed on a weekly basis.</p> <p>Contact center management software includes tracking of volume of incoming calls, abandonment rates, types of calls, speed to answer, hold time, average handle time, calls answered accurately by customer care advocate, and first call resolution rates. For the QA, we test for accuracy of information provided, ensuring the privacy of the claimant, using plain language, efficiency, tone/verbal encouragement, providing education around self-service options, and setting realistic expectations about next steps. For claims, we do the same as for CCAs, as well as accuracy, risk management, compliance to plans and legislation, financial accuracy, procedural accuracy, and ensuring accurate communications are used.</p> <p>Our QA team performs the following types of audits: initial</p>		<p>We manage quality assurance through our Claims Excellence program. This program is staffed by full-time Claims Quality and Solutions Consultants who review a percentage of both active and closed claims and identify the strengths and opportunities in our execution of best practices. We then focus our training and process improvement initiatives in the areas identified.</p>	Yes	<p>Our quality assurance (QA) team performs a variety of claim audits to ensure concise, accurate, and effective claim management techniques are applied and appropriate resources are used to achieve superior performance and results. The QA team assists in strategic management planning by analyzing and reporting overall operational effectiveness. Recent modifications to our program allow more clear assessment of claims management. Through the identification of claim management trends, we develop targeted training programs and implement appropriate enhancements to facilitate and support optimal results.</p> <p>Our QA team performs detailed assessments of claims, including:</p> <ul style="list-style-type: none"> · Contractual, procedural, and financial analysis · Effective claim management recommendations · Operational performance trend identification and training needs assessment <p>The QA team completes random reviews of claims to ensure:</p> <ul style="list-style-type: none"> · Correct application of policy provisions · Focused claim case management · Appropriate utilization of additional resources (e.g., vocational, Social Security assistance, special investigation, risk management services) · Superior customer service · Accuracy of benefit payments · Data integrity <p>We use both in house and external auditors.</p>

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Plan Administration and Sponsor Services	Claims Processing	65	Describe the titles and qualifications of your staff that make determinations as to benefit eligibility. What licenses and training are required? What review process and protocols have you established for claim benefit decisions? Are claims reviewed by a licensed clinical professional, such as a physician, nurse, pharmacist, or therapist? If so, which claims are reviewed and based on what criteria?		<p>We have various level of Case Managers. We have a highly experienced team with an average of 16 years of LTD claim management experience.</p> <p>LTD Case Managers have access to a clinical team comprised of nurse consultants, behavioral health specialist, forensic psychologists, vocational specialists and our Chief Medical Director. They also have access to an independent network of physicians, psychologists and physical therapists, who perform IMEs, FCEs, and peer reviews. They specialize in a wide array of professional disciplines. All experts are carefully credentialed by reviewing CVs, board certifications, licenses, malpractice coverage and work product samples. These clinical resources are utilized to complete clinical reviews at test change. We also have access to our National vendors to complete peer physician reviews, IMEs, FCEs if needed.</p>		<p>STD Claim Analysts:</p> <ul style="list-style-type: none"> • Manages STD claims and has college degree or insurance/customer service experience. • 6.5 years of experience. <p>LTD Claim Analysts:</p> <ul style="list-style-type: none"> • Manages LTD claims with an average experience is 6+ years/college degree (or equivalent). <p>Medical Case Managers:</p> <ul style="list-style-type: none"> • Provides input on complex medical situations. • Registered Nurses/25 years of clinical/claim management experience. Have college degrees/certification in respective nursing fields. <p>STD/LTD Vocational Case Managers:</p> <ul style="list-style-type: none"> • Hold Master's degree/certification as a Rehabilitation Counselor/Disability Management Specialist/Case Manager. • 13 years' experience <p>Behavioral Health Case Managers:</p> <ul style="list-style-type: none"> • Provide clinical oversight for mental/behavioral health claims. • Trained/certified as Psychiatric Nurses/Licensed Clinical Social Workers/Licensed Mental Health Counselors. • 17 years' experience 	Yes	<p>Ongoing claims specialist development and training includes:</p> <ul style="list-style-type: none"> · Annual refresher training sessions, including fraud prevention and detection and California fair claims practices · Regular training by specialty program managers on ERISA regulations, Social Security, LACERS, vocational rehabilitation services, and workers' compensation · Regular claim consults with STD, LTD, medical, psychiatric, and vocational experts that provide the opportunity to discuss claim management best practices · Continued assessment through audit, appeals, and litigation to identify training needs <p>Claims specialists have access to Lincoln nurses and consulting physician specialists, who are board certified in the full spectrum of medical specialties, including behavioral health, musculoskeletal, and cancer diagnosis and treatment. The strength of our claim model is in using the right resources at the right time. By engaging appropriate clinical resources when most appropriate, claims specialists limit the risk that a claimant's overall medical status is not considered due to narrowly focused specialized case management.</p>

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Plan Administration and Sponsor Services	Claims Processing	66	Describe any administrative or service distinctions that your firm may utilize for unique categories of disabilities such as mental health, substance abuse, chronic pain, etc.		Clinical referrals are based on case manager discretion, proprietary dynamic nurse review triggers, and nurse review of open claims based on data mining reports specifically designed for client industries. Physician advisor reviews are either conducted by referral for a peer review or internal roundtables by our case managers and clinical case managers.		<p>We have specialized procedures and staffing in place in every claim office to handle mental illness and addiction claims. Our Behavioral Health Case Managers have professional backgrounds in social work, counseling, vocational rehabilitation and nursing.</p> <p>Based on information obtained from claimant, Customer Care Nurse determines appropriate claims management protocol and refers all behavioral health claims to a Behavioral Health Case Manager. If claim is considered complex due to the diagnosis and/or any other complicating factors (e.g. multiple diagnoses), the Customer Care Nurse triages the claim for appropriate management by a Medical Case Manager or a Behavioral Health Case Manager.</p>	Yes	<p>Back, musculoskeletal, and mental and nervous diagnoses can be among the most complex conditions to manage, especially when accompanied by co-morbid conditions and job or occupational requirements that are not easily accommodated when restrictions are indicated during recovery. As with any disabling conditions, elements of self-reported symptoms may be present, and a variety of treating provider medical examinations, testing methods, and various treatments may be recommended. Effective management of these claims may require a comprehensive review of the medical records and discussions with the treating providers for optimal management. Resources applied to such claims may include nurses and behavioral health specialists, as well as independent consulting physicians with specialties in orthopedic surgery, physical medicine and rehabilitation, pain medicine, rheumatology, neurology, chiropractic medicine, psychiatry, neuropsychology, clinical psychology, and other specialties.</p> <p>Strategies to identify and manage claims include combining elements of data analytics with principles of evidence-based medicine and disability case management. Guidance from data analytics is provided from an assessment of over a million claims across 350 diagnosis groups, including key demographic factors such as job/occupation, industry, location, and claim handling and management practices. By merging data analysis with learnings from the academic medical literature, we enhance and continue to update our workflows. Specific to back and musculoskeletal conditions, our nurses and vocational rehabilitation counselors collaborate with directly contracted independent subspecialty physicians (such as orthopedic surgery, physical medicine and rehabilitation, rheumatology, chiropractic medicine, and neurology) at specific timeframes depending on the diagnosis and co-morbid conditions.</p>

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Plan Administration and Sponsor Services	Claims Processing	67	Please indicate, for claims related to mental health, the specific level of provider acceptable for approval of claims.		PhD, Social Workers, Psychiatric RNs, Psychiatrists. Behavioral health claims are handled by Case Managers with co-management by specialized behavioral health case managers co-located with other staff. In addition, behavioral claims are systematically pulled and reviewed by psychiatric RNs in search for an opportunity to co-manage to impact quality of care, return to work plans, or facilitate the acquisition of medical updates.		Our standard contract defines "physician" as follows: Physician means a person who is: 1) a doctor of medicine, osteopathy, psychology or other legally qualified practitioner of a healing art that We recognize or are required by law to recognize; 2) licensed to practice in the jurisdiction where care is being given; 3) practicing within the scope of that license; and 4) not You or Related to You by blood or marriage. We only recognize providers that have doctorate. If they don't have a doctorate, we would not recognize them as a physician.	Yes	Claims with a primary diagnosis that is behavioral health related are reviewed by a clinical resource. Please note, the timing of review may vary in certain circumstances as outlined below: · Low complexity behavioral health condition claims that can be appropriately reviewed by nurses and may obtain behavioral health specialty consultation when indicated. · New claims during periods of acute hospitalization which may undergo behavioral health specialty review upon hospital discharge. Our clinical expertise is comprised of 14 behavioral health consultants; 80 nurses; and 40 independent consulting psychiatrists, neuropsychologists, and psychologists.
Plan Administration and Sponsor Services	Claims Processing	68	Please describe your outreach to both the claimant and the City in the instances where claims are denied (for any reason).		When a claim is denied, the Case Manager will make a telephonic outreach to the employee to explain the reason for the denial. We will make at least 2 attempts to discuss a claim denial with the employee. We will also mail a copy of the decision and appeal processes. If the claimant appeals and has the potential to be approved near the LTD elimination period, we will work with them to begin the transition to LTD.		Our procedure for Disability claim denial notification protects the privacy of the claimant while communicating the reasons for the denial. If a claim for benefits is wholly or partially denied, we provide a written notice of the decision to the claimant. All denial letters also contain appropriate appeals language. Since the letter may contain personal and confidential information, we do not provide a copy of the claim denial letter to the employer. Instead, the employer receives a written notification of the denial, but without the confidential details.	Yes	We provide a denial letter to the employee, and we call the employee to review the determination. Automated email notifications can be sent to a distribution list pre-determined by the employer to advise of a denial. A weekly status report is also available to the employer and decisions are made in real time on the portal.

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Plan Administration and Sponsor Services	Claims Processing	69	On average, what percent or number of disability claims or cases are referred to a physician for consultation and review?		Nurses - 20-35%; Physicians - 10-15% Note that 100% of claims transitioning to LTD get a clinician review by either a nurse or physician. Also, 100% of denials for medical are reviewed by a clinician.		Less than 1% of STD claims are referred for review by a physician. 15.54% of all LTD claims are referred for physician review each year.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	70	Please describe the process by which you will coordinate (with City, providers, claimant, etc.) the collection of information and documentation needed to 'decision' a claim.		Our Case Managers are responsible for contacting the employee to complete an initial interview. They will utilize motivational interviewing techniques to find out the employee's level of engagement. They will inquire about their condition, activities of daily living and established the treatment plan. The Case Manager will then make telephonic contacts to the treating provider(s) to request clinical information on the employee's behalf. We will make three contacts to the provider within ten days to secure the information. At any point during the life of the claim, the employee can access our web portal and upload medical records directly into our claim system. This makes information immediately available for review and quicker decisions. At every milestone of the claim process, the employee will receive a notification with a status using the preferred communication method chosen during the intake call. We want to establish the best method of communication with the employees that meets their needs while they are receiving treatment. The status updates can be sent through text or email. Our goal is to keep the employee informed and avoid any surprises.		We contact employer on day claim was initiated to obtain eligibility information if an automatic eligibility feed has not been established. Customer Care Nurse also contacts claimant's attending physician on same day to obtain necessary medical information. We request physician information by faxing the physicians' office. If no response by 5th and 10th day, we ask for employee's assistance in obtaining necessary information from physician, explaining that if information is not received by 15th business day, claim will be closed until all information is received. We also send the employee a follow-up email, text or letter at this time.	Yes	We initiate a "three-point contact" within three business days of claim receipt. The claims specialist contacts the employee to discuss the claim process and gathers additional information if applicable. The claims specialist contacts the employer to verify claim information, such as the last day worked, and also contacts the attending physician to confirm the medical information. An attending physician's statement can be sent, if required. We make two attempts over three days. If we are unsuccessful in obtaining information, we notify the employee by phone and in writing that we have made multiple requests and that we need their assistance to obtain the necessary information.

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Plan Administration and Sponsor Services	Claims Processing	71	How would you improve education around and enhance premium waivers for applicable members (Family Medical Leave and approved claim members)		We will partner with the City to provide documents/pamphlets to provide education around premium waivers. During the implementation, we will work with the City to tailor informative documents which would include information about the different program components and how employees can use them.		When we insure both the LTD and Life programs, the Life premium waiver filing takes place automatically and seamlessly. The premium waiver claim is established one month prior to the end of the required elimination period if the LTD claim is active and complete. This ensures timely filing and less duplication of efforts for both the employer and the employee.	Yes	We ease the administrative burden of waiver claims by automatically initiating the process. Our combined claims system facilitates identification of claims and coordination of information. Once we identify a potential waiver claim, we will contact the employer via email to verify and obtain required life insurance information. Our claims specialists will coordinate requests for additional information from the employee. The employee will work with only one contact and will not need to complete an individual waiver application. Upon approval of the claim, we will notify employers and claimants in writing. Employer groups can adjust billing statements accordingly. If we deny a claim, we will send a written notice to the claimant and a generic letter to the employer, who will notify the employee of the right to convert from the existing group policy to an individual policy.
Plan Administration and Sponsor Services	Claims Processing	72	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Confirmed.		Yes	The Hartford will automatically be the claim fiduciary under the fully-insured coverage.	Yes	Confirm.
Plan Administration and Sponsor Services	Claims Processing	73	Can City employees file a claim electronically?	Yes	STD: Yes LTD: No	Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Claims Processing	74	Will City employees have access to forms online through the microsite?	Yes		Yes	Yes, employees will have access to forms.	Yes	Confirm.

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Plan Administration and Sponsor Services	Claims Processing	75	Briefly describe your process for administering claims.	Yes	The experience begins with our Customer Care Advocates. They perform the intake of the claim and obtain all pertinent information to create all claim regulations. Our dynamic claim system automatically establishes all other claims that are required to run concurrently. These include FMLA, state leaves, statutory STD, ADAAA and any company leaves available. The claim will then be assigned to the appropriate Case Manager, who will be responsible for managing all of the entitlements. This provides the employee with a single point of contact for all benefits. Our Case Managers are trained in all benefit types including company specific policies to maintain compliance with state and federal requirements. Once the claim is created, the employee will receive an email confirming the initiation of the claim along with an outline of next steps. The employee will also have full access to our dynamic web portal, where they can view all activity of their claim and key milestones throughout the process in real time.		<ul style="list-style-type: none"> • Claim analyst calls to notify employee of STD claim approval or extension, and sends appropriate notice to employee. • Additional information from physician, analyst calls provider. If available, analyst immediately adjudicates claim. If analyst is unable to reach provider, analyst follows up twice over 48 hours. While waiting analyst notifies employee. • Additional information from Employer analyst will attempt to gather it twice within 24 hours. Analyst notifies employee. Claim system drives the transition process from STD to LTD using automated tasks and our concierge service model that result in an LTD claim form (Income Benefit Questionnaire) being sent to the claimant. 	Yes	Please refer to the answer to question 30 above for the detailed administration process.
Plan Administration and Sponsor Services	Claims Processing	76	For the claims office that will be assigned to the City what is your average annual claims volume?		STD: 27,108 LTD: 2400		<p>We're recognized experts in absence, statutory disability, paid family, medical leave, and disability insurance. Our virtual claims operations include three national centers of excellence for leave and disability, geographically located in Scottsdale, AZ; Lake Mary, FL; and Hartford, CT.</p> <p>For 2023, our STD claim volume was 514,549 and our LTD claim volume was 80,480.</p>	Yes	<p>We do not track this at the office level. Historical claims processed are as follows:</p> <p>STD: 2023: 510,242 2022: 540,884 2021: 518,248 2020: 478,048 2019: 416,769 2018: 407,220</p>

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Plan Administration and Sponsor Services	Claims Processing	77	Also indicate the percentage of claims denied, and the category reasons for denial		We do not disclose case denial outcomes externally.		Our book of business claim denial rates, as well as our appeal uphold and remand rates are considered proprietary and confidential. Once you are one of our customers, we will share your case specific approval/denial rates, as well as appeal uphold and remand rates based on your specific claim activity.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	78	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.		<p>The Aflac development program is a dynamic training program to onboard, train and provide continuing education to our claim professionals managing STD, LOA, LTD and Life claims. We consider our training program a component of our quality process, focusing on the customer and employee experience. There are three different phases to our development program:</p> <p>i. Phase 1: General Training- The initial phase of our training consists of classroom training. The training involves: - The Aflac commitment and strategy - The Aflac brand and products - Disability, absence and life product sales experience - Comprehensive training of products, contracts, provisions - ERISA and state regulations - Technology training - Claim scenario and role playing. Empathy training - Motivational interviewing - Return to work negotiation - Clinical process - Condition management training - Medical terminology - Coding 101 - Benefit calculation and offsets - Professional Writing- Plain language principles.</p> <p>ii. Phase 2: Concept Application Following the successful completion of the basic training, the trainee will enter the Concept Application phase where they will begin to apply concepts. In this phase, our team is also trained on customer-specific policies, culture, and any special handling. The trainee will be paired with a mentor within the customer service center, who will continue to mentor the trainee for eight weeks after training.</p> <p>iii. Phase 3: Continuing Education Claims Professionals are expected to engage in continuing education opportunities suggested by their mentor and supervisor. An annual calendar will be provided, and participation will be tracked. Also, Aflac supports a robust individual development plan. The Aflac employee works with their manager and mentors</p>		<p>New hires receive four weeks of virtual training and two weeks of live work learning lab for STD. LTD receives five weeks of virtual training and two weeks of live work learning lab.</p> <p>Includes:</p> <ul style="list-style-type: none"> • Claim staff role and responsibilities • Introduction to our Ability Philosophy • Contractual provisions, claims policy and procedures • Quality Assurance program • Overview of key areas including underwriting and account management <p>After classroom training, new hires start on-the-job training with mentor for up to a year.</p> <p>Ongoing Training</p> <ul style="list-style-type: none"> • Compliance and ethics courses • Mandatory product training updates • Employee development plans • Corporate education online courses • Claims training online tools • Refresher workshops 	Yes	<p>We have a dedicated training unit to provide onsite new hire training and deliver refresher trainings focused on understanding subjective and complicated diagnoses including cardiac, cancer, and musculoskeletal conditions. Lincoln employees are also encouraged to attend regional or national seminars on upcoming treatment developments, Social Security laws, medical regulation changes, and emerging trends.</p> <p>In addition to classroom training and webinars, our claims specialists have access to hundreds of educational programs focused on claims through our employee learning center.</p> <p>Ongoing claims specialist development and training includes:</p> <ul style="list-style-type: none"> • Annual refresher training sessions, including fraud prevention and detection and California fair claims practices • Regular training by specialty program managers on ERISA regulations, Social Security, vocational rehabilitation services, and workers' compensation • Regular claim consults with STD, LTD, medical, psychiatric, and vocational experts that provide the opportunity to discuss claim management best practices • Continued assessment through audit, appeals, and litigation to identify training needs

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Plan Administration and Sponsor Services	Claims Processing	79	For the last 12 months, what is your average number of business days to process a claim from date received.		STD: Average 8 days LTD: Average 38 days		Our goal is to adjudicate 93% of STD claims within five business days of receiving complete information. During 2023, we adjudicated 94.75% of STD claims. A surge in volume created opportunities for process improvements, including new best practices within our standard operating model. Our goal is to adjudicate 90% of LTD claims within 20 calendar days of the LTD benefit effective date During 2023, we surpassed our goal and achieved a 92.5% result. As a note, completed claim statements must be received prior to the benefit effective date.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	80	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.		We measure based on the benefit begin date. Currently, we process 100% of integrated claims by the benefit begin date.		<p>We do not track turnaround time in this manner; please see below for our standard turnaround goal and 2023 actual.</p> <p>Adjudication 93% of STD claims within five business days of receiving complete information. During 2023, we adjudicated 94.75% of STD claims. A surge in volume created opportunities for process improvements, including new best practices within our standard operating model.</p> <p>Adjudication 90% of LTD claims within 20 calendar days of the LTD benefit effective date During 2023, we surpassed our goal and achieved a 92.5% result. As a note, completed claim statements must be received prior to the benefit effective date.</p>	Yes	
Plan Administration and Sponsor Services	Claims Processing	81	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.		We measure based on the benefit begin date. Currently, we process 100% of integrated claims by the benefit begin date.		<p>We do not track turnaround time in this manner; please see below for our standard turnaround goal and 2023 actual.</p> <p>Adjudication 93% of STD claims within five business days of receiving complete information. During 2023, we adjudicated 94.75% of STD claims. A surge in volume created opportunities for process improvements, including new best practices within our standard operating model.</p> <p>Adjudication 90% of LTD claims within 20 calendar days of the LTD benefit effective date During 2023, we surpassed our goal and achieved a 92.5% result. As a note, completed claim statements must be received prior to the benefit effective date.</p>	No	Lincoln does not track this metric.

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Plan Administration and Sponsor Services	Claims Processing	82	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings, copies of which can be obtained at: https://ir.thehartford.com/financial-information/annual-reports-and-proxy-statements/default.aspx	No	
Plan Administration and Sponsor Services	Plan Administration	83	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Confirmed.		Yes	We will indemnify the City for our and our subcontractors' / vendors' errors and omissions to the extent that they are caused by our negligence and/or intentional or criminal misconduct. Also, with regard to the fully-insured coverage, in the event that the City is wrongfully named as a defendant in litigation, we will use our best efforts to have the City dismissed from the litigation.	No	Under a fully-insured arrangement, Lincoln is responsible for the claims decisions under the policy and, when sued for a benefit denial, we are responsible for litigation strategy and our own defense costs. However, the policy is not an errors and omissions policy, nor is it priced to provide defense costs and/or an indemnity to the employer in the event the employer is named as a co-defendant in any claims litigation. To address that concern, the employer should consult with its own liability insurer. With respect to fully-insured lines of business, we are claim fiduciary. We do not issue a hold harmless agreement or provide indemnification for fully-insured business.

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Member Services and Communications	Communication	84	Describe educational concierge services available for members who file a claim to help them navigate through their other benefits available to them, learn and understand the STD/LTD claim/appeal process. What medium(s) are the educational concierge services in the form of? Can you provide examples?		In addition to materials provided in the Learning Hub, employees can use our Customer Care Center as another resource as they plan. They are knowledgeable in products we administer, and can help employees plan an absence and disability even before it starts.		<p>Claims begin with Customer Care Nurse conversation who explains the claim process to employee and outlines expectations. Customer Care Nurse will also advise employee about employee portal available for them.</p> <p>We reach out to employee within one day of claim intake to set expectations about next steps. This contact is generally made via a personalized explainer video.</p> <p>If claim is wholly or partially denied, we provide written notice of decision to employee. All denial letters contain appeals language. A telephonic outreach is be made to employee advising of adverse determination and appeal rights, how an appeal can be filed.</p>	Yes	<p>Lincoln's CSR team is trained to help employees navigate the claim process. They are also trained to warm transfer employees to our dedicated claim liason/specialist who is dedicted to the City of LA. This individual will be able to engage with employees and provide dedicated one-on-one consultation to educate and help employees through a critical time in their lives. Additionally, our concierge service can provide materials to employees in the form of educational videos, brochures, presentation and detailed emails outlining what is available to the employee. Finally, our concierge service is also available for City HR departent teams. We realize these individuals will need specialized attention at times and this resource is also available to those teams. Additionally, a dedicated Microsite will also be available for employees and HR teams to utilize.</p> <p>Some educational information that our concierge service can offer (as examples):</p> <p>Maternity Claim Process - https://players.brightcove.net/1134849171001/default_default_t/index.html?videoId=5823388911001</p> <p>Disability Buy Up Education - https://players.brightcove.net/1134849171001/default_default_t/index.html?videoId=6050441357001</p> <p>Reporting a claim on-line - https://players.brightcove.net/1134849171001/default_default_t/index.html?videoId=5811823601001</p> <p>Thought Leadership, Employee Well Being - https://www.lincolnfinancial.com/public/static/digitalbrochure/gp/mental-well/index.html</p>

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Member Services and Communications	Appeals Process & Member Complaints	85	Describe your STD/LTD appeals process.		When a claim is denied, the Case Manager will make a telephonic outreach to the employee to explain the reason for the denial. We will make at least 2 attempts to discuss a claim denial with the employee. We will also mail a copy of the decision and appeal processes. If the claimant appeals and has the potential to be approved near the LTD elimination period, we will work with them to begin the transition to LTD.		<p>If a claim for benefits is wholly or partially denied, we will furnish a written notice of the decision to the beneficiary and a written explanation to the employer.</p> <p>An appeals specialist will review and respond to all appeals under any policy insured by The Hartford. Team Leaders review all initial claim denials to ensure their appropriateness and compliance with our standards. Our independent network of Medical Consultants are also available for review and consultation on all claim appeals.</p>	Yes	<p>Our claims specialist reviews the additional information included with the appeal request within five days of receipt. If the additional information substantiates the claim, the claims specialist reopens the claim and manages the disability as appropriate.</p> <p>If the additional information is not sufficient, or if we receive a letter requesting a review without additional information, we forward the appeal to our appeal department for evaluation. The appeal consultant then reviews the claim and renders a decision based on the claim facts and contractual provisions. The appeal consultant communicates the decision to the employer, the employee, and the claims specialist.</p> <p>The appeal consultant must render a decision within 45 days of appeal receipt. If additional time (up to a total of 90 days) is necessary, the appeal consultant will notify the employee in writing to outline the specific reasons for the extension and what information is outstanding, if any. Information outstanding may include medical documentation that the employee wishes to submit with their appeal.</p>

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Operations and Administration	Call Center	86	<p>Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members with questions and claim processing as well as act as a Human Resources liaison per each City department.</p> <p>If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST</p>	Yes	Aflac has priced in a Client Liaison who can handle these duties.		<p>At no additional cost, The Hartford will dedicate STD/LTD analysts to the City account. The team will be primary group of Analysts supporting your employees. When volume warrant, analysts may assist with other customer claims; and other trained analysts may assist with the City's claims. This is necessary to ensure appropriate service and quality levels are delivered. Any staff members assigned to your case will receive customer-specific training.</p> <p>A Customer Claim Consultant will be assigned and will act as a single contact for claims service needs. Hours of operation Monday- Friday from 5:00 a.m. to 5:00 p.m. Pacific Time.</p>	Yes	Lincoln will provide a dedicated liaison who will be able to interact with employees and help HR directly at each City department. This resource will be available from 8am-5pm.
Operations and Administration	Call Center	87	<p>Indicate your average telephone wait time to speak to a live customer service representative (CSRs) (not just an operator), in seconds (based on calendar year 2023 data)</p>	Yes	6 seconds		The average call queue time goal for the Customer Contact Center is 30 seconds or less. In 2022, the result was 31.22 seconds. 2023 results are not available.	Yes	

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Call Center	88	Do you assign CSRs to specific accounts? If yes, how many would be assigned to the City?	No	Aflac is assigning a customer service representative (account manager) who will have City of Los Angeles as part of a portfolio of clients. Aflac is not providing a dedicated customer service representative to City of Los Angeles.		We have a network of 435 Customer Care Center/ Intake/Inquiry Customer Care Representatives handling our disability business. Calls are routed to the next available representative.	Yes	

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Operations and Administration	Call Center	89	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.		Customer Care Advocate training is a layered approach designed to build and develop expertise and foster growth and strength of desired soft skills and behaviors. Customer experience is the primary and unifying theme throughout our culture, client, product, process and behavioral training modules. We utilize a variety of styles and teaching methods to accommodate all learning styles. This includes classroom training, practice exercise, job shadowing, knowledge checks, reinforcement reviews and team competitions. A flexible and customized cadence allows for individual trainee needs for additional explanation and discussion. Training is completed in 3 phases: Life, LOA/STD Intake, LOA/STD Claims. After successful completion of each phase, CCAs are added incrementally to additional skills to ensure proficiency and optimized customer experience. At the conclusion, CCAs are full trained in all products and clients maintaining the focus on an authentic, individualized experience on every call.		New hires receive training in claim staff role and responsibilities; an introduction to our Ability Philosophy; contractual provisions, claims policy and procedures; our Quality Assurance program; and an overview of key areas including underwriting and account management. Ongoing training includes compliance and ethics courses; mandatory product training updates; employee development plans; corporate education online courses; claims training online tools; and refresher workshops. Customer Care Center/ Intake/Inquiry Customer Care Representatives have an average experience of 4.7 years.	Yes	

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Operations and Administration	Call Center	90	How many customer service issues are resolved during first contact?	Yes	92%		Our telephone and claims system does not allow us to measure first call resolution; however, we estimate that at least 80% of all inquiries are resolved at the first point of contact and 95% of calls are resolved within 24 hours.	Yes	Lincoln does not track first call resolution.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Operations and Administration	Call Center	91	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?	Yes	<p>Aflac understands that the best way to service our customer's employees is through a connected experience. We want to create synergies with all the wellness and health programs available to your employees. By educating and connecting employees to the right programs we hope to impact how the employee manages their health and improve productivity. We have the flexibility and expertise to partner with the customer's vendors to create these connections. We understand the programs available for the employees and can simply educate your employees on basic program components. We can provide the resource information or warm transfer employees when trigger diagnosis or circumstances are identified. We can send electronic referrals to the customer's vendors through a file feed or refer through an email notification. This will create a single point of contact to receive the referral.</p> <p>At implementation, we would establish the best method to collaborate across programs. At this time, we would collect program information and instructions to house in our Knowledge tool. This tool serves as a guide to our Customer Care Advocates and Case Managers to educate the customer's employees during Case Manager interactions and influence engagement. We can also house program information (documents, forms, links to pertinent web sites) within our web portal. We recommend scheduling regular meetings with vendors to monitor the collaboration activities and be proactive in making adjustments as needed. We understand that program integration is not just about data feeds, it is about using connected workflows to educate and provide a simplified experience to the employee population.</p>		Although we are not able to "warm transfer" your employee, we do have the ability at any time during the life of their claim, to provide your employee the contact information.	Yes	We can warm transfer a caller to another Lincoln employee, dedicated liason, vendor or HR team when necessary. If for some reason a warm transfer is not available (receiving call not available for example), we will follow up with the employee on how to contact the individual they may need to reach.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Call Center	92	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.	Yes	Employees will be able to identify themselves by confirming some of the information we have been provided in the file feed include full name, DOB and last for of SSN or EE ID. Customer Care Advocates (CCAs) have access to all data and will be able to address questions even before the employee has a claim.		We are now able to identify (match) callers to their existing profiles in our claim system using The Hartford's C-HUB (Customer HUB) technology. C-HUB is an internally enterprise database and our Group Benefits organization has developed an API to allow our call center to leverage the data quicker and without the need for manual input by our Customer Contact Center representative or the employee providing us their identifying information.	Yes	The City of LA will have a dedicated customer service phone number. That phone number is not published, other than with the City and City members. Anyone calling that number, Lincoln knows will be associated somehow with the City. Additionally, our prompt notifies our CSR team that someone from the City is calling and our CSRs are trained to know the City plans. Our CSRs leverage the eligibility file to validate employee identifiers. Social security numbers are not necessary in order to validate an employee for eligibility purposes, there are other methods to do this such as employee ID. We will proactively reach out to the benefits HR team to confirm Life claimant information to finish the claim and assign a disability claims examiner to process.
Operations and Administration	Call Center	93	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	"Our Customer Care Center is staffed with experienced customer care advocates (~15% of our representatives are bilingual Spanish-speaking agents). We also have access to Language Line which is a resource that provides translation services for over 240 languages. Our product roadmap includes features to assist those with hearing difficulties. However, most individuals that have hearing devices or are impaired, have their own support devices and will typically call us with their own translator."		<p><u>Language Services</u> We have a partnership with Conduent to provide Spanish-speaking translation assistance through their relationship with Language Select who provides instant telephone access to interpreters of over 200 languages, for no additional cost to the client. In addition, our employees who speak fluent Spanish are certified through our Spanish Certification Process. This process equips our employees to interact solely in Spanish without the use of translation services.</p> <p><u>Hearing Capabilities</u> Our claim offices use phone relay services to link telephone equipment for the deaf, hard-of-hearing and speech-impaired with our claim staff.</p>	Yes	We use Language Line Services to provide translation services for virtually every language. Our English-speaking claims specialists can call the line to engage an interpreter for the employee and claims specialist. We have several additional resources available for interpretation of written documentation in various languages. Translation of written documentation takes approximately three to five business days. My Lincoln Portal can toggle between english and spanish.
Operations and Administration	Plan Administration	94	Do you have a system in place to store digital images of all employee-related documents?	Yes			We image all incoming claim files and documents for Life claims. File imaging allows our claim organization to provide automated document/data storage as well as enhanced information sharing, improved timeliness of decisions and enhanced data security.	Yes	Confirmed.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Operations and Administration	Plan Administration	95	Confirm that you will accept self-billing on a bi-weekly basis.	Confirmed.		Yes	Partial Payments can be received throughout the month, However, invoices will be generated and premiums will be calculated monthly.	Yes	Confirmed.
Operations and Administration	Plan Administration	96	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	The city can provide payment via manual invoicing (as part of self-billing) and can pay via check or electronic means.		Payment Options: • Online through our employer portal (preferred) • Check • ACH/Wire • Money order	Yes	Lincoln can accept payment via check, wire, or EFT/ACH. The preferred method of payment is ACH.
Operations and Administration	Plan Administration	97	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes	We do not currently charge interest on late payments made beyond the due date. However, plans are subject to cancellation if we do not receive premiums within the grace period. If your payment is not received within the grace period, or if your policy is in cancelled status, we will notify your benefit representative(s). If we receive payment for at least 80% of the amount due, the account is considered current. In this case, no late communication occurs, there is no lapse in coverage and any outstanding amount due will carry forward to your next bill. We will work with your payroll administrator to develop a process for reconciliation of any ongoing discrepancies.	Yes	Confirmed.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	98	Confirm your ability to provide a dedicated email address for City of LA employees.	Confirmed.	<p>Although this isn't our standard practice, we do have the ability to provide a dedicated e-mail address for the City of LA employees. Additional fees may apply.</p> <p>Please note, we are providing a dedicated phone number. Employees also have direct access to their Case Manager. In addition, we offer 2-way text communication.</p>		<p>While we do not support customer specific email boxes for employees to email questions, the City's employees will have the ability to contact their Ability Analyst directly via our employee portal. They will be able to schedule a call with the Analyst and also use our Click-to-Chat feature to ask claim questions.</p> <p>Additionally, the City's team will have the direct contact information for their Customer Claim Consultant who will be the single point of contact for the customer's claims service needs. Assist with claim orientation, ongoing training and identifying claims trends.</p>	Yes	Confirmed.
Operations and Administration	Plan Administration	99	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	<p>As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities.</p> <p>We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.</p>	Yes	We can create this content within our internal marketing material creation system. We can cobrand and customize to fit the City's plan designs and messaging. Your dedicated Enrollment Manager will partner with you to build a communication plan that will clearly communicate benefit and enrollment details. Communication strategies can be built to speak to annual enrollment, mid-year reminders and wellness and/or Value Added services.	Yes	Lincoln offers many options to choose and will be happy to work on customized solutions for the City.

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Operations and Administration	Plan Administration	100	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	<p>Aflac performs annual billing audits to ensure premium remittance and calculation are correct. The servicing account manager will work closely with the group contact with any auditing feedback or assistance.</p> <p>Once a customer is implemented, we perform a 1st quarter billing audit after the effective date. The billing audit consists of comparing the billing remittance with eligibility file data or billing backup, provided by customer to ensure premium calculations are correct, as well as remittance of accuracy for member count and volume for each benefit. During implementation, the PLADS billing team will provide a "how to calculate" document to be discussed during our billing call and for customer reference. If errors or questions arise during or after the audit, the PLADS team will coordinate with the customer to discuss reconciliation. Ongoing audits will be performed at a minimum annual basis.</p>	No	Year-end reconciliation is not applicable to non-participating policies. For non-participating policies, we provide an experience summary at each renewal based upon agreed timelines.	Yes	The billing department compares reported lives, volume, and premium month over month. If notable variances exist, a billing representative contacts the employer for an explanation. In addition, Lincoln requires an annual census that is compared to reported lives, volume, and premium values to ensure the variance is within accepted percentages.
Operations and Administration	Website and other Media	101	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes	We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, disability needs calculator, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to other resources including our MyBenefits portal.	Yes	We offer On24 (a microsite) for Voluntary Coverages. On24 promotes the coverages available to employees, as well as, Value-Added Services, MyTomorrow, videos, and other marketing materials. We can build and offer On24 for the City's Coverages, with the support of our Enrollment Manager.	Yes	<p>Within the general questions tab, we included a sample of a microsite created for a current customer, County of San Diego. You may reference it here as a sample of what can be included. Our microsities are fully customizable.</p> <p>County of San Diego microsite: https://lincolnfinancial.com/public/microsite/cosandiego/home</p>

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Operations and Administration	Website and other Media	102	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.		<p>We can offer English and Spanish capabilities.</p> <p>We are in compliance with WCAG Guidelines. Aflac has taken appropriate steps to ensure that persons with disabilities have an equal opportunity to participate in our services, activities and programs and is working to ensure websites and online services are accessible for everyone.</p>		<p>We're committed to ensuring that our customer-facing digital portals and platforms are accessible to everyone. Currently, we're working to meet compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 A/AA.</p> <p>Additionally, we've reviewed and edited communication materials including educational digital flyers, emails, and banner ads to be compliant with the Americans with Disabilities Act (ADA). The continuous enhancement of our website increases the accessibility of our digital content for all customers.</p>	Yes	My Lincoln Portal® has English or Spanish default displays and is compliant with applicable laws/regulations for disabled member access.
Operations and Administration	Website and other Media	103	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	The customized Learning Hub can include your logo, enrollment dates, links to you enrollment site, photography that resonates with your employee population, product flyers, benefit spotlights, videos, FAQ's, glossaries and links to other resources like the MyBenefits portal. There is never a charge for any of our marketing toolkit material.		We can add the City's logo, and upload custom forms and documents as needed.	Yes	<p>The following customization options are available within My Lincoln Portal® without any additional technology deployment. The majority of our customers do not need additional customization but if it is needed, Lincoln can accommodate.</p> <ul style="list-style-type: none"> Ability to display organization's logo Various opportunities to insert employer specific messages to the employees Customize reporting folder structure Option to include customized Q&A Upload employer specific forms Display employer specific contacts; i.e., HR, Benefits, etc. Include only relevant program information within the employer area Allow employees and employers to report return-to-work information online <p>Our portal allows each employer user to elect permissions based on their specific needs.</p>

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Operations and Administration	Website and other Media	104	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	Yes, we can add logos for your Benefits Program and Wellness Program, and we can also link to materials or URL's that you'd like to highlight on the Aflac page.	Yes		Yes	Co-branding is one of the most valued features within our web portal.
Operations and Administration	Website and other Media	105	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	The customized Learning Hub can include your logo, enrollment dates, links to you enrollment site, photography that resonates with your employee population, product flyers, benefit spotlights, videos, FAQ's, glossaries and links to other resources like the MyBenefits portal. There is never a charge for any of our marketing toolkit material. We will work with you customize the experience.		Our state-of-the-art web portals offer online self-service capabilities including access to real-time information from our integrated Disability and Leave Management system. Users also have the ability to initiate a claim and upload documents, among other features. Key features: <ul style="list-style-type: none"> • Sites are mobile-responsive and can be accessed from any device (mobile, desktop or tablet). • We offer claimants the ability to schedule a call with their claim examiner and click-to-chat. • We provide access to robust reporting for employers. 	Yes	On a quarterly basis, Lincoln offers Webinars for employee and employer education through our Absence Advisor series. This series touches on topics mostly involved with disability but does also educate on Life benefits and other value added benefits. The most recent focused on the importance of will preparation. With approval from the City, Lincoln can also push out email campaigns on behalf of the City educating about Lincoln benefits and administration. Finally, Lincoln is very active through social media platforms such as Linkdin, X, and Instagram. Educational content is shared through these platforms and touch on things like technology options with Lincoln, helpful tax tips, and evidence of insurability. One example regarding tax tips and where it linked users to can be found here: https://visit.lfg.com/3OLD7ja

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	106	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).		<p>STD exclusions and/or limitations</p> <p>STD: EXCLUSIONS AND LIMITATIONS</p> <ul style="list-style-type: none"> The policy does not pay benefits for a Disability that begins prior to Your effective date of coverage under this policy, or a Disability that begins after the date Your coverage was terminated under the policy. [We will not pay a benefit for any period of Disability during which You are incarcerated.] <p>Disabilities Not Covered Under The Policy</p> <p>The policy does not cover any Disabilities caused by, substantially contributed to by, or resulting from Your:</p> <p>[</p> <ol style="list-style-type: none"> commission or attempt to commit a felony; intentionally self-inflicted harm; attempted suicide regardless of mental capacity; being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician; operating a motor vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal Intoxication limit; [active participation in] War, declared or undeclared, or any act of War; active participation in a [riot, act of insurrection, or act of terrorism]; [active] service in the military, navy, armed forces, National Guard or similar government organizations; engaging in an illegal occupation; cosmetic surgery except when required for Your Regular Care as a result of Your Sickness or Injury; cosmetic surgery shall not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect. This exclusion does not apply if the Disability is caused 		<p><u>STD</u></p> <ul style="list-style-type: none"> If caused or contributed to by: <ul style="list-style-type: none"> War or act of war Commission of or attempt to commit a felony Engagement in an illegal occupation An intentionally self-inflicted injury For which Workers' Compensation benefits are paid, or may be paid, if duly claimed on non-occupational coverage Sustained as result of doing any work for pay or profit for another Employer, self-employment on non-occupational coverage <p><u>LTD</u></p> <ul style="list-style-type: none"> Caused or contributed to by: <ul style="list-style-type: none"> War or act of war Commission of or attempt to commit a felony Engagement in an illegal occupation Intentionally self-inflicted <p>Please see Plan Design tabs for exclusions.</p>	Yes	<p>Following are the standardly included general exclusions from our filed disability contract. Contract language is subject to state requirements. We may also include a pre-existing condition exclusion or exclude work-related disabilities if coverage is non-occupational only.</p> <p>This policy will not cover any disability due to:</p> <ol style="list-style-type: none"> War, declared or undeclared, or any act of war Intentionally self-inflicted injuries, while sane or insane Active participation in a riot The committing of or attempting to commit a felony or misdemeanor Cosmetic surgery unless such surgery is in connection with an injury or sickness sustained while the individual is a covered person <p>No benefit will be payable during any period of incarceration.</p>

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	107	Is proposed coverage portable/convertible?	No	The current contract is not convertible nor portable.		<p><u>Conversion</u> We offer an optional LTD conversion provision for the City's employees. The amount that may be converted is the lesser of:</p> <ul style="list-style-type: none"> • Up to 60% of the employee's current monthly earnings • The amount that would be paid as a benefit under the group plan to a maximum of \$5,000 per month <p>If the employee becomes disabled, the monthly benefit is offset by income benefits received from other sources (such as Social Security).</p> <p><u>Portability</u> Portability is not applicable to Disability coverage.</p>	No	Not included.
Plan Design	Plan Design	108	Confirm that your proposal includes waiver of premium.	Yes		Yes	We will waive premium on the LTD however we do not waive premium on the STD.	Yes	Confirmed.
Plan Design	Plan Design	109	Will you waive the actively at work provision for the initial enrollment?	No		Yes		No	The actively at work provision is a necessary component of the insured disability contract. The purpose of this provision is to properly define "employee" for both Lincoln and the employer under the terms of the contract. A measurable definition is necessary to verify that a person is covered under the employer's plan of benefits. As a result, the actively at work provision is included in every contract. Lincoln's intent is to make sure no employee loses coverage because of a change in carrier. We include a prior insurance credit to prevent this from happening and extend coverage to employees who may not be actively working due to a reason other than their own disability. We extend eligibility to employees on an approved leave or non-waiver qualifying disability (maternity as an example).

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Plan Design	Plan Design	110	Are any disabilities not covered? If yes, please explain what disabilities are not covered and why.	No	<p>STD exclusions and/or limitations</p> <p>STD: EXCLUSIONS AND LIMITATIONS</p> <ul style="list-style-type: none"> The policy does not pay benefits for a Disability that begins prior to Your effective date of coverage under this policy, or a Disability that begins after the date Your coverage was terminated under the policy. [We will not pay a benefit for any period of Disability during which You are incarcerated.] <p>Disabilities Not Covered Under The Policy</p> <p>The policy does not cover any Disabilities caused by, substantially contributed to by, or resulting from Your:</p> <p>[</p> <ol style="list-style-type: none"> commission or attempt to commit a felony; intentionally self-inflicted harm; attempted suicide regardless of mental capacity; being Intoxicated or under the influence of any controlled substance unless administered on the advice of a Physician; operating a motor vehicle while under the influence of alcohol as evidenced by a blood alcohol level in excess of the state legal Intoxication limit; [active participation in] War, declared or undeclared, or any act of War; active participation in a [riot, act of insurrection, or act of terrorism]; [active] service in the military, navy, armed forces, National Guard or similar government organizations; engaging in an illegal occupation; cosmetic surgery except when required for Your Regular Care as a result of Your Sickness or Injury; cosmetic surgery shall not include reconstructive surgery when the surgery is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part and reconstructive surgery because of congenital disease or anomaly resulting in a functional defect. This exclusion does not apply if the Disability is caused 	Yes	<p><u>STD</u></p> <ul style="list-style-type: none"> If caused or contributed to by: <ul style="list-style-type: none"> War or act of war Commission of or attempt to commit a felony Engagement in an illegal occupation An intentionally self-inflicted injury For which Workers' Compensation benefits are paid, or may be paid, if duly claimed on non-occupational coverage Sustained as result of doing any work for pay or profit for another Employer, self-employment on non-occupational coverage <p><u>LTD</u></p> <ul style="list-style-type: none"> Caused or contributed to by: <ul style="list-style-type: none"> War or act of war Commission of or attempt to commit a felony Engagement in an illegal occupation Intentionally self-inflicted <p>Please see Plan Design tabs for exclusions.</p>	Yes	<p>Following are the standardly included general exclusions from our filed disability contract. Contract language is subject to state requirements. We may also include a pre-existing condition exclusion or exclude work-related disabilities if coverage is non-occupational only.</p> <p>This policy will not cover any disability due to:</p> <ol style="list-style-type: none"> War, declared or undeclared, or any act of war Intentionally self-inflicted injuries, while sane or insane Active participation in a riot The committing of or attempting to commit a felony or misdemeanor Cosmetic surgery unless such surgery is in connection with an injury or sickness sustained while the individual is a covered person <p>No benefit will be payable during any period of incarceration.</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	111	Are there any riders and/or enhancements that are available to be added to your proposed disability plan?	No		No		Yes	Please reference the Plan Design Disability Tab. Lincoln will also be proposing a PFL option that mirrors the state PFL program. While it is not necessary to take with our Disability option, we want to highlight our expertise in administration of PFL for public entity customers that have disability coverage with Lincoln Financial. Lincoln is the first to market PFL for public entity groups that mirrors the CA PFL program.
Plan Design	Plan Design	112	Describe any pre-existing limitations of the proposed plan.	Yes	There is no pre-ex on the STD currently, and Aflac has matched that. There is a pre-ex limitation on the LTD. Aflac has quoted a 3/3/12 pre-ex which means claims incurred within the first 12 months of coverage have a look-back period of 3 months prior to effective date of coverage. There is a 3 month treatment free window for claimants to fulfill to not violate pre-ex.		With respect to a pre-existing condition for STD and LTD, provided the employee was covered under the prior policy on the day before our policy's effective date, the pre-existing condition limitation will end on the earlier of: <ul style="list-style-type: none"> • The new policy effective date, if the disability was not limited by a pre-existing restriction under the prior policy • On the date the restriction would have ceased to apply if the prior policy had remained in force. 	Yes	3/6/12

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	113	Describe your definition of successive disability.		[Recurrent Disability means a disability which is due to the same cause(s) as Your prior disability for which We made a [Weekly] Payment.]		<p><u>STD</u> If are receiving or eligible for benefits for Disability under a prior disability plan: 1. was sponsored by Your Employer 2. was terminated before Effective Date of The Policy; No benefits will be payable for Disability under The Policy</p> <p><u>LTD</u> If within 6 months of return to work: 1. You have a recurrence of same disability while covered under The Policy; and 2. no benefits available for recurrence under Prior Policy; Elimination Period which would otherwise apply will be waived if recurrence would have been covered without any further elimination period under Prior Policy.</p>	Yes	<p>Intent is to match current:</p> <p>After receiving benefits, if an employee returns to work and is then unable to continue working due to the same or related cause, the new absence may be considered a continuation of the prior claim.</p> <p>STD: 14 days LTD: Six months</p> <p>In these cases, we refer to the second period of disability as a "successive period of disability." Benefits begin as of the date the employee is no longer able to continue working. The employee is not required to satisfy a new elimination period.</p>
Plan Design	Plan Design	114	Does your proposed plan include benefits for partial disability? If so, please provide your definition.	Yes		Yes	<p><u>STD</u> Disabled and Working means employee is not totally disabled, while actually working he/she is unable to engage with reasonable continuity in that or any other occupation in which he/she could reasonably be expected to perform satisfactorily in light of employee's age, education, training, experience or station in life, and physical and mental capacity.</p> <p><u>LTD</u> Partial Disability or Partially Disabled means You are not Totally Disabled, and while actually working in an occupation, as a result of sickness or injury, You are unable to engage with reasonable continuity in that or any other occupation.</p>	Yes	<p>When an employee is on STD or LTD and working part-time, Lincoln obtains a copy of the check stubs from the employer for calculation purposes. The claimant is considered partially disabled when earning more than 20% but less than 80%. The employee is considered totally disabled if earning less than 20%.</p> <p>We have different partial calculation options we can include in our contracts, and we work with employers to determine the best option.</p>

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	115	Confirm that you will agree to waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.	Yes	Currently covered employees will be credited with time served.		With respect to a pre-existing condition for STD and LTD, provided the employee was covered under the prior policy on the day before our policy's effective date, the pre-existing condition limitation will end on the earlier of: <ul style="list-style-type: none"> • The new policy effective date, if the disability was not limited by a pre-existing restriction under the prior policy • On the date the restriction would have ceased to apply if the prior policy had remained in force. 	Yes	Confirmed.
Plan Design	Plan Design	116	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.	No	Actively at work will not be waived.		For Disability coverages, employees will not ordinarily lose coverage due to a change in carriers. If an employee is on an approved leave (other than medical leave), a paid vacation day, or another approved paid day off, coverage will begin on the new policy's effective date. Please refer to the Underwriting Assumptions tab for more information.	No	The actively at work provision is a necessary component of the insured disability contract. The purpose of this provision is to properly define "employee" for both Lincoln and the employer under the terms of the contract. A measurable definition is necessary to verify that a person is covered under the employer's plan of benefits. As a result, the actively at work provision is included in every contract. Lincoln's intent is to make sure no employee loses coverage because of a change in carrier. We include a prior insurance credit to prevent this from happening and extend coverage to employees who may not be actively working due to a reason other than their own disability. We extend eligibility to employees on an approved leave or non-waiver qualifying disability (maternity as an example).

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	117	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes	Continuity of coverage will apply, but Aflac will not waive the actively at work requirement.	Yes		Yes	Lincoln's intent is to make sure no employee loses coverage because of a change in carrier. We include a prior insurance credit to prevent this from happening and extend coverage to employees who may not be actively working due to a reason other than their own disability. We extend eligibility to employees on an approved leave or non-waiver qualifying disability (maternity as an example). We are happy to discuss more to ensure no employee loses coverage by a change to Lincoln Financial.
Plan Design	Plan Design	118	The City's current process allows for employees to code from any of their available Leave banks. Specific leave types are not considered deductible income for purposes of calculating benefit payments such as Vacation time. Please confirm that you will be able to continue this practice and indicate any applicable benefit offset that is included in your plan design as well as any restrictions/limitations.	Yes	We are more than happy at Intake to ask a member if they want to use PTO to top off their benefit. If they do, we can advise the client who is then able to use time to supplement the benefit.		The Hartford offsets for sick leave if it is collected in tandem with STD benefits. We do not require that sick leave be used before paying a benefit, so if sick leave is not collected, we would not offset for it in our STD benefit calculation. The City of Los Angeles must notify us of the number of unused sick leave days paid at the time of the claim. We can create a supplemental employer certification that is automatically generated at the time of a claim and is subsequently emailed to your designated contacts. The City of Los Angeles can populate the certification with the employee's sick leave balance (date of exhaustion) and email it back to us.	Yes	Lincoln can pay and administer claims this way.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	119	Does your Disability contract contain any exclusion for alcoholism, psychiatric treatment, or drug abuse? If yes, outline the specific alcoholism, psychiatric treatment, or drug abuse exclusions that apply.	Yes	The limitation for mental illness, nervous and drug and/or alcohol claims is 18 months of payments.	Yes	STD Exclusions We will not pay benefits for any Disability resulting from: • Injury, sickness, mental illness, substance abuse, or pregnancy that is not being treated by a Physician	Yes	Mental nervous, drug and alcohol, and non-verifiable symptoms all have a 18 month limitation to match current.
Plan Design	Plan Design	120	Describe your cost of living adjustment (COLA) benefit option. Is it included in your proposal? If not, what would be the charge for adding this option? What is the current COLA factor for groups with this benefit?	No	The current contract does not contain a cost of living benefit option, and this was not included in Aflac's proposal.		COLA is not included; however if the City would like to add it we would need to review. An additional cost would apply.	No	We can offer optional provisions, including a cost of living adjustment, inflation adjustment benefit, or proportionate loss provision to index earnings and/or benefits. There is an additional charge to include these provisions.
Plan Design	Plan Design	121	What are the employer and employee policy lapse provisions?		Coverage will lapse if the employer stops making payments. We allow a grace period for the employer to bring their premiums to current level before we cancel the policy. GRACE PERIOD WHEN PREMIUMS ARE PAID DIRECTLY TO US Each premium due directly from You for insurance provided under the [Policy] may be paid up to [31-180] days after its premium due date. This period is known as the grace period. The insurance provided by this certificate for which premium has not been paid will stay in effect during the grace period. We will notify You in Writing that, if the premium is not paid by the end of the grace period, such insurance will end at the end of the last day of the grace period. If We fail to give Written notice by the end of the grace period, such insurance will continue in effect until the date notice is given		For Disability coverage, continuation provisions allow an employer to extend coverage beyond the date when it would have terminated. Coverage under the Continuation Provisions requires payment of premium. If premium payment ceases or the policy terminates, coverage ends. For STD, coverage will continue during the period of time that an insured is receiving STD benefits if premium continues to be paid. For LTD, a premium payment will be required until benefits become payable. LTD premium will be waived once the Elimination Period has been satisfied and the claimant is receiving benefits.	Yes	Not applicable. Lincoln will not lapse the City coverage assuming there is a good faith to pay premium past the grace period. Portability or conversion is not available to employees.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	122	Please confirm that you have quoted a plan that is considered a 'Match to current' in the 'Plan Design Disability' tab of this workbook	Yes		Yes	It is our intent to match the requested in force benefits and features as described in our proposal. The Hartford's contract language, provisions and exclusions will apply in the event of any discrepancy between the language in the proposal and the contract language. Whereas our contractual provisions may be similar to those of your current carrier, the actual terms and conditions of the contract may be different. Due to state insurance regulations and filing requirements, it may not be possible to change the language in our policy to exactly match your current contract's wording.	Yes	Confirmed.
Plan Design	Plan Design	123	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design Disability' tab of this workbook	Yes	Yes, Aflac has quoted on one more of plan enhancements.	Yes		Yes	Confirmed.
Plan Design	Plan Design	124	Please confirm that you have provided a proposal for a best value option that align benefit waiting periods that are best practice in the industry.	Yes	Yes, Aflac has quoted a best value option.	Yes		Yes	Confirmed.
Financial Cost	Financial Cost	125	Indicate the cost of your STD/LTD administration services for a run-out period upon termination of the City's contract with your firm.		Aflac has built in the pricing automatically since these claims are for fully insured plans and the liability for all claims within the coverage period resides with Aflac.	Yes		Yes	We handle run-off claims (claims with an incurred date prior to the termination date) in the same manner we handle claims incurred during the duration of the contract. For a fully insured arrangement, there are no further costs for claim handling.
Financial Cost	Financial Cost	126	Please confirm that you have completed the Pricing Tab for Disability	Yes		Yes		Yes	Confirmed.
Financial Cost	Financial Cost	127	Please confirm that you have completed the Underwriting Tab	Yes		Yes		Yes	Confirmed.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	128	Please confirm that you have completed the PG Tab for Disability	Yes		Yes		Yes	Confirmed.
Financial Cost	Financial Cost	129	Describe the reserving formula used for LTD claims.	No	Reserving is proprietary information.		We have used the information provided to us to get to reserves for each individual open claim to underwrite this case accurately.	Yes	<p><u>Open and Approved Claims</u> Lincoln uses book of business approach in addition to a diagnostic-based reserve method to establish reserves for open LTD claims. The claims are estimated based on an individual claimant's age, gender, date of disability, gross benefit, net benefit, offsets, expected claim duration, plan provisions, and major diagnostic category.</p> <p><u>Pending Claims</u> For reported pending LTD claims, reserves are set on a claim-by-claim basis.</p> <p><u>Suspended Claims</u> If LTD claim payments have been suspended and it is unlikely the claim will reopen, it is considered closed, and no reserve will be included in the experience analysis. However, if payments are only temporarily suspended and the claim will likely remain open, we continue to establish a reserve for that claim.</p>
Financial Cost	Financial Cost	130	Describe how you calculate IBNR reserves including factors and reserves for claims in payment status. Does this calculation, or factors, differ in subsequent years? If yes, explain.	No	These formulas are proprietary information.		Incurred but not reported (IBNR) reserves for LTD are reflected in experience by removing premium from the most recent period(s). The amount of premium removed is equal to the elimination period plus a table factor based on the elimination period. The factor is applied to incurred claims. Claim amounts that have cleared the Elimination Period remain in the evaluation.	Yes	For LTD, incurred but not reported (IBNR) claim liability is not factored into the development of the rate.

Short/Long-Term Disability Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	131	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes		Yes	We agree to issue a one-time payment of \$200,000 to the City to cover discretionary implementation activities. This credit will be built into the premium rate and will be reflected on all applicable reporting schedules. If a policy issued as a result of this request for proposal terminates prior to The Hartford recouping the \$200,000 through premiums, the City agrees to pay The Hartford any amount outstanding as of the policy termination date.		One-time credit of \$125,000 for STD and LTD combined. (\$250,000 with Life products)

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes		Yes	Our policy is designed to help prevent employees from losing coverage because of a change in carriers. Time spent under the previous carrier's policy will satisfy the preexisting condition limitation clause under our policy (as long as the person is working full time on the start date of the new policy). If the employee has completely satisfied the preexisting condition limitation period under the previous carrier's policy, the limitation will not apply under our policy. If some but not all of the preexisting condition limitation has been satisfied under the previous policy, the employee will be credited for the time satisfied under that plan.	Yes	subject to the actively at work provision

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	2	<p>What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted?</p> <p>-For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions.</p> <p>-For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.</p>	Yes	We estimate less than 3% of the services provided in this RFP would be outsourced or subcontracted.		<p>Our subcontracted/vendor arrangements are in place to service our entire book-of-business and are not specifically contracted to service this RFP arrangement. New York Life will remain wholly responsible for the provision of every service for which it contracts with the City, notwithstanding certain services that may be performed, in part, by vendors with particular expertise or an affiliate of New York Life to help contain costs and to make use of their expertise.</p> <p>New York Life's Third Party Risk Management (TPRM) function is tasked with identifying, measuring, mitigating, and reporting on risk posed to New York Life by a third-party. TPRM supports the business units/corporate functions by conducting due diligence activities on a risk-prioritized basis. The due diligence requirements will be commensurate with the types and level of inherent risk identified.</p> <p>Because of the current confidentiality agreements in place, we are unable to provide specific details about arrangements with our suppliers, including a list of countries for these suppliers.</p>		<p>All direct claim and leave management services are provided in-house through employees of Reliance Matrix. There are some services provided by vendor organizations when impartiality (Specialty Exam, i.e., IME's/FCE's/NPT's), specialization (Social Security Advocacy), or geographic circumstances dictate (Vocational Rehabilitation).</p> <p>Subcontractors include the following:</p> <ul style="list-style-type: none"> • Allsup (SSDI Advocacy) • Concentra Managed Care/Genex (national vocational rehabilitation vendors) • New Abilities, Paramount, Leles & Associates, etc. (regional vocational rehabilitation vendors) • Shearwater Health (administrative support to clinical staff). Shearwater is a US based company with operations in the Philippines. There is at no time any client or claimant facing activities conducted by Shearwater. If an employer wanted to "un-plug" the services provided by Shearwater, we would need to adjust our pricing accordingly, as the services they provide are fully integrated into our best practices

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	3	Explain your process for determining during the transition and implementation from one carrier to another? Please touch on all aspects.	Yes	<p>As the STD and LTD are fully insured, the liability for claims incurred prior to the effective date remains with the incumbent.</p> <p>When developing your actual implementation plan, we will work closely with you to ensure that all of the unique components of your plans are addressed in detail and all key issues, priorities, timelines and responsibilities are documented. Tasks include: Finalization of the plan design and account structure; communication and enrollment strategy, eligibility and system activities; quality assurance checks; plan production and claim readiness.</p>		<p>New York Life Group Benefit Solutions (NYL GBS) is committed to ensuring every client experiences an efficient, smooth, and accurate account implementation. At a high level, our process is as follows:</p> <ul style="list-style-type: none"> •NYL GBS receives confirmation of sale. •NYL GBS contacts the City and/or Keenan to schedule the implementation kick-off meeting. •During the implementation kick-off meeting, we review the implementation guide, which includes the implementation schedule. •The City and/or Keenan verifies plan designs and basic plan information. •Alice Pepitone generates and distributes a package containing the forms needed to set up the account. •The City completes the forms. •Alice works with the City's representative to finalize details in the implementation guide and begins the internal account implementation process. NYL GBS supports enrollment activity, as discussed during initial implementation. •NYL GBS sets up an electronic interface meeting to review data transmission options (as appropriate). •The NYL GBS implementation team verifies the account is operational and setup tasks are complete. •The NYL GBS account management team conducts onboarding meetings with the employer to review ongoing processes and the employer portal. <p>Implementation takes approximately 12-16 weeks, depending on the plans and/or services selected as well as the date NYL GBS is notified of the sale.</p> <p>We have attached a sample timeline with our response.</p>		<p>Partnering directly with the Strategic Client Manger through the implementation process will be a National Account Implementation Manager. The National Account Implementation Manager has the responsibility of supporting the installation of new National Account business. In addition, the National Account Implementation Manager is responsible for the design, development and execution of our implementation process. The National Account Implementation Manager will collectively work with the internal dedicated support team experts throughout the functional departments within the organization to monitor and test all internal systems during the implementation of each new account. While setting the highest expectation levels with those internal service partners for the continued delivery of superior service and results to our National Account clients. Sample timeline has been provided electronically.</p>

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	4	Will you prepare the W-2, W2-Cs, 1099s and issue tax statements for disability payments? If yes, please provide a sample report.	Yes	We are able to provide W-2 forms directly to your employees and provide you with a W-2 report. Only those employees who received a taxable benefit are issued a W-2. A sample report is included as Exhibit 8 .	Yes.	We have provided a sample report with our proposal response.	Yes	Included in our rates for fully insured disability coverage
Financial Cost	Financial Cost	5	Do you pay the employer FICA taxes and send out the W-2 forms? a. If yes, is the payment of the taxes and preparation of W-2 forms included in your rates? b. If not, how much additional would the rates increase to include you paying the employer FICA taxes and preparing the W-2s? Please be sure to indicate on the Pricing tab for Disability	Yes	a. There is no additional charge for the production of W-2's b. The service is provided at a cost of the employer FICA remittance and 3% of the amount of FICA remitted. The cost is included on your quarterly tax bill.	Yes.	Employer FICA On fully insured LTD plans that include some or all premiums paid by the employer, NYL GBS includes a service that pays the employer's portion of FICA taxes without seeking payment. On fully insured STD plans, NYL GBS has included a FICA-match service on plans with premiums paid in part or total by the employer. This service includes forwarding the employer and employee portion of FICA tax to the IRS weekly. We make IRS deposits under the employer identification number for LINA Benefit Payments, Inc. The employer will receive a monthly report that includes the FICA tax dollars. W-2 For fully insured accounts and full-service ASO accounts that bear insurance risk, New York Life Group Benefit Solutions prepares the W-2 forms using our name and TIN. The forms are mailed directly to the employee or employer. There is no charge for this service.	Yes	Included in our rates for fully insured disability coverage

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	6	Please describe your account team that will be assigned to the City of LA to include: a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing	Yes	<p>a) <i>To Be Named - Client Services Consultant</i> - This contact will be 100% dedicated to the City's account. They are responsible for the day-to-day administrative relationship with the City. The CC's responsibilities involve administrative and claim-related issues including plan implementation, benefit consultation and preparation of forms and contracts. The CSC will have the decision-making authority and ability to direct resources around all obligations of your contract.</p> <p>b) <i>Chris Chambers - Senior Underwriting Consultant</i> is responsible for determining groups risk and setting appropriate rates. Chris also is responsible for reviewing and managing existing groups performances by reviewing the groups claims and utilization throughout their contract periods.</p> <p>c) <i>Brian McBride- Financial Consultant</i> - Brian works under the direction of the Financial Service Manager and partners with the full service team. Brian is responsible for the financial elements of customer plans including, billing, reporting and data analysis.</p> <p>d) <i>Neil McMahon - Senior Account Executive</i> - Neil is responsible for the overall management of your MetLife account. Neil serves as your lead account representative who will coordinate resources across MetLife. Neil will work with you to customize products and services to support your unique benefit strategies.</p> <p>e) 5 Park Plaza, Suite 1850, Irvine, CA 92614 - Hours: 8:00 a.m. - 5:00 p.m. PT. Our Irvine office includes 85 staff.</p> <p>g) Three largest customers include (names have been redacted due to these client's desire for privacy - we will</p>		<p>Our goal is to build a valuable business partnership with employers to become an integral part of your team. We accomplish this by listening and ensuring we understand your needs and delivering timely and expert solutions to meet your program objectives.</p> <p>The team assigned to your account is made up of a national implementation manager, a national account executive who serves as your field-based consultative resource, and a national account manager who provides your day-to-day support.</p> <p>National Implementation Manager Alice Pepitone will be your national implementation manager. Working in conjunction with the sales executive and account management team, Alice takes the lead during implementation to ensure your plans and services are set up accurately, consistent with your contract, and on time. Alice •develops the implementation schedule and clarifies roles/responsibilities; •discusses the employee communications strategy and confirms the eligibility process; and •verifies that setup tasks are completed and delivers the policy, certificates, and enrollment materials.</p> <p>National Account Executive Tracey Nelson will be your national account executive. Tracey is involved from the first day of implementation to get to know you and your plan requirements, as well as program expectations from the start of your partnership with us. As the implementation of your account nears completion, Tracey assumes primary responsibility for your account and works with you on an ongoing basis to ensure your plan runs smoothly.</p>		We will provide contact & biography information for your client management team at the finalist stage. It is important to note, that client management is a differentiator for Reliance Matrix. We have industry experts with an average of 15+ years of absence experience that are managing a book of business with no more than 10 national sized clients, with all absence product offerings. In addition to your client manager, you will also have additional resources to support the overall account management requirements. The Client Manager will serve as your consultative advocate, with an Account Consultant managing the tactical aspects of the overall relationship

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	7	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes	A fully-dedicated Client Services Consultant will be assigned to the City. In addition, Neil McMahon, Senior Account Executive is responsible for the overall relationship with the City and will coordinate resources across MetLife to deliver a differentiated experience for you and your employees.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	8	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.	Yes	Account Team biographies are included as Exhibit 5 .	Yes		Yes	To Be Provided at finalist stage
Plan Administration and Sponsor Services	Plan Sponsor Services	9	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	10	Confirm that you will provide Report on total number of claims by claim type	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	11	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	We would be open to a further understanding on reporting needs for the separate job classes and entitites. Our Claims reporting is flexible and robust.
Plan Administration and Sponsor Services	Plan Sponsor Services	12	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you will provide Plan sponsor on-line or written billing history	Yes		Yes		Yes	

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes		Yes		Yes	

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.	Yes	<p>The MetAnalytics Dashboard is an interactive dashboard with trends and program performance. Daily updates are made on disability claims. The MetAnalytics Dashboard has drill-in capabilities to absence and employee detail. You have the ability to create your own customized views by saving bookmarks.</p> <p>Details included in the dashboard include:</p> <ul style="list-style-type: none"> • Distribution of claims by Diagnosis, Work Location, Job Title and Age Group; • Drill-into major/minor diagnosis categories with trending; • Social Security Application Status and Award Levels; • Detailed listings of claims with employee information, claim status and benefit period. <p>Dashboard Features</p> <ul style="list-style-type: none"> • Daily data updates with snapshots of activity in the current week, month or year; • Monthly, Quarterly and Annual Trends; • MetLife Industry and Book of Business Benchmarking; • Closure and Denials Reasons; • Report Summaries that can be exported to PDF. <p>To take a tour of our employer website, visit: http://metdemo.metlife.com/MetDemo/8e87e31d-9033-4688-a62f-25ebfe41b897</p> <p>To access the demo, use your email address as the username. The password is: getmet19</p> <p>The employer website demo is at the end of the page.</p>		<p>NYL GBSs offers a disability reporting package to help employers better manage their disability programs and control costs.</p> <p>Disability Operational Reports Employers now have on-demand access to enhanced self-service disability operational reporting information via our client website. Clients can customize or tailor reports to their specific needs with key functionalities, including advanced search capabilities, highlighted changes to data within selected timeframes, and employee-level detail. Employers also have access to disability claim information for the last seven years, as well as customizable sort and filter tools to create a personalized reusable view of the reports. Employers can export to Excel.</p> <p>Consultative Analytical and Trend Reports Our analytical and trend disability reporting packages help employers identify ways to reduce incidences, shorten durations, and improve return-to-work initiatives as well as offer guidance on managing employee benefits. There are two levels of reporting available, depending on the employer's claim volume. Employers will receive an annual analytic report package that includes the following:</p> <ul style="list-style-type: none"> •analysis of trends and opportunities •diagnostic, organizational, and demographic breakdowns •plan design, standard industrial classification (SIC) code, and industry benchmarking •independent industry benchmarks for duration <p>The package also includes a comparison of key metrics across benchmarks; this allows employers to see the impact of industry and plan design on their experience. Employers with 250 STD claims or 25 LTD claims will receive an additional hour of analysis from a dedicated</p>		Our web-based reporting platform allows for standard and "ad hoc" management reports that can be scheduled to run at the frequency requested by the customer or accessed on-demand 24/7. The reports will automatically be delivered to your inbox. Our goal is to be able to provide push and pull information that allows the client to manage their business.

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Plan Administration and Sponsor Services	Plan Sponsor Services	17	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Yes		Yes		Yes	<p>Reliance Matrix has developed a Data Integration Platform, called MatrixLink. This product is based on years of integration experience and leverages all of the customer integrations to WorkDay, ADP, Peoplesoft and other HRIS platforms, that we have performed for clients. The platform's configurability allows the client to have the experience of a custom interface, but within a fraction of the time and cost. MatrixLink has been developed to be immediately compatible with most commonly used HRIS applications. MatrixLink can integrate with any HRIS application, is scalable, and we continue to add new applications based on customer demand and market penetration. Matrixlink API connections and interface modules include: Eligibility & Enrollment; Absence & Disability Claims; Payroll Calculations, Timekeeping Interface; Evidence of Insurability; Billing & Invoicing; Plan Setup & Configuration; and Portability & Conversion Interface.</p> <p>We currently have 150+ Clients with either a MatrixLink LSI, Custom LSI, EOI, Payroll Interface or Timekeeping feed with Workday</p>

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Plan Administration and Sponsor Services	Plan Sponsor Services	18	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes		Yes		Yes	With the city moving to Workday, Reliance Matrix as a software alliance partner has direct API connections available to assist with eligibility.

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Plan Administration and Sponsor Services	Plan Sponsor Services	19	Can the City audit the services provided? Indicate what services, records, and access will be made available to the City at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	<p>We allow audits by customers or their designated auditors. If your audits are conducted at a MetLife facility, your auditors are provided with workspace and access to supervisory personnel at no additional charge. We ask that audit requests be submitted to us in writing two months in advance of the proposed audit-review start date. All requests should include information about the services to be audited, records to be reviewed, time period of the audit, sampling technique and any other specific instructions. We are prepared to instruct the auditors how to access the claim history files, eligibility files or other aspects of the claim operation.</p> <p>Generally, six to eight weeks are needed to accumulate the data requested from the audit sample.</p>	Yes			Reliance Matrix would allow the employer group to audit its claim files at a mutually agreeable time during regular business hours at our claim location and with reasonable advance notice, subject to the claimant's privacy rights and to the extent possible or practicable consistent with any applicable privacy regulations.

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Plan Administration and Sponsor Services	Plan Sponsor Services	20	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	We have included a \$35,000 annual credit that may be used during the initial three-year term of the contract period for audits.	Yes	We may agree to an audit of our claims administration process when there is a satisfactory reason for cases that meet a certain size/claim threshold; however, the following must be completed in advance of the audit: •NYL GBS and all parties must agree to the audit •the audit must be scheduled within reasonable limits of time and scope •NYL GBS, the client, and the auditor must approve funding for the audit •the producer or third party must provide the claim listing at least one month prior to the audit date •a claim audit agreement to protect the confidentiality of personal and propriety information •a nondisclosure agreement (provided by NYL GBS) that will outline the auditor requirements and timing To support external audits, we will provide the following: •resources to guide audits through the electronic claim file that was requested •space in our office for the review •resources to answer questions about our internal procedures (e.g., how it is administered in specific claim situations)	Yes	Included in the "Budget" Referenced in the Life Tab.
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes		Yes		Yes	Documents are scanned into our system at intake. Claim history is available as far back as the original effective date of the plan. Data are stored in the claims system indefinitely, although they are archived after they have become inactive for a specified period. Once archived, they can be retrieved in 24 hours.

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Plan Administration and Sponsor Services	Plan Sponsor Services	22	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	23	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?	Yes	<p>Our Global Government Relations Department releases are sent directly to you. Our Operations Enablement team develops administrative procedures so internal associates can service and speak to new products and legislative changes. Updates to procedures are communicated weekly so users are kept current on updates and changes.</p> <p>Our product and administrative support units work together to review potential changes in procedures and products. This allows us to provide you with timely information concerning upcoming changes. We recognize the need for customer feedback in our development of procedures and products. As a result, we rely heavily on customer focus groups to comment on proposed initiatives. We have found that this process assures that we provide value to our customers, and in many cases, assists us in making the process more comprehensive than initially planned.</p>		<p>We can make product and service documents available with the sole intention of providing background information on legal and related topics. Any information provided is not intended to be relied on as legal advice as we cannot provide such advice.</p> <p>New York Life Insurance ensures compliance with applicable laws and regulations through coordination of our legal and compliance departments and other business areas. Our legal and compliance departments track federal and state laws and regulations and determine the effects on our business. They then work with our business areas to ensure the necessary requirements are implemented, including making product and procedural changes.</p> <p>Additionally, our product filing team develops policy and certificate language to comply with applicable laws.</p>		Reliance Matrix has a robust internal compliance team who collectively have decades of in-house and employment law expertise. We monitor all newly introduced federal and state statutory changes. Monitoring continues until the law is passed or fails to pass. Once approved, our legal team does a full comprehensive review. Reliance Matrix will enact the change in the most generous interpretation of the law and then make changes once the specifics of the law are released. Though our compliance team does not provide legal counsel to client-employers, they are readily available to discuss difficult leave cases on a consultative basis—

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Plan Administration and Sponsor Services	Plan Sponsor Services	24	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix	Yes	<p>MetLife provides multiple avenues to provide updates on regulatory changes. These include:</p> <ul style="list-style-type: none"> - legislative updates (ie - changes to CA SDI program) - MetLife Disability / Leave resource hub - A sample update is included as well: <p>https://hsview.metlife.com/viewer/65f0b1862c1bbcbd4fd3645e</p> <p>(You can scan the QR code at right as well)</p>	Yes	<p>New York Life Insurance ensures compliance with applicable laws and regulations through coordination of our legal and compliance departments and other business areas. Our legal and compliance departments track federal and state laws and regulations and determine the effects on our business. They then work with our business areas to ensure the necessary requirements are implemented, including making product and procedural changes.</p> <p>Additionally, our product filing team develops policy and certificate language to comply with applicable laws.</p> <p>New York Life provides monthly updates via email regarding legislative and regulatory changes. In addition, we have a bi-monthly Group Insights Newsletter (also delivered via email) which may contain additional updates or in-depth articles. Finally our online Absence Regulatory Guide is also updated with legislative and regulatory changes, especially for programs New York Life Group Benefit Solutions administers. Please refer to https://www.newyorklife.com/group-benefit-solutions/employers/absence-assist/absence-regulatory-guide for examples.</p>	Yes	We will proactively update you on changes that can affect your program design and administration. This information is delivered via the Absence Mentor Blog at reliancematrix.com , newsletters, webinars and direct client interaction.

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Plan Administration and Sponsor Services	Plan Sponsor Services	25	Describe the enhancements you would make for the City's current Reasonable Accommodations process. Be specific about the role/responsibility that your Firm would 'own' or take on.	Yes	<p>For claimants, we support RTW through contract incentives and our case management. Once the employee's condition is stabilized, we work with you, your employee and physician to explore job modifications, accommodations and other opportunities for returning your employee to a productive working environment.</p> <p>The City will also be connected to MetLife's expert Return to Health Coaches who help tailor or enhance your return to work programs. Services include analyzing trends and providing recommendations specifically around return-to-work philosophies, opportunities and enhancements.</p> <p>Additionally, we propose the City have access to a MetLife liaison whose responsibilities range from helping to facilitate claims and gather information from City stakeholders, provide training to various groups, work directly with your RTW manager and HR on stay at work and return to work opportunities, assist in coordinating job assessments or ergonomic assessments, as needed.</p>		<p>NYL GBS does not offer or include a reasonable accommodation benefit in our disability policies due to legal conclusion under the Americans with Disabilities Act and ERISA guidelines; however, we do offer a stay-at-work program (predisability vocational services) and predisability vocational services rider. We look forward to discussing this topic in more detail and to ensuring that we are meeting the City's needs in this area.</p>		<p>Our Claims team includes an accommodation specialist, as well as nurse practitioners. We also have an experienced medical staff to help counsel and guide the process on these more complex claims. Matrix was originally founded as a workers comp TPA and thus we have been a longstanding leader in the return to work process.</p>

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Plan Administration and Sponsor Services	Plan Sponsor Services	26	<p>The City's current process allows for employees to code from any of their available Leave banks while a claim is pending approval/denial. Any offsets that may be defined are taken on future disability benefits payable (and not through other means such as payroll adjustments). Please confirm that you can agree to continue this practice.</p> <p>If not, please describe the effect of integration of sick time on a claim. Be sure to include the impact of use while a claim may be 'pending approval'.</p>	Yes		No	<p>We enter in offset such as sick time when its used – so it will cause an overpayment but that can be recouped from future payments if there are future benefits due.</p> <p>If no future benefits due, the employee would have an overpayment they would pay back to NYL (if this is a fully insured benefit or if we are cutting checks).</p>	Yes	We can administer as long as the appropriate offsets are taken.

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Plan Administration and Sponsor Services	Plan Sponsor Services	27	The City is looking to improve the timeliness and accurateness of reporting claim status back to the City. Please describe the top three (3) actions/functions that you will implement to accomplish this.	Yes	<p>We have a variety of options available to notify you when an employee reports a claim and will work with you during your implementation to find the method best suited to your needs.</p> <p>One option is to provide you with a regular report listing all new claimants and claim status. We can also email you individual reports either weekly or whenever a claim is initially received. Our email subscription service sends an email notification upon receipt of a claim as well as for other benefit change triggers.</p> <p>You also have the option to use our employer website to obtain real-time claim information including claim status, employee data, employer data and other claim or leave data. Our website also includes a Daily Status View which will provide you with a summary of all major claim activities, including receipts, approvals, etc., which is updated daily.</p>		<p>We will:</p> <p>Provide clear instructions to employees via intake brochure on when to file a claim.</p> <p>Allow employees to file online or telephonic so they can file when its convenient for them.</p> <p>Confirm Last Day Worked with employer to ensure accuracy of claim dates.</p>	Yes	<p>1) Set up recurring disability claim reports on a frequent cadence to verify current employee claim status.</p> <p>2) Workday API reaching back out for Claims Eligibility</p> <p>3) Robust Employer portal gives specific and detailed claim information to the city of LA HR and benefits teams.</p>

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Member Services and Communications	Communication Materials	28	Confirm that you will provide written, virtual, and/or in-person education to employees about disability insurance, its processes and services.	Yes	<p>We use a phased approach to build awareness around Disability insurance, your organization’s plan and the automatic enrollment opportunity:</p> <ul style="list-style-type: none"> • Launch Phase; • Reminder Phase. <p>We provide a number of communication resources including launch and awareness materials, interactive digital tools, an educational enrollment package with a plan offering description and enrollment and opt-out instructions. Materials are available in both printed and digital form. We recommend using various communication channels to engage and educate employees. These materials are supplemented with onsite support and reminder communications.</p> <p>The following standard employee communication materials are also available:</p> <ul style="list-style-type: none"> • An assembled booklet which contains: • Information highlighting the value of disability benefits and what employees should consider when evaluating their individual needs; • A benefit overview that provides detail of the specific benefit options and value-added services; • Rate information (if applicable); • Enrollment forms (if applicable). • Employee Website Communication Materials – Announces the employee website and highlights the valuable tools and information available for employees. This includes basic coverage information, claim submission, claim status and summary, claim payment details and forms. 	Yes		Yes	

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Member Services and Communications	Communication Materials	29	Confirm that you agree to allow for a custom insert in the initial disability packet mailed to employees (post intake) that outlines their options under the City's Benefit Protection Plan (BPP).	Yes			We are happy to discuss this topic in more detail if we are selected as a finalist.	Yes	Reliance Matrix does have the ability to add custom inserts into our disability packet. This can be reviewed and determined at finalist stage.
Plan Administration and Sponsor Services	Claims Processing	30	Describe the disability claim process. Can individuals file electronically? Describe your verification process for determining whether an individual qualifies for STD/LTD disability payments include what the Benefit Waiting Period looks like. What criteria are used to determine benefit eligibility? What is required of the claimant and what validation process do you engage in in order to validate eligibility for benefits? Please answer all these questions in a clearly labeled appendix.	Yes	Please refer to Section 4 - Appendix response.		We have provided our claim process under separate cover.		<p>Employees will have the following option to file disability claim:</p> <ul style="list-style-type: none"> - Online browser available 24/7 - On your mobile phone via mobile-responsive browser - By phone - Via email <p>Eligibility is determined at intake. We compare the demographic information for the employee reporting the claim against the most recent eligibility feed received from the employer. If the employee does not appear on the most recent report, we will still complete the intake of the claim, but verify the eligibility information with the employer; most often telephonically.</p> <p>The claims information provided during the STD period is transitioned to the LTD claim for continuity purposes. LTD paperwork will not be required at the transition unless the Claims Examiner specifically notes something that needs to be requested from the claimant (ex: verification of Other Income Benefits).</p> <p>The Claims Examiner will immediately begin file development, including the claimant interview, requesting medical, starting the pre-ex (if applicable), and any other information needed to complete the investigation.</p>

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Plan Administration and Sponsor Services	Claims Processing	31	What are your requirements of a claimant for ongoing verification of disability status of an STD/LTD claimant?	Yes	<p>Each claim will have a unique follow-up schedule engaging the appropriate resources to lead to a claim resolution.</p> <p>Medical management and follow-up activities vary depending on the disability. During reinvestigation, the Claim Specialist may contact the attending physician for current medical information, functional capabilities, treatment plan and response to treatment. In some situations, the Claim Specialist or the clinical resource may refer a case to one of our Independent Physician Consultants for an evaluation, including discussion with the attending physician regarding treatment plans and prognosis. The physician assesses the current information and assists the Claim Specialist in determining if additional evaluation(s) such as an independent medical examination, functional capacity evaluation or a home visit is indicated to assess the employee's work capacity and response to treatment.</p>		<p>Our absence/claim managers maintain an action plan for each claim based on our best-practice protocols. We also use our system's diary feature to ensure prompt initiation of every intervention point. Every team member can view this diary feature, which documents intervention points and strategies. At any time within the life cycle of a claim, we may escalate the claim to a nurse case manager, vocational coach, or medical director for review.</p> <p>To ensure proper management of disability durations and outcomes, we adhere to the following time standard:</p> <ul style="list-style-type: none"> •STD claims are reviewed at each physician's visit and at intervention points specified by the duration guidelines as well as our own best-practice protocols. •We diary LTD claims during the own occupation period for follow-up according to the specific action steps in the claim's action plan, which includes projected return-to-work dates, completion of a NYL GBS Healthy Working Life® plan, or projected recovery dates. •LTD claims are automatically tracked to begin the any occupation investigation six months before the date-of-definition change. •Once in the any occupation stage, claims that have reached medical stability, where the claimant is not likely to return to work, are reviewed every 6-12 months. 		Once disability is approved, ongoing review frequency is determined by a variety of factors, including: diagnosis, expected duration and return to work potential, supporting medical information, type of claim (STD or LTD), SSDI award potential etc. Critical dates and actions are automatically diaried and flagged for review in our claim management system. The claim team will manage the ongoing claim process as dictated by each claim's unique circumstances. Claims with a high expectancy of return to work or vocational rehabilitation will receive more attention than a stable and mature claim.

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Plan Administration and Sponsor Services	Claims Processing	32	What do you require of the employer as part of the validation process for an STD/LTD claim?	Yes	<p>Most of the needed information will come from the eligibility file that we will receive from Telus.</p> <p>Verification of eligibility, if an eligibility file is not provided, any information surrounding the last day worked and potential use of other time coding (supplements to claim or if time used extends elimination period, would be required from you to establish a claim.</p>		We may ask the employer to verify eligibility if they do not provide an eligibility feed. We may also ask employers for information such as the employee's last day worked, number of days of salary continuance, vacation periods, job description, expected return-to-work date, salary/wage, class/amount, and applicable offsets.		If the employee does not appear on the most recent report, we will need to verify the eligibility information with the employer; most often telephonically.
Plan Administration and Sponsor Services	Claims Processing	33	When a claimant no longer meets your definition of disability and is determined to no longer be eligible for continued STD/LTD benefits, explain your process and criteria for addressing these situations in a clearly labeled appendix.	Yes	Please refer to Section 4 - Appendix response which includes details of our process.		<p>Claim would be denied for further benefits. We will close a disability claim when the employee is no longer disabled, the employee returns to work, or the maximum benefit period is reached. Employees are notified in writing when their claim is closed, the date is then captured as our benefit termination date. If an employee needs further benefits beyond the claim closure date, they can file an appeal or contact us to request additional benefits.</p> <p>Our employer reporting also captures the date the claim is closed. The claim is then placed in a closed status and removed from a pending or active status.</p>		If an insured is not eligible for benefits under the applicable Policy, we will advise the Insured of that decision both via phone and in writing. Please note that our standard fully insured policies provide a right to appeal any adverse benefit decision.

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Plan Administration and Sponsor Services	Claims Processing	34	Indicate if you use disability Case Managers (CMs) for STD/LTD claims. Do you assign CM based on the type of disability involved? For example, would you assign case managers that specialize in behavioral health related disabilities to behavioral health related CMs?	Yes	<p>Our clinical resources are used in case management on a consultative basis. Resources may also be used when active clinical management is required on more complex claims. The Claim Specialist may consult with a clinical resource if the return to work plan is unclear or to determine if the plan is consistent with the diagnosis.</p> <p>We use a tiered approach to engaging clinicians. This places more emphasis on claims that can benefit from additional clinical management and review. This approach to engaging clinical support is based on the level of claim complexity and the claimant's functional capacity. Predictive analytics are utilized to score the claim based on the complexity of the claim opportunity and the system automatically routes the claim to the appropriate clinical specialist when required. We continuously refine clinician engagement at our Clinical Innovation Center, where we can test and refine clinical protocols prior to rolling them out to the entire claim organization.</p> <p>Our clinicians are registered nurses with advanced clinical experience and certification in rehabilitation nursing and medical case management. Claims with diagnoses of psychiatric disorders (including chronic fatigue, fibromyalgia and substance abuse) are managed with clinical engagement from our Psychiatric Clinical Specialists.</p>		<p>We have separate claim managers for STD and LTD claims.</p> <p>Our absence managers coordinate the evaluation of every claim, engage the appropriate resources, and manage the administration of the contract and benefit payments. They specialize in managing the whole employee absence event, including disability, federal, state, or company leaves, and Americans with Disabilities Act.</p> <p>Absence Manager Role When a request for absence is received in our intake service center, it is forwarded to the employer's designated absence team. The absence manager evaluates the absence holistically applying our absence management approach, which considers not only the medical diagnosis but also other health issues, psychosocial factors, and workplace issues that impact the disability and absence outcome.</p> <p>Based on complexity, the absence manager will engage the appropriate team resources, such as a nurse case manager, pharmacist, behavioral health specialist, vocational coach, or medical director.</p> <p>LTD Claim Manager Role When a new claim is received from intake or transitioned to LTD by one of our absence teams, it is forwarded to the employer's designated claim team. The LTD claim manager evaluates the claim by applying our claim management approach, which considers not only the medical information, but also other health issues, psychosocial factors, and workplace issues that impact the disability and claim outcome. The goal is to make a decision on the LTD claim by the benefit due date.</p>		The City will have designated claim managers for STD/LTD coverage. However all Behavioral Health claims receive clinical case management. Our Medical Certification Team uses ICD-10/ODG guidelines to identify all Mental Health (including substance abuse) STD claims. Claims with primary diagnosis are immediately routed to our Behavioral Health team where RNs review the medical certification, conduct an initial interview with the claimant and contact the Attending Physician/BH provider to understand diagnosis, treatment and RTW planning.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	35	How do you use nurses vs. physicians for claim management in the IMR process? What guidelines determine who handles independent medical review?	Yes	The decision to obtain an IMR is made by our clinical resource in consultation with the Claim Specialist. We utilize a nationwide network of physician consultants with access to more than 12,000 resources who are responsible for reviews, analysis of functionality and/or the appropriateness of care and contacting the treating physician(s) to discuss the current and planned medical management. Our physician resources are board-certified by the American Board of Medical Specialties and have a license to practice medicine in their state of residence. Physicians are selected based on their medical specialty, knowledge and experience. These physicians are actively involved in a clinical setting and possess extensive experience in disability management. Physician selection is also dictated by medical specialty needs, services and follows local/regional reimbursement standards. Physicians are required to participate in Continuing Medical Education (CME) to maintain their medical licensure and certifications. CME supports their continuing professional development and education in relevant medical information and trends.		Our clinical staff is engaged in the review and/or management of complex claims. On the highest complexity claims, such as fibromyalgia, we can co-assign a nurse case manager at the onset of the claim, and they actively manage the clinical aspects of the claim, such as determining the adequacy of medical information. A medical director is also often involved in complex claims. Our clinical staff does not automatically review non-complex claims (e.g., pregnancy or routine surgery). Our personalized team allows us to apply the right resources to the appropriate claim at the right time. We consistently strive to maintain the optimal level of medical involvement on every claim.		100% of all LTD cases receive clinical case management review before determining liability. Once adequate medical information has been obtained, the Claims Examiner refers the claim to our medical department for review. We may use a Physician review based on specific criteria, which include: <ul style="list-style-type: none"> • No objective medical findings to support a diagnosis or need to be off work • Conflicting diagnoses, work status and recommendations from several Physicians • Very complex cases where there may be issues of inappropriate treatment • The employee is objecting to the decisions made by an Examiner or RTW Nurse

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Plan Administration and Sponsor Services	Claims Processing	36	Describe any independent medical evaluations (IME) and functional capacity evaluation (FCE) services you can offer to the City.	Yes	<p>The decision to arrange an IME or FCE is made by the claim staff after obtaining and reviewing all of a claimant's available medical documentation, engaging in focused interviews with the attending physician and other healthcare providers and making use of our internal resources such as reference materials, the expertise of the team's Nurse Consultant or one of our Independent Physician Consultants. If questions remain regarding a claimant's medical status, functional capacity or other related issues, consideration is given to the practicality and cost-effectiveness of an independent exam.</p> <p>Each of these assessments provides different information to assist us in the management and determination of the claim. A physician file review is performed by one of our independent consulting specialist physicians. The review is an appropriate step in interpreting the file's medical data and determining the need for an independent exam. If your disabled employee's medical status has stabilized, an FCE by a qualified physical and/or occupational therapist is helpful in providing an accurate measure of your employee's physical abilities and limitations. The FCE results are compared to the demands of your employee's regular occupation or other occupations that require the same training, education and experience.</p>		<p>When an absence/claim manager needs further clarifying information to assess an employee's condition proposed for disability, level of ongoing impairment, or necessity for activity restrictions, internal medical expert resources including nurse case managers, behavioral health specialists, vocational specialists, and specialty medical directors are consulted and provide analysis of complex claim files. Additional steps may include absence/claim manager or nurse case manager contact with the employee; nurse case manager/behavioral health specialist outreach to treating providers and/or the completion of the claims file reviews; and peer-to-peer outreach to employee's treating providers by specialty medical directors may be utilized to answer specific questions related to clinical condition, functional limitation, or activity restrictions.</p> <p>NYL GBS claims operations utilizes independent medical examinations (IME's), functional capacity evaluations (FCE's), and/or peer reviews to supplement the claimant's medical record or provide greater detail as to the extent of the employee's claimed impairment and/or to clarify the employee's disputed or unclear medical conditions, functional status, or levels of impairment.</p>		<p>An IME is most commonly requested to get an accurate assessment of the Claimant's current status, or gain clarity when a provider declines to provide requested information, including status and prognosis; or in the case of conflicting or differing conclusions by multiple physicians. Occasionally we request treatment recommendations to share with the treating Physician. This occurs when it appears that the treating Physician can no longer provide an appropriate treatment plan.</p> <p>Finally, an IME may be requested in order to obtain restrictions and limitations on the Claimant's activity. An FCE is conducted when there are issues or concerns about the physical capabilities of an individual when returning to alternate or modified positions.</p>

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Plan Administration and Sponsor Services	Claims Processing	37	Describe any vocational rehabilitation services you can offer to the City. If so, list physical locations / virtual services and availability times.	Yes	<p>Our claim staff is trained in the identification of rehabilitation potential. They review all claims for possible referral to a Vocational Rehabilitation Consultant. The nature of the disabling condition and the claimant's occupational requirements are a few of the major areas initially assessed.</p> <p>Every individualized rehabilitation plan is developed to meet your unique needs as well as those of the claimant with their cooperation, the treating physician and the rehabilitation professional.</p> <p>Vocational rehabilitation services vary depending on the individual employee's needs. Services provided include:</p> <ul style="list-style-type: none"> • Vocational assessment – Assessment includes: • Reviewing an employee's capabilities, education, training and work experience; • Determining how these can be applied to a modified job with the same employer or to an alternate job with a new employer; • Conducting transferable skills analyses and Labor Market Analysis; • Vocational counseling – Providing personal guidance for employees during their adjustment to disability and planning for occupational redirection; • Job analysis – Studying the job tasks, workstation and work environment to determine potential for return to work and possible accommodations; • Retraining programs – Facilitating retraining at an employee's prior job, or exploring career alternatives when the employee is disabled from his or her own occupation. <p>Our vocational rehabilitation services is located in our Aurora, IL claim office. The core business hours for the Aurora, IL claim center are Monday through Friday, from 5:00 a.m. to 5:00 p.m., PT.</p>		<p>Our vocational coaches manage rehabilitation services and return-to-work planning. They work in conjunction with the absence/claim manager and nurse case manager to determine if physical therapy or other treatment methods may be used to improve functional capacity and if vocational rehabilitation services are appropriate given the employee's medical restrictions and overall progress.</p> <p>Claims will be managed on a location-agnostic basis, and we will accommodate employees in all time zones. We have specialized vocational coaches in various locations across our network.</p> <p>Return-to-Work Program The vocational coach partners with the employee, the supervisor, and the treating physician to develop a return-to-work plan for the current employer, which includes a return to the same job, a modified job, or a new job using transferable skills.</p> <p>In cases where the employee's former occupation and skills are not a viable option, the vocational coach will examine job opportunities with another employer in either the same job, a modified job, or a new job using transferable skills; they may also recommend self-employment. When appropriate, retraining may be available and include on-the-job training, a vocational-technical course, or a formal educational program.</p> <p>NYL GBS Healthy Working Life® Program The vocational coach uses several tools, including vocational analyses and labor market surveys to establish a dynamic rehabilitation plan, which changes according to the employee's ongoing progress and needs. The vocational coach assesses individual needs and considers</p>		<p>Our team of in-house Vocational Rehabilitation Counselors work closely with the Claims Examiners and staff RNs to identify appropriate candidates for our return to work program.</p> <p>Our rehabilitation services flow from our clinical model. Once a Nurse Case Manager (NCM) codes a claim with work function the Claims Examiner (CE) contacts the claimant to discuss the work function and evaluates the claimant's potential to Return to Work (RTW) at their regular occupation, an accommodated occupation or an alternate occupation with the Employer. If the CE needs assistance with the RTW effort they walk the claim into the Vocational Rehabilitation Consultant (VRC) to discuss the claim and support needed to RTW. The VRC then works with the claimant and employer to develop a plan for a timely and safe RTW for the claimant.</p>

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Plan Administration and Sponsor Services	Claims Processing	38	Describe any STD/LTD disability duration guidelines you use in administering claims. Describe your protocols and practices in the event a physician and/or claimant's disability duration exceed your duration guidelines?	Yes	<p>We use Presley Reed's Medical Disability Advisor as the foundation for our STD/LTD duration guidelines. The calculated duration is displayed online for review and ongoing use by our claim staff, who access the website directly so that the information utilized is always current. Presley Reed's Medical Disability Advisor guidelines are updated annually and can be obtained at http://www.mdguidelines.com/.</p> <p>We also leverage internal data and analysis to supplement these guidelines where appropriate.</p> <p>Duration guidelines are not the sole determinant for estimating durations and RTW. The guidelines establish a benchmark for the condition. Other individual case factors, such as the assessment of medical documentation and requirements of the employee's job, are influential factors in evaluating a claim.</p> <p>Our clinical resources are used in case management on a consultative basis. Resources may also be used when active clinical management is required on more complex claims. The Claim Specialist may consult with a clinical resource if the RTW plan is unclear or to determine if the plan is consistent with the diagnosis or when extended duration does not appear to be supported.</p>		<p>We use MDGuidelines as a decision-support tool to evaluate the employee's disability and medical progress. Medical professionals developed these guidelines specifically for application in disability and workers' compensation claims management. The guidelines incorporate extensive research, medical evidence, and published medical literature. It also includes differential diagnoses, treatment options, and goals as well as applicable diagnostic tests, standard durations, and optimal return-to-work targets based on the severity of the condition and the cognitive and physical demands of the preloss job.</p> <p>For routine claims, our absence/claim managers use the guidelines to determine if the diagnosis, treatment, and expected duration fall within standard time frames. On more complex claims, or if the anticipated return to work exceeds the norm for the condition, a nurse case manager and/or a behavioral health specialist may use the guideline information as the starting point to frame duration discussions with the treating doctor.</p> <p>The employee's medical condition and demographics are evaluated against the guidelines for the condition identified, taking into consideration every factor and comorbid condition that may impact the disability. By looking at the claim comprehensively, we consider factors such as multiple diagnoses, medical progress, functional abilities, job description, and psychosocial issues.</p>		<p>Appropriate durations are determined using statistical data gathered by the Work Loss Data Institute Official Disability Guidelines. The automated duration process uses a color-coded flagging system to define if a claim falls within the average duration guidelines.</p> <p>Flags may be modified if additional information is received to support a longer duration. In addition to the primary ICD-9 code, other factors such as concurrent medical conditions, age, sex, type of treatment and/or procedures being used by the physician, and the type of work the employee performs may provide additional information in support of modifying the flag. The Official Disability Guidelines (ODG) are system embedded utilizing ICD 9 and ICD 10 codes, set at optimal.</p>

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Plan Administration and Sponsor Services	Claims Processing	39	Describe any Return to Work and Job Accommodation support services you might have and how will you work with City's Reasonable Accommodations office?	Yes	<p>Vocational rehabilitation services vary depending on the individual employee's needs. Services provided include:</p> <ul style="list-style-type: none"> • Vocational assessment – Assessment includes: • Reviewing an employee's capabilities, education, training and work experience; • Determining how these can be applied to a modified job with the same employer or to an alternate job with a new employer; • Conducting TSA and LMA as appropriate; • Vocational counseling – Providing personal guidance for employees during their adjustment; • Job analysis – Studying the job tasks, workstation and work environment to determine potential for return to work and possible accommodations; • Retraining programs; • Job modifications/accommodations – Depending on included plan provisions, accommodation expenses may be funded by you and/or us. The following services are included in our rates: • Recommending and facilitating changes in the workstation and/or work environment (ergonomics) to accommodate an employee's disability; • Recommending changes to job tasks, such as reduction or elimination of heavy lifting; • Restructuring a job or rescheduling work hours; • Recommending specialized equipment or support, such as a voice synthesizer, reader or interpreter; • Training in job seeking skills – Assisting in skill identification, goal setting, resume writing, interviewing and other job search techniques. 		<p>Employer Coordination</p> <p>During implementation, we will discuss the employer's existing return-to-work, transitional/modified-duty programs so we can thoroughly understand the details of the organization's policies. The employer's designated claim management team will work directly with supervisors and/or HR staff on a case-specific basis to identify possible job modifications consistent with a physician's assessment of functional capabilities.</p> <p>The vocational coach consults on complex cases and assists in formalizing and enhancing the employer's transitional duty program; such steps may include developing recommendations (to be approved by the employer) for modified-duty arrangements and/or Americans with Disabilities Act accommodations.</p> <p>To help employers understand how to handle disability claims and aid them in the return-to-work effort, New York Life Group Benefit Solutions (NYL GBS) developed a state-of-the-art website: Absence Management Resource Center: A Toolkit for Managers. This easy-to-use site provides the employer with a practical guide to managing each phase of a disability absence. From the initial report of injury through return to work and every step in between, the toolkit allows the employer to administer their employees' disability claims in a consistent manner. In addition, the site includes the following:</p> <ul style="list-style-type: none"> •communication dos and don'ts •sample scripts for speaking with the employee •what to expect from NYL GBS disability absence/claim managers •information on the FMLA •suggestions for return to work <p>Employee Coordination</p>		<p>Proactive Return-to-Work (RTW) is a cornerstone of our clinical and claim management process. Matrix's Work Function Assessment Model identifies function at the earliest possible point and creates a Return to Work dialogue that incorporates potential accommodations or alternate work opportunities. Our Work Function Assessment Model is a clinical coding system that identifies current and future work function while outlining timeframes and actions required for employee to reach their maximum level of work function.</p> <p>-Allows Examiner to set clear expectations with employee concerning recovery, RTW and current/future liability. Focuses Nurse Case Managers (NCM) on identifying employee function versus diagnosis and treatment. Identifies claims appropriate for RTW assistance.</p> <p>-Allows Examiner to apply right resource at right time. Assists Examiner with workload prioritization. Allows leadership to evaluate claim block based on work function.</p> <p>The process for RTW is the same for all leave types (STD/LTD/LOA/WC). We will work closely with the client to understand their RTW program and work to bring back employees to transitional duty where able. Our discussions with the employees' providers will center on the abilities of the employee. We will inform the employee starting at intake the parameters of the Client's RTW program and set expectations for an early/transitional RTW. Should a return to the prior occupation not be feasible, the Vocational Rehabilitation Counselor will work to find an alternate placement. It is a standard protocol to always attempt to return the employee to work either at their prior occupation or a new position when at all possible. Only after alternative occupations have been explored within your company and no suitable alternative located, will off site placement be explored.</p>

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Plan Administration and Sponsor Services	Claims Processing	40	Explain how you would assess disability duration and identify return-to-work opportunities. When do you begin Return to Work evaluation? What are your evaluation procedures?	Yes	<p>Every time we review a claim we look for opportunities for a safe, healthy, early return to work. We support return to work through contract incentives and within our case management process. Once your employee's condition is stabilized, we work with you, your employee and the treating physician to explore job modifications, accommodations and other opportunities for return to work.</p> <p>Using a variety of medical and vocational assessment tools, our Claim Specialists and clinical resources identify those abilities enabling your employees to return to a productive lifestyle. Our Nurse Consultants or other clinical resources educate the treating physician about a disabled employee's job functions, coordinate return to work accommodations with you and, as necessary, discuss job modifications to successfully transition your employee back to work.</p>		<p>The claim manager reviews 100.00 percent of claims for return-to-work intervention. When a vocational coach is involved, they create an individualized action plan based on the employee's medical stability and vocational history.</p> <p>As part of NYL GBS Healthy Working Life® suite of vocational services, we offer predisability interventions aimed at working employees who are at increased risk of a disability. These services are an expansion of our traditional return-to-work services using vocational coaches' expertise to assist at-risk employees before a disability event. This service is available to insured LTD clients at no additional cost.</p> <p>The goals of predisability vocational services are to</p> <ul style="list-style-type: none"> •help identify employees who may be struggling because of physical and/or psychological limitations associated with progressive illnesses or other conditions and to help them remain productive and at work; •provide information and education to help employees manage their conditions and maximize their well-being; and •help avert an employee's disability absence because of a serious health condition or, if a claim occurs, to shorten the duration and avert a potential LTD event. <p>Our vocational coaches will gather basic information from the referral source and determine the nature of the problem. Once a referral is made and approval from the employee is obtained, the vocational coach</p> <ul style="list-style-type: none"> •will assess each individual on a case-by-case basis; •will decide if vocational interventions could reasonably be expected to avert a disability claim; •will make recommendations; and •may engage in a range of interventions. <p>Additionally, they will determine, on a case-by-case basis, when a worksite assessment and/or intervention is needed. Interventions may include approving payment for assistive</p>		We will inform the employee starting at intake the parameters of the Client's RTW program and set expectations for an early/transitional RTW.

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Plan Administration and Sponsor Services	Claims Processing	41	Confirm that you will provide administration services for STD/LTD claimants that were disabled prior to the effective date of this contract (1/1/2025) and are eligible for STD/LTD benefits on or after 1/1/2025?	No	Under an insured contract, claims beginning prior to 01.01.2025 would be the responsibility of the prior carrier.	No	We do not takeover existing STD/LTD claims.		Responsibility will be determined by Date Of Disability.
Plan Administration and Sponsor Services	Claims Processing	42	Please submit sample authorization form for release of medical information in a clearly labeled Appendix.	Yes	A sample medical authorization release is included as Exhibit 9 .	Yes	We have provided a sample authorization form with our proposal response.		Sample form has been provided in our appendix
Plan Administration and Sponsor Services	Claims Processing	43	In the event a City employee is incapacitated to the point that they are unable to file for STD/LTD, what options are available for another entity to file for STD/LTD on their behalf?	Yes	We will accept a claim from anyone with a relationship to the employee who has the appropriate identifying information to submit the claim. You may also submit a claim on the employee's behalf, if desired.		Anyone can file a claim on behalf of an employee.		The Policyholder could file the claim on behalf of the Employee

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Plan Administration and Sponsor Services	Claims Processing	44	How long does it take on average to process a Short/Long Term Disability claim from your claims unit?	Yes	<p>STD Our standard is to make an initial STD claim decision within an average of two business days from receipt of all necessary information. Payments are issued on the date of the approval, if benefits are due, and sent out the following day.</p> <p>LTD Our standard is to make an initial LTD claim decision within an average of five business days from receipt of all necessary information. For claims approved prior to the end of the LTD elimination period, the first payment is issued approximately eight business days prior to the date the first benefit is due.</p> <p>If a claim is not approved until after the first benefit payment would have been due, the payment is issued immediately and sent the following day.</p>		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e. response from the medical providers.		Short Term Disability: Turnaround time is 3 days from receipt of all information to issuance of the first check. Long Term Disability Turnaround time from receipt of all information is: 5 business days for a decision about eligibility; 60 days for release of first check.

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Plan Administration and Sponsor Services	Claims Processing	45	Describe how a long-term disability claim would flow through your organization including the steps involved in the review and points of contact with personnel.	Yes	<p>After verifying eligibility under the LTD plan, the LTD Claim Specialist begins the claim investigation. During the initial call to your employee, the LTD Claim Specialist discusses the following:</p> <ul style="list-style-type: none"> • Benefits schedule (usually monthly); • Definition of disability under the plan guidelines; • Claim investigation and evaluation process; • Plan provisions that may require further explanation; • Application for Social Security; • Impacts on the benefit if Social Security is approved or other benefits are in place; • Pertinent information and forms necessary to complete the investigation and make a claim decision. <p>Based on information gathered from the investigation, the claim is approved or denied by the Claims Specialist. Our standard is to make an initial LTD claim decision within an average of five business days from the receipt of all necessary information. We issue checks approximately eight business days prior to the date the first benefit is due.</p> <p>Approved claims are automatically paid in our claim system when specific criteria are met.</p> <p>You will be updated via our employer portal and eAlerts.</p> <p>For a complete explanation, please refer to Section 4 - Appendix which details the STD/LTD process in detail.</p>		<p>Transition from STD to LTD</p> <p>When a return to work is not possible during the STD period, we begin our LTD claim investigation before the LTD start date. We make decisions on these claims before the first LTD payment due date.</p> <p>Our STD and LTD claim management teams share the same claim management system, reporting system, and claim file throughout the life of the claim.</p> <p>Ongoing LTD Claim Management</p> <p>Our LTD team makes the disability determination for ongoing coverage at both the “own occupation” and “any occupation” period. The team continually evaluates current medical information and specific work restrictions to determine whether an employee meets the definition of disability based on your contract.</p> <p>We pursue return to work for your LTD employees as medically appropriate. When an employee reaches a level of functional capacity, the vocational coach will contact the employer to identify potential return-to-work opportunities. Our goal is to begin this process as soon as the employee is able to work on a reasonable part-time schedule and we coordinate this effort with appropriate participants involved in the employee’s treatment and rehabilitation. During the call, we provide an overview of the vocational services available and give them an option to connect to a vocational coach to discuss the services.</p> <p>When an employee is unable to return to their prior job, even with modifications, our vocational coach will examine other potential jobs within the company. When that is not feasible, the vocational rehabilitation coach will examine the potential for other vocational rehabilitation alternatives, including</p>		Please sample workflow in our appendix for your review

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Plan Administration and Sponsor Services	Claims Processing	46	Describe your disability management program, including your handling of: <ul style="list-style-type: none"> • Duration management • Benefit integration • Confidentiality • Psychiatric claims • Early return to work • Closing claims missing “necessary” information. 	Yes	<p>Duration Management - The calculated duration is displayed; also leverage internal data and analysis to supplement these guidelines where appropriate.</p> <p>Benefit Integration - Effective integration of benefits requires collaboration between MetLife, your other vendors, state agencies and other wage replacement benefit providers. We obtain the proper authorization from your disabled employees.</p> <p>Confidentiality - We abide by all state and federal confidentiality rules and regulations. Confidentiality guidelines are continuously reviewed in detail as part of our new and ongoing employee training program.</p> <p>Psychiatric claims - Psychiatric Clinical Specialists ensure appropriate handling when required by our automated referral.</p> <p>Early RTW - Once your employee’s condition is stabilized, we work with you, your employee and the treating physician to explore job modifications, accommodations and other opportunities for an early, safe, healthy return to work.</p> <p>Closing Claims - In the event a claim is missing information, such as claim demographics we contact you, your employee or their physician, depending on the information required. If the missing information is not obtained within a reasonable timeframe, we will advise your employee stating the reasons why the information gathered to date does not support claim approval and that the claim is being denied.</p>		<p>We developed our claim management model using a broad approach that incorporates elements that can impact claim outcomes and appropriate solutions toward our goal of achieving optimal results. We evaluate both medical and nonmedical factors, such as environmental and psychosocial elements that can delay the employee’s recovery.</p> <p>Duration Management We use MDGuidelines as a decision-support tool to evaluate the employee’s disability and medical progress. Medical professionals developed these guidelines specifically for application in disability and workers’ compensation claims management. The guidelines incorporate extensive research, medical evidence, and published medical literature. It also includes differential diagnoses, treatment options, and goals as well as applicable diagnostic tests, standard durations, and optimal return-to-work targets based on the severity of the condition and the cognitive and physical demands of the preloss job.</p> <p>Benefit Integration Our integrated solutions that bring together STD, PFL/PFML, FMLA, Americans with Disabilities Act, and disability claim management via the same absence manager, and our employee assistance program for employees and their family.</p> <p>Confidentiality New York Life Group Benefit Solutions strictly adheres to the laws and regulations governing privacy and confidentiality and considers data proprietary; therefore, we will not share claimant medical information on insured disability programs.</p> <p>Psychiatric Claims For mental health claims, the absence/claim manager may engage the behavioral health specialist to review and</p>		<p>a) Duration management: At the beginning of the RTW process generally by phone, we reach out to discuss the duration and available return to work options. We believe in a team approach working with the client, attending physician and the employee to set a plan in place. We use as our primary source the Work Loss Data Institute guidelines and also MD Guidelines for initial and ongoing analysis of appropriate duration. We then look into co-morbidities and other extenuating factors along with our client’s return to work and transitional duty programs.</p> <p>b) Hal way through the LTD elim, we will begin transition of the STD claim to the LTD examiner. Upon approval of LTD benefits, each claim is reviewed by a trained Social Security Specialist to determine whether the claimant is an appropriate candidate to pursue SSD benefits.</p> <p>c)Confidentiality: We encrypt all stored data containing PII. Additional controls in place to prevent unauthorized access to PII include: Employee NDA, Information Security Policies, DLP software, which prevents the use of external storage device, Annual security training, Active Directory Group policies, to prevent download or installation of non-approved software.</p> <p>c) Psychiatric claims: All Behavioral Health claims receive clinical case management. Our Medical Certification Team uses ICD-10/ODG guidelines to identify all Mental Health (including substance abuse) STD claims. Claims with primary diagnosis are immediately routed to our Behavioral Health team where RNs review the medical certification, conduct an initial interview with the claimant and contact the Attending Physician/BH provider to understand diagnosis, treatment and RTW planning.</p> <p>d) Evaluation to work: We will inform the employee stating</p>

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Plan Administration and Sponsor Services	Claims Processing	47	How will you minimize fraudulent claims?	Yes	<p>We have implemented a number of initiatives to detect and deter fraudulent Disability claims. Our initiatives center on:</p> <ul style="list-style-type: none"> • Training – We address all aspects of fraud detection, prevention and investigation; • System Security – System access is limited to authorized staff members. Certain functions are restricted to authorized personnel identified within the system; • Procedural Protocols – Forms and medical documentation are reviewed for alterations. Unsigned medical documentation is verified through direct contact with the medical provider; • Segregation of Duties – We employ a front-end claim entry process. Our intake unit logs all new claims in our claim system. In lieu of claims personnel, a dedicated group handles this function; • Investigation Services – When suspicious claim activity is uncovered, the situation is referred to our investigating partners to coordinate possible surveillance and investigation. 		<p>Fraud investigation services are available, including surveillance and social media monitoring. The coordination of fraud prevention services on behalf of the employer is included in the standard administrative service. The investigative expenses will be billed directly to the employer. Referrals to the special investigations group are determined by a standard set of “red flag” claim indicators. The leave and claim management staff are regularly trained on the identification and reporting of leaves and claims to the special investigations unit (SIU) based on numerous indicators, which includes early attorney involvement, an uncooperative employee, medical notes not on the letterhead, misspelling of a doctor’s name, and any reported family medical leave reason in conflict with what was reported to the employer.</p> <p>Disability claims that present the following conditions are closely monitored:</p> <ul style="list-style-type: none"> • a drastic change in the claimant’s condition • during rehabilitation or partial-disability work situations • end of the “own occupation” eligibility period • notification that the claimant’s activities are not consistent with the disability 		<p>Our claim system is keyed to the individual claimant with system edits in place to monitor duplicate claims as well as re-occurring claimants. We will investigate re-occurring claims for potential fraud.</p> <p>All claims personnel have been instructed to forward all suspicious claim files to the Fraud Unit for review. To aid in the detection of fraud, a Fraud Manual has been produced and has been provided to our Claims Examiners as a desktop reference.</p> <p>When a claim is referred, the Fraud Unit reviews the claim file. If the review indicates that fraud may be present, an investigation is conducted. Based on the results of that investigation, the file may be referred to the Legal Department for further action.</p>

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Plan Administration and Sponsor Services	Claims Processing	48	<p>What systems are in place to insure quality in the management of the plan's benefits including:</p> <ul style="list-style-type: none"> • Internal audit procedures including turnaround and payment accuracy. • Controls for comorbidity edit. • Controls to identify incorrect payees, payment in excess of plan maximums, duplicate and fraudulent checks, over and underpayments and other claim processing and benefit payment discrepancies. 	Yes	<p>Disability Quality Assurance audits are performed daily. A sample of STD/LTD claims are selected randomly from claim decisions made in the previous week. This sample includes active and closed claims. The focus of the Quality Assurance program is to ensure that claims are appropriately paid or not paid, claim decisions are timely, communicated appropriately and documented accurately.</p> <p>Your disabled employees are asked to sign a reimbursement agreement. The agreement outlines their responsibilities related to pursuing other income benefits (e.g., Social Security, workers' compensation, etc.). It also provides information regarding the repayment of any funds we advanced while they waited for approval of these benefits. Liens are used when permitted by statutory regulations such as in cases where there is a pending or refuted workers' compensation claim.</p> <p>A letter detailing the overpayment and asking for full reimbursement is sent to the employee. If lump-sum repayment has not been received within 15 days from the date of the letter, the Overpayment Specialist will telephone your employee to discuss possible repayment options. A second letter, documenting the telephone conversation and outlining the agreement reached, is sent to your employee.</p> <p>Multiple diagnoses may be tracked on each claim and we engage clinical resources as appropriate for management.</p>		<p>Quality Assurance Our independent audit program evaluates our claim management practices at each level. The program provides ongoing reviews and quarterly reports to our regional claim offices and overall network management. This ensures consistency and quality throughout our claims management process. We divide the quality improvement program into four areas: training, reviewing, reporting, and feedback.</p> <p>Duration Guidelines We use Medical Disability Guidelines to guide us in reviewing claims and as a starting point in return-to-work discussions with providers. Behavioral health specialists review psychiatric claims; in addition, we have several on-staff physicians in this realm of specialty and they may also review claims. These expert resources will share guideline information with the treating physician as a starting point to frame expectations when discussing durations. The employee's specific issues and medical progress are then evaluated against the guidelines for the condition identified, taking into consideration every factor and comorbid condition.</p> <p>Disability Claim System Our disability claim system documents and tracks each planned review and the timing of completion through its diary feature. An absence/claim manager's tasks and outstanding durations appear on a weekly report. We use this reporting approach to ensure timely resolution of steps in the claim management process at the claim level. We also track this data on a network-wide basis to ensure claim teams apply timely intervention and consistent approaches. The claim system also uses alerts to notify our absence/claim managers of potential duplicate or recurrent claims.</p>		We have several layers of management level reviews, including a scheduled review at the time of the 8th week of benefit payments, random supervisory audits of 5 claims per examiner/month and a corporate QA audit of 2-3 claims per examiner/month. In addition, we have scheduled performance guarantee audits

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Plan Administration and Sponsor Services	Claims Processing	49	Describe your Social Security assistance/advocacy program, including staffing, procedures, fees, and results.		<p>Our program is designed to provide the appropriate level of direction and assistance to disabled employees. Our Offset Team supports our Social Security Assistance Program and other offsets. This in-house expertise also manages our vendor relationships with the three vendors that support our program: Brown & Brown, Claimify and Integrated Benefits, Inc.</p> <p>On all referred claims, the Social Security resource completes a review to determine feasibility for SSDI award. Advocacy services are offered to the claimant based on whether or not an award is feasible. This may include assistance with the completion and filing of the application or appeal, if desired.</p> <p>It can take years to fully pursue SSDI benefits. For that reason, we issue the full LTD benefit to the claimant until Social Security has been awarded.</p> <p>Once Social Security is awarded, the claimant is expected to immediately reimburse us for the full amount of the benefits advanced.. Effective communication is an important factor in our approach toward the recovery of overpayments. For claimants utilizing the advocacy services of one of our preferred vendors, overpayments may be immediately recouped via an authorized account sweep.</p>		<p>Overview</p> <p>We provide Social Security assistance that includes the following:</p> <ul style="list-style-type: none"> •early filing for certain compassionate allowances conditions, as defined by the Social Security Administration •completion and filing of the initial application for Social Security benefits •immediate filing of appeals, if required and appropriate •professional representation at hearings •submission of medical evidence to the Social Security Administration in support of claims •continued contact with the employee to ensure understanding of the Social Security process and requirements •the ability to ensure medical and vocational information is current <p>Providing Social Security assistance allows us to properly file the necessary paperwork, manage claims efficiently, and represent the claimant to ensure an optimal outcome.</p> <p>Vendors</p> <p>We have approximately six in-house Social Security coordinators. Our staff are not only experienced and specialized in SSDI programs but in other important financial programs relevant to financial risk management (e.g., workers' compensation, state-sponsored disability programs, no-fault insurance). In addition to our own internal expertise, we contract with three leading SSDI representation companies to provide direct and free-to-the-employee SSDI representation services through every level of the SSDI application process. These companies combined have several hundred legal and nonlegal staff members who are experts in the SSDI processes and protocols (many are former Social Security Administration staffers) or have backgrounds specifically relevant to the SSDI representation</p>		<p>Upon approval of LTD benefits, each claim is reviewed by a trained Social Security Specialist to determine whether the claimant is an appropriate candidate to pursue SSD benefits. If so, a letter is sent to the claimant introducing our Social Security advocacy services; five days later, a professional Social Security advocate contacts the claimant directly to explain the available services. There is no cost to the claimant for these services. Our Social Security advocates work on a contingency fee basis, meaning fees are paid ONLY if there is an SSD benefits award. Any fees are then credited to reduce the amount of any LTD benefit overpayment. If no SSD benefits are awarded, or if the retroactive award is insufficient to cover the cost of the advocacy fees, Reliance Matrix pays the Social Security advocate directly — again, helping the claimant maximize his or her benefits.</p>

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Plan Administration and Sponsor Services	Claims Processing	50	What is your Social Security approval rate? Appeal rate?	Yes	Our Social Security approval rate for all claims greater than 2 years of disability is 91%. We do not have a Social Security appeal rate as a reportable metric. All claims that are feasible for Social Security are required to appeal through Administrative Law Judge.		<p>SSDI Aware Rate</p> <p>The following table provides our network-wide Social Security award rates by claim duration:</p> <table border="1"> <thead> <tr> <th>Claim Aging Category</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0-12 months</td> <td>15.4</td> </tr> <tr> <td>13-24 months</td> <td>45.1</td> </tr> <tr> <td>25-36 months</td> <td>68.8</td> </tr> <tr> <td>37-48 months</td> <td>85.7</td> </tr> <tr> <td>49-60 months</td> <td>95.3</td> </tr> <tr> <td>61+ months</td> <td>99.2</td> </tr> </tbody> </table> <p>Appeal Rate</p> <p>There are numerous factors that can affect the percentage of claims denied and/or appealed, and there is no standard for tracking or calculating this statistic across insurers, potentially making any such metric misleading; therefore, we do not currently publish appeal rates.</p>	Claim Aging Category	Percentage	0-12 months	15.4	13-24 months	45.1	25-36 months	68.8	37-48 months	85.7	49-60 months	95.3	61+ months	99.2		<p>Overall SSDI Awards: 98%</p> <p>Duration/ Total Approval%</p> <table border="1"> <tbody> <tr> <td>0-12</td> <td>79.87%</td> </tr> <tr> <td>12-24</td> <td>77.79%</td> </tr> <tr> <td>24-36</td> <td>68.27%</td> </tr> <tr> <td>36-48</td> <td>57.41%</td> </tr> <tr> <td>48-60</td> <td>39.19%</td> </tr> <tr> <td>60+</td> <td>28.60%</td> </tr> </tbody> </table> <p>This is based on a weighted average.</p>	0-12	79.87%	12-24	77.79%	24-36	68.27%	36-48	57.41%	48-60	39.19%	60+	28.60%
Claim Aging Category	Percentage																																		
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Plan Administration and Sponsor Services	Claims Processing	51	When and how are estimated Social Security offsets applied?	Yes	<p>We will not estimate offsets for Social Security benefits during the first 24 months of benefit payments if, within the first six months of disability, a claimant:</p> <ul style="list-style-type: none"> • Provides proof of Social Security application; • Signed the reimbursement agreement; • Signed the Social Security authorization form. <p>If your employee has not received approval or final denial from the Social Security Administration by the end of the 24-month period, we may begin reducing the LTD benefit by an estimate of Social Security disability benefits. Final denial means a denial at the hearing or Administrative Law Judge level.</p> <p>If your employee fails to pursue these benefits initially or at any point during the appeals process, we may estimate the amount of Social Security and deduct that amount from the monthly LTD benefit.</p>		<p>We will pay full LTD benefits pending approval for SSDI if an employee is using our Social Security assistance services. From the initial application through final disposition, our in-house Social Security assistance team and Social Security advocacy vendors provide guidance and direct representation support to the employees through the entire Social Security process. We will not apply an estimated offset to the LTD benefit unless the employee selects that option.</p> <p>If the employee is not using our services, we require them to send us proof of application and sign a reimbursement agreement. If we do not receive the application by the sixth month of disability, we have the contractual right to begin estimating Social Security benefits. If the employee has applied and signed a reimbursement agreement, we will not offset LTD benefits; however, the employee may elect to have us withhold estimated Social Security benefits.</p> <p>If Social Security denies benefits because the disability is not expected to last 12 consecutive months, we can withhold estimated Social Security payments if the disability does, in fact, extend beyond that period. Normally, however, we defer such withholding as long as the employee is appealing a Social Security Administration initial or reconsideration denial.</p>		We advise all Claimants who are expected to remain out of work for over one year to file for Social Security Disability or any other benefit for which they may qualify. Until such time that a denial of an appeal is received, we estimate the Social Security Disability benefit. This may be waived on an individual basis, depending on financial need and the applicable definition of disability.

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Plan Administration and Sponsor Services	Claims Processing	52	How often will you verify the disability status of a claimant?	Yes	<p>To verify that your employees continue to be disabled without interruption after initial approval of the claim, we may periodically request proof that they continue to be disabled. This may include physical exams, exams by independent medical examiners, in-home interviews or functional capacity exams.</p> <p>Additional telephone interviews may be conducted by other members of the disability management team (e.g., Social Security expert, Vocational Rehabilitation Consultant and Psychiatric Clinical Specialist) for the duration of the disability and as often as necessary to obtain or disclose information to your employee as needed.</p>		<p>Our absence/claim managers maintain an action plan for each claim based on our best-practice protocols. We also use our system's diary feature to ensure prompt initiation of every intervention point. Every team member can view this diary feature, which documents intervention points and strategies. At any time within the life cycle of a claim, we may escalate the claim to a nurse case manager, vocational coach, or medical director for review.</p> <p>To ensure proper management of disability durations and outcomes, we adhere to the following time standard:</p> <ul style="list-style-type: none"> •STD claims are reviewed at each physician's visit and at intervention points specified by the duration guidelines as well as our own best-practice protocols. •We diary LTD claims during the own occupation period for follow-up according to the specific action steps in the claim's action plan, which includes projected return-to-work dates, completion of a NYL GBS Healthy Working Life® plan, or projected recovery dates. •LTD claims are automatically tracked to begin the any occupation investigation six months before the date-of-definition change. •Once in the any occupation stage, claims that have reached medical stability, where the claimant is not likely to return to work, are reviewed every 6-12 months. 		<p>After approval, an LTD claim is monitored periodically. The frequency of monitoring is determined by the circumstances of each claim. For example, the claim may be reviewed monthly (or more often) if the Claimant's condition is expected to improve, and less frequently if the prognosis is poor and the Claimant is expected to remain disabled. The Claims Examiner can also review the claim any time an "event" in the life of the file occurs. An event may be something as simple as an earlier than expected Return-to-Work, or something as complex as an unexpected change in the Claimant's medical condition</p>

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Plan Administration and Sponsor Services	Claims Processing	53	How do you verify if an individual qualifies for disability payments?	Yes	<p>Verification of eligibility, demographics, condition specifics, provider data, any information surrounding the last day worked and any other employment-related matters is required to approve a claim. Verification of the medical information is completed prior to claim approval. The treating physician is contacted to verify:</p> <ul style="list-style-type: none"> • Diagnosis; • Treatment for the condition; • Certification of disability; • Estimated return to work date; • Surgical procedure performed, if applicable. <p>If information necessary to approve the claim is not received, the claim is denied.</p>		<p>To evaluate a disability for claim approval, we verify the following information:</p> <ul style="list-style-type: none"> •claimant eligibility (either through an electronic feed or by contacting the employer) •employment information •clinical evidence of disability <p>The extent and type of claim-related information gathered depends on the claim's complexity. For low-complexity STD claims, such as pregnancy or routine surgeries, we do not require physician confirmation before approving. This enables us to expedite the decision-making process and avoid delays in claim payment. For STD claims in general, we confirm the claim through a conversation with the physician and do not require written documentation unless we expect the disability to extend beyond the approved duration.</p> <p>More complex claims or claims that may last into the LTD plan year may be assigned to both an absence/claim manager and a nurse case manager for co-management, and typically require additional information from the physician, such as an attending physician's statement or copies of office notes. The absence/claim manager gathers and reviews administrative information from the employee and client, while the nurse case manager collects and reviews clinical information from the physician.</p> <p>To support the disability decision, the absence/claim manager and/or nurse case manager uses duration guidelines and other clinical resources to confirm the restrictions and duration for the employee's diagnosis. This evaluation process ensures that the clinical information supports specific restrictions that prevent the employee from doing their own occupation as defined by the client's</p>		<p>Eligibility is determined at intake. We compare the demographic information for the employee reporting the claim against the most recent eligibility feed received from the employer. If the employee does not appear on the most recent report, we will still complete the intake of the claim, but verify the eligibility information with the employer; most often telephonically.</p>

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Plan Administration and Sponsor Services	Claims Processing	54	How do you handle a case where the participant no longer meets the definition of disability?	Yes	Once your employee no longer meets the definition of disability, they are no longer eligible for benefits. Additional follow up is not warranted. The claim is closed. A termination letter is sent to your employee detailing the determination.		The claim would be denied for further benefits.		If an insured is not eligible for benefits under the applicable Policy, we will advise the Insured of that decision both via phone and in writing. Please note that our standard fully insured policies provide a right to appeal any adverse benefit decision.
Plan Administration and Sponsor Services	Claims Processing	55	What percent of all Disability claims submitted - regardless of information - have been processed within 30 calendar days?	Yes	We do not track this metric as requested. However, we can provide the number of days to a first decision: - Average days to decision (STD) - 0.12 days - Average days to decision (LTD) - 1.36 days - 0-5 days -- 45% - 6-10 days -- 15% - 10-15 days -- 11% - 16-21 days -- 9% - 22+ days -- 20%		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e. response from the medical providers.		STD: 68.42%, LTD: 29.84%
Plan Administration and Sponsor Services	Claims Processing	56	What steps have been taken to improve the efficiency of claims processing for the employee and the employer?	Yes	Over the past several years, we have invested over \$400M in upgrading our systems designed to increase the performance and stability of our technology platforms and development projects to drive claim and customer service improvements. We continuously invest in the improvement of our claim management systems to improve claim management accuracy, enhance productivity and ensure that we are compliant with all federal, state and local regulatory changes. We also invest in the improvement of our Web portal capabilities to bring new self-service options and capabilities to our customers.		We have taken the following steps: Medical Request Team in place to help obtain medical on behalf of the employee Allowing employees to file online or telephonic Ability to update information via portal including RTW dates, requesting an extension, reporting delivery date/type, uploading documents Employee can provide authorization when they file the claim.		Recent System Enhancements include: further developing our partnership with Workday, Technology advances for improving the EE/ER experience such as enhancements to our mobile technology and expanding current integrated STD/FMLA intake with Supplemental Health product offerings (VCI, VAI, VHI). Planned enhancements to online and mobile LTD intake is also planned. For customers with Workday, there is an extensive patent pending real-time integration to exchange employee demographic information, absence data, evidence of insurability, billing and an integration with our on-line Calendar that shows all employee absences including PTO, Sick Vacation etc.

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Plan Administration and Sponsor Services	Claims Processing	57	How often and in what manner does your organization communicate with the disabled's physician?	Yes	<p>The frequency of interaction between our clinical resource and the treating physician occurs as often as necessary, dependent on the case specifics.</p> <p>The clinical resource works closely with the treating physician to obtain clear and accurate information on your employee's medical condition, the course of treatment, prognosis and any information regarding functional loss, limitations and retained abilities. As appropriate, the clinical resource discusses possible treatment alternatives with the physician.</p> <p>We involve a clinical resource when a claim meets specified criteria and the complexity warrants the level of expertise. Clinical involvement ranges from consultation with the Claim Specialist to direct engagement with your employee's physician.</p>		<p>We will contact the treating physician's office up to three times within the first 10 business days following claim submission to gather required medical information and expected return-to-work plan. If the physician will not release the information by phone, we will fax a written request for copies of office notes, test results, and case-specific documentation to make the appropriate claim determination. Depending on the complexity of the claim, we may use one of our nurse case managers or medical directors to reach out to the physician and assist the absence/claim manager in securing this information.</p> <p>If our medical experts disagree with, or are unclear about, the prescribed treatment plan, the estimated duration, or the limitations imposed by the physician, we will proactively work with the treating physician to discuss creative options focused on returning the employee to work. The diagnosis and the employee's medical progress in response to the prescribed treatment determine the frequency of our interactions.</p> <p>Unsuccessful Attempts After three meaningful unsuccessful attempts by phone and fax to obtain required medical information, the claim manager will send a letter to the employee if the claim is still pending at day 30 to:</p> <ul style="list-style-type: none"> •outline what is still outstanding; and •communicate how the doctor's lack of cooperation may impact the claim. <p>We will make a claim decision based on the information we have.</p>		<p>Reliance Matrix follows this standard best practice with regard to provider outreach: Day 1: reach out to provider and fax certification form Day 5: Telephonic outreach #2 additional reach out (if applicable) Day 10: Telephonic outreach #3, additional reach out (if applicable) If we still do not receive medical documentation from the provider, the claimant will continue to work with provider to obtain the needed certification.</p>

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Plan Administration and Sponsor Services	Claims Processing	58	Do you offer direct deposit for benefits payable? If so, indicate if there are any requirements/restrictions.	Yes	There are no special requirements or restrictions. Your employee will complete the EFT request (or update) online or via paper, depending on their preference.	Yes	Using electronic funding transfer, we can make payments within three banking days from date of issue. Claimants will still receive an EOB via mail. The initial time for an electronic funding transfer set up is one to two pay cycles depending on the financial institution with which the claimant is associated.	Yes	Payments can be made either by check or direct deposit.
Plan Administration and Sponsor Services	Claims Processing	59	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	<p>STD In 2023, our financial accuracy was 99%.</p> <p>LTD In 2023, our financial accuracy was 99.86%.</p> <p>Financial accuracy - The basis of the calculation is the total number of benefit dollars paid versus the correct number of dollars paid of the selected sample</p>		<p>New York Life Group Benefit Solutions' internal claim quality review standard is 95 percent for financial, procedural, and compliance metrics. The results of our claim quality reviews are proprietary.</p> <p>We perform claim quality reviews examining claims for financial accuracy, thoroughness of investigation, timeliness of service, and compliance; however, without standard industry terminology or methodology, data from different insurers can include a wide range of definitions and calculations that cannot be compared effectively.</p>		Goal: 98%

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		60	How do you avoid duplicate payments of the same claim? If duplicate payments or overpayments are made, what are your procedures for recovery of the overpayments or duplicate payments?	Yes	<p>At the initial data entry point, our platform will identify recurrent, previous or duplicate claims through an automated search of the employee's history file based on the individual's Social Security number.</p> <p>When an overpayment situation occurs, a Claim Specialist immediately contacts your employee to initiate recovery. At this point, the situation is referred to our centralized Overpayment Unit for handling. A letter detailing the overpayment and requesting full reimbursement is then sent to your employee. If repayment has not been received within 30 days from the date of the letter, the Overpayment Specialist calls your employee to discuss possible repayment options.</p> <p>In certain scenarios, the overpayment may be pursued by a Social Security vendor or a recovery vendor. The overpayment may be sent to our recovery vendor to be pursued if the overpayment is \$100 or higher for LTD Claims and \$500 or higher for STD Claims</p>		<p>Our claim system also uses alerts to notify our absence/claim managers of potential duplicate or recurrent claims.</p> <p>For fully insured coverage, if an overpayment has occurred, the absence or claim manager will calculate the overpayment and refer the claim to the overpayment recovery team for communication and repayment recovery. The overpayment recovery specialist will contact the claimant and send written correspondence explaining the reason for and the amount of the overpayment along with options available for repayment. If we receive no response within 30 days, we send a second request and continue to pursue the overpayment until efforts are exhausted.</p> <p>Claimants are told if we refer an overpayment to a secondary collection specialist company. Significant overpayments (typically \$25,000 and above) are referred to legal only after internal collection efforts are exhausted.</p>		Typically, overpayments (usually due to SSD or SSRIB retroactive awards) are resolved in-house through communication and interaction with the claimant. Our claim examiners have the authority to recover overpayments if they can be resolved through repayment within 12 months (i.e. through reimbursement from the claimant or by withholding future LTD benefits against the overpayment).

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Plan Administration and Sponsor Services	Claims Processing	61	Describe your integration/interaction for Disability and Workers Compensation.		<p>In the LTD environment and in the case of customers with 24-hour plans, we have a great deal of experience in interfacing with various workers' compensation vendors to facilitate the case management and benefit offset processes. Our experience has shown that meeting directly with the vendor/carrier and our client during implementation greatly increases cooperation and information sharing.</p> <p>To achieve an effective level of coordination, we prefer to establish appropriate interface protocols between MetLife and the workers' compensation administrator, which can be via the City. The touch points primarily occur at the stages of a claim where notification and/or interaction between the two carriers will be required to determine liability, provide offset information, share medical data (where possible) and coordinate rehabilitation activity. This results in a more timely exchange of information concerning claim process factors such as notification, medical information and rehabilitation activities.</p> <p>When appropriate protocols have been previously established with a workers' compensation carrier, we contact the carrier as a part of our LTD investigation process and work with their designated representative to share information and develop a coordinated case management effort. With a medical authorization on file from the employee we are able to request medical documentation acquired during the workers' compensation investigation, as well as benefit award information. We also can share medical information or IME results and information on rehabilitation services with the workers' compensation carrier.</p>		When appropriate, NYL GBS' vocational coach and absence/claim manager work in conjunction with the workers' compensation carrier to coordinate case management, economic management, and return-to-work planning. We share information appropriately, and we jointly support training or modified/transitional work arrangements to assist the employee in return-to-work efforts.		If we are providing leave management services without integrated workers' compensation, we will work as closely as possible with the selected WC TPA to coordinate leave and WC as closely as possible. We have developed best practices for coordination of services with external TPAs, although situations often vary from client to client. We do have the ability to interface with TPAs if the third party is amenable to such an arrangement. If they are not, our best practice is to designate a client contact with centralized access to WC information. A risk management or HR team member is often most effective. This centralized contact manages coordination of WC and leave by completing and submitting a Matrix template to our leave intake when a WC event occurs. Other options include managing concurrent WC and leave events by receiving a weekly spreadsheet file from the workers' compensation vendor in lieu of an automated feed.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	62	Confirm that your Firm will make Benefits payable after Injured on Duty (IOD) pay ends and State Rate Begins	Yes		Yes	As long as the policy does not exclude WC, we can agree to this.		We will pay benefits in compliance with the governing Policy
Plan Administration and Sponsor Services	Claims Processing	63	In the event of a Workers Comp/IOD and disability overlap, how do you reconcile and pursue over/under payments? Would you agree to offset future benefits payable in the event of an overpayment?	Yes	To achieve an effective level of coordination, we prefer to establish appropriate interface protocols between MetLife and the workers' compensation administrator, which can be via the City. The touch points primarily occur at the stages of a claim where notification and/or interaction between the two carriers will be required to determine liability, provide offset information, share medical data (where possible) and coordinate rehabilitation activity. This results in a more timely exchange of information concerning claim process factors such as notification, medical information and rehabilitation activities.		We confirm benefits payable under WC and offset. For fully insured coverage, if an overpayment has occurred, the absence or claim manager will calculate the overpayment and refer the claim to the overpayment recovery team for communication and repayment recovery. The overpayment recovery specialist will contact the claimant and send written correspondence explaining the reason for and the amount of the overpayment along with options available for repayment. If we receive no response within 30 days, we send a second request and continue to pursue the overpayment until efforts are exhausted. Claimants are told if we refer an overpayment to a secondary collection specialist company. Significant overpayments (typically \$25,000 and above) are referred to legal only after internal collection efforts are exhausted.		We will pay benefits in compliance with the governing Policy

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Plan Administration and Sponsor Services	Claims Processing	64	Describe the quality controls, auditing and peer review mechanisms in place for your claim processing department? Do you use internal or independent/outside auditors?	Yes	<p>Disability Quality Assurance audits are performed daily. A sample of STD/LTD claims are selected randomly from claim decisions made in the previous week. This sample includes active and closed claims.</p> <p>The focus of the Quality Assurance program is to ensure that claims are appropriately paid or not paid, claim decisions are timely, communicated appropriately and documented accurately.</p> <p>Disability quality assurance audits are performed by a team of quality auditors separate from the claim unit managing the claims. These internal auditors complete audits on a daily basis on a random sample of claims chosen from claims decisions made during the previous week.</p> <p>Our target sample size represents a valid sample of the claim receipts. On a product basis, this is approximately 3% of STD receipts and 10% of LTD receipts. We audit approximately 20,000 claims annually.</p>		<p>The audit team functions independently from claim operations to provide ongoing reviews and quarterly reports to our regional claim offices and overall network management. This ensures consistency and quality throughout our claims management process. We divide our quality improvement program into four areas: training, reviewing, reporting, and feedback.</p> <p>Training Each member of the claim management team undergoes extensive claim management, customer service, and procedural training, which includes a series of best practices used consistently by staff. Examples of our best practices include the following:</p> <ul style="list-style-type: none"> •initial three-point contact with the claimant, doctor, and client •expert resource application (using the right resource at the right time) •action plan development, resulting in timely and consistent management throughout the life of the claim <p>Reviewing The audit team examines the decisions and quality metrics of our claim management staff, such as monitoring trends. The team also evaluates the quality of our claim management processes. We select a random sample of closed claims for auditing. Our quality reviews measure New York Life Group Benefit Solutions' goals for decision accuracy, claim management, customer service, compliance, and coding and payment accuracy.</p> <p>Reporting At the end of each quarter, we generate a detailed report and provide office-level results to the management team in each regional claim office. We also provide quarterly</p>		<p>The Quality Assurance Review Program is designed to support the delivery of timely, accurate, efficient and courteous claim service. Results of the quality assurance reviews are used to evaluate performance, identify training needs, assess workloads, spot trends, recognize client servicing opportunities and to target areas that would benefit from the development of process improvements.</p> <p>We have several layers of management level reviews, including a scheduled review at the time of the 8th week of benefit payments, random supervisory audits of 5 claims per examiner/month and a corporate QA audit of 2-3 claims per examiner/month. In addition, we have scheduled performance guarantee audits.</p>

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Plan Administration and Sponsor Services	Claims Processing	65	Describe the titles and qualifications of your staff that make determinations as to benefit eligibility. What licenses and training are required? What review process and protocols have you established for claim benefit decisions? Are claims reviewed by a licensed clinical professional, such as a physician, nurse, pharmacist, or therapist? If so, which claims are reviewed and based on what criteria?	Yes	<p>Staff STD and LTD Claim Specialists are responsible for benefit determinations. A bachelor's degree and at least two years of previous medical or disability claims experience is preferred. A nursing degree is preferred for LTD Claim Specialists.</p> <p>Review Process STD The Claim Specialist and/or clinical resource review the information and approve or deny the claim. The claimant is notified by phone and in writing. Approved claim communication includes the expected RTW date or the date when follow-up investigation will begin.</p> <p>LTD Information obtained during the short-term claim period is the basis for the continuing LTD eligibility investigation. Based on the STD file information and any new information obtained, the claim is approved or denied.</p> <p>Clinical Review We use a tiered approach to engaging clinicians. Predictive analytics are utilized to score the claim based on the complexity of the claim opportunity and the system automatically routes the claim to the appropriate clinical specialist when required. Clinical specialists are RNs. Psychiatric Clinical Specialists have varying degrees in the mental health field and hold professional designations such as Licensed Clinical Social Worker, Licensed Marital and Family Therapist, etc.</p>		<p>Absence/Claim Managers When hiring absence/claim managers, we look for candidates with previous insurance experience or undergraduate training in risk management, whenever possible. Absence/claim managers must have a high school diploma or GED; bachelor's degree is strongly preferred. Additionally, candidates can have equivalent insurance industry experience as well as experience in customer service. Our average tenure for absence/claim managers is approximately five years.</p> <p>To ensure our new hires succeed as absence/claim managers, we heavily invest time and resources through our new hire absence manager training program. Over the course of 12-17 weeks, this training program consists of the following two phases: •Classroom Training - Classroom training covers the basics of claim management and builds the foundation for on-the-job training. The classroom work lasts up to five weeks and includes frequent skill checks to gauge the trainees' understanding of the topic. Medical training is also built into this phase and is taught over two weeks. •On-the-Job Training - The on-the-job phase consists of live claim work with dedicated mentors. This phase can range from 8-12 weeks. These dedicated mentors review 100 percent of the trainees work and coach them until they are released to their team.</p> <p>Claim Decision Process To evaluate a disability for claim approval, we verify the following information: •claimant eligibility (either through an electronic feed or by contacting the employer) •employment information •clinical evidence of disability</p>		<p>Disability Claims Examiner Minimum Qualifications: College Degree or equivalent work experience. Willingness to learn, good math, verbal and business writing skills, good reading comprehension, exhibit can do - helpful attitude, team oriented, knowledge of medical terminology a plus. Ability to organize work, manage time and follow through. Prior benefit experience helpful.</p> <p>Nurses All of our Registered Nurses have extensive clinical experience, such as: Behavioral Health, Occupational Medicine, Orthopedics, Neurology, Surgical, Pulmonary, Cardiac, Intensive Care, and Infection Control. We also have Behavioral Health Licensed clinicians on site that are utilized as needed</p> <p>Vocational rehabilitation Counselors All Rehabilitation Counselors must hold, at a minimum, a Master's degree in their field and have obtained designation as a Certified Rehabilitation Counselor (C.R.C)</p>

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Plan Administration and Sponsor Services	Claims Processing	66	Describe any administrative or service distinctions that your firm may utilize for unique categories of disabilities such as mental health, substance abuse, chronic pain, etc.	Yes	<p>We realize that some types of disabilities, such as some mental and nervous disorders, require specialized medical management with clinical involvement from the onset and frequently throughout the life of the claim.</p> <p>Our Psychiatric Clinical Specialists provide skilled review of clinical information that focuses on the objective findings of psychological impairment. They discern the relationship between levels of psychiatric impairment and the essential functions of the claimant's job. At a minimum, these specialists have master's degrees in the mental health field and hold professional designations such as Registered Nurse (RN), Licensed Clinical Social Worker (LCSW), Licensed Marital and Family Therapist (LMFT) and clinical psychologist.</p> <p>We work closely with treating providers to foster a cooperative effort in restoring the claimant to a higher level of functionality and RTW. Our goal is to obtain clear/accurate information on the medical condition and its severity, the course of treatment, prognosis and any information regarding functional loss or limitation.</p> <p>Additionally, we utilize creative solutions when managing these types of claims, including the use of video chats with the claimant, as appropriate. Especially in a behavioral health situation, being able to observe the claimant's affect can be very helpful in the management of the claim.</p>		<p>Mental Health/Substance Abuse</p> <p>For mental health claims, the absence/claim manager may engage the behavioral health specialist to review and possibly collaboratively manage the claim. The behavioral health specialist applies expert clinical knowledge and disability case management experience to execute the care management/medical management process through staffing and escalation activities on claims related to a behavioral health diagnosis.</p> <p>The behavioral health specialist works collaboratively across the behavioral health team and contacts our in-house psychiatric medical directors as needed to establish and clarify an individual's condition, status, and functional capacity.</p> <p>In addition, the behavioral health specialist looks for new and improved ways of meeting the needs of individuals with a behavioral health-related disability and positively impacting return-to-work outcomes. They focus on identifying opportunities to engage these individuals and drive conversations to educate and assist them in managing work-life roles and health issues within their claim through return to work. Such conversations focus on helping identify work capacity and goals as well as health, life, and family issues affecting work. Further, these conversations and other interactions ensure referral to available integrated health products and EAP services.</p> <p>The partnership the behavioral health specialist has with behavioral health EAP resources can include a warm transfer to EAP. This direct EAP connection benefits individuals on STD through EAP therapist referrals and the initiation of behavioral health treatment during the STD claim.</p>		Behavioral Health claims as a primary diagnosis are automatically referred to a BH specialist. Other referral triggers are longer than anticipated claim duration, insufficient or conflicting medical documentation from attending physician, self-reported illness or affliction, cases with high levels of medical complexity and employee objection to initial claim team determination.

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Plan Administration and Sponsor Services	Claims Processing	67	Please indicate, for claims related to mental health, the specific level of provider acceptable for approval of claims.	Yes	Fully insured plans with a California situs require "Regular Care of a Physician." Physician is defined as "- A person licensed to practice medicine in the jurisdiction where such services are performed; or - Any other person whose services, according to applicable law, must be treated as Physician's services for the purpose of the group policy." They must act within the scope of their license.		Our behavioral health specialists have two roles within the office: clinical reviewer for psychiatric claims and educator. The behavioral health specialists are experienced psychiatric RNs and/or licensed professional counselors who review the medical documentation on file, call health care providers to obtain or clarify medical information, and work with doctors to create a return-to-work plan for the employee. The behavioral health specialists also attend medical roundtable discussions with the claim team to develop specific claim case plans for psychiatric claims as well as to identify potential secondary psychosocial factors affecting recovery and a possible return to work. Further, the behavioral health specialists educate the claim managers and nurse case managers in the clinical management of psychiatric disabilities and chemical dependency claims.		Under our Long Term Disability standard Policy, benefits for alcoholism, drug addiction, chemical dependency, and mental illness are limited to a combined 24-month period.

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Plan Administration and Sponsor Services	Claims Processing	68	Please describe your outreach to both the claimant and the City in the instances where claims are denied (for any reason).	Yes	<p>Initial Denial or Withdrawal When the results of a claim investigation indicate that Disability benefits should be denied or withdrawn, the Claim Specialist summarizes the rationale in the electronic claim file and contacts the claimant with the claim denial decision and sends a denial letter. If you have requested to receive copies, a generic (medical information redacted) copy of the notice of denial is sent to you at the same time. The denial letter details the decision rationale. The letter also advises the claimant that they may provide a written request for a review of the claim within 180 days from the date the denial is received.</p> <p>Appeal Acknowledgment If medical information was received with the appeal, the Appeal Specialist reviews the information to determine if the claim should be re-opened based on the additional information received. If the information does not change the original decision on the claim, the Claim Specialist forwards the appeal to the Appeals Specialist. The Appeals Specialist sends an acknowledgment letter notifying the claimant that the claim is under review and a decision will be made within 45 days from the date we received the appeal request. The letter also explains that the time period may be extended an additional 45 days if required.</p> <p>Reevaluation of Decision After referral to an Appeal Specialist, he or she reviews the entire file (including all additional information submitted and plan documents) to determine if the claim merits approval or reinstatement of benefits. Once a decision is made, the Appeals Specialist documents the electronic file, and sends notification of the decision to the Claim Specialist. The Appeal specialist calls and sends a letter to the claimant advising him or her that the original decision has been</p>		<p>Employer Once an absence request has been submitted, the employer can access the claim information through their self-service portal and utilize reports such as the changes only to identify any updates. They can remain current on all claim decisions through the portal as well. Reports can be established and saved with the appropriate filters to capture the necessary information, and this can be accessed daily. Employers can also conduct an employee search to locate the necessary employee information.</p> <p>Employee For adverse determinations, the employee will receive a letter updating them on the claim decision, when handling instructions note us to do so. In addition to sending the employee an adverse determination letter, we will also make an outbound call to explain the reason for the decision and appeal rights. If additional information is needed to support a claim decision, we will notify the employee of what is missing so that they are aware. Employees can see their payment transaction activity and copies of their disability letters on the employee portal.</p>		Claimants would be notified in writing of any claim denial.

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Plan Administration and Sponsor Services	Claims Processing	69	On average, what percent or number of disability claims or cases are referred to a physician for consultation and review?	Yes	<p>STD Between 4% and 6% of STD claims are referred to an Independent Physician Consultant.</p> <p>LTD Between 10% and 12% of LTD claims are reviewed by an Independent Physician Consultant.</p>		Approximately 0.8 percent of STD claims and 10.6 percent of LTD claims were referred to a physician in our most recent metrics.		<p>Percentage of STD claims physicians are involved - 5%</p> <p>Percentage of LTD claims physicians are involved - 10%</p>

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Plan Administration and Sponsor Services	Claims Processing	70	Please describe the process by which you will coordinate (with City, providers, claimant, etc.) the collection of information and documentation needed to 'decision' a claim.	Yes	<p>After verifying eligibility under the LTD plan, the LTD Claim Specialist begins the claim investigation. During the initial call to your employee, the LTD Claim Specialist discusses the following:</p> <ul style="list-style-type: none"> • Benefits schedule (usually monthly); • Definition of disability under the plan guidelines; • Claim investigation and evaluation process; • Plan provisions that may require further explanation; • Application for Social Security; • Impacts on the benefit if Social Security is approved or other benefits are in place; • Pertinent information and forms necessary to complete the investigation and make a claim decision. <p>Based on information gathered from the investigation, the claim is approved or denied by the Claims Specialist. Our standard is to make an initial LTD claim decision within an average of five business days from the receipt of all necessary information. We issue checks approximately eight business days prior to the date the first benefit is due.</p> <p>Approved claims are automatically paid in our claim system when specific criteria are met.</p> <p>You will be updated via our employer portal and eAlerts.</p> <p>For a complete explanation, please see Attachment X which details the STD/LTD process in detail.</p>		We proactively obtain the information we need to effectively manage claims. Our absence/claim manager or nurse case manager will speak to the physician about the diagnoses, supporting symptoms, extent of limitations, and treatments to verify the disability. Written confirmation will follow as needed. Necessary information could simply be a confirmation from the physician or copies of a physician's files and test results.		<p>The employee may file a claim , online, or by calling our Intake Center. After indicating that the client is the employer and providing a Social Security Number, the Intake statement (both online and by call in) will be partially populated with information supplied by the client's data feed. Following the completed intake the employee can be provided an electronic intake packet by email or within two business days, a packet is sent to the employee.</p> <p>The Intake statement will be customized to be sure that employees are reminded of important pieces of information such as to keep their manager informed of their absence or, if applicable, to enroll a new baby in employer benefit plans. Within one business day of the initial call, the medical unit makes telephonic contact with the treating physician's office to introduce Reliance Matrix, obtain any missing information including work restrictions and estimated return to work dates. The Medical Unit continues to make follow-up calls to the physician's office until they obtain this information. Employees are kept informed of the progress and are encouraged to assist in obtaining information from their Physician, if necessary. The employee would have an "intake packet" of forms sent to them same day/or within one business day depending on the time the contact was made from your employee. We monitor the 15 days through hard-coded system edits. The system is set up with diaries and triggers for all processes, including the time frame for the forms to be received.</p>

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Plan Administration and Sponsor Services	Claims Processing	71	How would you improve education around and enhance premium waivers for applicable members (Family Medical Leave and approved claim members)	Yes	<p>Claimants and employees will have access several sources of educational services. During the pre-claim (most applicable for claims such as planned surgeries and maternity), employees can access our City of LA microsite.</p> <p>Once a claim is initiated, the claimant will have direct access to their claim specialist, who will regularly provide guidance and resources to help the claimant understand the premium waiver process. Often times, we will include customized pieces in the claims acknowledgement packet that a claimant receives, helping to further reinforce the discussions with their claim specialist.</p>		Claimants are not required to submit a separate life waiver of premium claim form when New York Life Group Benefit Solutions is both the life and disability provider for a specific plan. The information is easily shared within our claim office.		Could Include open enrollment discussions as well as communicaiton on City's Intranet.
Plan Administration and Sponsor Services	Claims Processing	72	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes			We will take the claim fiduciary, not full fiduciary. We are willing to serve as claim fiduciary for all fully insured LTD appeals.
Plan Administration and Sponsor Services	Claims Processing	73	Can City employees file a claim electronically?	Yes	Telephonic and web filing available when an eligibility file is in place.	Yes		Yes	
Plan Administration and Sponsor Services	Claims Processing	74	Will City employees have access to forms online through the microsite?	Yes	<p>We have created the beginning structure of the City's MetLife microsite. This site is just a start, and would be fully customized to include the specific content to provide needed education, process instructions, forms, and City-wide updates.</p> <p>The sample can be viewed at: https://www.metlife.com/info/city-of-LA/</p>	Yes		Yes	

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Plan Administration and Sponsor Services	Claims Processing	75	Briefly describe your process for administering claims.	Yes	<p>Regardless of the type of claim or leave request, we use a four-stage claim process:</p> <ul style="list-style-type: none"> • Stage One: Intake and initial investigation; • Stage Two: Disability decision; • Stage Three: Ongoing management and administration; • Stage Four: Resolution. <p>Please refer to Section 4 - Appendix for our expanded response.</p>		<p>We offer flexible options for submitting claims and leaves—by phone, fax, mail, or online. These options are available for clients of our broad product suite at no additional cost.</p> <p>Rather than begin the review after receiving all necessary information, we begin managing the claim immediately upon receipt and reach out to the employee’s physician and employer for required information to make a timely decision.</p> <p>During the entire review, the claim is evaluated comprehensively, and we consider the physical, psychosocial, and workplace issues that may impact claim outcome. To fully promote this approach, our claim managers are supported by a nurse case manager and behavioral health specialists, a vocational coach, and medical directors (e.g., psychiatrists). Our approach results in earlier return to work and improved employer productivity levels.</p> <p>To promote a clear understanding of ongoing eligibility for benefits, we establish return-to-work goals with the employee early in the life of the claim. We continually monitor the employee’s medical treatment plan and progress to determine when return to work is appropriate.</p> <p>We expertly manage each claim from receipt to termination, which includes transition from STD to LTD and assistance with the SSDI application process and appeal filing, if necessary.</p>		The employee may file a claim , online, or by calling our Intake Center. Within one business day of the initial call, the medical unit makes telephonic contact with the treating physician’s office to introduce Reliance Matrix, obtain any missing information including work restrictions and estimated return to work dates. The Medical Unit continues to make follow-up calls to the physician’s office until they obtain this information. Employees are kept informed of the progress and are encouraged to assist in obtaining information from their Physician, if necessary.

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Plan Administration and Sponsor Services	Claims Processing	76	For the claims office that will be assigned to the City what is your average annual claims volume?	Yes	<p>Due to the nature of the product, volume is not applicable to Disability products. However, we do track claim activity by number of claims received and managed instead of the number of claimants.</p> <p>In 2022, we received 310,304 STD claims. Of those STD claims, we closed 246,747 and 46,345 remained open. (Based on book of business results.)</p> <p>In 2022, we received 33,416 LTD claims. Of those LTD claims, we closed 21,027 and 57,882 remained open. Please note that the large number of claims remaining open is due to the long tail of an LTD claim. (Based on book of business results.)</p> <p>Additionally, STD Claim Specialists manage approximately 150 claims and LTD Claim Specialists 75-85 claims.</p> <p>Closed claims include all claims that were closed. Open claims include active, pending, and suspended claim status.</p>		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information.		All STD: 59696, LTD: 8166

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Plan Administration and Sponsor Services	Claims Processing	77	Also indicate the percentage of claims denied, and the category reasons for denial	Yes	<p>We denied approximately 14% of STD claims and 20% of LTD claims.</p> <p>The top five denial reasons by coverage are:</p> <p>STD</p> <ol style="list-style-type: none"> 1. Medical doesn't support Disability claim or medical not received ("Initial Denial"), 2. duplicate claim, 3. claimant not eligible, 4. waiting/elimination period not satisfied, and 5. claim abandoned. <p>LTD</p> <ol style="list-style-type: none"> 1. Claim abandoned, 2. waiting/elimination period not satisfied, 3. medical doesn't support Disability claim/medical not received ("Initial Denial"), 4. duplicate claim, and 5. claimant not eligible. 		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information.		Not disclosed

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Plan Administration and Sponsor Services	Claims Processing	78	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.	Yes	<p>We provide training for new employees, comprehensive ongoing training and incentives for continued education and training.</p> <p>New Employee Training The Disability onboarding program involves 10 weeks of job shadowing, classroom-based training and a flight school. An overview of the curriculum is as follows: Weeks 1 to 4 – The first four weeks of training is classroom training. The emphasis of the training is on the information new hires need to complete their jobs on day one. A heavy emphasis is placed on the theory behind the job and scenario-based training which allows the opportunity to practice what is being taught. Training assessments are administered weekly with a comprehensive assessment at completion to test knowledge and measure training retention.</p> <p>Weeks 5 through 10 – We call the remaining weeks of training “Flight School.” Flight School provides new hires the opportunity to work on “real-life” claims in a test environment. During this time, Claim Support Specialists work directly with the new hires to provide real-time reviews and feedback. This feedback allows managers to conduct biweekly review meetings with their new hires to discuss progress being made and determine when the individual may be released from full review.</p> <p>Ongoing Training Once on a team we bring groups back into a classroom for ongoing development in claims management and adjudication skills, including Lunch & Learns with Clinical Team on focus diagnoses, etc.</p>		<p>To ensure our new hires succeed as absence/claim managers, we heavily invest time and resources through our new hire absence manager training program. Over the course of 12-17 weeks, this training program consists of the following two phases:</p> <ul style="list-style-type: none"> •Classroom Training - Classroom training covers the basics of claim management and builds the foundation for on-the-job training. The classroom work lasts up to five weeks and includes frequent skill checks to gauge the trainees’ understanding of the topic. Medical training is also built into this phase and is taught over two weeks. •On-the-Job Training - The on-the-job phase consists of live claim work with dedicated mentors. This phase can range from 8-12 weeks. These dedicated mentors review 100 percent of the trainees work and coach them until they are released to their team. <p>Once the trainees are released to their team, the team leader will continue to monitor their progress until they demonstrate consistent application of the process and proficient skills in the following key areas:</p> <ul style="list-style-type: none"> •eligibility •decision accuracy •compliance •claim management •coding •financial accuracy <p>Furthermore, the team leader, senior absence manager (technical expert within each team), and our total quality management team conduct random file reviews monthly to provide continued feedback.</p> <p>The Total Quality Management team provides results on process and financial accuracy as well as compliance. Quality standards have been established to ensure we</p>		<p>During the first 3 months on the job, 100% of a Claims Examiner trainee’s denials and 100% of first claims are reviewed prior to release. In-house training includes training on customer service, legal/regulatory issues and cross training in other disciplines.</p> <p>In addition, all Examiners receive training on Client-specific program management. A foundation to our success has been our ability to tailor our services to the needs and resources of each individual Client. Each Client has specific needs. It is our job to customize the communication, data exchange, and decision processes to our clients’ specific requirements. We will work with each impacted Client position/department to fully document roles and responsibilities. Training will be conducted to meet the Client’s requirements, and can include combined training with the Client staff.</p>

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Plan Administration and Sponsor Services	Claims Processing	79	For the last 12 months, what is your average number of business days to process a claim from date received.	Yes	<p>STD Our goal is to make our initial STD decision within two business days from the receipt of all required information. In 2023, our average turnaround time was 0.12 business days for STD.</p> <p>LTD Our goal is to make the initial LTD decision within five business days from the receipt of all required information. In 2023, our average turnaround time was 1.36 business days for LTD.</p>		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e. response from the medical providers.		Short Term Disability: Turnaround time is 3 days from receipt of all information to issuance of the first check. Long Term Disability Turnaround time from receipt of all information is: 5 business days for a decision about eligibility; 60 days for release of first check.
Plan Administration and Sponsor Services	Claims Processing	80	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.	No	We do not track this statistic, as requested.		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e. response from the medical providers.		STD: 30.28% LTD: 7.09%
Plan Administration and Sponsor Services	Claims Processing	81	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.	No	We do not track this statistic, as requested.		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e. response from the medical providers.		STD: 68.42%, LTD: 29.84%
Plan Administration and Sponsor Services	Claims Processing	82	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No		No	

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Plan Administration	83	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes		No	<p>Our insurance policy itself makes us directly liable for the promised benefits, regardless of whom a claim may be asserted against. There is, therefore, no need for a separate hold harmless agreement.</p> <p>For fully insured benefits, it is our practice, where a policyholder is sued in connection with a claim not involving acts or omissions of the policyholder, to assume the defense of the policyholder; however, we will not accept responsibility for any liability that arises from actions by the policyholder, your employees, or agents.</p> <p>For self-insured benefits where the employer in effect operates as the insurance company and assumes the business and financial risks of the program, our agreements provide that we will use ordinary and reasonable care in the performance of our duties, but shall not be liable to the employer for mistakes of judgment or other actions taken in good faith. We do assume responsibility for any claim relating to misuse of benefit check stock.</p>		We would agree to a limited indemnification of the client for litigation involving claims for benefits under the policy, provided that the claim is not a result of any action or inaction by the employer.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
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Member Services and Communications	Communication	84	Describe educational concierge services available for members who file a claim to help them navigate through their other benefits available to them, learn and understand the STD/LTD claim/appeal process. What medium(s) are the educational concierge services in the form of? Can you provide examples?	Yes	<p>Claimants and employees will have access several sources of educational services. During the pre-claim (most applicable for claims such as planned surgeries and maternity), employees can access our City of LA microsite which will provide plan-specific information, educational videos, and custom content like City of LA FAQ's, which we will create in partnership with your teams.</p> <p>For many customers, we have also created additional customized pieces that can directly address topics of focus such as "Why does MetLife require medical data to approve my claim?"</p> <p>Once a claim is initiated, the claimant will have direct access to their claim specialist, who will regularly provide guidance and resources to help the claimant understand the full array of benefits available to them. We will partner with you to understand the full scope of additional benefits and point solutions the City provides in order to highlight these through both our call center and the dedicated claim specialists. Often times, we will include customized pieces in the claims acknowledgement packet that a claimant receives, helping to further reinforce the discussions with their claim specialist.</p> <p>Sample communications are included as Exhibit 4.</p>		<p>For the employee, we have created a unique website, Work Wellness, which supports our focus on providing financial security and peace of mind. The site provides employees and family members with useful information, including the following:</p> <ul style="list-style-type: none"> •how to submit a disability claim and what comes next •what they need to know about the FMLA •help with managing a specific condition while at work •how to access valuable programs offered with their plan at no cost to them <p>By helping employees lead healthier lives, we are also potentially helping them avoid disabilities or lessen their duration, which helps employers remain productive and strengthens their bottom line.</p> <p>Our goal is to begin the return-to-work process as soon as the employee is able to work in some capacity (if the employer's internal policies allow for transitional duty). We coordinate this effort with the appropriate parties involved in the employee's treatment and rehabilitation.</p>		We offer a host of educational videos to guide the customer and their employees through the claim filing process. Our call center representatives who are trained and have access to all claim specific information to answer disability related questions an employee may have. When a customer needs to speak directly with their claim examiner, the call center representative will have the claim examiner return the call within one business day

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Member Services and Communications	Appeals Process & Member Complaints	85	Describe your STD/LTD appeals process.	Yes	<p>Initial Denial or Withdrawal When the results of a claim investigation indicate that Disability benefits should be denied or withdrawn, the Claim Specialist summarizes the rationale in the electronic claim file and contacts the claimant with the claim denial decision and sends a denial letter. The denial letter details the decision rationale. The letter also advises the claimant that they may provide a written request for a review of the claim within 180 days from the date the denial is received.</p> <p>Appeal Acknowledgment If medical information was received with the appeal, the Appeal Specialist reviews the information to determine if the claim should be re-opened based on the additional information received. If the information does not change the original decision on the claim, the Claim Specialist forwards the appeal to the Appeals Specialist. The Appeals Specialist sends an acknowledgment letter notifying the claimant that the claim is under review and a decision will be made within 45 days from the date we received the appeal request.</p> <p>Reevaluation of Decision After referral to an Appeal Specialist, they review the entire file to determine if the claim merits approval or reinstatement of benefits.</p> <p>Once a decision is made, the Appeals Specialist documents the electronic file, and sends notification of the decision to the Claim Specialist. The Appeal specialist calls and sends a letter to the claimant advising him or her that the original decision has been reversed or upheld.</p> <p>The Claim Specialist will notify the employer where applicable.</p>		<p>The employee must appeal a claim in writing within 180 calendar days of receiving the claim denial notification. The appeal should contain additional information to support the appeal request. The claim manager acknowledges receipt of the appeal and conducts an initial review of any new information to determine whether the denial can be overturned. If so, the claim manager recommends an approval. If additional investigation is warranted, the appeal is forwarded to our independent appeals team within that office. Each appeal is reviewed under ERISA guidelines, as applicable.</p> <p>The appeals team includes experienced appeal specialists. The appeals team has access to our nurses as well as staff doctors and can use independent medical exams and independent medical reviews (peer reviews) as needed to obtain the information necessary to make a final determination.</p> <p>We strive to have decisions made within 45 calendar days unless permitted extensions are applied.</p> <p>If the first administrative appeal upholds the original decision, the employee is notified via mail and informed of additional courses of action. For employees that are covered under policies not governed by ERISA, requests for a second review must state why the employee believes the denial was inaccurate and include additional supportive documentation, if available and appropriate.</p>		<p>For an insured arrangement, RSL handles the appeal process, since they are the designated claim fiduciary. The insurance plan outlines the rights of the employee under ERISA and RSL conducts the appeal process accordingly.</p> <p>If an appeal of the denial is submitted in a timely manner, we acknowledge it in writing, and assign a new Claims Examiner in our Quality Review Unit to conduct an independent review of the entire claim file. The Quality Review Unit is comprised of seven (7) Appeal Specialists/Senior Benefit Analysts overseen by a Manager and Supervisor. Appeals are reviewed as they are submitted with a goal to notify the claimant or their representative of our decision within 45 days. New information may be requested.</p> <p>The Claimant or his/her representative usually will be notified of our decision on appeal within 45 days, but an extension of time of up to an additional 45 days may be required. If such an extension is required, we will provide written notice.</p> <p>Note that we make every attempt to ensure that our appeal procedures are in full compliance with the Employee Retirement Income Security Act of 1974, as amended, and the accompanying regulations. Our procedures are subject to change to ensure continued compliance.</p>

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Operations and Administration	Call Center	86	<p>Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members with questions and claim processing as well as act as a Human Resources liaison per each City department.</p> <p>If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST</p>	Yes	<p>The City will be assigned a dedicated Client Services Consultant and who will be your day-to-day contact for the administration of your program.</p> <p>Additionally, the City will be assigned a Disability Consultant, who serves as an adjunct to your dedicated Client Services Consultant. Our Disability Consultants are professionals with extensive experience in disability management. These individuals are selected based on their depth and range of experience, analytical skills and proven expertise in disability plan design and management.</p> <p>The value-added services they provide include:</p> <ul style="list-style-type: none"> • Customized plan design data analysis; • Identification of disability trends through customized reporting; • Disability management strategies and recommendations; • Reduction of costs through streamlining/refining policies and procedures. <p>Both the Client Services Consultant and Disability Consultant will be available Monday through Friday, 8:00 a.m. to 5:00 p.m., PT.</p>		We look forward to discussing this topic in more detail if we are selected as a finalist.	Yes	Our stance would be that we are flexible in this circumstance and with our Executive Service contact, and willing discuss options to meet the needs if chosen as a finalist.
Operations and Administration	Call Center	87	Indicate your average telephone wait time to speak to a live customer service representative (CSRs) (not just an operator), in seconds (based on calendar year 2023 data)	Yes	In 2023, our average speed of answer was 0:17 seconds.		Average speed to answer in the Contact Center/Intake for 2023 was 25 seconds.		Average speed to answer is 30 seconds
Operations and Administration	Call Center	88	Do you assign CSRs to specific accounts? If yes, how many would be assigned to the City?	No	We have a centralized customer service staff dedicated to answering Disability questions via our toll-free customer service line.	No	We do not assign Advocates to specific clients and all Advocates can handle all calls that come into the Intake queues.	No	All of our Intake/CSR's are available to all customers.

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Operations and Administration	Call Center	89	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.	Yes	<p>Customer Service Representative training consists of four to eight weeks of classroom and on-the-job training. Representatives receive training on STD, LTD and FMLA coverage, claim procedures, systems and customer service skills.</p> <p>Each trainee is assigned a coach to assist them. Coaches will expose trainees to service calls by allowing them to listen in and shadow intake and customer service calls. Trainees are also assigned a mentor who will work with them to handle calls, when ready, in a controlled environment. Supervisors formally certify trainees before handling claimant calls outside of a controlled environment. Trainees receive ongoing coaching and assessments and are monitored to ensure they are continuing to progress as expected.</p> <p>Ongoing training needs are determined through quality assurance audits, call monitoring and management reports. Once needs are determined, ongoing coaching and continuing education is provided.</p> <p>Our Disability Customer Service Representatives have an average of 3 years of experience.</p>		<p>New York Life hires intake advocates based on customer service experience and prefers individuals who have worked in a face-to-face customer service environment.</p> <p>Intake advocates receive three weeks of initial training that emphasizes customer service skills, medical terminology, and system functionality. We provide training through classroom lectures, manuals, and continuous skill building. After the classroom training, new intake advocates complete two weeks of on-the-job training under the supervision of experienced intake mentors.</p> <p>We also provide ongoing training at six-month intervals to reemphasize customer service techniques and claim processes. Additionally, each new intake advocate is assigned a dedicated coach to provide ongoing mentoring and on-the-job training.</p> <p>The quality of our intake advocates and the extensive training provided enables many to advance within the New York Life organization. We often promote intake advocates to other absence management positions within the business.</p> <p>Current tenure for Intake Advocates is 4.3 years.</p>		<p>Training for our intake reps: All new hires attend a robust training program that includes product training, customer service training and systems training (telephones, tools, website, intake process) in a classroom environment that is set up specifically for our contact center staff. Training is 8 hours per day for 7 days at which time the new hire is evaluated and tested. After the 7 days, if the new hire is ready, they are assigned a Mentor and will begin hands on, side by side training in order to start taking calls on their own. All new hire intakes are 100% audited for accuracy every 30 days leading up to the 90 day probationary period. Once the new hire demonstrates proficiency and accuracy is at expected levels, they will be released from this audit protocol. All Contact Center Specialists are randomly audited.</p> <p>We monitor success via an automated Customer Service Survey, quality reviews from our Supervisors and Quality Assurance Specialists, and an automated system that will audit 10% of all inbound calls automatically. This process has the capability to recognize keywords and phrases, generate alerts to management, and score the call.</p>
Operations and Administration	Call Center	90	How many customer service issues are resolved during first contact?	Yes	We no longer track First Call Resolution as callers are now able to bypass the call center and contact an assigned Claim Specialist directly. As such, any first call resolution data collected would be inaccurate and is no longer tracked.		We do not track this metric; however, our goal is to resolve any issues during the first contact.		We do not track first call resolution

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Operations and Administration	Call Center	91	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?	Yes			The Contact Center/Intake does not have the ability to warm transfer callers as we have performance guarantees with average speed to answer so Advocates need to be available for the calls in the queue. We can provide callers with information on who they would need to follow up with.	Yes	
Operations and Administration	Call Center	92	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.	Yes	At the outset of a call, the Customer Service Representative asks the participant for their Social Security number. The Customer Service Representative is then able to see all related information for that claim, including the insured's name, date of birth and Social Security number; the company and coverage amount(s); and all submitted supporting documentation.		Employee name, date of birth and/or last 4 digits of the employees SSN are required to authenticate the caller.		You will need a valid email address and some general information to get started. You will not need your policy number to submit a claim. Depending on which type of claim you are submitting, you should be ready to provide information such as: name, address, gender, date of birth, phone number, Social Security number, employer's name and address, your injury/condition and physician or medical provider information. Our Call Centers are staffed with Reliance Matrix employees and they do have access to the claim related information necessary to provide information to Claimants on claim status and claim payment. A Claimant will need to provide identifying information for our Call Center to locate the correct claim IE claim number, Insured name etc

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Operations and Administration	Call Center	93	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	<p>We use vendors to provide language interpretation and translation services for over 240 languages. Because the majority of our callers are English or Spanish speakers, our call center IVR service allows callers to choose to continue the call in either language.</p> <p>Callers may communicate with any of our call centers using a text telephone device and AT&T's Relay Services. Definitions of these services and numbers are provided below:</p> <ul style="list-style-type: none"> • Relay Services – A communication link between TDD/TTY users and those who use a traditional telephone. The operator-guided service is provided 24/7/365. In most cases, there is no charge to access this service. Calls are handled in the strictest confidence; • AT&T Relay Service – 800-855-2880 (TDD/TTY), 800-855-2881 (TTY = Voice). 		<p>Phone/Customer Service New York Life Group Benefit Solutions offices are culturally diverse, and we have employees assigned to various teams who speak fluent Spanish to provide assistance when needed. In addition, our teams use LanguageLine Solutions, which provides immediate access to translator services for more than 300 languages and dialects.</p> <p>Web and Mobile Our portal (available on mobile devices and browsers) and website is available in English and Spanish.</p> <p>Print Communication Materials We have printed communication materials available in a variety of languages, including English, Spanish, Simplified Chinese, French, German, Arabic, and Hindi.</p> <p>TDD To assist members who are deaf, hard of hearing, and/or speech disabled, we utilize the services provided through 711, which is a telecommunications relay service that translates from TTY for those with hearing disabilities to speech and vice versa. We contact the relay service to connect with a 711 operator to ensure the hearing-impaired member is easily able to communicate.</p>	Yes	<p>our contact center representatives speak English and Spanish and in the event that a caller wants to speak in another language, we offer a translation line that handles more than 240 different languages. We use the same translation company for document translation using the same 240 plus languages.</p> <p>We also have a TDD service available and are able to provide assistance to any hearing and speech impaired employee.</p>

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Operations and Administration	Plan Administration	94	Do you have a system in place to store digital images of all employee-related documents?	Yes	Active claims remain on our Disability claim system until benefits are exhausted or terminated. Following termination of benefits, the claims are closed and remain on the system for a minimum of three years. After three years, records are archived and stored up to 10 years. Retrieval time varies, depending on the volume of data to be retrieved and age of the data. We also store claim data in a reporting database for a minimum of five years. This data is immediately accessible.	Yes		Yes	
Operations and Administration	Plan Administration	95	Confirm that you will accept self-billing on a bi-weekly basis.	Yes		Yes		Yes	Billing through our Workday API can be set up to improve efficiency.
Operations and Administration	Plan Administration	96	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	Bills can be submitted electronically using our employer website, or by email in Excel.	Yes		Yes	Both
Operations and Administration	Plan Administration	97	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes		Yes	
Operations and Administration	Plan Administration	98	Confirm your ability to provide a dedicated email address for City of LA employees.	Yes		Yes		Yes	

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Operations and Administration	Plan Administration	99	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	In addition to confirmation of your request, we also will provide you with access to our Health and Wellness library. We offer educational materials online at metlife.com/welnesstoolkits that present a range of information for your employees covering wellness topics such as mental health and wellness, healthy living, smoking cessation, fighting colds and flus, and disease management. Each toolkit contains an easy-to-follow roadmap of the topic and campaign, email templates that align with the roadmap and digital materials such as short articles and flyers that you can send as email communications. The toolkits are turnkey ready. Our content can help you encourage wellness as a key part of your benefit offering. For more information, visit our public page at metlife.com/welnesstoolkits .	Yes	We provide access to a dedicated enrollment consultant who will be the primary point of contact for employers and sales partners during the onboarding phase and ongoing annual enrollment process. They will recommend strategies that align with our best practices model which have shown to increase benefit awareness and participation. The goal of the enrollment consultant is to collaborate with the producer and client to help maximize participation. Once a post-enrollment census is received, the enrollment consultant will conduct an enrollment debrief meeting to share results and opportunities for enrollment planning growth. The enrollment consultant can spearhead the development of marketing and communication materials, digital resources, and benefit counselor support based on how the employer typically communicates and educates their employees. We can also provide educational benefit videos to inform employees on their available coverage options and how it may benefit them.	Yes	
Operations and Administration	Plan Administration	100	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	At the end of each plan year, we generate financial reports and perform a year-end reconciliation. Any required premium adjustments are made as soon as possible following the end of the plan year.	No	Year-end reconciliations are not typically performed for cases with non-participating funding. If we aren't answering the question appropriately, we are absolutely open to further conversation.	Yes	
Operations and Administration	Website and other Media	101	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes		Yes		Yes	

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Operations and Administration	Website and other Media	102	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes	<p>As part of our multi-year digital transformational program, identified components of our Online Service Portals are being enhanced to conform to the Web Content Accessibility Guidelines (WCAG) version 2.1 Levels A and AA of the World Wide Web Consortium Web Accessibility Initiative (W3C WAI). This means that components of our Online Service Portals are designed to work with assistive technology, such as screen readers like JAWS or NVDA.</p> <p>As part of this digital transformation and commitment to customers, our foundational capabilities and experiences enhancements are targeted to be completed in 2024, with many applications already significantly conforming to the accessibility guidelines.</p>	Yes	<p>Phone/Customer Service New York Life Group Benefit Solutions offices are culturally diverse, and we have employees assigned to various teams who speak fluent Spanish to provide assistance when needed. In addition, our teams use LanguageLine Solutions, which provides immediate access to translator services for more than 300 languages and dialects.</p> <p>Web and Mobile Our portal (available on mobile devices and browsers) and website is available in English and Spanish.</p> <p>Print Communication Materials We have printed communication materials available in a variety of languages, including English, Spanish, Simplified Chinese, French, German, Arabic, and Hindi.</p> <p>TDD To assist members who are deaf, hard of hearing, and/or speech disabled, we utilize the services provided through 711, which is a telecommunications relay service that translates from TTY for those with hearing disabilities to speech and vice versa. We contact the relay service to connect with a 711 operator to ensure the hearing-impaired member is easily able to communicate.</p>		Our website is English, however we have access to live, on demand, translation services for customers calling our customer services facilities who do not speak English. We also have - on-site - Spanish speaking representatives as this is typically our most commonly requested translation. We're also able to produce virtually all of our enrollment and communication materials in almost any language that is required.

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Operations and Administration	Website and other Media	103	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	<p>We can customize the website with your company name or a company logo. The website contains client specific plan design information, benefit schedules, underwriting requirements and rates. We are also able to support client specific messages within the website. There is no additional cost for this customization.</p> <p>As a standard service, we offer a Communication & Engagement Lead, Howie Siskin, who will partner with the City to develop a robust communication strategy. Starting at implementation, your MetLife team will hold discovery sessions to better understand your current approach to communicating the Disability programs, as well as any considerations around site locations, demographics and specific marketing requirements. With this information, Howie will partner with your dedicated Client Services Consultant and other internal MetLife experts to assemble and activate a comprehensive and meaningful communications strategy. In developing the strategy, we will focus on delivering a surround sound approach to drive awareness, engagement and education in a sequenced and purposeful manner leading up to the enrollment action.</p>	Yes	The employer reporting self-service site is fully customizable. Users can save personalized reports with nearly 300 available data elements.		Included in our rates. We will work with the City to customize all communications to their needs. Reliance Matrix currently provides customization during the intake process, in the employee packet, as well as ongoing communication to employees and front line management.
Operations and Administration	Website and other Media	104	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	The website can be integrated into the City's website in that it would have a similar branded look and could be seamlessly transitioned from the City's site to the benefits site.	Yes	This co-branding capability is scheduled for 2025 release.	Yes	

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Operations and Administration	Website and other Media	105	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	For each step in the employee's engagement journey, we offer a wide variety of curated educational materials that feature simple, straightforward and easy-to-understand messaging. This messaging includes real-life and authentic examples as to why Disability products are important and the significant role benefits play in overall well-being. We also have flexibility to create additional, targeted messaging that best resonates with your population. Examples include product overviews, FAQs and infographic flyers. Additionally, we offer a library of digital content in the form of videos, Brainshark presentations and more. These curated materials can be deployed through your existing preferred communication channels, and we will work with you every step of the way to ensure all employees receive this important messaging.		Supported by our technology strategy, our corporate mission over the next 24 months is to continue to enhance our innovative array of plans and services in a way that enables us to use our superior capabilities in medical management, integration, and information to customize solutions that address a wide range of employer needs. Information about our in-flight technology upgrades is available upon request.		Reliance Matrix have also entered into a partnership arrangement with Workday as a Software Alliance Partner. This partnership gives our companies "insider access" to Workday code, advances, development environment, training and ecosystem. It also enables informed and joint development which means stronger and faster client integrations. With this access, we implement an API-enabled solution in three phases for customers with the Workday Cloud Platform: <ul style="list-style-type: none"> • Automated Evidence of Insurability (EOI) submission and associated status updates. • Real time access to employee eligibility, including voluntary enrollment elections. • Real time access to EE demographic data to integrate with our eFiling process • Real time access to organization hierarchy for supervisors and HR • Real time access to all employee absence information, not just what is managed by Matrix

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	106	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).	Yes	<p>STD/LTD</p> <p>We will not pay for any disability caused or contributed by:</p> <ul style="list-style-type: none"> • War, declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; • Employee's active participation in a riot; • Intentionally self-inflicted injury; • Any injury for which the employee is entitled to benefits under workers' compensation or a similar law; • Attempted suicide; • Commission of or attempt to commit a felony. <p>In addition, we will not pay STD benefits for any disability caused or contributed to by elective treatment or procedures, such as:</p> <ol style="list-style-type: none"> 1. Cosmetic surgery or treatment primarily to change appearance; 2. Reversal of sterilization; 3. Liposuction; 4. Visual correction surgery; 5. In vitro fertilization; embryo transfer procedure; or artificial insemination. 		<p>STD Exclusions</p> <p>We will not pay any disability benefits for a disability that results, directly or indirectly, from the following:</p> <ul style="list-style-type: none"> • suicide, attempted suicide, or self-inflicted injury while sane or insane • war or any act of war, whether or not declared • active participation in a riot • commission of a felony • the revocation, restriction, or nonrenewal of an employee's license, permit, or certification necessary to perform the duties of their occupation unless due solely to injury or sickness otherwise covered by the policy • any cosmetic surgery or surgical procedure that is not medically necessary <p>- "Medically necessary" means the surgical procedure is (a) prescribed by a doctor as required treatment of the injury or sickness and (b) appropriate according to conventional medical practice for the injury or sickness in the locality in which the surgery is performed.</p> <p>- We will pay benefits if the disability is caused by the employee donating an organ in nonexperimental organ transplant procedure.</p> <ul style="list-style-type: none"> • an injury or sickness for which the employee is entitled to benefits from workers' compensation or occupational disease law • a work-related injury or sickness <p>In addition, we will not pay disability benefits for any period of disability during which the employee is incarcerated in a penal or correctional institution.</p> <p>LTD Exclusions</p> <p>Per our plan document, we will not pay disability coverage for a disability that results, directly or indirectly, from the following:</p> <ul style="list-style-type: none"> • suicide, attempted suicide, or self-inflicted injury while sane 		<p>Exclusions</p> <p>No benefits are payable for any disability caused by:</p> <ul style="list-style-type: none"> - An injury or sickness that occurs while the Insured is confined in a penal or correctional institution - Any act of war, whether declared or undeclared - Intentionally self-inflicted injury of any kind while sane or insane - Participation in the commission of a felony <p>The particular exclusions under the Policy can vary by state.</p> <p>Limitations</p> <p>The LTD benefit is limited by the duration of benefits period and any imposed pre-existing conditions (if applicable). Under our standard Policy, benefits for alcoholism, drug addiction, chemical dependency, and mental illness are limited to a combined 24-month period. RSL will match the current mental and nervous and drug and alcohol limitations.</p>

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	107	Is proposed coverage portable/convertible?	No	We have matched your current disability plan	Yes	<p>Portability is not available for disability plans.</p> <p>We can offer a conversion option on your group LTD policy. This option is available</p> <ul style="list-style-type: none"> •to eligible employees who have been insured for at least 12 consecutive months under the company's group LTD plan; •when the plan is not ending; and •if eligible employees are leaving employment for reasons other than retirement or disability. <p>The conversion option must be exercised while the group policy is still in force and within 31 days of the date employment ends without evidence of good health (or within 62 days with evidence of good health). Conversion is an optional provision of our contract; additional charges apply should the client elect to include it.</p> <p>The conversion option is supported by a load of about [1] percent on the disability coverage rate. There are no additional charges to the plan at the time of individual conversion nor is the conversion experience charged against the base plan</p>	Yes	Conversion only: For LTD conversion is an option that allows an employee who is leaving your company to convert group coverage to an individual policy. Reliance Standard Life's Conversion option lets employees who have been insured under our Group LTD Policy for at least 12 consecutive months to continue Group Disability protection for up to 12 months after they leave your company. This coverage protects the individual against disability during unemployment, until coverage under another employer's plan becomes effective, or while working for an employer that provides no disability insurance. Premiums are billed quarterly for affordability. Converted coverage is more restrictive than that provided by the employer sponsored plan. If the employer requests that the plan include a Conversion option, it may increase the rate.
Plan Design	Plan Design	108	Confirm that your proposal includes waiver of premium.	Yes		Yes	We offer waiver of premium as a standard provision in our LTD contracts. When the client has our STD offering, waiver of premium is initiated seamlessly with no need for a separate request. Payment of premiums is still required during the elimination period and until the claim is approved. Once approved, premium payments are no longer required for the continuation of LTD insurance while the employee is considered disabled under the terms of the contract.		If an employee is on an approved claim, they are not paying premium.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	109	Will you waive the actively at work provision for the initial enrollment?	Yes		No	<p>Our contract requires that employees be in active service on the start date of the policy to be eligible for coverage. Our definition of "active service" encompasses various categories (e.g., vacation days, an employer-approved paid leave of absence not due to the employee's own illness).</p> <p>If an employee is not in active service on the start date, they must return to active service for a full day for coverage to become effective.</p>		<p>We generally require all employees to satisfy the Actively at Work requirement. Reliance Matrix intends that covered employees will not lose their protection because of the termination of current coverage and transfer to Reliance Matrix. However, we are not willing to waive the Actively at Work requirement. All employees must be Actively at Work on the effective date to be insured by Reliance Matrix. There is a transfer of coverage provision that assures that a person insured by a prior carrier does not lose coverage solely because of a change in carrier.</p> <p>We request a list of the employees not actively at work prior to the effective date, and if these employees are denied WOP with the prior carrier, we will allow them to come on to our plan under the Continuation of Coverage provision. At the end of the 12 months, the employee could convert under our plan.</p>

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	110	Are any disabilities not covered? If yes, please explain what disabilities are not covered and why.	Yes	We will not pay STD benefits for any disability caused or contributed to by elective treatment or procedures, such as: 1. Cosmetic surgery or treatment primarily to change appearance; 2. Reversal of sterilization; 3. Liposuction; 4. Visual correction surgery; 5. In vitro fertilization; embryo transfer procedure; or artificial insemination.		STD We will not pay any disability benefits for a disability that results, directly or indirectly, from the following: •suicide, attempted suicide, or self-inflicted injury while sane or insane •war or any act of war, whether or not declared •active participation in a riot •commission of a felony •the revocation, restriction, or nonrenewal of an employee's license, permit, or certification necessary to perform the duties of their occupation unless due solely to injury or sickness otherwise covered by the policy •any cosmetic surgery or surgical procedure that is not medically necessary -"Medically necessary" means the surgical procedure is (a) prescribed by a doctor as required treatment of the injury or sickness and (b) appropriate according to conventional medical practice for the injury or sickness in the locality in which the surgery is performed. -we will pay benefits if the disability is caused by the employee donating an organ in nonexperimental organ transplant procedure. •an injury or sickness for which the employee is entitled to benefits from workers' compensation or occupational disease law •a work-related injury or sickness In addition, we will not pay disability benefits for any period of disability during which the employee is incarcerated in a penal or correctional institution. LTD Per our plan document, we will not pay disability coverage for a disability that results, directly or indirectly, from the following: •suicide, attempted suicide, or self-inflicted injury while sane		Please refer to exclusions and limitations

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	111	Are there any riders and/or enhancements that are available to be added to your proposed disability plan?	No		No		Yes	We do not have an earnings definition in the Disability plans. Disability is defined as the inability to perform the material duties of their own job/occupation as per the contract read. We standardly include the extended disability rider, which allows for an additional 5 years of coverage with a reduced benefit if 2 or more ADL's cannot be performed.
Plan Design	Plan Design	112	Describe any pre-existing limitations of the proposed plan.	Yes	We have matched the provisions in your current plan with situs-compliant language.		We are matching the City's current 3/6/12 pre-existing condition provision.		As per Plan design tab
Plan Design	Plan Design	113	Describe your definition of successive disability.	Yes	If employees return to active work, we consider the employees recovered from their disability. The term "active work" only includes those days the employees actually work. The provisions will not apply if the employees' insurance has ended and they are eligible for coverage under another group STD/LTD plan.	Yes	<p>A separate period of disability will be considered recurrent or continuous if all of the following apply:</p> <ul style="list-style-type: none"> •It results from the same or a related cause as a prior disability for which monthly benefits were payable. •After receiving disability benefits, the employee returns to work in their regular occupation for fewer than 14 consecutive days in a STD plan or six consecutive months under a LTD plan. •The employee earns less than 80 percent of their predisability indexed covered earnings during at least one month. <p>We will not consider a disability as recurrent or continuous if any later period of disability, regardless of cause, begins when the employee is eligible for coverage under another group disability plan provided by any employer or if separate periods of disability result from unrelated causes.</p>		<p>Our recurrent disability language reads:</p> <p>If, after a period of Total Disability for which benefits are payable, an Insured returns to Active Work for at least six (6) consecutive months, any recurrent Total Disability for the same or related cause will be part of a new period of Total Disability. A new Elimination Period must be completed before any further Monthly Benefits are payable.</p> <p>If an Insured returns to Active Work for less than six (6) months, a recurrent Total Disability for the same or related cause will be part of the same Total Disability. A new Elimination Period is not required. Our liability for the entire period will be subject to the terms of this Policy for the original period of Total Disability.</p>

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	114	Does your proposed plan include benefits for partial disability? If so, please provide your definition.	Yes	<p>Our contract defines total disability and partial disability as follows: <i>Partially Disabled or Partial Disability means while actually working in Your Usual Occupation, You are unable to earn 80% or more of Your Predisability Earnings.</i></p> <p><i>If You are Partially Disabled and have received a Weekly Benefit for 52 weeks, We will adjust Your Predisability Earnings only for the purposes of determining whether You continue to be Partially Disabled and for calculating the Return-to-Work Incentive, if any.</i></p>	Yes	We treat partial disabilities the same way we treat residual disabilities. Residually disabled employees are those who are able to return to work for wages while meeting the plan's definition of disability. Claimants receive benefits designed to encourage return to work without jeopardizing benefits should their efforts prove unsuccessful. Under our plan, claimants are able to receive full disability benefits until the income from every source reaches 100 percent of indexed basic monthly earnings for the first two years.	Yes	An Insured qualifies for Partial Disability if, during the benefit period, he/she is capable of only performing the material duties on a part-time basis or some of the material duties on a full-time basis. During the Elimination Period, the Insured must be Totally Disabled from performing each and every material duty of his/her regular occupation.
Plan Design	Plan Design	115	Confirm that you will agree to waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.	Yes		Yes	<p>Employees are not penalized for the employer's change in carrier. We will not apply the preexisting condition limitation clause to any employee who</p> <ul style="list-style-type: none"> •was covered under the previous group LTD policy; •is in active service on the start date of this proposed policy; and/or •has fulfilled the requirements of any preexisting condition limitation of the previous policy. <p>We will provide credit toward the satisfaction of our plan's preexisting condition limitation for any time served in the satisfaction of the previous plan's preexisting condition limitation.</p> <p>The preexisting condition limitation clause will apply to any added coverage or increases in coverage. This limitation will not apply to a period of disability that begins after an employee is in active service for at least 12 months.</p>	Yes	

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	116	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.	Yes		No	<p>We cannot waive the actively-at-work provision for disability. Our contract requires that employees be in active service on the start date of the policy to be eligible for coverage. Our definition of "active service" encompasses various categories (e.g., vacation days, an employer-approved paid leave of absence not due to the employee's own illness).</p> <p>If an employee is not in active service on the start date, they must return to active service for a full day for coverage to become effective.</p> <p>Our policy is designed to help prevent employees from losing coverage because of a change in carriers. Time spent under the previous carrier's policy will satisfy the preexisting condition limitation clause under our policy (as long as the person is working full time on the start date of the new policy).</p> <p>If the employee has completely satisfied the preexisting condition limitation period under the previous carrier's policy, the limitation will not apply under our policy. If some but not all of the preexisting condition limitation has been satisfied under the previous policy, the employee will be credited for the time satisfied under that plan.</p>		Return to work will determined the eligibilty of our contract.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	117	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes		No	<p>We cannot waive the actively-at-work provision for disability. Our contract requires that employees be in active service on the start date of the policy to be eligible for coverage. Our definition of "active service" encompasses various categories (e.g., vacation days, an employer-approved paid leave of absence not due to the employee's own illness).</p> <p>If an employee is not in active service on the start date, they must return to active service for a full day for coverage to become effective.</p> <p>Our policy is designed to help prevent employees from losing coverage because of a change in carriers. Time spent under the previous carrier's policy will satisfy the preexisting condition limitation clause under our policy (as long as the person is working full time on the start date of the new policy).</p> <p>If the employee has completely satisfied the preexisting condition limitation period under the previous carrier's policy, the limitation will not apply under our policy. If some but not all of the preexisting condition limitation has been satisfied under the previous policy, the employee will be credited for the time satisfied under that plan.</p>		Reliance Matrix does provide continuity of coverage (no loss, no gain) when a group changes carriers. Our contract provides for a transfer of insurance coverage feature. The intent is to ensure there is no gap in coverage when we takeover a case.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	118	The City's current process allows for employees to code from any of their available Leave banks. Specific leave types are not considered deductible income for purposes of calculating benefit payments such as Vacation time. Please confirm that you will be able to continue this practice and indicate any applicable benefit offset that is included in your plan design as well as any restrictions/limitations.	Yes		No	We would not offset any vacation that is paid to a claimant. We would need more information on specific leave types before we can fully respond.	Yes	Sales/Underwriting

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	119	Does your Disability contract contain any exclusion for alcoholism, psychiatric treatment, or drug abuse? If yes, outline the specific alcoholism, psychiatric treatment, or drug abuse exclusions that apply.	Yes	To align with your current plan, separate mental/nervous and drug/alcohol limitations have been included. MetLife does not limit Schizophrenia and neurocognitive disorders. MetLife will pay for a non-limited duration benefit condition first rather than first for conditions that are limited duration benefits.		<p>Mental Illness, Alcoholism, and Substance Use Limitations</p> <p>For cases when a disabled employee is not confined in a hospital, we will pay benefits on a limited basis for up to 18 months during an employee’s lifetime for disabilities caused or contributed to by conditions that include the following:</p> <ul style="list-style-type: none"> •alcoholism •anxiety disorders •delusional (paranoid) disorders •depressive disorders •drug addiction or abuse •eating disorders •behavioral illness •somatoform disorders (psychosomatic illness) •psychotic disorder •bipolar affective disorder •schizophrenia <p>The plan pays no further coverage once the lifetime limit of outpatient coverage is exhausted. If the covered employee is confined in a hospital for more than 14 consecutive days before reaching the lifetime maximum benefit, that period of confinement will not count against the lifetime limit. The confinement must be for the appropriate care of any of the conditions listed above.</p> <p>Specific Limitations</p> <p>We pay benefits on a limited basis only for mental illness, alcoholism, and substance abuse.</p>		Under our Long Term Disability standard Policy, benefits for alcoholism, drug addiction, chemical dependency, and mental illness are limited to a combined 24-month period.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	120	Describe your cost of living adjustment (COLA) benefit option. Is it included in your proposal? If not, what would be the charge for adding this option? What is the current COLA factor for groups with this benefit?	Yes	<p>The Cost-of-Living Adjustment (COLA) is an additional LTD income benefit. If the employee is receiving monthly benefits, we adjust the benefit amount on the first of the month following the date the 12th monthly benefit is payable. Taking into account the maximum benefit period, additional adjustments take effect on each anniversary of the first adjustment. The total number of adjustments may not exceed five.</p> <p>Under our certificate, COLA does not apply to rehabilitation incentives or additional benefits.</p> <p>Benefit Amount To calculate the COLA, multiply the amount of the employee's monthly benefit by 3% for the month prior to the date the adjustment is to take effect. This amount is added to each subsequent monthly benefit payment.</p> <p>This is an optional plan feature available for an additional charge. Variations to the percent and the duration are available.</p>		COLA is not included.		Our Cola Benefit increases an insured employees benefit, in accordance to the CPI. We did not included this in the proposal as it is not included currently, however we are happy to price this option if desired.

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	121	What are the employer and employee policy lapse provisions?	Yes	<p>1) Premium is due on the first day of each month. Our standard grace period is 60 days. In the event payments are late, your assigned financial / billing contact will reach out. Once a payment is 105 days past due, additional steps could be taken.</p> <p>2) Members would not be aware of the City's non-payment of premium. We would notify the City of the lapse to ensure a quick resolution.</p>		<p>No Loss/No Gain Our policy is designed to help prevent employees from losing coverage because of a change in carriers. Time spent under the previous carrier's policy will satisfy the preexisting condition limitation clause under our policy (as long as the person is working full time on the start date of the new policy).</p> <p>If the employee has completely satisfied the preexisting condition limitation period under the previous carrier's policy, the limitation will not apply under our policy. If some but not all of the preexisting condition limitation has been satisfied under the previous policy, the employee will be credited for the time satisfied under that plan.</p> <p>For the Employer The policyholder is responsible for payment of premiums due. The policy will lapse due to nonpayment if the payment is not received by the end of the grace period.</p> <p>For the Employee For conversion, in order to keep the coverage in force, employees must pay premiums by the due date on the billing notice.</p>		If a policy lapses due to non-payment of premium, we would send the lapse in coverage or termination letter directly to the employer as voluntary coverage is usually payroll deducted
Plan Design	Plan Design	122	Please confirm that you have quoted a plan that is considered a 'Match to current' in the 'Plan Design Disability' tab of this workbook	Yes		Yes		Yes	Sales/Underwriting

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	123	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design Disability' tab of this workbook	Yes		Yes		Yes	Sales/Underwriting
Plan Design	Plan Design	124	Please confirm that you have provided a proposal for a best value option that align benefit waiting periods that are best practice in the industry.	Yes		Yes		Yes	Sales/Underwriting
Financial Cost	Financial Cost	125	Indicate the cost of your STD/LTD administration services for a run-out period upon termination of the City's contract with your firm.	Yes	We would retain liability for any insured claims incurred while we were your carrier, so the City would incur no costs for the run-out period upon termination of the City's contract.		Since STD & LTD are fully insured, costs to administer claims incurred prior to the termination date are included in the quoted rates.		No Cost
Financial Cost	Financial Cost	126	Please confirm that you have completed the Pricing Tab for Disability	Yes		Yes		Yes	Sales/Underwriting
Financial Cost	Financial Cost	127	Please confirm that you have completed the Underwriting Tab	Yes		Yes		Yes	Sales/Underwriting
Financial Cost	Financial Cost	128	Please confirm that you have completed the PG Tab for Disability	Yes		Yes		Yes	Sales/Underwriting

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	129	Describe the reserving formula used for LTD claims.	Yes	<p>The reserve calculation takes into consideration the duration of an individual's disability and projected length of disability benefits. Reserves are adjusted for actual benefit offsets such as Social Security and Workers' Compensation.</p> <p>To integrate the probability of future Social Security awards, we look at the length of time a claimant has been disabled and apply a probability of approval based on our experience. An estimated award based on salary is then calculated and used to offset the base benefit.</p> <p>Since reserves are meant to be adequate on the whole and not necessarily for any one individual, they are not adjusted for an individual's prognosis. Reserves do, however, take into account the various diagnostic categories. Reserves are determined monthly and levels are continuously monitored for both accuracy and adequacy.</p>		<p>Open LTD claim reserves represent the actuarial present value or estimated outstanding liability for open claims. The primary assumptions used to develop open LTD claim reserves are termination rates, offset award assumptions, and the interest discount rate.</p> <p>The termination rates used to calculate disabled life reserves are based on our historical experience. The historical termination rates reflect our claim management model and our extensive return-to-work approach. The termination rates for longer durations were developed by blending our experience with industry termination tables.</p> <p>The open LTD-claim-reserve calculation takes into account the probability of obtaining an SSDI award. SSDI probabilities are also based on our historical experience.</p>		<p>Outstanding reserves are based upon the average termination (claim closure) rate and the interest rate RSL earns on reserves set aside for paying claims.</p> <p>We base the termination rate for a disabled person on:</p> <ul style="list-style-type: none"> Age at disability Duration of disability Gender of disabled Diagnosis Maximum benefit duration <p>The termination rate used in determining the reserve factor is based on a combination the 1987 Commissioner's Group Disability Table (CGDT) and RSL's experience. We also adjust the reserve factor to represent the Present Value of the expected total payout based on the interest RSL expects to earn at the time the claim is incurred.</p> <p>The resulting reserve factor is then multiplied by the Net Benefit to determine the reserve for each open claim. These reserves are grouped by experience period based on when the claims were incurred.</p>

Short/Long-Term Disability Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	130	Describe how you calculate IBNR reserves including factors and reserves for claims in payment status. Does this calculation, or factors, differ in subsequent years? If yes, explain.	No	Incurred but not reported (IBNR) reserves are based on your premium and loss ratio. Our primary method of accounting for IBNR claims is to exclude all premiums and claims from the loss ratio development (for the period prior to the experience valuation date equal to the elimination period plus one month). It's important to note that only a small portion of the IBNR reserve is included in the experience to account for late reported claims.		<p>Claim liability for claims that are in the IBNR period is considered in the experience-rate development process.</p> <p>The IBNR liability for each experience period is calculated by estimating the percentage of claims for that period that are still not reported. To make this estimate, we take the difference between the incurred and reported date of actual claims from our book-of-business. The difference between these dates tells us, on average, how long it takes an employee to report a claim after it has been incurred. Using these assumptions, we can calculate a percentage of total claims for each experience period that we estimate have still not been reported. The older the experience period is, the lower the percentage of unreported claims will be. After two years, we assume every claim has been reported.</p> <p>The estimated severity of unreported claims is calculated based on the plan design that was in force for the experience period. This assumes that claims that are not yet reported will be consistent with the plan design that was in force during the experience period.</p>		Reserves for Incurred But Not Reported (IBNR) claims are calculated based on the length of the Elimination Period plus the "unknown" reporting time at the point of review. The calculation is equal to the actual number of months in the benefit waiting period plus 2.0 months reporting lag, divided by 12 months, then multiplied by the annual premium, then multiplied by the permissible loss ratio for the group.
Financial Cost	Financial Cost	131	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes	One-time implementation credit of \$100,000 for LTD and \$50,000 for STD is provided.	Yes			Please see life "Budget Tab"

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?		Not applicable, as we do not write disability insurance.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	2	What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted? -For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions. -For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.			Yes	Less than 1% of services will be performed by vendor partners.	Yes	Voya Employee Benefits' disability insurance product is administered by Fullscope RMS – a leading provider of turnkey disability risk management products and services. Established in 1993, they offer high quality Actuarial, Underwriting, and Claims industry expertise in risk management. Voya has been working with them since 2009.
Plan Administration and Sponsor Services	Plan Administration	3	Explain your process for determining during the transition and implementation from one carrier to another? Please touch on all aspects.			Yes	As the inforce carrier for Disability benefits, we will continue to provide support through any plan changes or updates.	Yes	Any disability claims incurred prior to the effective date of 1/1/25 will remain with the current carrier until the individual returns to work or exhausts their benefits. Voya will work closely with the City to ensure no one slips through the cracks during a carrier transition. The Voya contracts have precise Continuity of Coverage Language that ensures coverage is offered on a no loss/no gain basis
Plan Administration and Sponsor Services	Plan Administration	4	Will you prepare the W-2, W2-Cs, 1099s and issue tax statements for disability payments? If yes, please provide a sample report.			Yes	We will prepare W-2s and W-2Cs. 1099s are not applicable because this plan ensures only employees. Please see the attached 2023 Year-end Tax Reporting of Disability Income Benefits. This booklet contains all the sample tax statements requested.	Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	5	Do you pay the employer FICA taxes and send out the W-2 forms? a. If yes, is the payment of the taxes and preparation of W-2 forms included in your rates? b. If not, how much additional would the rates increase to include you paying the employer FICA taxes and preparing the W-2s? Please be sure to indicate on the Pricing tab for Disability			Yes	Yes	Yes	Voya's intent is to duplicate the process that is currently in place. STD The standard for STD is to include bill back for the services. The FICA match service can be included as an alternative in the quote rate and the rates will increase 7.65%. LTD For Long Term Disability, we can remit a client's share of FICA taxes. The option is available for FICA services with no reimbursement required. The cost for FICA services for a 90 day EP plan is 2% of premium. The cost of FICA services for a 180 day EP plan is 1% of premium.
Plan Administration and Sponsor Services	Plan Sponsor Services	6	Please describe your account team that will be assigned to the City of LA to include: a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing			Yes	a) Jennifer Queen, National Accounts Consultant b) Nathan Briggs, Consulting Underwriter c) Angelica Schmitt, Manager - Premium Services d) Darin Plotnick, 100% Dedicated Account Specialist e) Orange County, 6, 8 am to 5 pm Pacific g) The references listed in their tabs include two customers within Jennifer's block of accounts. As a courtesy to our customers, we do not otherwise identify them during the proposal process.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.
Plan Administration and Sponsor Services	Plan Sponsor Services	7	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues			Yes	Confirmed. Jennifer Queen and Darin Plotnick are the account management leaders assigned to the City and can manage all account relationship concerns.	Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Plan Sponsor Services	8	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.			Yes	Confirmed. Please see the attached Team Chart which includes a description of roles as well as resumes for the account management team.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.
Plan Administration and Sponsor Services	Plan Sponsor Services	9	Confirm that you will provide Quarterly and Annual Claim Reports			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	10	Confirm that you will provide Report on total number of claims by claim type			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	11	Confirm that you will provide Report on total number of claims by job classification, MOU, work department			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	12	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you will provide Plan sponsor on-line or written billing history			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Plan sponsor on-line or written plan/service details			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.			Yes	Our online portal provides access to membership data which updates through the eligibility feed. We also provide detailed reports during our annual stewardship meeting.	Yes	<p>Online Reporting – The City's personnel will have on-demand access to a variety of Life and Disability status reports, as well as an online administration guide, contact information for your Voya Client Engagement team, and access to our online billing tool. Security can be set up to allow for varying access to employee specific data. See attached for more information.</p> <p>Our Employee Benefits Resource Center (EBRC) website serves as a one-stop shop for employees to learn more about the additional insurance products offered in their benefits plan. Designed as an educational resource, employees and their families can educate themselves on the offered products via videos, real-life examples, brochures, and FAQs. This site also serves as one central source for Employers to access product information, enrollment access and claims filing. Please see attached Employer Gateway Demo Guide for additional information.</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	18	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>			Yes		Yes	a-c Voya Employee Benefits works directly with the employer to resolve any eligibility issues as they pertain to enrollment or premium payments. In situations where eligibility is in question because of a pre-existing condition, our approach is to work with the employee and medical providers to ensure that all records are obtained, and factors are considered.
Plan Administration and Sponsor Services	Plan Sponsor Services	19	<p>Can the City audit the services provided? Indicate what services, records, and access will be made available to the City at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.</p>			Yes	Yes, there is an audit clause in the current contract. You can respond with yes + the audit response. If more detail is desired, please check with quality management.	Yes	<p>ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request.</p> <p>Audits will be supported as covered and noted by contract.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.			Yes	Up to \$100,000 inclusive of all coverages	Yes	ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request. ReliaStar will cover the cost of the audit, not to exceed \$50,000 per policy year.
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?			Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	23	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, and/or AD&D coverages?			Yes	The Standard has a dedicated Compliance Team. This team's responsibilities include filing and negotiating approval of policy language in jurisdictions where required. The team also has a legislative review role.	Yes	State and Federal legal and regulatory matters are monitored by our internal Legal and Compliance departments. Legislative Bulletins are issued by the Compliance Department in order to inform our employees, claims payers, and group policyholders of new state laws and regulations that impact policies and/or business practices of Voya Employee Benefits. At times, these bulletins include implementation tasks for various business units to perform in order to bring our policies and practices into compliance with the laws.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Plan Sponsor Services	24	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix			Yes	Written updates are provided on an as-needed basis. A sample is attached.	Yes	This occurs as needed and on a case-by-case basis. Please see the attached sample of State Legislative Updates.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	25	Describe the enhancements you would make for the City's current Reasonable Accommodations process. Be specific about the role/responsibility that your Firm would 'own' or take on.			Yes	The Standard's Workplace Possibilities Program can be integrated into the City's 6-step Reasonable Accommodations Process. They can work directly with the employee to establish their situation and modified work available to them, analyze their job site, and monitor their return to work journey in coordination with supervisors and benefits staff. Our programs also allow for the reimbursement of costs associated with new or altered equipment that accommodates the employee's medical needs.	Yes	<p>Our Case Specialists follow up with employees and continually evaluate recovery status and potential for return to work. We will call an employee 5 business days prior to their estimated return to work date. They work closely with our in-house Vocational Consultants to assist with evaluation of essential job functions, evaluation of any needed accommodations, partnering with health care providers, and working with employers to determine what they are able to accommodate and what works well within their medical plans or other policies to facilitate successful return to work. Our acknowledgement packet will include any applicable Fitness for Duty form required for return to work, and our letters outline the need to contact us if return to work dates change. We will remind them to provide the Fitness for Duty form and follow up with their physician as needed if the date has been extended to obtain any additional information we need, and utilize our in-house medical consultants to review claims as needed. After an employee returns, we will follow up to ensure that occurred.</p> <p>Federal regulation allows an employer to establish recertification timelines for absence periods that exceed 6 months, provided this recertification is in conjunction with an absence. We recommend 6 months for employers seeking to reduce potential abuse, and 12 months to employers seeking to provide greater flexibility to employees. Also, our best practice model is to provide employers with visibility to any absences trends that may potentially qualify for recertification. These include exceeding frequency or duration and patterns of absence. During implementation, we will discuss how to approach this with the employer.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	26	<p>The City's current process allows for employees to code from any of their available Leave banks while a claim is pending approval/denial. Any offsets that may be defined are taken on future disability benefits payable (and not through other means such as payroll adjustments). Please confirm that you can agree to continue this practice.</p> <p>If not, please describe the effect of integration of sick time on a claim. Be sure to include the impact of use while a claim may be 'pending approval'.</p>			Yes		Yes	Voya's intent is to follow the current process.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	27	The City is looking to improve the timeliness and accurateness of reporting claim status back to the City. Please describe the top three (3) actions/functions that you will implement to accomplish this.				<ul style="list-style-type: none"> •Increased income threshold for required payroll documentation implemented in 2024. •The employer portal released in December of 2023 provides straightforward, configurable access to your benefit information including claim status and timeline of claim activity. •In addition to the new employer portal, The Standard is able to provide customized and automated reporting upon request. Also, the City has access to a Dedicated Account Specialist who can provide claim status reports to the City on as needed basis. 	Yes	<p>Via our Online Disability portal, the employee, their supervisor and HR staff can access Disability claims, reporting, submitting a new claim and contact Case Specialists.</p> <p>Client access via the web is provided for various life, disability, and medical underwriting reports. Access is available 24/7 except for regularly scheduled system maintenance. Claim status is available on a point-in-time basis (as of the previous night). Employers have access to this information and varying report access rights can be set up for client representatives within the same group contract number. Individual insureds do not have access to the online reporting tool.</p> <p>Employers may manipulate reports to show a particular view (i.e., only these employees, these dates, extract to Excel). Reporting portals are accessible to employees and employers by mobile device and format appropriately to a device's screen layout. The portal logo and color band at the top of the screen are customizable per employee. Documents are visible in real-time as soon as they are uploaded.</p> <p>Voya can also schedule push report to be sent to the employer on a pre-determined schedule.</p>
Member Services and Communications	Communication Materials	28	Confirm that you will provide written, virtual, and/or in-person education to employees about disability insurance, its processes and services.			Yes	We provide a variety of tools and can distribute them in paper, online, and person-to-person formats as needed. Our Microsite and Decision Support Tool are customized to the City's plans. The Dedicated Account Specialist is also available for consultation over the phone and can attend benefits meetings as needed.	Yes	Confirmed

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Communication Materials	29	Confirm that you agree to allow for a custom insert in the initial disability packet mailed to employees (post intake) that outlines their options under the City's Benefit Protection Plan (BPP).			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	30	Describe the disability claim process. Can individuals file electronically? Describe your verification process for determining whether an individual qualifies for STD/LTD disability payments include what the Benefit Waiting Period looks like. What criteria are used to determine benefit eligibility? What is required of the claimant and what validation process do you engage in in order to validate eligibility for benefits? Please answer all these questions in a clearly labeled appendix.			Yes	Please see the attached Disability Claim Process appendix.	Yes	<p>Employees call (866) 228-8742 to initiate their STD claim. No claim form is needed from the employee. Most information needed from the employer is also included in the eligibility file (all but information that is not known until claim time, such as PTO usage, etc.), and accessed and utilized by claims staff to process STD claims. Therefore, no employer form is needed from the employer. Paper claim form (fax, mail, email) or online claim submission is also available; however, the simplest method for the employee is to call (since staff can utilize the eligibility file feed as a reference when an employee calls in a claim).</p> <p>When the employee calls in their claim, the DIAL telephonic intake representative will ask the employee to verify information received on the eligibility file feed (demographic info, job title, etc.), and will ask the employee to provide information regarding their disability, including diagnosis and health care provider contact information. The representative will fax the Attending Physician's Statement form directly to the health care provider the same day. A letter acknowledging receipt of the claim and next steps is sent to the employee.</p> <p>Within 24 hours, the claim will be assigned to a claims analyst, who will call the employee within 48 hours to introduce themselves, discuss their claim details, advise as to what information is still needed, and answer any questions. We will contact the employee's health care provider to obtain what we can over the phone for information, which is at times sufficient without the need for the return of the Attending Physician's Statement, such as for maternity and simple surgery claims. We will follow up with the health care provider and employee if the information is not received.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	31	What are your requirements of a claimant for ongoing verification of disability status of an STD/LTD claimant?			Yes	<p>Once we approve a disability claim, we create a disability management plan based on the projected claim outcome. The activities and resources involved will be different depending on these expectations.</p> <p>Follow-up claim activities are based on:</p> <ul style="list-style-type: none"> • Diagnosis. • Expected date of recovery. • Or expected return-to-work date. <p>Each plan sets the timing and focus of claim actions. Analysts use system diary events, reports and correspondence to track and manage follow-ups. Our claim teams work with Nurse Case Managers using multiple tools, such as MDGuidelines (Medical Disability Advisor by Presley Reed) in order to determine reasonable medical durations.</p>	Yes	<p>The frequency or requirement for proof of disability varies, depending on the medical status of the employee and/or the likelihood the employee will recover and be able to return to work. In cases where the disability has a known duration as noted in the Medical Disability Advisor, continued proof of claim will not be required. In cases where the employee is not yet medically stable, but appears likely to recover and return to work in the future, the claim is monitored more frequently for a change in status and/or proof of continued disability.</p> <p>In cases where it has been determined that a claimant is unable to perform the duties of any gainful occupation and receiving Social Security Disability benefits/Governmental Pension or Disability benefits, the claim will be reviewed on an annual basis.</p>
Plan Administration and Sponsor Services	Claims Processing	32	What do you require of the employer as part of the validation process for an STD/LTD claim?			Yes	<p>Often, the only item we require is an employer statement verifying items such as last day worked and sick leave end date.</p> <p>We may request additional information such as an employee's job description, enrollment verification or payroll (i.e., from a member partially disabled while working). Requests for additional information are on a case by case basis.</p> <p>As appropriate, we ask that the employer consult with us when an employee's productivity is diminished as the result of a known health condition, even before that employee files a claim. This is where The Standard can fit into the City's accommodation process utilizing our \$25,000 Reasonable Accommodations benefit to help an employee stay at work.</p>	Yes	<p>Most information needed from the employer is also included in the eligibility file (all but information that is not known until claim time, such as PTO usage, etc.), and accessed and utilized by claims staff to process STD claims.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	33	When a claimant no longer meets your definition of disability and is determined to no longer be eligible for continued STD/LTD benefits, explain your process and criteria for addressing these situations in a clearly labeled appendix.				<p>Criteria are based on the definition of disability determined by the City.</p> <p>We keep employees informed about their claims status throughout the claims process. We provide as much advance notice as possible before closing their claim. For STD, we send a letter several weeks before the expected recovery date, letting the employee know of the approaching closing date and why we expect them to have recovered by then.</p> <p>For LTD claims, we send a letter nine months before any change in the definition of disability. When determining the LTD claim will close for any reason, we send a detailed letter as soon as we make the decision.</p>	Yes	<p>Short Term Disability coverage is intended to provide financial protection for a few weeks to a few months. The maximum duration of STD benefits varies. Most commonly, STD coverage has a 26 week maximum duration.</p> <ul style="list-style-type: none"> An initial approval of your employee's claim does not guarantee their benefits will continue until the maximum duration of the policy. The duration of a paid claim is based on a variety of factors as outlined in the Certificate of Coverage. Benefits will last until the earlier of the STD policy's maximum duration or your employee is no longer disabled. <p>Most LTD policies have a maximum duration of up to the Social Security Normal Retirement (SSNRA) age, during which a benefit will be paid during a continuous period of disability provided your employee continues to meet the policy's definition of Disability. The duration of a paid claim is based on a variety of factors as outlined in the Certificate of Coverage.</p> <ul style="list-style-type: none"> An initial approval of your employee's claim does not guarantee their benefits will continue until the maximum duration of the policy. Benefits will last until the earlier of the LTD policy's maximum duration or your employee is no longer disabled. The Age Discrimination in Employment Act of 1967 (ADEA) may extend benefits past the Social Security Normal Retirement Age for employees covered under the policy who are beyond a certain age when their disability begins.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	34	Indicate if you use disability Case Managers (CMs) for STD/LTD claims. Do you assign CM based on the type of disability involved? For example, would you assign case managers that specialize in behavioral health related disabilities to behavioral health related CMs?			Yes	Disability Examiners and Analysts are able to call upon Nurse Case Managers and Behavioral Health Case Managers at any time in order to support the diagnosis and management of specialized claims. Our Workplace Possibilities Program also provides additional case management for stay-at-work and return-to-work situations.	Yes	<p>Our Claims Analysts follow up with employees and continually evaluate recovery status and potential for return to work. They work closely with our in-house Vocational Consultants to assist with evaluation of essential job functions, evaluation of any needed accommodations, partnering with health care providers, and working with employers to determine what they are able to accommodate and what works well within their medical plans or other policies to facilitate successful return to work. Approximately 40% of LTD claim closures are a result of return to work.</p> <p>We are fortunate to have a strong network of physicians and nurses that are hired with backgrounds in direct clinical services and disability insurance experience. Given the time sensitivity of claims, claims are typically assigned based on availability.</p> <p>Medical input is obtained prior to making a liability determination in most situations and during intervention points as needed per the facts of each individual claim. Clinical reviews are conducted on all subjective claims and prior to all medically based denials. 90% of LTD cases are referred to our nurses for medical review.</p>

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Plan Administration and Sponsor Services	Claims Processing	35	How do you use nurses vs. physicians for claim management in the IMR process? What guidelines determine who handles independent medical review?				<p>The information given by an employee's physician or from an IMR examination is reviewed by our Nurse Case Manager (NCM) or a Physician Consultant when needed. They help to determine how completely and clearly it documents limitations and restrictions as well as the employee's prognosis. If clarification or interpretation is necessary, the NCM may speak directly with the treating physician(s), request a narrative report, completion of a medical capacities questionnaire or copies of medical records from the physician(s).</p> <p>In some circumstances, the NCM may refer the file to a Physician Consultant for further review. More clarification may be gained through independent medical examinations, or other services. The ultimate goal is to work with the employees treating physician(s) to promote a care plan directed toward return to work/recovery if possible.</p>	Yes	<p>Voya Employee Benefits has 11 on-site Registered Nurses with clinical experience in cardiology, oncology, orthopedics, surgery, psychiatry, and occupational health. Our staff of Registered Nurses maintains current state licensing and fulfills all continuing education requirements on an annual basis. We do not require our Registered Nurses to be URAC accredited.</p> <p>Voya Employee Benefits also has 4 on-site Board Certified Physicians, 2 Board Certified in Internal Medicine, 1 Board Certified in Neurology and Psychiatry, and 1 Board Certified in Occupational Medicine.</p> <p>STD claims that are complex or extend beyond the expected recovery period require medical consultation. The individual circumstances and complexity of a claim determine if a file is referred for physician review. Generally, a file is referred to a physician after an initial review and discussion with an RN. Physicians review the file and contact the treating physician if necessary to resolve any questions or inconsistencies. They may also request additional information and/or recommend further evaluation.</p>

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Plan Administration and Sponsor Services	Claims Processing	36	Describe any independent medical evaluations (IME) and functional capacity evaluation (FCE) services you can offer to the City.				<p>Independent Medical Examination An Independent Medical Examination (IME) may be needed when:</p> <ul style="list-style-type: none"> •A treating physician's data is incomplete •Medical reports are conflicting •The employee's physical capacities and work capacity must be measured •We do not have a clear understanding of the employee's complaints and impairment <p>IMEs are coordinated by a Nurse Case Manager. We only use American Board of Medical Specialties (ABMS) certified physicians residing near the employee.</p> <p>Functional Capacity Evaluation A Functional Capacity Evaluation (FCE) may be needed when:</p> <ul style="list-style-type: none"> •An employee's functional capacity is unclear •We need Return to Work clarification <p>FCEs are coordinated by a Nurse Case Manager.</p>	Yes	<p>We sometimes utilize behavioral health Independent Medical Exams (IME). An IME may be requested when it appears that an employee is not making satisfactory medical progress toward the goal of a successful return to work. An IME (file/medical review) may be sought in cases that involve complex/questionable medical issues or where opinions rendered by treating providers are not supported by objective medical evidence and/or accepted medical guidelines.</p> <p>Copies of medical records are provided to the IME physicians for review, along with specific questions pertaining to the applicable claimant. Communication methods may vary. The attending physician is provided with a copy of the IME report and given the opportunity to respond or comment.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	37	Describe any vocational rehabilitation services you can offer to the City. If so, list physical locations / virtual services and availability times.				<p>We use our generous \$25,000 Reasonable Accommodation Expense and Rehabilitation Plan provisions to help members stay on the job. These provisions provide:</p> <ul style="list-style-type: none"> •Accommodations. •Assistive devices. •Modifications. •Training. •Other assistance. <p>In complex cases, we bring in local case managers and can make them available virtually.</p> <p>The Standard can offer an Onsite Workplace Possibilities Consultant assigned to a location of the City's choice. Our Workplace Possibilities Program provides direct return to work and stay at work assistance at the jobsite. A consultant can offer voluntary assistance, evaluate the employees' needs, including ergonomic assessments, and provide case management and accommodation implementation.</p>	Yes	<p>Screening for vocational rehabilitation takes place upon first notice of claim and is a critical component of our LTD claims management program. Our Vocational Rehabilitation Counselors review each new LTD claim with the designated Claims Analyst to determine if early vocational intervention can result in a successful return to work. They participate in our multidisciplinary claim roundtables along with our on-site physicians and nurses to benefit from understanding the medical condition(s) and anticipated recovery period specific to each disabled employee. If the medical condition is not expected to result in the ability to engage in return to work efforts early on, our Vocational Rehabilitation Counselors continue to review the case and introduce services when appropriate as the medical condition improves.</p> <p>Our Vocational Rehabilitation Counselors reach out to the employer to confirm occupational requirements and have a discussion about possible workplace accommodations that would enable the employee to return to work. Evaluation of equipment modification and adaptive devices is completed to determine the specific needs of the employee and the best approach to facilitate a successful return to work. Some examples of workplace modifications include sit/stand work stations, ergonomic keyboards, lumbar chairs, adaptive phones for hearing impairment, and computer applications for visual impairment.</p> <p>If the employee is not able to return to work with their own employer, our Vocational Rehabilitation Counselors are dedicated to providing cost-effective rehabilitation services, including working with the individual to assess transferable skills and identify alternative career paths, assistance with resume writing and job applications, and coaching for job interviews. If the individual is highly engaged and motivated to return to school to earn a degree or other certification, our Vocational Rehabilitation Counselors will complete a</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	38	Describe any STD/LTD disability duration guidelines you use in administering claims. Describe your protocols and practices in the event a physician and/or claimant's disability duration exceed your duration guidelines?			Yes	<p>We manage each claim according to an employee's needs. The Standard does not use these guidelines to report and pay disability claims rigidly. If a disability continues beyond an expected duration, we will check to see if there are complications impacting return to work.</p> <p>The Standard uses MDGuidelines as a tool for choosing reasonable duration timelines. MDGuidelines uses a growing number of treatment guides and outside data to provide one point of access for medical staff, nurse case managers, third party administrators, HR staff, adjusters, analysts, and employees.</p>	Yes	<p>Our duration guidelines resource is The Medical Disability Advisor (MDA) developed by Presley Reed, M.D., which outlines the expected length of disability, based on a given diagnosis or procedure and the job duty classification. The guidelines are applied to each claim and adjusted according to the specific claim situation. The MDA Internet is revised on a continuous basis by the Reed Group. This online tool includes guidelines for nearly 5,000 of the most common diagnoses and medical/surgical procedures, taking into consideration the primary diagnosis and the physical requirements of the individual's job (e.g., light, medium, heavy, etc.). We receive automated updates online each time The Medical Disability Advisor produces a new edition of guidelines. The guidelines are applied to each claim and adjusted according to the specific claim situation.</p> <p>Disability durations can vary for any given physical or psychiatric diagnosis based on the presence of co-morbid conditions and other factors that might influence the length of disability. While the duration guidelines are referenced, each claim is managed individually based on the available information and specific relevant circumstances.</p>

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Plan Administration and Sponsor Services	Claims Processing	39	Describe any Return to Work and Job Accommodation support services you might have and how will you work with City's Reasonable Accommodations office?				<p>You can receive stay at and return to work services for covered employees from our Workplace Possibilities model. We can establish a program specific to the City's return to work process, integrating into the discovery, medical documentation, and accommodations procedures. WPP consultants will craft a plan for each employee, subject to the final approval of the City's HR team.</p> <p>All Workplace Possibilities Program services and equipment are provided to you at no direct cost. The program is funded through the Reasonable Accommodation Expense benefit within your LTD Group Policy with The Standard.</p>	Yes	Our rehabilitation specialists work with each employee, their healthcare provider, and employer to create an individualized vocational rehabilitation/return to work plan. During implementation – and ongoing thereafter – we welcome the opportunity to partner with the employer to understand capabilities around accommodations for return to work in either a modified and/or part-time status to optimize outcomes.
Plan Administration and Sponsor Services	Claims Processing	40	Explain how you would assess disability duration and identify return-to-work opportunities. When do you begin Return to Work evaluation? What are your evaluation procedures?				<p>Immediately after a claim is filed, our Nurse Case Manager, Behavioral Health Case Manager, Vocational Case Manager, and Benefit Analyst monitor recovery. They look for opportunities to offer accommodations, case management, training, and other assistance to get members back to work as soon as feasible. They can act as a partner for other benefits as well.</p> <p>We assess transferable skills, labor market opportunities and the employee's interests and motivation. We then evaluate the issues involved that could mean a change of career. With the employee's help, we will make a plan and implement provisions that help them return to work.</p>	Yes	<p>Disability durations can vary for any given physical or psychiatric diagnosis based on the presence of co-morbid conditions and other factors that might influence the length of disability. While the duration guidelines are referenced, each claim is managed individually based on the available information and specific relevant circumstances.</p> <p>It is our procedure to contact the claimant to confirm the expected return to work date. We also instruct the claimant to contact us immediately if they return to work earlier than expected to prevent an overpayment of benefits.</p> <p>The call is typically made the week prior to the expected return to work date, but can vary based on the specific circumstances of each claim.</p>

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Plan Administration and Sponsor Services	Claims Processing	41	Confirm that you will provide administration services for STD/LTD claimants that were disabled prior to the effective date of this contract (1/1/2025) and are eligible for STD/LTD benefits on or after 1/1/2025?			Yes		Yes	Disability claims liability starts on the date the disability first began. Therefore, the claims liability described in this example would remain with the current carrier. In the unlikely event that the current carrier were to deny a claim for reasons associated with the change of carriers, Voya would pick up the claim based upon our no loss/no gain continuity of coverage language.
Plan Administration and Sponsor Services	Claims Processing	42	Please submit sample authorization form for release of medical information in a clearly labeled Appendix.				Kaiser Permanente will accept The Standard's authorization for release rather than their internal form. Samples of each form are attached.	Yes	Please see the attached Authorization for Release of Health-Related Info Sample Form.
Plan Administration and Sponsor Services	Claims Processing	43	In the event a City employee is incapacitated to the point that they are unable to file for STD/LTD, what options are available for another entity to file for STD/LTD on their behalf?				In the event a City Employee is unable to handle their own affairs, The Standard will evaluate the circumstances on a case-by-case basis. The Dedicated Account Specialist can work directly with the employee's treating physician, relative, spouse, partner, or City Personnel to gather the necessary information to begin a review of an STD or LTD claim.	Yes	Anyone can call the claim in on their behalf.
Plan Administration and Sponsor Services	Claims Processing	44	How long does it take on average to process a Short/Long Term Disability claim from your claims unit?			Yes	<p>Short Term Disability From when a claim is assigned for review, STD decisions are made within three to four days, on average.</p> <p>Long Term Disability The 2023 average initial decision turnaround was 21 days. More complex claims may take longer to decide than simpler ones. Usually, if The Standard administers both the STD claim and the LTD claim that follows, there is no gap in payments. The transition from STD to LTD will be seamless.</p>	Yes	For STD, approximately 85% of information is collected via telephone call to the provider. In instances where medical records are required, average turnaround time for both STD and LTD is 8 days.

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Plan Administration and Sponsor Services	Claims Processing	45	Describe how a long-term disability claim would flow through your organization including the steps involved in the review and points of contact with personnel.				A claim can be filed by the claimant or by the City's benefits team. After filing, a claims analyst reviews it, and will release communications to advise of approval, denial, or pending for additional information. The specific nature of the claim will determine the level of contact needed once a disability management plan has been approved. Analysts have defined diary events which prompt outreach, but can also reach out as needed. We also remain in touch through the return to work process to ensure that an employee has returned successfully.	Yes	<p>Long Term Disability claims can be submitted via online, email, fax, or mail. The new claim is posted within 24 hours of receipt and assigned to the designated Claims Analyst.</p> <p>All new disability claims are acknowledged and reviewed within 3 business days of receipt to determine if: 1) the claim is payable, 2) additional information is needed to make an initial liability determination, or 3) no benefits are payable. Our claims administration system tracks and reports this information.</p> <p>An initial telephone interview is conducted within the first ten business days of an LTD claim receipt. Letters are sent in accordance with ERISA and state/federal regulations with appropriate verbal follow up. Initial LTD claim decisions are made within 28 days on average from first notice of claim.</p>

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Plan Administration and Sponsor Services	Claims Processing	46	Describe your disability management program, including your handling of: <ul style="list-style-type: none"> • Duration management • Benefit integration • Confidentiality • Psychiatric claims • Early return to work • Closing claims missing “necessary” information. 				<ul style="list-style-type: none"> • Duration management: Determined by MDGuidelines, then managed actively by claims staff. • Benefit integration. Our systems are integrated, and we can warm transfer to coordinate with benefit vendors. • Confidentiality. The Standard encrypts data in motion and at rest and employs Need to Know policies regarding sensitive information. • Psychiatric claims. Behavioral Case Managers are available to guide staff in managing mental health claims. • Early return to work. Our Workplace Possibilities Program assists with accommodations and alternate assignments. • Closing claims missing “necessary” information. Claims staff make every effort to gather medical documentation. Members are informed of how to appeal when claims are denied. 	Yes	<p><u>Duration management</u>- Our duration guidelines resource is The Medical Disability Advisor (MDA) developed by Presley Reed, M.D., which outlines the expected length of disability, based on a given diagnosis or procedure and the job duty classification. The guidelines are applied to each claim and adjusted according to the specific claim situation.</p> <p>Disability durations can vary for any given physical or psychiatric diagnosis based on the presence of co-morbid conditions and other factors that might influence the length of disability. While the duration guidelines are referenced, each claim is managed individually based on the available information and specific relevant circumstances.</p> <p><u>Benefit integration</u>- For plans with Insured STD (paper claim submission), a specific STD Claims Analyst will be assigned to handle claims for the employer. Claims will be transitioned to a specific LTD Claims Analyst, if the employee is unable to return to work before the end of the STD period. Employees will be able to contact the assigned Claims Analyst when questions arise about the claim. Since the Claims Analysts work in the same department, they are able to communicate easily about the claim during the STD period to facilitate a smooth transition to LTD if the person is unable to return to work. Both STD and LTD claims are paid on the same claim payment system, allowing the claims to be linked and avoiding duplication of effort.</p> <p><u>Confidentiality</u>- Our staff is trained regarding HIPAA compliance and how to maintain confidentiality with regards to client and claimant confidentiality. Only those on staff that need access to claim information may access it.</p> <p><u>Psychiatric claims</u>- Psychiatric claims are managed the same as any other disability. We have on-site Registered Nurses with clinical experience in behavioral health as well as</p>

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Plan Administration and Sponsor Services	Claims Processing	47	How will you minimize fraudulent claims?			Yes	<p>During new hire and annual training, claims managers learn how to detect red flags for fraud. Benefits managers have access to our Special Investigations Unit via email or telephone. The SIU always has one investigator "on call" to handle any suspected fraud that needs immediate attention.</p> <p>Our clinical case staff are instrumental in catching claims that may be fraudulent. Common examples of such claims include exaggerated symptoms, or an insured individual who appears to be working.</p> <p>In addition, our Quality Assurance department conducts monthly claims audits. These provide additional opportunities to detect potentially fraudulent or questionable claims.</p>	Yes	<p>If we suspected fraud on the part of a doctor, we would consult with our Legal Department. State reporting requirements may require us to report suspected fraud on the part of a medical practitioner.</p> <p>Once the determination is made that the insured is disabled in accordance with policy provisions, benefit payments begin with periodic medical, vocational and financial updates occurring; additional forms from the claimant, employer and physicians are requested as needed. Ongoing medical records may be requested and consultations with vocational rehabilitation resources or field investigations such as surveillance or home visits may occur as warranted. The frequency and nature of this additional investigation varies greatly depending on the circumstances of the specific claim situation. Ongoing investigation regarding eligibility for other income will also occur. Each claim is tracked and monitored via an automated follow up system.</p>

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Plan Administration and Sponsor Services	Claims Processing	48	<p>What systems are in place to insure quality in the management of the plan's benefits including:</p> <ul style="list-style-type: none"> • Internal audit procedures including turnaround and payment accuracy. • Controls for comorbidity edit. • Controls to identify incorrect payees, payment in excess of plan maximums, duplicate and fraudulent checks, over and underpayments and other claim processing and benefit payment discrepancies. 				<p>Our Performance Guarantee program involves quarterly audits to maintain agreed-upon service levels, including claim turnaround and accuracy.</p> <p>When a member is in a position with a high possibility of comorbidity, our Workplace Possibilities Program can consult on alternative duties and accommodations to help prevent comorbidity from developing.</p> <p>Our audits include checks for payee accuracy and overpayments. Overpayment is also discussed with claimants during the claim process. Our claims system edits for duplicate payments and will not allow them to be processed.</p>	Yes	<p>An internal audit will be completed after the initial case setup and a test billing process will be completed. An internal case tracking system is in place to ensure that all activities are completed prior to the effective date. All case setup activities will be monitored by your local servicing staff and a designated Account Manager.</p> <p>Intake specialists focus not only on compliance and adherence to the law but on reducing absences by making appropriate referrals. We view absence management interactions with employees as opportunities to support them with all available resources—EAP, work-life, wellness programs, and disease management—at a crucial time in their lives.</p> <p>We are continually implementing efficiencies in our workflows and risk management processes that often result in cost savings for our client. All new claims are screened for vocational rehabilitation and return to work opportunities. We want individuals participating in rehabilitation to be successful, and therefore, those who do not have the capacity to perform sedentary work at least 20 hours per week may not be considered unless further recovery is likely. For every dollar spent on vocational rehabilitation efforts, an average of \$90 is saved.</p> <p>Our management oversight includes the use of operational reports, management signoff, audits, and training. Managers receive weekly reports outlining shifts in caseload, data integrity errors and changes, and approaching intervention points to name a few. Cost control programs, such as vocational rehabilitation are not mandatory. However, early intervention increases the likelihood of disabled employees successfully returning to work.</p>

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Plan Administration and Sponsor Services	Claims Processing	49	Describe your Social Security assistance/advocacy program, including staffing, procedures, fees, and results.			Yes	<p>Disabled employees must apply for Social Security benefits if likely eligible. Our Social Security Coordinators screen new LTD claims for Social Security viability and offer assistance. These processes are available at no cost.</p> <p>Our Social Security assistance program coaches and represents disabled employees from start to finish. We help with the application, appeal and representation at the hearings level, if needed. This is at no cost to the employee or policyholder.</p>	Yes	Assistance with securing Social Security disability income is provided to any claimant who is deemed totally disabled from any occupation for 12 months or more. We educate claimants regarding Social Security Disability and assist them with the application and appeals process as needed including assuming the cost for any legal assistance. A review is conducted to reassess the claimant's eligibility as defined by the Social Security Administration; the expertise and knowledge of our medical staff and disability specialists provide valuable assistance in understanding the administrative guidelines. We also assist the claimant by providing referrals to third party legal advisors and agencies specializing in Social Security assistance.			
Plan Administration and Sponsor Services	Claims Processing	50	What is your Social Security approval rate? Appeal rate?				<p>Our Social Security assistance program coaches and represents disabled employees from start to finish. We help with the application, appeal and representation at the hearings level, if needed. This is at no cost to the employee or policyholder.</p> <p>Following the denial at the initial application, employees can request a reconsideration or first appeal. If the reconsideration is denied the claim proceeds to the Hearing Level</p> <p>SSDI Award % at Reconsideration Level - 34%</p> <p>SSDI Award % at Hearing Level - 79%</p>	Yes	<12 Months	12-<24 Months	24-<36 Months	>36 Months
									17.00%	54.00%	76.20%	94.50%

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Plan Administration and Sponsor Services	Claims Processing	51	When and how are estimated Social Security offsets applied?			Yes	<p>The Standard will usually pay full benefits while Social Security claims are pending. We explain the impact of receiving other income at the beginning of the claims process. We explain overpayments due to receiving retroactive benefits and ask they sign an "Agreement to Reimburse." This shows they understand an overpayment may occur and must be paid back.</p> <p>When an employee receives deductible income, we calculate any overpayment and require repayment. Our Social Security assistance program also provides offset and overpayment recovery services.</p>	Yes	<p>Our standard procedure for payment of benefits in the event of a delay in receipt of Social Security or other offsets, is to provide LTD benefits once proof of total disability has been determined, regardless of approval of other potential offsets. Depending upon the medical condition of the claimant, we advise the claimant to apply for Social Security Disability and request that he or she provide us with proof of application. The claimant is given the option of either having an estimated Social Security offset taken from the LTD benefit or receiving the entire LTD benefit while Social Security is reaching a decision. Claimants are notified that reimbursement is required when an overpayment results from a favorable decision.</p> <p>For situations where it is likely the claimant will be unable to perform his own or any occupation for at least 12 months, we will request that the claimant begin the application process as early as six months into the life of the LTD claim.</p>

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Plan Administration and Sponsor Services	Claims Processing	52	How often will you verify the disability status of a claimant?				<p>We review STD claims after we have paid nine weeks of STD benefits. We check again after we have been paying benefits for 17 weeks, if applicable.</p> <p>Each LTD plan sets the timing and focus of claim actions. Analysts use system diary events, reports and correspondence to track and manage follow-ups. All active LTD claims contain four automated, mandatory review dates at months 5, 9, 14 and 18 after benefits become payable. This ensures that the plan stays on-track.</p> <p>The specific circumstances of each claim and the medical information provided will prompt additional communication as needed.</p>	Yes	<p>Ongoing LTD claims are monitored by the Claims Analyst who uses available resources, such as but not limited to medical and vocational. The frequency of review varies, depending on the medical status of the employee and the likelihood that he or she will recover and be able to return to work. In cases where the employee is not yet medically stable, but appears likely to recover and return to work in the future, the claim is monitored at least every few months for a change in status.</p> <p>In cases where: it is unlikely that the employee will ever recover and be able to return to work Social Security benefits have already been approved and the claim has gone through the review process for the change in definition of Total Disability</p> <p>The employee is required to complete a Proof of Continuance of Disability Statement and the doctor completes an Attending Physician Statement every 12-18 months.</p>

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Plan Administration and Sponsor Services	Claims Processing	53	How do you verify if an individual qualifies for disability payments?				<p>Claims managers determine if an employee meets the definition of disability. They utilize resources to assess medical support for limitations and vocational demands of one's own occupation.</p> <p>Claims managers may ask a medical resource to provide clinical input on:</p> <ul style="list-style-type: none"> • Functional capacity • Duration of impairment • Analysis and opinion in relation to contract limitations or exclusions <p>The claims manager may ask a Vocational Case Manager to provide input to:</p> <ul style="list-style-type: none"> • Establish normal occupational demands • Offer vocational intervention to facilitate return to work. <p>Once the claims manager has the level of information we need, they make a claims decision.</p>	Yes	<p>The Elimination Period is the length of time that an employee must be continuously disabled before he or she qualifies to receive any benefits. The Elimination Period duration is identified in the disability contract. ReliaStar Life Insurance Company standard disability contract language includes an Accumulation of Elimination Period exception which allows the employee to return to work for up to a period of time identified in the disability contract, during the Elimination Period, without having to begin a new Elimination Period. The days he or she works do not count toward meeting the Elimination Period. Any part of a day worked will count as a full day for purposes of this section.</p> <p>The Elimination Period is based on calendar days vs. work days.</p> <p>Our standard definition of Disability requires both a 20% loss of indexed earnings and that the person is unable to perform all the essential duties of his or her regular occupation.</p>

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Plan Administration and Sponsor Services	Claims Processing	54	How do you handle a case where the participant no longer meets the definition of disability?				<p>We keep employees informed about their claims status throughout the claims process. We provide as much advance notice as possible before closing their claim. For STD, we send a letter several weeks before the expected recovery date, letting the employee know of the approaching closing date and why we expect them to have recovered by then. We can also establish automated outbound text messaging for this reminder.</p> <p>For LTD claims, we send a letter nine months before any change in the definition of disability. When determining the LTD claim will close for any reason, we send a detailed letter as soon as we make the decision</p>	Yes	Voya utilizes a high touch claims model where we remain in continuous contact with our claimants. In the event that a member were to no longer meet the definition of disability, Voya will reach out to the claimant via the telephone to explain why they no longer meet the definition of disability. We will also provide details of the determination in writing. That said, our goal is to call all claimants so we can explain the reasons and allow them the opportunity to provide any updates that may impact the determination.
Plan Administration and Sponsor Services	Claims Processing	55	What percent of all Disability claims submitted - regardless of information - have been processed within 30 calendar days?				In 2023 we processed 100% of the City's claims within 30 days of receipt of complete information.	Yes	100% within 30 days

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Plan Administration and Sponsor Services	Claims Processing	56	What steps have been taken to improve the efficiency of claims processing for the employee and the employer?				We have recently transitioned the City to our new employer portal which allows for smoother claim submission process. We have also increased the income threshold for earnings documentation, reducing the amount of necessary paperwork. We can accept claims telephonically, reducing the load of claim intake, and can send outbound messages via text message to proactively keep employees informed of their claim status.	Yes	<p>We are continually implementing efficiencies in our workflows and risk management processes that often result in cost savings for our client. All new claims are screened for vocational rehabilitation and return to work opportunities. We want individuals participating in rehabilitation to be successful, and therefore, those who do not have the capacity to perform sedentary work at least 20 hours per week may not be considered unless further recovery is likely. For every dollar spent on vocational rehabilitation efforts, an average of \$90 is saved.</p> <p>Our management oversight includes the use of operational reports, management signoff, audits, and training. Managers receive weekly reports outlining shifts in caseload, data integrity errors and changes, and approaching intervention points to name a few. Cost control programs, such as vocational rehabilitation are not mandatory. However, early intervention increases the likelihood of disabled employees successfully returning to work.</p>

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Plan Administration and Sponsor Services	Claims Processing	57	How often and in what manner does your organization communicate with the disabled's physician?				Information given by an employee's physician is reviewed by our Nurse Case Manager or a Physician Consultant when needed. They help determine how completely and clearly it documents limitations, restrictions and prognosis. If clarification is necessary, the NCM may speak directly with the treating physician(s). In some circumstances, the NCM may refer the file to a Physician Consultant for further review. More clarification may be gained through independent medical examinations, or other services. The ultimate goal is to work with the employees treating physician(s) to promote a care plan directed toward return to work/recovery if possible.	Yes	Voya Employee Benefits also has four on-site Board Certified Physicians: two Board Certified in Internal Medicine, one Board Certified in Neurology and Psychiatry, and one Board Certified in Occupational Medicine. These physicians make telephone contact with the treating physician to clarify functional capacity on complex medical and/or co-morbid conditions and discuss the treatment plan and return to work. The decision to refer a case for physician review is made after consultation with a nurse consultant. There is no specific criteria that would trigger a case for a physician review. Referrals to physicians are typically done so because of the complexity of the medical records, diagnosis and/or overall claim scenario. There are also situations where a peer to peer conversation or letter is needed or a specialty review is requested. The costs for specialty exams that are determined to be necessary by our staff are included in the proposed rates.
Plan Administration and Sponsor Services	Claims Processing	58	Do you offer direct deposit for benefits payable? If so, indicate of there are any requirements/restrictions.			Yes	Requirements include a completed and signed Electronic Funds Transfer request form and one of the following: • Voided check • Letter from their Financial institution • Direct Deposit Enrollment form from their Financial Institution • Account Statement	Yes	A letter is sent to the claimant outlining the benefit amount. An Explanation of Benefits is also mailed with each payment. The claimant has the option of payment by check or by direct deposit to their banking institution.
Plan Administration and Sponsor Services	Claims Processing	59	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.			Yes	Financial accuracy for the City's claims in 2023 was 99.6% for STD and 98% for LTD.	Yes	97% or greater

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		60	How do you avoid duplicate payments of the same claim? If duplicate payments or overpayments are made, what are your procedures for recovery of the overpayments or duplicate payments?			Yes	Our claims system edits for duplicate payments and will not allow them to be processed.	Yes	Because it takes some time for the employee to be approved for SSDI benefits, overpayments are generally unavoidable. When an overpayment does occur, the DBS or the Social Security Case Manager calculates the overpaid amount and produces an overpayment schedule. The approved attorney's fee is deducted from the overpaid amount. We require written acknowledgement from the claimant of their agreement to reimburse any overpayment.
Plan Administration and Sponsor Services	Claims Processing	61	Describe your integration/interaction for Disability and Workers Compensation.			Yes	Our claim form specifically asks whether the disability is due to an occupational injury. If so, and workers' compensation is not yet approved, The Standard will move forward with payment (if otherwise payable) to ensure the member has incoming benefits. Members must sign a repayment agreement and with approval, we will share medical information and manage return to work services to aid in the claim process. If the workers' compensation claim is later approved, The Standard will work with The City's workers' compensation team to adjust benefits accordingly.	Yes	If an employee is eligible for Workers Compensation benefits, we coordinate with the member group's Workers Compensation carrier and monitor the Workers Compensation claim process until a final determination has been made. Information regarding the workers compensation claim is obtained and considered in our ongoing claim review.
Plan Administration and Sponsor Services	Claims Processing	62	Confirm that your Firm will make Benefits payable after Injured on Duty (IOD) pay ends and State Rate Begins			Yes		Yes	Voya is willing to match the current process that is in place.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	63	In the event of a Workers Comp/IOD and disability overlap, how do you reconcile and pursue over/under payments? Would you agree to offset future benefits payable in the event of an overpayment?			Yes	<p>In the event of an underpayment, we immediately release the funds.</p> <p>The Standard will pay the STD benefit while the Workers' Compensation decision is pending, after the employee signs a Repayment Agreement. By signing the Repayment Agreement, the employee states they are not receiving benefits. If benefits become payable, they must notify us and repay us.</p> <p>The Standard currently works closely with the City's Workers' Compensation personnel to identify and obtain WC payment information.</p> <p>Overpayments are referred to a dedicated unit, which decides the best course of action. This can include repayment plans, or may include the State of California's lien process.</p>	Yes	When overpayment occurs, the insured must reimburse us in full. We will determine the method by which the repayment is to be made. We will not recover more money than the amount owed however we reserve the right to recover any prior or current overpayment from any past, current or new payable disability claim under the Policy.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	64	Describe the quality controls, auditing and peer review mechanisms in place for your claim processing department? Do you use internal or independent/outside auditors?				<p>The Standard has a long-held reputation for providing excellent service. Our organization follows high standards and clear guidelines to meet and exceed our customers' expectations while complying with federal and state legal requirements.</p> <p>Our Quality Management department conducts Monthly audits to document compliance with performance expectations.</p> <p>Random Claim audits, including open, closed, and denied claims.</p> <p>Claims administration, policies and procedures audits</p> <p>The Standard reviews work quality, standards, controls and regulatory compliance annually through internal audit. We have also coordinated with outside vendors and re-insurers on audits periodically.</p> <p>We survey disabled employees each month for feedback on our service. Policyholders are also asked for feedback and surveys are conducted.</p>	Yes	<p>Quality Assurance is monitored internally and by managers through use of operational reports, quality assurance reviews, monthly segment reviews, policy & procedure compliance reviews and other random audits. Managers receive weekly reports outlining shifts in caseload, data integrity errors and changes, and approaching intervention points. If training issues are identified on a global basis, refresher training is provided across the organization. Managers address individual performance or training needs on a 1x1 basis.</p> <p>Customer satisfaction surveys are not completed on a regular basis. When they are done, they are done anonymously, so we are not able to report results to the client.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	65	Describe the titles and qualifications of your staff that make determinations as to benefit eligibility. What licenses and training are required? What review process and protocols have you established for claim benefit decisions? Are claims reviewed by a licensed clinical professional, such as a physician, nurse, pharmacist, or therapist? If so, which claims are reviewed and based on what criteria?				<p>STD (30 week training program): Specialist of Leave and Disability Senior Leave and Disability Examiner Short Term Disability Benefits Examiner</p> <p>LTD (30 week training program): Senior Disability Benefits Analyst Disability Benefits Analyst</p> <p>We immediately identify claims with complex medical issues upon assignment. In these cases, a fully licensed Nurse Case Manager (NCM) or Behavioral Health Case Manager (BHCM) reviews the claim and if necessary, they will refer the claim file for review by a board-certified Physician Consultant of the appropriate specialty.</p>	Yes	<p>All Vocational staff are Certified Rehabilitation Counselors and most hold master's degrees in Rehabilitation Counseling and/or master's degrees in business administration. We also have some who are Certified Case Managers, Certified Disability Management Specialists, and Certified Vocational Evaluators. Clinical staff nurses are all Registered Nurses and most also have a bachelor's degree in nursing. We have some who are certified in Case Management, Nursing Education, Legal Nurse Consultant, Basic or Advanced Cardiovascular Life Support, or hold another type of bachelor's degree or master's of science in nursing degree. Nurses and physicians on staff have extensive clinical and disability insurance experience. Physicians are board-certified in occupational medicine and family medicine. Case specialists are highly-experienced in the leave and disability industry and also participate in ongoing regular company training and mentoring programs.</p> <p>Voya Employee Benefits has 11 on-site Registered Nurses with clinical experience in cardiology, oncology, orthopedics, surgery, psychiatry, and occupational health. Our staff of Registered Nurses maintains current state licensing and fulfills all continuing education requirements on an annual basis. We do not require our Registered Nurses to be URAC accredited.</p> <p>Voya Employee Benefits also has 4 on-site Board Certified Physicians, 2 Board Certified in Internal Medicine, 1 Board Certified in Neurology and Psychiatry, and 1 Board Certified in Occupational Medicine.</p> <p>STD claims that are complex or extend beyond the expected recovery period require medical consultation. The individual circumstances and complexity of a claim determine if a file is referred for physician review. Generally, a file is referred to a physician after an initial review and discussion with an RN.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	66	Describe any administrative or service distinctions that your firm may utilize for unique categories of disabilities such as mental health, substance abuse, chronic pain, etc.				Our full-time Behavioral Health Case Managers provide case management for behavioral health conditions. This team includes psychologists and counselors who proactively reach out to employees regarding behavioral health conditions. They provide: •Employee Support and guidance •Encouragement to follow recommended treatment •Communication with mental health providers •Referral to appropriate care – including EAP and other available mental health services •Use of ICD-9 Codes, which include Mental, Behavioral and Neurodevelopmental Disorders.	Yes	Most STD policies do not have limitations related to the type of illness (besides work related). There are provisions within most LTD policies that limit the maximum duration of benefits for some conditions. • Specifically, disabilities due to psychiatric and/or substance abuse issues are usually limited to 24 months. • Should your employee's benefits be limited, they will be notified of this limitation in the approval letter. • Additionally, your employee will have the opportunity to appeal this limitation, should they disagree.
Plan Administration and Sponsor Services	Claims Processing	67	Please indicate, for claims related to mental health, the specific level of provider acceptable for approval of claims.				The Standard will accept medical documentation from a medical provider, which can include a Therapist, Licensed Clinical Social Worker, Psychiatrist, or Psychologist, as is appropriate for the condition or conditions causing the Disability. Claims are managed on a case by case basis and needs may vary based on complexity.	Yes	Manager review and sign-off will be required with regard to this limit and specifics to providers.
Plan Administration and Sponsor Services	Claims Processing	68	Please describe your outreach to both the claimant and the City in the instances where claims are denied (for any reason).			Yes	If we deny a claim, the employee is sent a written notice which includes information regarding the appeals process. We also provide notification of claim approval and denial decisions to the employer.	Yes	When an STD claim is denied, whether initially or after a period of approval, the claimant is notified by phone in advance of receiving the adverse determination letter. In some cases the employee may remain out of work on an approved leave of absence or may remain disabled and unable to work, but contractually ineligible for benefits, such as a pre-ex denial or work-related exclusion. In such situations, the claims analyst is not involved in RTW discussions.
Plan Administration and Sponsor Services	Claims Processing	69	On average, what percent or number of disability claims or cases are referred to a physician for consultation and review?			Yes	1% of STD claims and 33% of LTD claims.	Yes	Medical input is obtained prior to making a liability determination in most situations and during intervention points as needed per the facts of each individual claim. Clinical reviews are conducted on all subjective claims and prior to all medically based denials. 90% of LTD cases are referred to our nurses for medical review.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	70	Please describe the process by which you will coordinate (with City, providers, claimant, etc.) the collection of information and documentation needed to 'decision' a claim.			Yes	<p>For benefits to become and remain payable, the medical documentation (not just the diagnosis) must support the level of impairment. We will reach out for this information as many as three times. On a case by case basis we may also consult the City for information beyond the initial employer statement.</p> <p>Our goal is to work with the employee and their doctor to develop a return-to-work plan. The Nurse Case Manager or Physician Consultant may contact the physician to discuss the patient's condition and how this relates to current and future work capacity. Depending on the medical assessment, the Vocational Case Manager also reviews work-site accommodations. This may include gradual return to work or part-time activities with employee and employer to make sure those accommodations are reasonable.</p> <p>Once we approve a claim, the Benefits team continues to work with the Nurse Case Managers and Vocational Case Managers to manage the claim duration. We inform the employee of the approved claim duration and provide instructions on how to request an extension, if needed.</p>	Yes	We will reach out to the employee 5 times over 30 days; however, we also proactively reach out directly to the health care provider for the required medical information, although it is ultimately the employee's responsibility to see that it is submitted.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	71	How would you improve education around and enhance premium waivers for applicable members (Family Medical Leave and approved claim members)				<p>The Standard's online Decision Support Tool helps employees understand their benefit options and choose what works best. They can learn about available benefits on our mobile-friendly website. The tool is customized to the City's plans.</p> <p>The City also has a customized microsite which includes information about plans and claim filing documents, as well as a Dedicated Account Specialist who can help guide employees through the claim process.</p>	Yes	<p>Voya Employee Benefits provides resources in a variety of forms to build awareness and educate employers and employees regarding their benefit needs and to help make the enrollment experience easier. Our account management team will work with you to design and implement a customized enrollment campaign that utilizes a variety of communication tools, including targeted emails and personalized enrollment packets. We typically ship enrollment packets to the employer for distribution. If home mailing is required, additional fees would be required.</p> <p>Communication resources include:</p> <ul style="list-style-type: none"> • Voya Employee Benefits offers clients a customized Employee Benefits Resource Center (EBRC) website that can be branded with a company logo and is available to employees all year. Before and during enrollment, employees and their families can visit the EBRC to educate themselves on the offered products via videos, real-life examples, benefit summaries, and FAQs. They can even follow a link on the site to enroll. After enrollment, they can return to the site to find whether they may be able to make a claim and can follow a link to the Voya Claims Center to get started. • Employee brochures and flyers feature a FAQ format that is easy to read with examples explaining how the benefits could be used in a real-life scenario. Cost calculators are also available for some products to help employees determine what amount of coverage is right for them. These can be printed or distributed electronically. • Customizable brochures allow groups to provide specific benefit information while incorporating easy-to-understand language and a FAQ format. The brochure can vary in length depending on employer preferences and can include detailed benefit information if so desired. These can be printed or distributed electronically.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	72	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.			Yes	The Standard is fully responsible for the benefits paid under its fully insured group insurance policies. To the extent applicable, our policies comply with the applicable claims procedures under ERISA. We are the claims fiduciary and are responsible for defending decisions made under our group insurance policies.	N/A	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.
Plan Administration and Sponsor Services	Claims Processing	73	Can City employees file a claim electronically?			Yes		Yes	STD intake is telephonic only. LTD Claims can be filed electronically.
Plan Administration and Sponsor Services	Claims Processing	74	Will City employees have access to forms online through the microsite?			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	75	Briefly describe your process for administering claims.				<p>Once we receive a complete claim, it is assigned for review. The claim team then has a limited amount of time in which to make an initial decision. We can request more information and pend the claim as needed. Employees receive status letters throughout this process. Clinical staff are on hand to assist with interpreting medical documentation. Medical documentation must support the disability.</p> <p>When the decision is made, both the employee and employer are notified. Benefit payments will be issued in accordance with the type of disability. Our goal is then to develop a disability management plan, which may involve planning a return to work. There are periodic reviews during the process where the employee is consulted and documentation is confirmed.</p>	Yes	<p>The Claims Analyst will advise the claimant of the provision in the policy regarding "Deductible Sources of Income". This conversation occurs during the initial telephone interview and subsequent conversations with the claimant. The discussion includes those offsets potentially applicable to the claim at the current time and those we may ask the claimant to apply for in the future. The Claims Analyst will also instruct the claimant to advise of any monies he or she receives to avoid a potential overpayment.</p> <p>For those claimants who are deemed totally disabled from any occupation for 12 months or more, assistance with securing Social Security Disability is offered. We educate claimants on the advantages of receiving Social Security Disability and assist them with the application and appeals process. If legal assistance is necessary to obtain a successful SSDI award, we will assume the cost. Assistance is provided through contracted Social Security Advocate vendors. The Social Security Advocate will assist the claimant in the entire appeals process if a Social Security claim is denied (including up through the commission level).</p> <p>If an employee is eligible for Workers Compensation benefits, we coordinate with the member group's Workers Compensation carrier and monitor the Workers Compensation claim process until a final determination has been made. Information regarding the workers compensation claim is obtained and considered in our ongoing claim review.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	76	For the claims office that will be assigned to the City what is your average annual claims volume?				STD: 64,762 LTD: 23,987	Yes	STD 41,430 LTD 2,788
Plan Administration and Sponsor Services	Claims Processing	77	Also indicate the percentage of claims denied, and the category reasons for denial				Claim denial statistics are proprietary.	Yes	Initial liability acceptance rate is the percentage of claims approved at first decision. STD LAR: 77.3%; LTD LAR: 84.0%
Plan Administration and Sponsor Services	Claims Processing	78	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.			Yes	New STD Examiners train for 160 hours over the course of 4 weeks during the STD. The STD Examiner Program provides training on claims skills, processes and procedures. STD Examiners have mentor oversight for six-months. The LTD Analyst Development Program has dedicated approvers/mentors who train new Benefits Analysts in a 30-week program. LTD Analysts have mentor oversight for 12 to 18 months following their initial training. Our Benefits staff also receives regular instruction on industry-related contractual, legal, medical, vocational and procedural issues. They also receive updates on our programs and services to meet customer needs better.	Yes	Experienced external hires receive 1x1 training with a Consultant from their assigned team. Non-experienced analysts go through a 4-6 week classroom training program. Typically, a minimum of 2 years of related experience is desired. The training program covers systems, contracts, eligibility, risk management, calculations, offsets, pre-existing investigations, contestable reviews, desk management and workflow. The classroom training is led by an experienced claims Consultant. The training program is followed by a period of mentorship, during which time all claim decisions, benefit calculations, and written correspondences are reviewed by a highly tenured Senior or Consultant level Analyst. Once a new employee is determined to be proficient in their role they are released from mentorship and performance is managed in accordance with our department-wide quality assurance program and individual development plans.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	79	For the last 12 months, what is your average number of business days to process a claim from date received.			Yes	<p>Short Term Disability</p> <p>From when a claim is assigned for review, STD decisions are made within three to four days, on average.</p> <p>Long Term Disability</p> <p>Most LTD decisions are made in 30 days or less. More complex claims may take longer to decide than simpler ones. Usually, if The Standard administers both the STD claim and the LTD claim that follows, there is no gap in payments. The transition from STD to LTD will be seamless.</p>	Yes	3.7 Days for complete claims
Plan Administration and Sponsor Services	Claims Processing	80	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days.				<p>Across our Book of Business, from Received to Decision:</p> <p>STD 0-10 Business Days: 46%</p> <p>LTD 0-10 Business Days: 26%</p>	Yes	59%
Plan Administration and Sponsor Services	Claims Processing	81	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days.				<p>Across our Book of Business, from Received to Decision:</p> <p>STD: 0-30 Business Days = 67%</p> <p>LTD: 0-30 Business Days= 84%</p>	Yes	100% within 30 days
Plan Administration and Sponsor Services	Claims Processing	82	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.			No		No	
Plan Administration and Sponsor Services	Plan Administration	83	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?			Yes		Yes	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Communication	84	Describe educational concierge services available for members who file a claim to help them navigate through their other benefits available to them, learn and understand the STD/LTD claim/appeal process. What medium(s) are the educational concierge services in the form of? Can you provide examples?				<p>We have customized FAQs on our microsite that walk members through the claim process. Your Dedicated Account Specialist is also available for one-on-one telephonic consultation.</p> <p>The Standard's online Decision Support Tool helps employees understand their benefit options and choose what works best. They can learn about available benefits on our mobile-friendly website. The tool is customized to the City's plans.</p>	Yes	<p>Voya Employee Benefits provides resources in a variety of forms to build awareness and educate employers and employees regarding their benefit needs and to help make the enrollment experience easier. Our account management team will work with you to design and implement a customized enrollment campaign that utilizes a variety of communication tools, including targeted emails and personalized enrollment packets. We typically ship enrollment packets to the employer for distribution. If home mailing is required, additional fees would be required.</p> <p>Communication resources include:</p> <ul style="list-style-type: none"> Employee brochures and flyers feature a FAQ format that is easy to read with examples explaining how the benefits could be used in a real-life scenario. Cost calculators are also available for some products to help employees determine what amount of coverage is right for them. These can be printed or distributed electronically. Customizable brochures allow groups to provide specific benefit information while incorporating easy-to-understand language and a FAQ format. The brochure can vary in length depending on employer preferences and can include detailed benefit information if so desired. These can be printed or distributed electronically. Product videos feature true-to-life examples with high level product information in a short, concise and entertaining way. The link to these videos can be shared however you would like. Customizable emails feature three email options: "Attract," "Engage," and "Enroll." These emails can be used as a series or on their own, depending on employer preference. They contain a brief description of product information, as well as one-click icons linked to brochures, videos, and coverage calculators for more information. The enroll email even includes links to an enrollment site or to enrollment forms.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Member Services and Communications	Appeals Process & Member Complaints	85	Describe your STD/LTD appeals process.				<p>The Standard handles all claim decisions carefully. When we must decide to deny a claim, we give the employee the chance to appeal. Employees are notified of:</p> <ul style="list-style-type: none"> •Their right to request a review within 90 days •The reasons for denial •Our policy of reviewing all information •Any internal guidelines used •Notice of the right to receive relevant documents without charge •Notice of Important Language Information <p>Employees must submit requests for review in writing. They are not required to submit more information. The employee has the right to review relevant claim documents and to submit comments in writing.</p>	Yes	<p>Voya Employee Benefits adjudicates disability claims and addresses appeals according to the guidelines of the Employee Retirement and Income Security Act of 1974 as amended (ERISA).</p> <p>If the decision is to deny benefits, a call is made to the employee to explain the decision in detail. A denial letter is also sent to the employee. The denial letter explains the reason(s) for the decision, with specific references to pertinent provisions of the Plan on which the decision is based. The denial letter also provides the employee with the procedure for requesting a review (appeal) of the decision which indicates within 180 days of receiving the denial letter, the employee may submit a written request for a review of the denial. The employee is asked to provide the specific reasons for the appeal and or disagreement with the claim decision, along with any new or additional medical evidence or other documentation to support the appeal.</p> <p>As part of the appeal, the employee has the right, upon request and free of charge, to access and receive copies of all documents, records and other information that is relevant to the claim for benefits.</p> <p>A full and independent review of the claim is conducted often including a new medical and/or vocational review.</p> <p>The employee is advised of the appeal decision in writing, setting out the reasons for the decision, with specific references to pertinent provisions of the Plan on which the decision is based. Upon exhaustion of the appeal process, the employee has the right to bring suit under ERISA law with respect to the adverse benefit determination.</p> <p>If the employer is not governed under ERISA, appeals are adjudicated in accordance to their specific State Legislation. A recommendation is made to the claimants to submit their</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Call Center	86	<p>Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members with questions and claim processing as well as act as a Human Resources liaison per each City department.</p> <p>If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST</p>			Yes	Confirmed	Yes	Voya National Accounts Team will provide support as noted for the City and will be available during the required hours.
Operations and Administration	Call Center	87	<p>Indicate your average telephone wait time to speak to a live customer service representative (CSRs) (not just an operator), in seconds (based on calendar year 2023 data)</p>				The average time for the City's dedicated line in 2023 was 49 seconds.	Yes	25.4 seconds
Operations and Administration	Call Center	88	<p>Do you assign CSRs to specific accounts? If yes, how many would be assigned to the City?</p>				<p>In order to provide satisfactory service levels in relation to call volume we do not assign CSRs to sepcific accounts. Under this model we were able to answer 91.4% of the City's calls within 30 seconds in 2023.</p> <p>In addition to the dedicated service 800-number, a Dedicated Account Specialist is available to take calls Monday through Friday.</p>	Yes	The City team will include a lead and 10 additional team members. All CSRs will be fully educated on the City of LA's benefit programs.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
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Operations and Administration	Call Center	89	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.				<p>All employees receive foundational training that includes:</p> <ul style="list-style-type: none"> · Regulatory and legal topics · Company values · Department orientation · Basic introductions to systems and applications · An introduction to the claims process <p>The contact center training program incorporates varied learning strategies, including:</p> <ul style="list-style-type: none"> · Classroom instruction · Desk-side training · eLearning and model office labs where newly trained employees take calls in a controlled environment <p>Trainers follow a learning and development plan that delivers</p> <ul style="list-style-type: none"> · A consistent learning experience to new employees · A consistent service delivery to callers <p>Typical training for a Contact Center agent is four weeks. The average tenure of a CSR is 5.11 years.</p>	Yes	<p>Experienced external hires receive 1x1 training with a Consultant from their assigned team. Non-experienced analysts go through a 4-6 week classroom training program. Typically, a minimum of 2 years of related experience is desired. The training program covers systems, contracts, eligibility, risk management, calculations, offsets, pre-existing investigations, contestable reviews, desk management and workflow. The classroom training is led by an experienced claims Consultant.</p> <p>The training program is followed by a period of mentorship, during which time all claim decisions, benefit calculations, and written correspondences are reviewed by a highly tenured Senior or Consultant level Analyst. Once a new employee is determined to be proficient in their role they are released from mentorship and performance is managed in accordance with our department-wide quality assurance program and individual development plans.</p>
Operations and Administration	Call Center	90	How many customer service issues are resolved during first contact?				First call resolution is not tracked.	Yes	93%
Operations and Administration	Call Center	91	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?			Yes		Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Call Center	92	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.				Claims are accessed by the Contact Center Reps using claim number, First and last name and social security number. They have access to basic information and transfer to the claimant's claims analyst for more detailed queries.	Yes	Our customer service representatives assist insured employees with all their insurance questions and service needs. The representatives will answer questions and perform a variety of policy maintenance tasks. If an employee experiences a change in marital status, birth of a child, or address change, they can contact our customer service center via the toll-free number or access our website and obtain a service form to complete and mail into our service center. Employees may be asked for name, policy number and coverages in force. Actual call recordings are not released. However, transcripts may be available for review. Confidential or private health information will be redacted.
Operations and Administration	Call Center	93	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.			Yes	We have bilingual employees who speak a variety of languages. We also use Lionbridge language translation services for over-the-phone interpretation. Lionbridge interprets more than 350 languages, including Spanish, Tagalog, Creole, Mandarin, Korean, Vietnamese, Somali, Russian, French and Arabic and is available 24/7.	Yes	We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.
Operations and Administration	Plan Administration	94	Do you have a system in place to store digital images of all employee-related documents?			Yes		Yes	Our imaging system is integrated with all applicable systems for ease of digital storage.
Operations and Administration	Plan Administration	95	Confirm that you will accept self-billing on a bi-weekly basis.			Yes		Yes	Voya Employee Benefits is proposing a self-billed premium process where the employer may choose to view and/or update their premium online through our website or elect to receive a paper invoice each month.
Operations and Administration	Plan Administration	96	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.			Yes	Both	Yes	Both EFT and manual invoicing are performed.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Plan Administration	97	Confirm that there will be no late payment fees or penalties charged to the City of LA.			Yes		Yes	Confirmed
Operations and Administration	Plan Administration	98	Confirm your ability to provide a dedicated email address for City of LA employees.			Yes		Yes	
Operations and Administration	Plan Administration	99	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].			Yes	We can provide customized email blasts that coincide with the City's enrollment and wellness campaigns.	Yes	
Operations and Administration	Plan Administration	100	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?			Yes	Within 60 days of the end of the reporting period.	Yes	Financial information for the group will be supplied within 120 days of the anniversary date, provided all monthly premiums due for the policy year have been remitted within the respective grace periods. A Group Insurance Information Report form will be prepared by Voya Employee Benefits from our in-house databases which will include necessary information for the Employer's completion of the applicable section of Form 5500. The data includes paid premium, paid commissions and broker fees, and average number of lives covered for each product.
Operations and Administration	Website and other Media	101	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	102	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.				Our microsite and Decision Support Tool can be enhanced with translated content in a variety of languages. We adhere to a Conformance AA Level of the W3C Web Content Accessibility Guidelines Version 2.1. We work with an accessibility consultant and website builder to update all customer facing materials to comply which includes tests every two weeks. Currently we are scored at AA level "Level Access."	Yes	Marketing and enrollment materials are available in Spanish. Other materials are not currently available in Spanish. Specifics regarding what is needed for your employee population can be discussed as part of implementation. We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.
Operations and Administration	Website and other Media	103	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.			Yes	The City's microsite is customized to the City's plans and available services. Most ongoing updates and customization are provided at no cost. Translation services are available at a minimal cost, absorbed into retention.	Yes	Our Employee Benefits Resource Center (EBRC) or employer micro-site can be customized for no additional cost with the employer logo, a link to your designated enrollment platform, targeted messaging leading up to, during and after enrollment, and the ability to display in both English and Spanish. As noted above the EBRC has employer specific Enrollment Materials, brochures and certificates of coverage available. Please see attached EBRC website flyer for more information.
Operations and Administration	Website and other Media	104	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.			Yes	Our microsite is co-branded with the City of Los Angeles.	Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Operations and Administration	Website and other Media	105	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.			Yes	Our enrollment strategy incorporates a variety of media including presentations and videos, email blast campaigns, and paper materials specifically designed to inform employees of their options. We are able to schedule one on one meetings through the Calendly application. Presentations and materials can be customized for both plan information and language needs.	Yes	<p>Online Claims Portal – Voya Employee Benefits' online claims center, which is located on Voya.com/claims, provides tools and self-service capabilities which will assist in streamlining claims administration and employee claim experience.</p> <p>Online Reporting – The City's personnel will have on-demand access to a variety of Life and Disability status reports. Security can be set up to allow for varying access to employee specific data.</p> <p>Our Employee Benefits Resource Center (EBRC) website serves as a one-stop shop for employees to learn more about the additional insurance products offered in their benefits plan. Designed as an educational resource, employees and their families can educate themselves on the offered products via videos, real-life examples, brochures, and FAQs. This site also serves as one central source for Employers to access product information, enrollment access and claims filing.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	106	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).				STD and LTD War Intentionally Self-Inflicted Injury Violent Or Criminal Conduct Loss Of License Or Certification Care of a Physician Paid Sick Leave Or Other Salary Continuation If Partially Disabled: you are able to earn 80% or more of Predisability Earnings. No Benefits will be paid: (a) when you are working for any employer other than your Employer; or (b) when you are self-employed. STD Only Occupational Benefits: LTD Only: Preexisting Condition Mental Disorders/Substance Abuse Payment of LTD benefits is limited to 18 months per lifetime for a disability caused or contributed to by a mental disorder or substance abuse.	Yes	Voya is matching the exclusions and limitation that are in the current contract. They are as follows: <u>Short Term disability</u> DISABILITIES EXCLUDED FROM COVERAGE A. War You are not covered for a Disability caused or contributed to by War or any act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature. B. Intentionally Self-Inflicted Injury You are not covered for a Disability caused or contributed to by an intentionally self-inflicted Injury, while sane or insane. C. Work Related You are not covered for a Disability arising out of or in the course of any employment for wage or profit. LIMITATIONS A. Care Of A Physician Revised 11/9/2022 - 11 - 630363-E During the Benefit Waiting Period, you must be receiving care by a Physician which is appropriate for the condition or conditions causing the Disability. No STD Benefits will be paid for any period of Disability when you are not receiving care by a Physician which is appropriate for the condition or conditions causing the Disability. Appropriate care is the treatment a patient would make a reasonable decision to accept after duly considering the opinions of medical professionals. This limitation will not apply after you reach your maximum point of recovery. B. Occupational Benefits
Plan Design	Plan Design	107	Is proposed coverage portable/convertible?			Yes	LTD conversion is available at an additional cost.	No	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	108	Confirm that your proposal includes waiver of premium.			Yes	Waiver of Premium is included on LTD, and can be included for STD at an additional cost.	Yes	
Plan Design	Plan Design	109	Will you waive the actively at work provision for the initial enrollment?			Yes		Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.
Plan Design	Plan Design	110	Are any disabilities not covered? if yes, please explain what disabilities are not covered and why.			Yes	For STD, work related disabilities are not covered	Yes	Please refer to the response on line 112.
Plan Design	Plan Design	111	Are there any riders and/or enhancements that are available to be added to your proposed disability plan?			No		Yes	Voya recommends extending the drug abuse/alcoholism limitation from 18 month to 24 months. 24 Months is the industry standard.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	112	Describe any pre-existing limitations of the proposed plan.			Yes	3/12 with 6 month treatment free period	Yes	<p>Voya is matching the current pre-existing condition limitation language.</p> <p>Preexisting Condition A separate Preexisting Condition exclusion applies for Plan 1 and Plan 2. However, if you change your selection from Plan 1 to Plan 2 and benefits are not payable under Plan 2 because of the Preexisting Condition exclusion, your claim will be administered as if you had not changed your Plan selection.</p> <p>1. Definition Preexisting Condition means: a. With respect to Plan 1, a diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the 90 day period just before your insurance becomes effective; and b. With respect to Plan 2, a diagnosed mental or physical condition for which you have received medical treatment, care or services or have taken prescribed medication at any time during the 90 day period just before your insurance under Plan 2 becomes effective.</p>

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	113	Describe your definition of successive disability.			Yes	<p>STD We do not require a new Benefit Waiting Period if temporary recovery occurs during the Maximum Benefit Period and recovery period does not exceed 30 days.</p> <p>LTD We do not require a new Benefit Waiting Period if temporary recovery occurs: During the Benefit Waiting Period and period of recovery does not exceed 30 days; or During the Maximum Benefit Period and period of recovery does not exceed 180 days.</p> <p>The period of recovery does not count toward the Benefit Waiting Period, the Maximum Benefit Period or the Own Occupation Period. No benefits are payable for the recovery period.</p>	Yes	Voya is matching the current definition of successive disability.
Plan Design	Plan Design	114	Does your proposed plan include benefits for partial disability? If so, please provide your definition.			Yes	You are Partially Disabled from your Own Occupation if you are not Totally Disabled and you are actually working in your Own Occupation but, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, you are unable to earn 80% or more of your Indexed Predisability Earnings.	Yes	Voya is matching the current partial disability definitions.
Plan Design	Plan Design	115	Confirm that you will agree to waive all pre-existing condition provisions or give credit for partial completion of the waiver period for employees presently covered under the group insurance program.			Yes		Yes	Coverage will be offered on a no loss/no gain basis.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	116	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.			Yes		Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.
Plan Design	Plan Design	117	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.			Yes		Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	118	The City's current process allows for employees to code from any of their available Leave banks. Specific leave types are not considered deductible income for purposes of calculating benefit payments such as Vacation time. Please confirm that you will be able to continue this practice and indicate any applicable benefit offset that is included in your plan design as well as any restrictions/limitations.			Yes		Yes	Voya will match the current process.
Plan Design	Plan Design	119	Does your Disability contract contain any exclusion for alcoholism, psychiatric treatment, or drug abuse? If yes, outline the specific alcoholism, psychiatric treatment, or drug abuse exclusions that apply.			Yes	18 months lifetime for mental disorders and substance abuse	Yes	The City's current plan has an 18 month lifetime limitation which reads as follows: Alcohol Use, Alcoholism Or Drug Use Payment of LTD Benefits is limited to 18 months during your entire lifetime for a Disability caused or contributed to by your use of alcohol, alcoholism, use of any drug, including hallucinogens, or drug addiction. Voya is willing to duplicate this limitation or enhance the duration to 24 months.
Plan Design	Plan Design	120	Describe your cost of living adjustment (COLA) benefit option. Is it included in your proposal? If not, what would be the charge for adding this option? What is the current COLA factor for groups with this benefit?			No	The Standard offers several COLA options for LTD benefits, such as a 5 year limited, 5 year deferred, to the end of the Maximum Benefit Period, and for full or 1/2 CPI-W Benefits would be adjusted each year the COLA benefit is payable. The cost for COLA vary greatly depending up on both demographics and the selected option	No	A COLA benefit is not included. Adding COLA would increase the LTD rates by +8%. The COLA benefit would be the lesser of 1/2 CPI, or 3% and applicable for the benefit duration.

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	121	What are the employer and employee policy lapse provisions?			Yes	Non Payment by Employer: 60 day grace period. Nonpayment by employees: Date of the last period for which a premium was paid.	Yes	Voya is matching the current policy lapse provisions. The policy would lapse for non-payment of premium. Voya will provide a 75 day grace period for premium remittance.
Plan Design	Plan Design	122	Please confirm that you have quoted a plan that is considered a 'Match to current' in the 'Plan Design Disability' tab of this workbook			Yes		Yes	Confirmed
Plan Design	Plan Design	123	Please confirm that you have provided quotes for one or more of the requested plan enhancements on the 'Plan Design Disability' tab of this workbook			Yes		Yes	Confirmed
Plan Design	Plan Design	124	Please confirm that you have provided a proposal for a best value option that align benefit waiting periods that are best practice in the industry.			Yes		Yes	Confirmed
Financial Cost	Financial Cost	125	Indicate the cost of your STD/LTD administration services for a run-out period upon termination of the City's contract with your firm.			Yes	STD and LTD are fully insured. The Standard is responsible for administering claims incurred prior the termination date.	Yes	There is no additional cost.
Financial Cost	Financial Cost	126	Please confirm that you have completed the Pricing Tab for Disability			Yes		Yes	
Financial Cost	Financial Cost	127	Please confirm that you have completed the Underwriting Tab			Yes		Yes	
Financial Cost	Financial Cost	128	Please confirm that you have completed the PG Tab for Disability			Yes		Yes	

Short/Long-Term Disability Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	129	Describe the reserving formula used for LTD claims.			Yes	Calculated using the Commissioner's Group Disability Table (CGDT) at the statutory interest rate for that year. The statutory interest rate is based on averages of a Moody's Bond Index. The final determination for the year is made as of June 30 of that year.	Yes	This information is considered proprietary.
Financial Cost	Financial Cost	130	Describe how you calculate IBNR reserves including factors and reserves for claims in payment status. Does this calculation, or factors, differ in subsequent years? If yes, explain.			Yes	Expected Claims X ([Benefit Waiting Period + 90]/365)	Yes	This information is considered proprietary.
Financial Cost	Financial Cost	131	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.			Yes	Up to \$100,000 inclusive of all coverages	Yes	\$125,000

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	The City has a goal of paperless or paper-reduced claims processing. What can you do to assist the City in reaching this goal? And what steps have been taken to simplify the claims process?	Yes	Aflac is environmentally conscious and seeks to reduce its footprint, which includes reducing the amount of paper we use in our day to day processes. We seek to do as much paper-free administration as we can. We will provide the City access to our state-of-the-art portal which will provide ease of administration, and will allow the City to access services electronically.		As our primary intake method, the Life Claims Digital Experience allows employers to initiate claims online and check existing claims status. An eligibility feed isn't required but expedites claim submission.		
Plan Administration and Sponsor Services	Plan Administration	2	Can you provide a detailed description of benefits that are payable and under what circumstances they are payable? For example, when an accident occurs?	Yes	The additional benefits for Covered Losses that may be covered by this Accidental Death and Dismemberment (AD&D) coverage if the Injury or death is a direct result of an Accident while coverage is in effect. You [or Your Dependent] must be covered by the AD&D insurance at the time of the Accident that causes the Covered Loss. Death or Injury must occur within 180 days of the Accident unless otherwise stated below		The Hartford's ¹ standard AD&D benefit provides 24-hour coverage, on-and off-the-job. Please refer to the enclosed AD&D Benefits document in Section F.	Yes	Below is our standard AD&D loss schedule. Benefits are payable for accidental death and dismemberment. Life - Full amount Both Hands or Both Feet - Full amount Sight of Both Eyes - Full amount One Hand and One Foot - Full amount One Hand and Sight of One Eye - Full amount One Foot and Sight of One Eye - Full amount Speech and Hearing in Both Ears - Full amount One Hand or One Foot - One-half full amount Sight of One Eye - One-half full amount Speech or Hearing in Both Ears - One-half full amount Thumb and Index Finger of the Same Hand - One-quarter full amount Quadriplegia - Full amount Paraplegia - One-half full amount Hemiplegia - One-half full amount Diplegia - One-half full amount Monoplegia - One-quarter full amount

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	3	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes	Current approved amounts will be allowed to roll to Aflac for 1/1/25.	Yes	<p><u>No Loss/No Gain</u> No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date.</p> <p><u>Grandfathering</u> We will grandfather all existing insureds and their current amounts as indicated on the census provided during the presale process, as long as they are identified and within the In force/Proposed plan design.</p>	Yes	
Plan Administration and Sponsor Services	Plan Administration	4	Describe your non-payment appeals process.		Appealed claims will be managed in accordance with the appeal regulations for the claim type. In addition, any reporting and notification requirements agreed to at implementation will be adhered to regardless of claim type.		<p>If a claim for benefits is wholly or partially denied, we will furnish a written notice of the decision to the beneficiary and a written explanation to the employer.</p> <p>An appeals specialist will review and respond to all appeals under any policy insured by The Hartford. Team Leaders review all initial claim denials to ensure their appropriateness and compliance with our standards. Our independent network of Medical Consultants are also available for review and consultation on all claim appeals.</p>	Yes	<p>Lincoln will not lapse the City of LA, assuming that premiums will be paid. Standard, we have a 60 day grace period but there are times we realize customers may need more time. We are flexible.</p> <p>Employee's are provided with a 31 day grace period. If they are termed for non-payment and are wanting reinstatement Lincoln, reinstatement is allowed assuming all premiums are paid to date and approved by Lincoln.</p>

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	5	Confirm that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes		Yes	For Life coverage, family status changes may include the following: <ul style="list-style-type: none"> • Marriage • Birth of child • Adoption or becoming a Legal Guardian • Death of a spouse • Divorce • Death or emancipation of a child • Spouse loss of employment (loss of group insurance) • Change from part-time to full-time employee • Change from full-time to part-time employee 	Yes	
Plan Administration and Sponsor Services	Plan Administration	6	What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted? -For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions. -For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.		Less than 5%. All services are provided in the continental US. For Life insurance, Aflac works with IBU, Inc. for medical underwriting, TELUS Health for EAP services, and Everest Funeral Package, LLC for funeral planning and concierge service. All Third Party Vendors have undergone Aflac's thorough vendor process, and are under confidentiality agreements to safeguard all information handled on behalf of Aflac is handled in the most confidential and sensitive manner. Additionally, the contracts for vendors handling sensitive information contain strict privacy, confidentiality, and information security clauses to ensure they will adhere to the strict compliance and privacy requirements Aflac defines for handling personal information.		We do not intend to use subcontractors; however, if we do so, we will make every effort to notify City of Los Angeles (the City) beforehand. The term "subcontractor" shall not include vendors hired by us to provide services across our book of business. We outsource certain functions to well-respected firms in the U.S. and overseas, including India and the Philippines. Percentage of this work is proprietary. All work and services to support Life claim intake, processing, and adjudication is performed on-shore and we do not offshore any calls from our Life Claim Call Center.	No.	Not applicable. Lincoln provides AD&D coverage in-house.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	7	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.		Aflac will require at least 45 days of advance notice in order to initiate an audit; the same standard is followed for broker/consultant audits. An NDA needs to be signed, and audited files require formal authorization from the claimant allowing another party access to their file, depending on the scope.	Yes	<p>The City can conduct an annual audit at The Hartford's Claim Center or at a mutually agreed upon location. Our preference is to receive notification of the requested audit three months in advance.</p> <p>Audits can be conducted with proper written and signed authorizations from the claimants and a signed indemnification agreement in place.</p> <p>An audit may be conducted upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to our security and confidentiality policies.</p> <p>The audit may consist of a review of the administration of the plan.</p>	Yes	<p>The employer may audit claim files, subject to the appropriate confidentiality measure, or hire an independent third-party auditor. For third-party auditors, Lincoln requires a letter of authorization from the employer and the execution of a non-disclosure agreement by the vendor.</p> <p>We request 30 days' notice of an audit.</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	8	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	Aflac has allocated dollars as a percentage of premium.	Yes	<p>The City can conduct an audit virtually. Our preference is to receive notification of the requested audit three months in advance.</p> <p>The virtual audit may be conducted, upon the parties' execution of a mutually agreeable audit confidentiality agreement subject to The Hartford's security and confidentiality policies, and once The Hartford has received signed authorizations from claimants if confidential claim information is in scope for the audit.</p> <p>We have built in \$30,000 (\$10,000 per line of coverage) to allocate towards audits. This is in addition to the Implementation Credit we have included.</p>	Yes	Lincoln will allow external audits with 30 days advance notice. Lincoln is including an implementation credit which can be used to pay for the cost of an outside auditor. Lincoln's implementation credit does not expire after the implementation period and can be used at any time during the rate guarantee period.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	9	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes	Our standard record retention is 7 years.	Yes	<p>We maintain all insurance records consistent with applicable state and federal requirements, including ERISA.</p> <p>Paper claim files are:</p> <ul style="list-style-type: none"> • Scanned upon receipt at our imaging center • Maintained for 33 days and then destroyed by a bonded data storage vendor <p>Company confidential data that was transmitted, read or stored electronically cannot be deleted from The Hartford's computer systems or equipment. It is our policy to take commercially reasonable steps to maintain the confidentiality of such Company confidential data. Such steps shall be no less rigorous than those used to protect The Hartford's own similar information.</p>	Yes	
Plan Administration and Sponsor Services	Plan Administration	10	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?			Yes	We will indemnify the City for our and our subcontractors' / vendors' errors and omissions to the extent that they are caused by our negligence and/or intentional or criminal misconduct. Also, with regard to the fully-insured coverage, in the event that the City is wrongfully named as a defendant in litigation, we will use our best efforts to have the City dismissed from the litigation.	No	With respect to fully-insured lines of business, we are claim fiduciary. We do not issue a hold harmless agreement or provide indemnification for fully-insured business.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	11	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes	For Life: Aflac will waive the Active at Work requirement and will cover the employee and their eligible dependents on a No Loss / No Gain basis if the employee is not able to satisfy the Active at Work definition on the policy effective date, but only to the extent the person is not the liability of the prior carrier. Coverage under these circumstances will be extended, on a premium paying basis, for a maximum of 12 months from the effective date of the policy. After 12 months, the covered person's coverage may continue on a premium paying basis, subject to Aflac's approval. If Aflac does not approve the request, or if the policyholder does not request an extension, the covered person will be offered the opportunity to convert their coverage at the end of the 12 month extension period. Upon transfer of coverage, carrier liability is determined by employee-specific situations. Aflac will require a listing of all disabled employees. For Disability: We are unable to waive the Actively-At-Work provision		<u>No Loss No Gain</u> No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date. <u>Actively-at-Work</u> We will provide our Continuity of Coverage provision to address concerns that employees might lose coverage due to a change in insurance carriers. This provision extends coverage to employees insured under the prior plan on the day before our policy effective date, whether or not they were actively at work on that day. Please refer to the Underwriting Assumptions tab for our AAW wording.	Yes	Lincoln cannot waive the actively at work provision. However, Lincoln takes all necessary steps to ensure a member does not lose coverage by a carrier change to Lincoln. Lincoln's policy includes a prior insurance credit which allows employees to continue coverage under the Lincoln policy on a no loss no gain basis as long as they were eligible under the prior plan and not eligible for waiver of premium with the prior carrier. If an employee is approved for waiver of premium, the employee claim stays with the carrier who approved waiver.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	12	<p>Please describe your account team that will be assigned to the City of LA to include:</p> <p>a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing</p>		<p>Our Account Management/Client Relationship Model is centered on delivering through the Account Executive. From pre-sale, implementation and over the life of the client relationship, your Account Executive will be the focal point for all service delivery and leads the Customer Relationship Team. They are accountable to facilitate and ensure successful execution of our customer strategy. They work across disciplines (Underwriting, Implementation, Administration, IT and Claims) to ensure the highest level of service delivery to our customers.</p> <p>We will assign a team and provide references during the finalist stage. As a courtesy to our customers, we prefer to coordinate any reference calls through the customer's respective Account Executive.</p> <p>We will assign appropriate contacts during the finalist stage for each of the areas mentioned, and will coordinate processes to work with the City.</p> <p>g. Will be provided once an Account Executive is named during the finalist stage.</p>		<p>a) Kristin Tapia, Senior Client Relationship Manager b) Matthew Pierce, Chief National Account Underwriter c) Billing Consultant-TBD d) Kristin Tapia, Senior Client Relationship Manager e) Primary Life claim center located in Hartford, CT; supported by additional Life Advocates in Arizona/Florida. 66 staff members/Director/11 Team Leaders. Life Care Advocates: 17 years' experience. Hours: M-F, 5a.m.-5p.m. PT. Life Care Advocate: 3a.m.-3:30p.m. PT. g) To preserve/respect the confidentiality of our policyholders, we do not release the names of our customers. Our Life Service Center handles all Life claims from 10 lives up to 115,000 lives. We have included 3 current references.</p>	Yes	

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.	No	We have provided a high level org chart showing the key personnel who will work with the City. During the finalist stage, we will assign a complete team, and will provide more detailed org charts and bios.	Yes	Please refer to the enclosed Account Management Team and Resumes document in Section F.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes		Yes	Kristin Tapia, Senior Client Relationship Manager will be assigned to the City. She handles all customer deliverables and account success. As the single point of accountability, Kristin will ensure all goals and expectations are met. Additionally, Client Consultants support the Senior Client Relationship Manager with all aspects of account management. Along with responding to customer inquiries, issues and requests, they provide administrative support for various business functions. With the Senior Client Relationship Manager, Client Consultants work with customers on plan administration and processes.	Yes	Please see question 12 answe with account team details.
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes	We provide our comprehensive suite of reports via our self-service employer portal, at no additional charge, these reports can be accessed anytime of any day. The portal provides on-demand reports for now and you can access scheduled reports to view later. When you schedule reports to run (daily, weekly and monthly), you'll get an automated email once the reports are available online.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	Confirm.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes	We will notify the City promptly of any losses of accreditation, license or liability insurance.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will provide Plan sponsor on-line or written billing history	Yes	We are in the process of expanding our billing capabilities to include online billing and history. Expected rollout is to be determined, but will be made available to the City once it is ready.	Yes	12 month bill history can be seen on Employerview portal.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes	Our systems automatically determine eligibility based on the information provided on the file feed. We will work with the City to determine specific requirements during the implementation.	Yes		Yes	Confirm.
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written plan/service details		We will work with the City to determine specific requirements during the implementation.	Yes		Yes	Confirm.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Sponsor Services	22	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.		<p>Our standard reports are delivered through a dashboard accessed through Aflac's portal. We have provided sample reports/dashboards with our submission.</p> <p>We do not currently offer a test site, but we are happy to provide a demonstration to the City.</p>		<p>You can access our comprehensive suite of reports via our self- service employer portal, at no additional charge, 24/7. The portal provides on-demand reports for now and you can access scheduled reports to view later.</p> <p>You can view reports online, download to .pdf or Excel formats on demand or schedule for future review.</p> <p>Many reports provide data on a real-time basis, otherwise they are updated nightly.</p> <p>When you schedule reports to run you'll get an automated email once the reports are available online.</p> <p>Your sales and account team are happy to provide a demo of our employer/reporting website.</p>	Yes	<p>Our standard delivery method is through our secure site, My Lincoln Portal®. Access to the portal is established at the individual user level and granted by employer-assigned administrators. Report folders can be secured by user ID. Security is determined by assigned administrators and may be modified at any time.</p> <p>Additional electronic distribution methods include SFTP and secure email.</p> <p>Lincoln offers a standard suite of life reports available on a daily, weekly, bi-weekly, monthly, quarterly, semi-annual, or annual frequency.</p> <p>AD&D Claims Report AD&D Account Experience Review Report AD&D Ad Hoc Reporting (no charge)</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	23	Verify that you can accept eligibility files from the City's Third Party-Administrator on a bi-weekly basis.	Yes		Yes		Yes	

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	24	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	25	<p>Verify that you will agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation.</p>	Yes		Yes	We can accept the current eligibility rules if there are changes we will need to review.	Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	26	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes	Kristin Tapia, your Senior Relationship Manager will hold account management team meetings and teleconferences on a mutually agreed-upon schedule (for example, on a quarterly basis) to monitor our performance. We can also schedule more frequent reviews as needed to meet your business needs.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	26	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, or AD&D coverages?		We have internal legal experts and Product experts who can assist the City in matters pertaining to their plans. We do not provide tax or legal advice but can provide information relative to the products and services we offer.		The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing. We do not provide legal advice to our customers.	Yes	Lincoln offers legal support through our LifeKeys program which is included at no additional cost. Members will have access to estate and probate law, real estate transactions, social security survivor and child benefits and other important information for beneficiaries. There is also an on-line will preparation service included.
Plan Administration and Sponsor Services	Plan Sponsor Services	27	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix.	Yes	Our processes and systems comply with federal and state leave laws for the leaves we administer. Upon becoming aware of new or revised state or federal leave laws, and as a courtesy to our leave customers, our Account Executives will provide notice of the substance of newly enacted leaves or amendments to existing leave laws or regulations that impact our leave portfolio and our customers' employee population. It is important that customers make independent legal and compliance analysis of state and federal leave laws that impact their employment operations since Aflac does not assume employment-related responsibility. The February-2024-PLADS-Legislative Advisory Newsletter is included with our submission.	Yes	The Hartford compliance department is responsible for staying apprised of any regulatory changes that may impact our products. We will make sure that we are compliant with any updates made and communicate any changes that modify the City's plan in writing. We do not have any samples we can provide as they are case specific.	Yes	Yes, we provide monthly legislative and regulatory changes to our clients through our Absence Advisors Series. This series also features webinars, podcasts and white papers on a number of different topics ranging from return to work, accommodations, state regulatory updates and legislation. Included in the appendix.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Administration	28	Do you have a system in place to store digital images of all employee-related documents?	Yes		Yes	We image all incoming claim files and documents for Life claims. File imaging allows our claim organization to provide automated document/data storage as well as enhanced information sharing, improved timeliness of decisions and enhanced data security.	Yes	
Plan Administration and Sponsor Services	Plan Administration	29	Confirm that you will accept self-billing on a bi-weekly basis.		We will provide a group billing and premium remittance service contact for assistance. The service account manager will be the main point of contact for billing related inquiries and handling of premium application and reconciliation. We will also provide documentation to the group specific to calculation of premium, based on the specific benefit products. Aflac will provide a customized monthly invoice template for the client based on product, volume and rate for ease in completion and submission. On a monthly basis the service account manager will review the billing remittance form and payment receipt. If the group has back up tracking as to calculation of premium, we would also request that on a monthly basis. Aflac performs annual billing audits to ensure premium remittance and calculation are correct. The servicing account manager will work closely with the group contact with any auditing feedback or assistance.	Yes	Partial Payments can be received throughout the month, However, invoices will be generated and premiums will be calculated monthly.	Yes	
Plan Administration and Sponsor Services	Plan Administration	30	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	Payment options include: check; ACH; and wire. Self-billing template needs remitted via email to support payments.	Yes	Payment Options: • Online through our employer portal (preferred) • Check • ACH/Wire • Money order	Yes	Lincoln can accept payment via check, wire, or EFT/ACH. The preferred method of payment is ACH.

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Plan Administration and Sponsor Services	Plan Administration	31	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes		Yes	<p>We do not currently charge interest on late payments made beyond the due date. However, plans are subject to cancellation if we do not receive premiums within the grace period.</p> <p>If your payment is not received within the grace period, or if your policy is in cancelled status, we will notify your benefit representative(s). If we receive payment for at least 80% of the amount due, the account is considered current. In this case, no late communication occurs, there is no lapse in coverage and any outstanding amount due will carry forward to your next bill.</p> <p>We will work with your payroll administrator to develop a process for reconciliation of any ongoing discrepancies.</p>	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Administration	32	Confirm your ability to provide a dedicated email address for City of LA employees.	Confirmed	<p>Although this isn't our standard practice, we do have the ability to provide a dedicated e-mail address for the City of LA employees. Additional fees may apply.</p> <p>Please note, we are providing a dedicated phone number.</p>		<p>While we do not support customer specific email boxes for employees to email questions, the City's employees will have the ability to contact their Life Care Advocate directly. The City's team will also have the direct contact information for their Customer Claim Consultant who will be the single point of contact for the customer's claims service needs.</p>	Yes	Confirm.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Plan Administration	33	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	<p>As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities.</p> <p>We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.</p>	Yes	We can create this content within our internal marketing material creation system. We can cobrand and customize to fit the City's plan designs and messaging. Your dedicated Enrollment Manager will partner with you to build a communication plan that will clearly communicate benefit and enrollment details. Communication strategies can be built to speak to annual enrollment, mid-year reminders and wellness and/or Value Added services.	Yes	Confirm.
Plan Administration and Sponsor Services	Plan Administration	34	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	<p>Aflac performs annual billing audits to ensure premium remittance and calculation are correct. The servicing account manager will work closely with the group contact with any auditing feedback or assistance.</p> <p>Once a customer is implemented, we perform a 1st quarter billing audit after the effective date. The billing audit consists of comparing the billing remittance with eligibility file data or billing backup, provided by customer to ensure premium calculations are correct, as well as remittance of accuracy for member count and volume for each benefit. During implementation, the PLADS billing team will provide a "how to calculate" document to be discussed during our billing call and for customer reference. If errors or questions arise during or after the audit, the PLADS team will coordinate with the customer to discuss reconciliation. Ongoing audits will be performed at a minimum annual basis.</p>		Year-end reconciliation is not applicable to non-participating policies. For non-participating policies, we provide an experience summary at each renewal based upon agreed timelines.	Yes	<p>For major accounts with Lincoln, our usual reconciliation is done on an annual basis which typically coincides with the groups policy year, for City of LA this would be in January-February.</p> <p>In some circumstances, reconciliations can be done more than once per year or outside of the policy year time period upon customer request. Lincoln is completely flexible with our major accounts inforce block to handle discrepancies and audits when convenient for our customers.</p>

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Plan Administration and Sponsor Services	Plan Administration	35	Will you accept different beneficiary designations across different lines of coverage?	Yes		No	If the AD&D benefit is a provision of the Life insurance policy, the same beneficiary designation applies to both coverages. If the AD&D benefit is issued as a separate, standalone policy, the employee can assign a separate beneficiary designation.	Yes	
Plan Administration and Sponsor Services	Plan Administration	36	What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?		Aflac will honor any prior payee assignments that are transferred from a prior Life plan. We can work with the City on any new assignments needed. For Life claims, a Life Claims Statement and a copy of the Death Certificate are requested for all claims. We reserve the right to request an original Death Certificate.		Funeral Pre-planning services are available to all Insureds prior to a loss and Funeral Planning services are available to all Beneficiaries just before and after a loss at no added cost. These services are available for use whenever the Insured and Beneficiary wish to use them, both pre and post loss.	Yes	We make payments directly to a designated funeral home as long as we receive a completed funeral home assignment form. Payments are made within three business days after receipt of complete claim information. Lincoln also has an express claims process to ensure payment is made quickly. Our express claim payment does not require a death certificate is not needed as long as the following requirements are met: Combined basic and optional life benefit is less than \$1,000,000. A claim must be reported by the employer, or information from the beneficiary must be validated with the employer. The beneficiary must be a person. Death must have occurred in the United States. Manner of death must be natural. Coverage is not contestable. Beneficiary of coverage is confirmed and undisputed.
Plan Administration and Sponsor Services	Claims Processing	37	Do you offer online claims submission for enrollees?		No. However, the City will have the ability to initiate claims on behalf of enrollees. Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine.	Yes	We offer a comprehensive digital process for employers to submit a life claim. Employers will use our self-service employer portal to provide and/or validate information about the insured and named beneficiaries. At any time, they can save their progress and upload claim documents. With our enrollment and/or beneficiary management services, the application process is even simpler as fewer fields and documents are required at the time of the claim.	Yes	The City of LA HR team can initiate a claim on-line. Lincoln then contacts the beneficiary directly to follow up and finish processing the claim. Beneficiaries can initiate the Life claim by calling Lincoln Financial and initiating telephonically. In these situations, Lincoln will actively reach out to the City of LA HR team to finish the claim process and collect any information that maybe needed for claim payment that may not be on the eligibility file.

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Plan Administration and Sponsor Services	Claims Processing	38	Describe other communication tools available for members such as after hour contact capability, chat feature and email.				<p>An online platform is available 24/7 to support beneficiary designations and beneficiary updates as part of the Beneficiary Management Services. There is an additional charge depending on the enhanced service selected.</p> <p>We provide employees with online and 24/7 advisor support as well as bereavement services that include:</p> <ul style="list-style-type: none"> • Funeral Planning Services • Funeral Concierge • Will preparation • Travel assistance • Identity theft protection <p>As part of a personalized bereavement solution, employees, beneficiaries and families can access on-demand support including grief services, helpful planning tools and additional support resources.</p>	Yes	<p>We offer 24/7 support for intake via our online portal, My Lincoln Portal®, and through self-service telephonic IVR, if enabled by the employer with a dedicated call line. A dedicated telephonic line for City of Los Angeles also allows employees to leave messages after hours.</p> <p>Live telephonic intake is available 5 a.m. to 7 p.m. PST, Monday through Friday.</p> <p>Employee's have direct contact with their claim examiner and are provided their direct phone number and email for communication. Email prompts can be provided within after hours</p> <p>My Lincoln Portal® is a secure one-stop destination for managing benefits online and is optimized for use on desktop, tablet, and mobile devices.</p> <p>Employees can use the portal to:</p> <ul style="list-style-type: none"> •Report a claim or request an accommodation •View real time status of an event •Review claim payment information (dependent on plan design) •Obtain claims specialist contact information for previously reported events •Submit and view status of an EOI application •Report a birth •Receive summary document and email confirmation for submissions •Download forms •English or Spanish default displays •Look up contact information for the employer's human resources or benefits departments •Set communication preferences to:

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Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes	The Hartford will automatically be the claim fiduciary under the fully-insured coverage.	Yes	
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes	Through the employer. The City will have the ability to initiate claims on behalf of enrollees. Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine.	Yes	The refreshed Life Digital Claims Experience modernizes the way we handle Life claims. We have created and support this digital platform that allows employers to file and track claims online. If additional paperwork is needed for a claim, for example enrollment information or a death certificate, the employer can upload it by logging on to the site. Upon submitting the claim, the employer will receive an immediate confirmation.	Yes	Web based life filing is available to employer HR only. Beneficiaries may initiate claim via email, telephonically, fax or paper.
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?	Yes	We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, disability needs calculator, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to other resources including our MyBenefits portal.	Yes	Yes, employees will have access to forms.	Yes	In addition to claim forms, directions on how to submit claim paperless will also be provided.

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Plan Administration and Sponsor Services	Claims Processing	42	Provide an organizational chart of the claims unit that will process client's claims.		We have provided a high level org chart showing the key personnel who will work with the City. During the finalist stage, we will assign a complete team, and will provide more detailed org charts and bios.		<p>We will assign a Primary Life Care Advocate to your account. In addition to processing claims, advocates support you, your employees and beneficiaries by:</p> <ul style="list-style-type: none"> • Knowing your culture and Life plan designs • Assisting/supporting beneficiaries by answering questions • Directing them to applicable services <p>When volume warrants, other Life Care Advocates may assist to ensure service and quality levels are delivered. All staff assigned will receive customer-specific training.</p> <p>In addition, a Customer Claim Consultant will be assigned as your case contact for claims. Our Customer Claim Consultant will act as a single contact for claims service needs between your company and our claim organization.</p>	Yes	<p>Christen White - SVP, Claims and Group Protection Operations</p> <p>Heather Cook - VP, Claims Management, Short Term Disability</p> <p>Jeanetter Zenner - VP, Claims Management, Long Term Disability</p> <p>Darla Roche - VP, Claims Management, Life</p>

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Administration and Sponsor Services	Claims Processing	43	Briefly describe your process for administering AD&D claims.		<p>Our portal lets HR professionals initiate and submit a life claim on behalf of an employee or dependent, upload the supporting documents, and check the payment status and select different metrics and time periods they wish to examine. With simple entry of an employee's name, HR can then select the member's name onscreen, and follow the prompts to indicate the type of life claim being submitted, attach the appropriate documents, and initiate the claim online. Employees and beneficiaries will have access to our Customer Care Center.</p> <p>For Life claims, a Life Claims Statement and a copy of the Death Certificate are requested. We may need other documents to complete a claim, depending on the circumstances of the claim itself. Claims are settled with payments being made directly to the beneficiary or to the surviving beneficiary. For claims where the beneficiary is a minor, the benefit is held until either 1) we receive guardianship for the estate of the minor or 2) when the child turns of age.</p> <p>Each claim is reviewed for completeness, if needed, a call is placed to the beneficiary to explain the claim process and to request any additional information required to evaluate the claim. Complete claims are reviewed, and decisions rendered within five business days. Our average turnaround time from complete claim is ~1 day. It is our goal to be supportive and provide an easy to use solution at a difficult time in a family's life.</p> <p>For AD&D, a claim is set up and acknowledged within 24-48 hours of receipt. In order to expedite the review, our claim team partners with an investigative service to assist in obtaining information or reports from third parties or agencies, as appropriate. This could be police reports,</p>		<p>We fully investigate all AD&D claims to ensure claim resolutions comply with the provisions of the insurance policy. We obtain and review all the available information related to the claim, which may include but is not limited to:</p> <ul style="list-style-type: none"> • Certified death certificate • Claim form • Beneficiary designation • Enrollment card • Newspaper articles • Police reports • Witness Statements • Coroner and autopsy findings • Hospital and medical records • Pharmacy records • Workers' compensation files • Toxicology reports <p>If application is missing anything, the employee will be contacted via phone, email or written correspondence. Life Care Advocates will provide education on the process, assist with gathering missing information (as applicable).</p>	Yes	<p>An employee or beneficiary notifies the employer's human resources or benefits team to submit a claim. The employer then gathers necessary information and submits the claim via My Lincoln Portal®. The portal is a fast and easy way to securely report a AD&D claim.</p> <p>When Lincoln receives the claim information, we call the beneficiary and send a beneficiary package to be completed and returned to finish the claim submission. A Lincoln claim specialist is assigned to review the claim information upon receipt from the beneficiary.</p> <p>A beneficiary or employee can also initiate claim with Lincoln directly by telephone, email, fax or paper. When this occurs, Lincoln will proactively reach out to the City HR team to complete the claim.</p> <p>We typically provide a benefit determination within three business days from the time all required information is received. If information is missing, we contact the beneficiary to request the missing documentation.</p>

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Plan Administration and Sponsor Services	Claims Processing	44	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.		We are not responsible for any foreign exchange risk. We pay claims in US Dollars.		Assuming the foreign domiciled employee is a U.S. citizen, we require: <ul style="list-style-type: none"> • A fully completed claim form • A copy of the local Certificate of Death (or equivalent document) with translation, and/or • A Death of American Citizen Abroad form issued by the local U.S. Consulate All benefits are issued in U.S. currency and mailed to either the beneficiary or to the U.S. Consulate in the country of residence. We strictly follow all OFAC Regulations in paying Life insurance proceeds.	Yes	The claim process and payment does not change when a beneficiary resides in a foreign country. Claims are paid out in US dollars. Any currency exchange rate rules that are applicable through the country and bank are the beneficiaries responsibility.
Plan Administration and Sponsor Services	Claims Processing	45	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No	We have regular releases and are constantly improving our system to benefit our employers and their employees. We do not anticipate any changes to the system other than enhancements to improve the user experience.	No	We release maintenance changes once a month and project enhancements once a quarter, following a robust development, QA testing, and change management process. <ul style="list-style-type: none"> • Manage development under strict discipline and governance • Develop and test all system changes on separate platforms • Perform a thorough impact analysis with a cross-functional business team prior to release • Implement changes outside of business hours to avoid disruption 	No	
Plan Administration and Sponsor Services	Claims Processing	46	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes	The Hartford will automatically be the claim fiduciary under the fully-insured coverage.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	47	For the claims office that will be assigned to the City, what is your average annual claims volume?		2023: ~1,500		The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. In 2023, we processed 42,075 Life claims.	Yes	We do not track at the office location. Life/ADD claims historical volume: 2023: 24,307 2022: 26,475 2021: 27,274 2020: 22,515 2019: 18,687 2018: 18,632
Plan Administration and Sponsor Services	Claims Processing	48	Indicate the percentage of claims denied and the category reasons for denial		<1% due to no coverage or exclusions		Our book of business claim denial rates, as well as our appeal uphold and remand rates are considered proprietary and confidential. Once you are one of our customers, we will share your case specific approval/denial rates, as well as appeal uphold and remand rates based on your specific claim activity.	Yes	

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Plan Administration and Sponsor Services	Claims Processing	49	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.		<p>The Aflac development program is a dynamic training program to onboard, train and provide continuing education to our claim professionals managing STD, LOA, LTD and Life claims. We consider our training program a component of our quality process, focusing on the customer and employee experience. There are three different phases to our development program:</p> <p>i. Phase 1: General Training- The initial phase of our training consists of classroom training. The training involves: - The Aflac commitment and strategy - The Aflac brand and products - Disability, absence and life product sales experience - Comprehensive training of products, contracts, provisions - ERISA and state regulations - Technology training - Claim scenario and role playing. Empathy training - Motivational interviewing - Return to work negotiation - Clinical process - Condition management training - Medical terminology - Coding 101 - Benefit calculation and offsets - Professional Writing- Plain language principles.</p> <p>ii. Phase 2: Concept Application Following the successful completion of the basic training, the trainee will enter the Concept Application phase where they will begin to apply concepts. In this phase, our team is also trained on customer-specific policies, culture, and any special handling. The trainee will be paired with a mentor within the customer service center, who will continue to mentor the trainee for eight weeks after training.</p> <p>iii. Phase 3: Continuing Education Claims Professionals are expected to engage in continuing education opportunities suggested by their mentor and supervisor. An annual calendar will be provided, and participation will be tracked. Also, Aflac supports a robust individual development plan. The Aflac employee works with their manager and mentors to</p>		<p>Our Life/AD&D Service Center has a full-time trainer on staff. Actual training varies based on prior experience of new hire, though a new hire generally remains in formal training for four weeks. The balance of the learning happens on the job under the guidance of mentoring managers.</p> <p>General training includes:</p> <ul style="list-style-type: none"> • Contract/client-specific language interpretation • Claim set-up • System training • Medical records review • Benefit calculations • Compliance <p>Trainee's work is audited prior to release. Claim approval authority is granted and gradually increased as the trainee demonstrates competence.</p> <p>Ongoing training focuses on grief & loss training, enhancing the customer experience, & client-specific procedural issues.</p>		<p>Initial training for life claim staff includes a one-on-one training and mentoring program for new hires. We partner with a hospice care provider for bereavement training, which includes a detailed overview of bereavement counseling. Claims specialists also participate in an interactive question and answer session with a focus on addressing specific real-life situations.</p> <p>We review 100% of a new hire's work until the employee demonstrates proficiency.</p> <p>Continuing education includes on-the-job-training, industry workshops, and formal curriculum including LOMA and ICA. All claims specialists are trained on bereavement and hospice annually.</p> <p>Life claim beneficiaries receive a hand written note from our claims manager.</p>

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Plan Administration and Sponsor Services	Claims Processing	50	For the last 12 months, what is your average number of business days to process a claim from date received?		33 days. From complete claim to payment: 1 business day		We track turnaround time from the date all necessary information is received. Based on overall results of the Life Claims department, our standard turnaround times are as follows: <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.		
Plan Administration and Sponsor Services	Claims Processing	51	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days?		From complete claim: 100%		We track turnaround time from the date all necessary information is received. Based on overall results of the Life Claims department, our standard turnaround times are as follows: <ul style="list-style-type: none"> • We process 95% of all approved claims within 5 business days of receiving all necessary information. • We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.		

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Plan Administration and Sponsor Services	Claims Processing	52	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days?		From complete claim: 100%		<p>We track turnaround time from the date all necessary information is received. Based on overall results of the Life Claims department, our standard turnaround times are as follows:</p> <ul style="list-style-type: none"> We process 95% of all approved claims within 5 business days of receiving all necessary information. We process 95% of all claims denial decisions within 10 business days after receiving all appropriate information, including medical and legal reviews. <p>For 2023, we processed 97.06% of all claim decisions within these timeframes. This is based on the overall performance of our Life/AD&D Claim Centers rather than individual office locations.</p>		We do not track this information due to the multiple circumstances beyond our control including timely submission of claims, obtaining death certificates, and minor beneficiaries.
Plan Administration and Sponsor Services	Claims Processing	53	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No	Specific information related to lawsuits or complaints is generally treated as confidential, including the specific disposition of such matters. Material information relating to lawsuits or complaints is disclosed in The Hartford's most recent SEC Form 10Q or 8-k filings, copies of which can be obtained at: https://ir.thehartford.com/financial-information/annual-reports-and-proxy-statements/default.aspx	No	
Plan Administration and Sponsor Services	Claims Processing	54	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.		100%		<p>The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida.</p> <p>In 2023, our Financial Accuracy result was 99.58%</p>		Lincoln maintains a 98% or higher claim payment accuracy rate. We run all claims through our OFAC system and require a minimum of two levels of review before issuing a check. We do not track the dollar amount paid over or under.

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Plan Administration and Sponsor Services	Claims Processing	55	What are your procedures for recovery of the overpayments or duplicate payments?		If an overpayment of benefits occurs, we will reach out to the beneficiary to notify them and explain the reason for the overpayment. We would also send a letter with the information. Once we connect with the beneficiary, we will arrange for a method to for overpaid amount to be returned to us.		If an overpayment occurs, we request reimbursement from the overpaid or incorrect beneficiary, with the option to reimburse the overpayment over several months. You are provided with copies of all correspondence.		In the unlikely event an overpayment occurs, the life claims unit works with the employer and the account manager prior to communicating with the beneficiary. We first attempt to contact the incorrect recipient to collect the funds. If unsuccessful, we refer the case to a collection agency.
Plan Administration and Sponsor Services	Waiver of Premium	56	How is the City notified of Waiver of Premiums?		Va reports and our portal.		If you also have LTD coverage with us, the seamless process automatically sets up these premium waiver claims 1-month prior to the required elimination period being met. If additional information is needed, e.g. physician records, enrollment records, etc. we request that information; however, we ask the claimant to provide assistance in obtaining the information. The City will get a copy of the letter that's sent. For denials or terminations they standardly receive a separate generic letter of the determination. If they've elected to not have any communications sent to them, they can access status reports through the employer portal.		Lincoln has an intergrated waiver of premium when customers also have disability with Lincoln, we ease the administrative burden of waiver claims by automatically initiating the process. Our combined claims system facilitates identification of claims and coordination of information. Once we identify a potential waiver claim, we will contact the employer via email to verify and obtain required life insurance information. Our claims specialists will coordinate requests for additional information from the employee. The employee will work with only one contact and will not need to complete an individual waiver application. Upon approval of the claim, we will notify employers and claimants in writing. Employer groups can adjust billing statements accordingly. If we deny a claim, we will send a written notice to the claimant and a generic letter to the employer, who will notify the employee of the right to convert from the existing group policy to an individual policy.

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Member Services and Communications	Call Center	57	Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing. If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST	Yes	Aflac has priced in a Client Liaison who can handle these duties.		The primary Life claim center is located in Hartford, CT. This team is supported by additional Life Care Advocates associated with our Claim Centers in Arizona and Florida. Our hours of operation are M-F, 5 a.m.-5p.m. PT. We assign a Primary Life Care Advocate to your account. In addition, a Customer Claim Consultant will be assigned as your case contact for claims. Our Customer Claim Consultant will act as a single contact for claims service needs. Our Life Claim Office's hours of operation are M-F, 5a.m.-5p.m. PT. Life Care Advocate support is available between 3am-3pm PT.	Yes	Confirmed - This resource is in addition to our Major Accounts Account Manager and Service Representative. The claim liason will be available 8am - 5pm PST.
Member Services and Communications	Call Center	58	Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)	Yes	6 seconds		The average call queue time goal for the Customer Contact Center is 30 seconds or less. In 2022, the result was 31.22 seconds. 2023 statistics are not yet available.	Yes	Lincoln tracks this information at the customer level, our goal is less than 30 seconds. 80% of all calls will be answered within 30 seconds once prompted to speak with a live CSR.
Member Services and Communications	Call Center	59	Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?	No	Aflac is assigning a customer service representative (account manager) who will have City of Los Angeles as part of a portfolio of clients. Aflac is not providing a dedicated customer service representative to City of Los Angeles.		We have 30 Life Claims Customer Service Representatives trained to field incoming calls related to Group Life AD&D claims. This team conducts research on claim inquiries as needed.	Yes	Through the customized intake line for the City of Los Angeles, 10 designated CSR members would initially be assigned and adjusted as needed. We did provide an example of a current customer, County of San Diego, intake line to the City on the general questions tab if you would like to hear an example of some of the capabilities we have to customize script. Note that we are very flexible and can customize any script, this example is just for a reference point. County of San Diego custome intake line: 888-480-8710

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Member Services and Communications	Call Center	60	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.		<p>The average tenure for our Customer Care Center Advocates is 3 years.</p> <p>Customer Care Advocate training is a layered approach designed to build and develop expertise and foster growth and strength of desired soft skills and behaviors. Customer experience is the primary and unifying theme throughout our culture, client, product, process and behavioral training modules. We utilize a variety of styles and teaching methods to accommodate all learning styles. This includes classroom training, practice exercise, job shadowing, knowledge checks, reinforcement reviews and team competitions. A flexible and customized cadence allows for individual trainee needs for additional explanation and discussion. Training is completed in 3 phases: Life, LOA/STD Intake, LOA/STD Claims. After successful completion of each phase, CCAs are added incrementally to additional skills to ensure proficiency and optimized customer experience. At the conclusion, CCAs are full trained in all products and clients maintaining the focus on an authentic, individualized experience on every call.</p>		<p>Life Claim team members complete a sensitivity training program to enable them to empathize with beneficiaries who have recently suffered the loss of a family member. Customer Service Representatives also complete a training session on delivering superior phone and email customer service.</p> <p>Life Claims Customer Service Representatives have an average of 3.96 years of service.</p>	Yes	Upon employment, CSRs are required to acknowledge and sign Lincoln Financial Group's confidentiality agreement and comply to its policy. Claim system access is provided only as business needs require and managed via an internal control. CSRs are required to identify callers prior to initiating a claim or disclosing any information by obtaining a minimum number of unique, demographic identifiers which are subject to regular Quality Audits. Discussion of non-public personal information is only permitted after the caller is identified, and for non-claimant callers, a signed authorization is on file. CSRs may leverage the group's eligibility file or claim system to validate the identifiers. CSRs have an average tenure of 3 years typically move to other positions within Lincoln such as claims or management.

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Member Services and Communications	Call Center	61	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.		Employees will be able to identify themselves by confirming some of the information we have been provided in the file feed. Customer Care Advocates (CCAs) have access to sensitive data, and will be able to address questions even before the employee has a claim.		A caller is initially asked for their full name and phone number. The Customer Service Representative (CSR) will then ask if the call is regarding an already established claim. If so, we ask for the type of claim and claim number. If the caller does not have the claim number available, we will search for the claim by alternate methods. We will then authenticate the caller before providing and personal or confidential information. Authentication of the caller varies based on who the caller is and includes a combination of items. Once the caller is authenticated, we ask the caller how we may assist.	Yes	The City of LA will have a dedicated customer service phone number. That phone number is not published, other than with the City and City members. Anyone calling that number, Lincoln knows will be associated somehow with the City. In general, members or beneficiaries will be interacting with Life claim examiners directly as opposed to CSRs. On the occasion when a beneficiary or member initiates Life claim telephonically, our CSR may leverage the eligibility file or claim system to validate identifiers. Member identification can be verified through information provided on the claims and eligibility file. They will have access to information that is passed on that file.
Member Services and Communications	Call Center	62	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.		Our Customer Care Center is staffed with experienced customer care advocates (10-15% of our representatives are bilingual Spanish-speaking agents). We also have access to Language Line which is a resource that provides translation services for over 240 languages. Our product roadmap includes features to assist those with hearing difficulties. However, most individuals that have hearing devices or are impaired, have their own support devices and will typically call us with their own translator.		<u>Language Services</u> We have a partnership with Conduent to provide Spanish-speaking translation assistance through their relationship with Language Select who provides instant telephone access to interpreters of over 200 languages, for no additional cost to the client. In addition, our employees who speak fluent Spanish are certified through our Spanish Certification Process. This process equips our employees to interact solely in Spanish without the use of translation services. <u>Hearing Capabilities</u> Our claim offices use phone relay services to link telephone equipment for the deaf, hard-of-hearing and speech-impaired with our claim staff.	Yes	We use Language Line Services to provide translation services for virtually every language. Our English-speaking claims specialists can call the line to engage an interpreter for the employee and claims specialist. We have several additional resources available for interpretation of written documentation in various languages. Translation of written documentation takes approximately three to five business days. My Lincoln Portal can toggle between english and spanish.
Member Services and Communications	Call Center	63	How many customer service issues are resolved during first contact?	Yes	92%		Our telephone and claims system does not allow us to measure first call resolution; however, we estimate that at least 80% of all inquiries are resolved at the first point of contact and 95% of calls are resolved within 24 hours.	Yes	Lincoln does not track first call resolution.

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Member Services and Communications	Call Center	64	Can your call center 'warm transfer' calls to the Dedicated Liaison and/or the City?	Yes	<p>Aflac understands that the best way to service our customer's employees is through a connected experience. We want to create synergies with all the wellness and health programs available to your employees. By educating and connecting employees to the right programs we hope to impact how the employee manages their health and improve productivity. We have the flexibility and expertise to partner with the customer's vendors to create these connections. We understand the programs available for the employees and can simply educate your employees on basic program components. We can provide the resource information or warm transfer employees when trigger diagnosis or circumstances are identified. We can send electronic referrals to the customer's vendors through a file feed or refer through an email notification. This will create a single point of contact to receive the referral.</p> <p>At implementation, we would establish the best method to collaborate across programs. At this time, we would collect program information and instructions to house in our Knowledge tool. This tool serves as a guide to our Customer Care Advocates and Case Managers to educate the customer's employees during Case Manager interactions and influence engagement. We can also house program information (documents, forms, links to pertinent web sites) within our web portal. We recommend scheduling regular meetings with vendors to monitor the collaboration activities and be proactive in making adjustments as needed. We understand that program integration is not just about data feeds, it is about using connected workflows to educate and provide a simplified experience to the employee population.</p>	No	<p>Although we are not able to "warm transfer" your employee to the Dedicated Liaison and/or the City, we do have the ability, after telephonic intake and at any time during the life of their claim, to provide your employee the contact information for any individuals or teams you would like.</p> <p>By providing the contact information to them so they can reach out when it is convenient for them, we believe will provide more successful interactions, thus, helping to expedite recovery, end an illness sooner and ultimately speed a safe return to work.</p>	Yes	We can warm transfer a caller to another Lincoln employee, dedicated liaison, vendor or HR team when necessary. If for some reason a warm transfer is not available (receiving call not available for example), we will follow up with the employee on how to contact the individual they may need to reach.

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Member Services and Communications	Appeals Process & Member Complaints	65	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes	We have a team of Compliance, Legal and Product experts who are part of industry groups and stay ahead of the changing regulations. They then ensure that our internal processes align with what is required by guidelines.	Yes	Our Law and Compliance Departments monitor regulatory changes using internal and external systems, internet/intranet websites, manuals and other resources. These units also analyze applicable laws and communicate with the affected business units within The Hartford to ensure that we comply with changes.	Yes	
Member Services and Communications	Appeals Process & Member Complaints	66	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case		We monitor and track all appeals and complaints. Our appeal tracking includes name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions, and much other data. However, the tracking and reporting of appeals are not automated. We do have automated reporting of complaints.	Yes	We handle all claim appeals, regardless of source (including those for non-ERISA plans) in accordance with ERISA guidelines. We monitor each appeal until it has been resolved and enter the resolution information into our claim system database. Complaints, regardless of source, are handled by supervisory or management-level staff. We maintain online electronic complaint logs for analysis and internal reporting as well as for resolution and adjudication purposes. A written record of the complaint is maintained in the individual claim file. Information about complaints and appeals are documented in the "Comments" section of our online Claim system.	Yes	

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Member Services and Communications	Appeals Process & Member Complaints	67	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?		During the appeal review we keep service top of mind and communicate with the member throughout the process. We track all complaints and grievances, respond with empathy, and track the complaint or grievance to resolution.		<p>We do not survey Life insurance beneficiaries because we prefer not to intrude during an extremely difficult time following the loss of a loved one. Our goal is to adjudicate a claim as quickly as possible and be empathetic and assist in the family's time of need. We receive positive feedback from beneficiaries who are pleased with our prompt turnaround time and the sensitive manner.</p> <p>For employers, our Customer Loyalty Program provides an avenue to collect feedback on our life claim process and service. See our current ratings and testimonials on our website at: https://www.thehartford.com/employee-benefits/group-life-insurance#reviews</p>	Yes	We include a survey in all of our initial AD&D correspondence packages. The results are primarily favorable, with respondents thanking us for our exceptional service during a difficult time.
Member Services and Communications	Appeals Process & Member Complaints	68	Describe your procedures for notifying the client of any appeal process.		We notify the client when an appeal is received for the STD plan, if an extension is taken, and we notify them of the outcome.		We do not routinely send full copies of appeal requests directly to employers because they contain confidential medical information. They can be provided upon receipt of a signed authorization from the claimant allowing disclosure.	Yes	<p>When a AD&D claim is denied, Lincoln sends a letter to the beneficiary explaining the reasoning. This denial letter, which satisfies all ERISA requirements, clearly outlines:</p> <ul style="list-style-type: none"> The specific reasons for the denial The governing policy/plan language upon which the denial is based Additional information which may be submitted to appeal the claim decision The party to whom additional information should be submitted The claim review procedure (or appeal process) Where to send the appeal The format and timing of the appeal

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Member Services and Communications	Website and other Media	69	What types of written, online, and in-person education can you provide to employees to better understand the AD&D benefits and processes?		<p>Employees will have access to materials through one of our Learning Hubs.</p> <p>As part of the implementation activities, Aflac will partner with the customer to author employee facing communication materials to support enrollment and program transition activities.</p> <p>We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, needs calculators, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to your enrollment experience.</p>		<p>The Hartford's comprehensive suite of communication capabilities are designed specifically for a given employer's population. With robust tools that drive awareness and help educate, they can provide a better enrollment experience for varying persona types at different life stages. A personalized strategy may include:</p> <p>Resources to help employees make informed decisions: Digital, print and face-to-face</p> <ul style="list-style-type: none"> • Email campaign • Direct Mail • Poster • Intranet banner ads • Benefit coverage and employee assistance flyers • Informational webinars • Counselor enrollment support at benefit fairs <p>Online learning resources</p> <ul style="list-style-type: none"> • MyTomorrow® Decision-Support Tool • Cost Calculator • Coverage Advisors • Engaging educational videos • Ratings & Reviews 	Yes	<p>Some example of written education include: email templates, articles and brochures on life and ad&d, empee presentations, benefit summaries and open enrollment communications.</p> <p>Some examles of online include: dedicated microsite, social media, production of life and ad&d awareness month. Additionally, all written examples above can be created for on-line use.</p> <p>In-person: Training seminars on what AD&D/Life insurance is, how much you should purchase, cost calculation examples and value added features that are useful.</p>
Member Services and Communications	Website and other Media	70	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?	Yes	<p>We focus on communicating the importance of life and disability insurance in a way that is relatable and lighthearted. One of our leading communication vehicles is our customized Learning Hub. It highlights the plans and enrollment opportunities available during annual enrollment and for new hires. The site also includes a variety of digital educational tools such as a one-page spotlight, disability needs calculator, product flyers, videos, FAQs, and glossaries. It is customizable and co-brandable, and can link out to other resources including our MyBenefits portal.</p>		<p>During enrollment, we offer online services that educate employees about available benefits and how to enroll. We also provide printed enrollment materials at your request. Communications are designed with language that is easy to understand and relatable to ensure employees understand how all benefits work for them.</p> <p>Life claims are filed by the employer.</p>	Yes	<p>Some examles include life reporting checklists for employers and beneficiaries, educational videos on filing claim, explanation of waiver of premium, accelertated death and portability/conversion. Directions on how to apply for portability or conversion and taking the next steps for beneficiaries after a loved one passes. Lincoln also offers communication pieces for the HR team on dealing with grief in the workplace when an employee passes.</p>

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Member Services and Communication s	Website and other Media	71	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes	We can offer English and Spanish capabilities. We are in compliance with WCAG Guidelines. Aflac has taken appropriate steps to ensure that persons with disabilities have an equal opportunity to participate in our services, activities and programs and is working to ensure websites and online services are accessible for everyone.	Yes	We offer On24 (a microsite) for Voluntary Coverages. On24 promotes the coverages available to employees, as well as, Value-Added Services, MyTomorrow, videos, and other marketing materials. We can build and offer On24 for the City's Coverages, with the support of our Enrollment Manager.	Yes	Within the general questions tab, we included a sample of a microsite created for a current customer, County of San Diego. You may reference it here as a sample of what can be included. Our microsities are fully customizable. County of San Diego microsite: https://lincolnfinancial.com/public/microsite/cosandiego/home
Member Services and Communication s	Website and other Media	72	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes	We can offer English and Spanish capabilities. We are in compliance with WCAG Guidelines. Aflac has taken appropriate steps to ensure that persons with disabilities have an equal opportunity to participate in our services, activities and programs and is working to ensure websites and online services are accessible for everyone.		We're committed to ensuring that our customer-facing digital portals and platforms are accessible to everyone. Currently, we're working to meet compliance with the Web Content Accessibility Guidelines (WCAG) 2.0 A/AA. Additionally, we've reviewed and edited communication materials including educational digital flyers, emails, and banner ads to be compliant with the Americans with Disabilities Act (ADA). The continuous enhancement of our website increases the accessibility of our digital content for all customers.	Yes	My Lincoln Portal® has English or Spanish default displays and is compliant with applicable laws/regulations for disabled member access.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Member Services and Communications	Website and other Media	73	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	The customized Learning Hub can include your logo, enrollment dates, links to you enrollment site, photography that resonates with your employee population, product flyers, benefit spotlights, videos, FAQ's, glossaries and links to other resources like the MyBenefits portal. There is never a charge for any of our marketing toolkit material.		We can add the City's logo, and upload custom forms and documents as needed.	Yes	The following customization options are available within My Lincoln Portal® without any additional technology deployment. The majority of our customers do not need additional customization but if it is needed, Lincoln can accommodate. Ability to display organization's logo Various opportunities to insert employer specific messages to the employees Customize reporting folder structure Option to include customized Q&A Upload employer specific forms Display employer specific contacts; i.e., HR, Benefits, etc. Include only relevant program information within the employer area Allow employees and employers to report return-to-work information online Our portal allows each employer user to elect permissions based on their specific needs.
Member Services and Communications	Website and other Media	74	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	Yes, we can add logos for your Benefits Program and Wellness Program, and we can also link to materials or URL's that you'd like to highlight on the Aflac page.	Yes		Yes	Co-branding is one of the most valued features within our web portal.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communication s	Website and other Media	75	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	The customized Learning Hub can include your logo, enrollment dates, links to you enrollment site, photography that resonates with your employee population, product flyers, benefit spotlights, videos, FAQ's, glossaries and links to other resources like the MyBenefits portal. There is never a charge for any of our marketing toolkit material. We will work with you customize the experience.		<p>The refreshed Life Digital Claims Experience modernizes the way we handle Life claims. We have created and support this digital platform that allows employers and third-party administrators (non-employers/brokers) to file and track claims online.</p> <p>If additional paperwork is needed for a claim, the employer can upload it by logging on to the site. Upon submitting the claim, the employer will receive an immediate confirmation.</p> <p>Key features of our employer portal include providing access to robust reporting– reports can be downloaded to Excel for easy access to information that can help you better understand the trends in your programs.</p>	Yes	<p>On a quarterly basis, Lincoln offers Webinars for employee and employer education through our Absence Advisor series. This series provides thought leadership workshops, seminars, white papers, state regulatory and legislative updates for Life and Disability products.</p> <p>With approval from the City, Lincoln can also push out email campaigns on behalf of the City educating about Lincoln benefits and administration.</p> <p>Finally, Lincoln is very active through social media platforms such as Linkdin, X and Instagram. Educational content is shared through these platforms and touch on things like technolgy options with Lincoln, helpful tax tips, and evidence of insurability. One example regarding tax tips and where it linked users to can be found here: https://visit.lfg.com/3OLD7ja</p>

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	76	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).		<p>EXCLUSIONS- ACCIDENTAL LOSSES NOT COVERED BY THE [POLICY]</p> <p>[Accidental Death] [and] [Dismemberment] Benefit Exclusions</p> <p>The [Policy] does not cover condition or loss caused or substantially contributed to by:</p> <ul style="list-style-type: none"> • [suicide while sane or insane;] • [any attempt at suicide while sane or insane;] • [intentionally self-inflicted Injury, while sane or insane;] • [engaging in aviation, other than as a [fare-paying] passenger;] <p>C92101CA 77 [Form Code]</p> <ul style="list-style-type: none"> • [active participation in]War or Act of War;] • [active participation in] [a riot, insurrection, or terrorist activity;] • [committing [or attempting to commit] a felony;] • [the voluntary intake of any: [(1) drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instructions,] [or] [(2) poison, gas or fumes, unless a direct result of an occupational accident];] • [the Insured][being intoxicated as defined by the jurisdiction where the Accident occurred;] [or] • [engaging in an illegal occupation or activity;][or] • [military or naval service][.]] 		<p>The Policy does not cover any injury or death resulting from:</p> <ul style="list-style-type: none"> • Intentionally self-inflicted harm • Suicide or attempted suicide • War or act of war • Full-time active duty as a member of the armed forces • Travel aboard any aircraft: <ul style="list-style-type: none"> — Except a civil, public or military transport aircraft — As a pilot, crewmember or student pilot — As a flight instructor or examiner — Owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the Policy — Being used for tests, experimental purposes, stunt flying, racing or endurance tests • Voluntary drug use, unless as prescribed or administered by a Physician • Motor vehicle riding, driving or testing in a scheduled race, on tracks, speedways or proving grounds • Commission of or attempt to commit a felony • Intoxication or intoxicated driving 	Yes	<p>The following is our standard AD&D contract language:</p> <p>No benefits are payable for any loss that is contributed to or caused by:</p> <ul style="list-style-type: none"> · War, declared or undeclared, or any act of war; · Intentionally self-inflicted injuries, while sane or insane; · Suicide, or suicide attempt, while sane or insane; · Active participation in a riot; · Committing or attempting to commit a felony or misdemeanor; · Disease, bodily or mental illness (or medical or surgical treatment thereof); · Infections, except septic infections of and through a visible wound; · Controlled substances (as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970 and all amendments) that are voluntarily taken, ingested or injected, unless as prescribed or administered by a physician; · Serving full-time active duty in the armed forces of any country or international authority; · Boarding, leaving, or being in or on any kind of aircraft. <p>However, this exclusion will not apply if the covered person is a fare paying passenger on a commercial aircraft or traveling as a passenger in any aircraft that is owned or leased by or on behalf of the sponsor;</p> <ul style="list-style-type: none"> · The presence of alcohol in the covered person's blood which raises a presumption that the covered person was under the influence of alcohol and contributed to the cause of the accident. The blood alcohol level is governed by the jurisdiction of the state in which the accident occurred; · Hazardous sports, including but not limited to, motor sports (land or water), mountain climbing, skydiving, parachuting, bungee jumping, hang gliding and scuba diving.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	77	Is proposed coverage portable/convertible?	No	Aflac's AD&D coverage is not portable nor convertible.		<p><u>Portability</u> Our portability feature allows employees to continue their Group Life Insurance and Accidental Death portion of their AD&D coverage at affordable group rates if they lose coverage for reasons other than illness or injury prior to age 85. Maximum, minimums and benefit reductions apply. EOI may apply.</p> <p><u>Conversion</u> Our standard Life offering includes a conversion right that allows employees and their covered dependents to convert their coverage to an individual life policy when their group insurance terminates or reduces for any reason. No EOI or initial coverage period is required.</p>	Yes	AD&D coverage is not eligible for conversion. AD&D coverage is not portable on a stand alone basis. However, should a covered person choose to port their Life coverage, they may elect a matched AD&D benefit.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	78	What options do you provide for members to continue insurance after employment separation?	No	For AD&D, there are no options.		<p><u>Portability</u> Our portability feature allows employees to continue their Group Life Insurance and Accidental Death portion of their AD&D coverage at affordable group rates if they lose coverage for reasons other than illness or injury prior to age 85. Maximum, minimums and benefit reductions apply. EOI may apply.</p> <p><u>Conversion</u> If a qualifying event occurs (as defined by the policy) under the group AD&D plan that terminates coverage, a covered employee will have the option, called Extended Continuation, to continue their same AD&D coverage (including dependent coverage) under the policy for up to 5 years without providing evidence of good health. The cost of the continued coverage will not change and would become solely the responsibility of the employee (including any premium currently being paid for by the employer).</p>	Yes	Lincoln's proposed coverage includes portability options.
Plan Design	Plan Design	79	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage	No	N/A to AD&D	Yes	Please refer to the enclosed Sample Portability Contract in Section F.	Yes	Confirmed - This is in the

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	80	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.	No	Aflac will not waive the actively at work provision but can offer continuity of coverage.		<p><u>No Loss No Gain</u> No employee will gain or lose coverage or receive a greater or a lesser benefit due to change in carriers, provided that the employee was eligible for benefits the day before our policy's effective date.</p> <p><u>Actively-at-Work</u> We will provide our Continuity of Coverage provision to address concerns that employees might lose coverage due to a change in insurance carriers. This provision extends coverage to employees insured under the prior plan on the day before our policy effective date, whether or not they were actively at work on that day.</p> <p>Please refer to the Underwriting Assumptions tab for our AAW wording.</p>	Yes	

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	81	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?		Life benefits are paid in the form of a lump sum check through a check or direct deposit. Aflac does not offer retained asset accounts.		<u>Settlement Options</u> Claim settlement options: • Lump sum check • Safe Haven Program (an interest earning draft account and personal representative for support) - Is available when benefits of \$10,000 or more are payable to a single beneficiary • Electronic Fund Transfer, if requested by beneficiary <u>Interest Rate</u> Interest is based on state statutes. To determine if interest is payable, we consider the beneficiary's state of residence, state where insured resided, and case situs state. The interest rate can also vary. If it is determined that interest payment is required based on more than one state, we will pay the greater interest amount.	Yes	We offer our SecureLine® account for payment when the benefit is \$5,000 or greater. We deposit benefits into a personalized security account that allows a beneficiary to begin collecting interest on the benefit immediately. We then issue a checkbook to the beneficiary that provides access to the benefit. If the beneficiary prefers, full settlement in a lump sum may also be elected. The payment option can be determined at the employee/beneficiary level. If the beneficiary does not select a payment option, we default to a paper check. We credit interest on life claims according to state requirements. The actual interest rate as well as interest due date varies by state. We do not include interest credits in our experience rating formula.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	82	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitations (for example, if you do not allow an absolute or a collateral assignment).	Yes.	<p>Yes, we allow absolute assignments.</p> <ul style="list-style-type: none"> •The Absolute Assignment form is completed by the appropriate parties (Employee, Assignee and Employer) and sent into Aflac. •Aflac will review for completeness and acknowledge. Aflac will provide copies to all parties and keep a copy on file. •Collateral Assignments are not usually accepted under an employer group term policy but will be reviewed. •Funeral Home assignments are accepted as part of the claim submission and will be honored if the named beneficiary(ies) have requested it. 	Yes	<p>We will accept existing and new assignments. We will review the assignments and validate that they contain the appropriate "Transfer of Ownership" language. Upon approval, we will honor the assignment forms (including those for viatical settlements); new forms are not required. Assignments must be legal and we must be able to confirm that the covered employee has made them.</p> <p>If the assignment does not include "Transfer of Ownership" language, we will ask the insured to complete a Statement of Intent form.</p> <p>We allow Absolute Assignments on our Group Term Life policies; however, we do not accept Collateral Assignments.</p>	Yes	<p>We permit viatical, revocable, and non-revocable assignments. Employees can use our absolute assignment form, a prior carrier's form if the assignment was made before the effective date, or the form of the viatical company. The policyholder maintains this information until point of death.</p> <p>In addition, we honor absolute assignments made prior to the contract effective date. These are reviewed at the time of claim.</p>
Plan Design	Plan Design	83	Describe your administration's "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?	No	Aflac does not have a living needs benefit. Aflac does offer a accelerated life benefi for life coverages only.		<p>The Hartford's Accelerated Benefit, also known as the Living Benefit Option, is generous in the industry, without many of the common costs and restrictions. The Accelerated Benefit will not be available if the employee has not been actively at work under the policy.</p> <p>The cost of this feature is included in our rates and causes no additional cost to the employer or employee.</p>	Yes	Accelerated Death/Living Needs benefit is not available for AD&D coverage.
Plan Design	Plan Design	84	Confirm that your proposal includes Waiver of Premium	Yes	For matching the inforce benefits, there is no waiver of premium included. For quoting the enhanced options, waiver of premium is included when requested.	Yes	Premium is waived for any period of total disability that has lasted for a minimum of 180 days. Applicable to Voluntary AD&D.	Yes	Confirmed.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	85	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for Voluntary AD&D also be waived for the employee and/or their covered dependents also be waived?	Yes	Yes, if included in the quote, we will also waive the dependent premiums.	Yes	Not applicable.	No	AD&D coverage maybe continued when an employee ports coverage, however, premiums need to be paid.
Plan Design	Plan Design	86	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.	Yes	6 months	Yes	Our quote includes a 180 day elimination period to qualify for Premium Waiver. Once that is met, if the insured is disabled according to the policy definition of disabled, premiums are waived as of the date the elimination period is met, not retroactive to the date of disability. Applicable to Voluntary AD&D.	Yes	AD&D coverage may be continued on a premium paying basis. We are quoting options to include waiver on Life.
Plan Design	Plan Design	87	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?	No	Only after approval for waiver of premium.	No	Once the elimination 180 day period is met, if the insured is disabled according to the policy definition of disabled, premiums are waived as of the date the elimination period is met, not retroactive to the date of disability. Applicable to Voluntary AD&D.	Yes	Lincoln's standard practice is to waive premiums beginning on the approval date. However, if this is not the current practice of the City, Lincoln is flexible to administer as the City currently administers.

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Plan Design	Plan Design	88	What are the employer and employee policy lapse provisions?		<p>Coverage will lapse if the employer stops making payments. We allow a grace period for the employer to bring their premiums to current level before we cancel the policy.</p> <p>GRACE PERIOD WHEN PREMIUMS ARE PAID DIRECTLY TO US Each premium due directly from You for insurance provided under the [Policy] may be paid up to [31-180] days after its premium due date. This period is known as the grace period. The insurance provided by this certificate for which premium has not been paid will stay in effect during the grace period. We will notify You In Writing that, if the premium is not paid by the end of the grace period, such insurance will end at the end of the last day of the grace period. If We fail to give Written notice by the end of the grace period, such insurance will continue in effect until the date notice is given</p>		<p>We may terminate the policy by giving the Policyholder 31 days' written notice for any of the following reasons:</p> <ul style="list-style-type: none"> • The Policyholder fails to furnish any information which The Hartford may reasonably require • The Policyholder fails to perform any obligations pertaining to this policy • Less than 100% of the persons eligible for coverage on a non-contributory basis are insured • Less than 25% of the persons eligible for coverage on a contributory basis are insured • Fewer than 10 persons are insured <p>May vary by state.</p> <p>Portability is not contingent upon the active policy remaining in force after the employee ports his or her coverage.</p>	Yes	
Plan Design	Plan Design	89	Please confirm that you have completed the Plan Design Tab for AD&D for 'Match to current'	Yes		Yes	<p>It is our intent to match the requested in force benefits and features as described in our proposal. The Hartford's contract language, provisions and exclusions will apply in the event of any discrepancy between the language in the proposal and the contract language. Whereas our contractual provisions may be similar to those of your current carrier, the actual terms and conditions of the contract may be different. Due to state insurance regulations and filing requirements, it may not be possible to change the language in our policy to exactly match your current contract's wording.</p>	Yes	
Plan Design	Plan Design	90	Please confirm that you have completed the Plan Design Tab for AD&D for one or more 'Enhancements'	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Aflac		The Hartford		Lincoln	
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Financial Cost	Financial Cost	91	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes	\$25,000 has been included for the Vol AD&D.	Yes	We agree to issue a one-time payment of \$200,000 to the City to cover discretionary implementation activities. This credit will be built into the premium rate and will be reflected on all applicable reporting schedules. If a policy issued as a result of this request for proposal terminates prior to The Hartford recouping the \$200,000 through premiums, the City agrees to pay The Hartford any amount outstanding as of the policy termination date.	Yes	\$125,000 total for all Life and AD&D coverages. (\$250,000 combined for all coverage lines)
Financial Cost	Financial Cost	92	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?	No	Aflac's Vol AD&D rates are self-supporting.	Yes	We require that all Life lines sell together together; Basic and Voluntary Life (EE, SP and CH). AD&D and Disability does not need to sell.	Yes	
Financial Cost	Financial Cost	93	Please confirm that you have completed the Pricing Tab for AD&D.	Yes		Yes		Yes	Confirm.
Financial Cost	Financial Cost	94	Please confirm that you have completed the Underwriting Tab.	Yes		Yes		Yes	Confirm.
Financial Cost	Financial Cost	95	Please confirm that you have completed the PG Tab for AD&D.			Yes		Yes	Confirm.
Financial Cost	Financial Cost	96	Confirm that your proposal is for a 'stand alone' voluntary AD&D plan.	Yes	Aflac will file with the state of California for a stand-alone Vol AD&D product.	Yes		Yes	Confirm.

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	The City has a goal of paperless or paper-reduced claims processing. What can you do to assist the City in reaching this goal? And what steps have been taken to simplify the claims process?	Yes	<p>We provide a number of different options to address your communication preferences. As such, you or your benefits administrator can notify us of a loss by submitting the employer's portion of the claim through a variety of paperless methods, including by file feed, fax, email or online through our employer website. Employers can also upload supporting documents via the website.</p> <p>Beneficiaries have the option of submitting their portion of a death claim and corresponding claim documentation via email or through our Life Beneficiary Claim Portal. Claim status is available to employers via our employer website and to beneficiaries via the Life Beneficiary Claim Portal. Beneficiaries can also elect Electronic Status Messaging which provides the option to receive status updates via email or text.</p> <p>To simplify the claim experience for beneficiaries, our Concierge Claims Service provides compassionate step-by-step support throughout the claim process. Our claim experts can assist beneficiaries by notifying third parties, initiating warm transfers to vendors and informing beneficiaries of the value-added services that are available to them. These services include funeral assistance, legal services, financial consultation and grief counseling services.</p>		All claim submissions and other required documents can be submitted electronically via email or online. We accept scanned, legible copies of all documents including Death Certificates.		<p>With our group life coverage, clients have 24/7/365 direct and secure access to the Self Service Tools available through the Reliance Matrix website without the need for an additional login and password. Via the Self Service Tools, employers can access queries on the website and obtain EOI status reports. Other self service abilities: Download & print forms, check claim status, access contact information, submit EOI online.</p> <p>During enrollment activities a customized web portal can be created, giving employees direct access to relevant product, plan and process information, and forms. We also offer EOI online which can provide immediate decisions. These online formats help reduce paper administration as well.</p>

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	2	Can you provide a detailed description of benefits that are payable and under what circumstances they are payable? For example, when an accident occurs?	Yes	<p>AD&D coverage provides a death and injury benefit in the event of a fatal accident or an accident that results in severe injuries to the insured. Covered losses are described in the schedule of benefits and are subject to the full amount of the coverage.</p> <p>If the covered individual sustains an accidently injury that is the Direct and Sole Cause of a Covered Loss described in the schedule of benefits, proof of the accident injury and Covered Loss must be sent to us.</p> <p>Direct and Sole Cause means that the Covered Loss occurs within 12 months of the date of the accidental injury and was a direct result of the accidental injury, independent of other causes. We will deem a loss to be the direct result of an accidental injury if it results from unavoidable exposure to the elements and such exposure was a direct result of an accident.</p>	Yes	We have provided a sample AD&D policy with our proposal response.		We will pay benefits in compliance with the governing Policy
Plan Administration and Sponsor Services	Plan Administration	3	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes		Yes			All employees must be actively at work on effective date

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Plan Administration and Sponsor Services	Plan Administration	4	Describe your non-payment appeals process.	Yes	<p>In the event a claim has been denied in whole or in part, the beneficiary may request a review of the claim. Information regarding the right to appeal and the process is included in the denial letter. This appeal request is sent to the claim administrator within the period specified with a statement from the beneficiary as to the reason he or she believes the claim was improperly denied. Additional information, questions or comments should also be provided.</p> <p>The entire claim will be re-evaluated by our appeal committee. Whether we uphold or reverse a claim decision based on an appeal review, a claim-specific letter will be sent to the claimant with an explanation of the decision</p>		<p>To start the appeal process, a claimant can request a review of our claim decision by submitting an appeal to our claim office within 60 days of the date they received notification of claim denial. The written request must accompany the reason for appeal, the insured's SSN, and any additional information or documentation that supports or clarifies the claim appeal.</p> <p>Within 10 calendar days from the date of receipt of the appeal, we send a letter to the claimant acknowledging the appeal request. A claim specialist of equal or higher level than the original claim specialist reviews the claim file and seeks additional information if needed.</p> <p>We then make a decision to affirm or overturn the denial within 60 calendar days and communicate the decision to the claimant. If there are special circumstances that cause a delay (e.g., additional information is needed), the maximum time for an appeal decision to be rendered is 120 calendar days.</p>		If the governing plan/policy includes Appeal rights, any appeal request by a Claimant will be processed in compliance with that provision
Plan Administration and Sponsor Services	Plan Administration	5	Confirm that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes		Yes	EOI is not required for accident plans.	Yes	

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Plan Administration and Sponsor Services	Plan Administration	6	<p>What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted?</p> <p>-For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions.</p> <p>-For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.</p>	Yes	<p>Less than 3% of the total services provided in this RFP would be outsourced or subcontracted.</p> <ul style="list-style-type: none"> • No outsourced service represents more than 5% of the total fee proposed. • No services will be outsourced overseas to non-U.S. service providers. 		<p>Currently, for life and AD&D coverage, we provide claim administration and customer service from offices within the US; however, we may use offshore support services in the future.</p> <p>Because of the current confidentiality agreements in place, we are unable to provide specific details about arrangements with our suppliers, including a list of countries for these suppliers.</p> <p>Our subcontracted/vendor arrangements are in place to service our entire book-of-business and are not specifically contracted to service this RFP arrangement. New York Life will remain wholly responsible for the provision of every service for which it contracts with the City, notwithstanding certain services that may be performed, in part, by vendors with particular expertise or an affiliate of New York Life to help contain costs and to make use of their expertise.</p> <p>New York Life's Third Party Risk Management (TPRM) function is tasked with identifying, measuring, mitigating, and reporting on risk posed to New York Life by a third-party. TPRM supports the business units/corporate functions by conducting due diligence activities on a risk-prioritized basis. The due diligence requirements will be commensurate with the types and level of inherent risk identified.</p>	No	We provide all Life and AD&D services in-house.

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Plan Administration and Sponsor Services	Plan Sponsor Services	7	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	We allow audits by customers or their designated auditors. If your audits are conducted at a MetLife facility, your auditors are provided with workspace and access to supervisory personnel at no additional charge. We ask that audit requests be submitted to us in writing two months in advance of the proposed audit-review start date. All requests should include information about the services to be audited, records to be reviewed, time period of the audit, sampling technique and any other specific instructions. We are prepared to instruct the auditors how to access the claim history files, eligibility files or other aspects of the claim operation. Generally, six to eight weeks are needed to accumulate the data requested from the audit sample.	Yes	We may agree to an audit of our claims administration process when there is a satisfactory reason for cases that meet a certain size/claim threshold; however, the following must be completed in advance of the audit: <ul style="list-style-type: none"> •NYL GBS and all parties must agree to the audit •the audit must be scheduled within reasonable limits of time and scope •NYL GBS, the client, and the auditor must approve funding for the audit •the producer or third party must provide the claim listing at least one month prior to the audit date •a claim audit agreement to protect the confidentiality of personal and propriety information •a nondisclosure agreement (provided by NYL GBS) that will outline the auditor requirements and timing To support external audits, we will provide the following: <ul style="list-style-type: none"> •resources to guide audits through the electronic claim file that was requested •space in our office for the review •resources to answer questions about our internal procedures (e.g., how it is administered in specific claim situations) 		Reliance Matrix would allow the employer group to audit its claim files at a mutually agreeable time during regular business hours at our claim location and with reasonable advance notice, subject to the claimant's privacy rights and to the extent possible or practicable consistent with any applicable privacy regulations.
Plan Administration and Sponsor Services	Plan Sponsor Services	8	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	We have included a \$35,000 annual credit that may be used during the initial three-year term of the contract period for audits.	Yes	NYL GBS, the client, and the auditor must approve funding for the audit.	Yes	Included in the "Budget" Referenced in the Life Tab.

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Plan Administration and Sponsor Services	Plan Administration	9	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes		Yes		Yes	Documents are scanned into our system at intake. Claim history is available as far back as the original effective date of the plan. Data are stored in the claims system indefinitely, although they are archived after they have become inactive for a specified period. Once archived, they can be retrieved in 24 hours.
Plan Administration and Sponsor Services	Plan Administration	10	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes		Yes	Our insurance policy itself makes us directly liable for the promised benefits, regardless of whom a claim may be asserted against. There is, therefore, no need for a separate hold harmless agreement. For fully insured benefits, it is our practice, where a policyholder is sued in connection with a claim not involving acts or omissions of the policyholder, to assume the defense of the policyholder; however, we will not accept responsibility for any liability that arises from actions by the policyholder, your employees, or agents.		We would agree to a limited indemnification of the client for litigation involving claims for benefits under the policy, provided that the claim is not a result of any action or inaction by the employer.

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Plan Administration and Sponsor Services	Plan Administration	11	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes			<p>No Loss/No Gain We design our policy to help prevent your employees from losing coverage because of a change in carriers. In addition, we permit employees to grandfather their current insurance amounts without providing evidence of good health, subject to the actively-at-work provision. Unless stated otherwise, the maximum life amount (basic and voluntary) grandfathered depends on the size and characteristics of the group and can be as much as \$2.5 million.</p> <p>Actively-at-Work Provision We will waive the actively-at-work rule for employees on vacation, short-term sick leave for fewer than seven days, and an employer-approved paid leave of absence. Employees in these situations are considered actively at work under our broad definition of "active service."</p> <p>Non-Confinement Our provisions include the following: "If an eligible spouse or dependent child is an inpatient or confined on the date that insurance would otherwise be effective, the insurance will be effective on the date they are no longer an inpatient or confined. If such spouse or dependent child was covered by the prior plan immediately prior to the policy effective date, this provision will not apply to the amount of coverage in effect as of the policy effective date, but will apply to any increase in coverage."</p>		We generally require all employees to satisfy the Actively at Work requirement, however there is a transfer of coverage provision that assures that a person insured by a prior carrier does not lose coverage solely because of a change in carrier.

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Plan Administration and Sponsor Services	Plan Sponsor Services	12	<p>Please describe your account team that will be assigned to the City of LA to include:</p> <p>a) Day to day contact</p> <p>b) Underwriting</p> <p>c) Billing</p> <p>d) Local overall account management</p> <p>e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation</p> <p>g) Please list the 3 largest customers they are currently responsible for servicing</p>	Yes	<p>a) <i>To Be Named - Client Services Consultant</i> - This contact will be 100% dedicated to the City's account. They are responsible for the day-to-day administrative relationship with the City. The CC's responsibilities involve administrative and claim-related issues including plan implementation, benefit consultation and preparation of forms and contracts. The CSC will have the decision-making authority and ability to direct resources around all obligations of your contract.</p> <p>b) <i>Chris Chambers - Senior Underwriting Consultant</i> is responsible for determining groups risk and setting appropriate rates. Chris also is responsible for reviewing and managing existing groups performances by reviewing the groups claims and utilization throughout their contract periods.</p> <p>c) <i>Brian McBride- Financial Consultant</i> - Brian works under the direction of the Financial Service Manager and partners with the full service team. Brian is responsible for the financial elements of customer plans including, billing, reporting and data analysis.</p> <p>d) <i>Neil McMahon - Senior Account Executive</i> - Neil is responsible for the overall management of your MetLife account. Neil serves as your lead account representative who will coordinate resources across MetLife. Neil will work with you to customize products and services to support your unique benefit strategies.</p> <p>e) 5 Park Plaza, Suite 1850, Irvine, CA 92614 - Hours: 8:00 a.m. 5:00 p.m. PT. Our Irvine office includes 85 staff.</p> <p>g) Three largest customers include (names have been redacted due to these client's desire for privacy - we will extend the same courtesy to the City as well):</p> <ul style="list-style-type: none"> - State-wide public union: 215,000 members - California County: 85,000 employees 		<p>Our goal is to build a valuable business partnership with employers to become an integral part of your team. We accomplish this by listening and ensuring we understand your needs and delivering timely and expert solutions to meet your program objectives.</p> <p>The team assigned to your account is made up of a national implementation manager, a national account executive who serves as your field-based consultative resource, and a national account manager who provides your day-to-day support.</p> <p>National Implementation Manager Alice Pepitone will be your national implementation manager. Working in conjunction with the sales executive and account management team, Alice takes the lead during implementation to ensure your plans and services are set up accurately, consistent with your contract, and on time. Alice</p> <ul style="list-style-type: none"> •develops the implementation schedule and clarifies roles/responsibilities; •discusses the employee communications strategy and confirms the eligibility process; and •verifies that setup tasks are completed and delivers the policy, certificates, and enrollment materials. <p>National Account Executive Tracey Nelson will be your national account executive. Tracey is involved from the first day of implementation to get to know you and your plan requirements, as well as program expectations from the start of your partnership with us. As the implementation of your account nears completion, Tracey assumes primary responsibility for your account and works with you on an ongoing basis to ensure your plan runs smoothly.</p>		<p>We will provide contact & biography information for your client management team at the finalist stage. It is important to note, that client management is a differentiator for Reliance Matrix. We have industry experts with an average of 15+ years of absence experience that are managing a book of business with no more than 10 national sized clients, with all absence product offerings. In addition to your client manager, you will also have additional resources to support the overall account management requirements. The Client Manager will serve as your consultative advocate, with an Account Consultant managing the tactical aspects of the overall relationship</p>

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Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.	Yes	Account Team biographies are included as Exhibit 5 .	Yes			TBD at finalist stage
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes	A fully-dedicated Client Services Consultant will be assigned to the City. In addition, Neil McMahon, Senior Account Executive is responsible for the overall relationship with the City and will coordinate resources across MetLife to deliver a differentiated experience for you and your employees.	Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will provide Plan sponsor on-line or written billing history	Yes		Yes		Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes		Yes		Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	22	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.	Yes	<p>We deliver reporting on a scheduled basis and upon request. We deliver the following reports via email, our employer website, or hard copy. We can schedule / run these reports for you or you can run ad reports anytime. Sample reports that are available:</p> <ul style="list-style-type: none"> • Statement of Health Status; • Premium versus Claims; • Premium, Claims and Waiver; • Life Management Review; • Empathy Usage; • Grief Counseling; • Plan Design Benchmarking. <p>In addition to our reporting package, we conduct regular stewardship meetings to benchmark plan performance and solutions for your industry. Neil McMahon, Senior Account Executive and members of your Client Services Team will meet with you regularly to review results, discuss trends and make recommendations based on your specific plan data and performance. Stewardship meetings are typically conducted on an annual or semi-annual basis. However, we gladly meet as often as required.</p> <p>To take a tour of our employer website, visit: http://metdemo.metlife.com/MetDemo/8e87e31d-9033-4688-a62f-25ebfe41b897</p> <p>To access the demo, use your email address as the username. The password is getmet19.</p>		<p>Online Claim Reporting</p> <p>At no additional cost, New York Life Group Benefit Solutions (NYL GBS) offers our clients online comprehensive claim reporting through our client website as a standard part of our life and AD&D products. This capability provides more control and greater access to employee benefit plans as well as life and AD&D data. Clients can create customized reports specific to their needs (e.g., an approved-claim-only report, monthly claims experience reports, customized date ranges).</p> <p>Our online life and AD&D claim reporting provides the information clients need when they need it, which allows them to answer questions and make informed decisions quickly. Clients have self-service access—via a single log-in—24 hours a day, 7 days a week, 365 days a year. Online information is refreshed overnight.</p> <ul style="list-style-type: none"> •Claim Listing - Through our online claims reporting, clients can access the claims list feature. This feature provides drop-down menus that allow clients to perform customized searches and generate reports using real-time data. The following includes available information through this website: <ul style="list-style-type: none"> -access to a full report of claim details with the click of a button -search information on specific employees -view claim payment detail (e.g., check number, date, amount) -export and save claim detail (PDF or Excel, both available in formatted and unformatted versions for further data sorting) -generate custom reports <p>Online Medical Evidence of Insurability Reporting</p> <p>In addition, NYL GBS offers online medical evidence of insurability reporting through our client website. Medical underwriting activity reports are available on demand and can be accessed on the same page as other types of reporting (e.g., life and AD&D, disability, summary and trends).</p>		<p>Client-generated reports are also available 24/7 online. This includes the ability to query basic claim status without a separate login and password; and, for the administrator, the ability to generate more detailed claim activity reports.</p> <p>Self-serve reports include:</p> <ul style="list-style-type: none"> - Claim History - Claim Summary / Claim Detail - Evidence of Insurability - Disability Income Case Summary - Premium History

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Plan Administration and Sponsor Services	Plan Sponsor Services	23	Verify that you can accept eligibility files from the City's Third Party-Administrator on a bi-weekly basis.	Yes		No	Eligibility feeds are not typically offered on basic term life programs or voluntary term life programs where New York Life Group Benefit Solutions is not offering enrollment services. Most often, a complete eligibility data file is required early in the implementation phase to prepare for the initial enrollment campaign. After initial enrollment, updated eligibility information requirements vary based on processing requirements.	Yes	

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Plan Administration and Sponsor Services	Plan Sponsor Services	24	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes	We agree to accept member eligibility as determined by the City.	Yes		Yes	To be determined based on API Capabilites of our Integration with Workday. We are a Workday Software Alliance partner and technical disucssions will need to be opened if chosen as a finalist.
Plan Administration and Sponsor Services	Plan Sponsor Services	25	Verify that you will agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation.	Yes		Yes		Yes	Please see above.

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Plan Administration and Sponsor Services	Plan Sponsor Services	26	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes	Most often, a complete eligibility data file is required early in the implementation phase to prepare for the initial enrollment campaign. After initial enrollment, updated eligibility information requirements vary based on processing requirements.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	26	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, or AD&D coverages?	Yes	<p>Our Global Government Relations Department releases are sent directly to you. Our Operations Enablement team develops administrative procedures so internal associates can service and speak to new products and legislative changes. Updates to procedures are communicated weekly so users are kept current on updates and changes.</p> <p>Our product and administrative support units work together to review potential changes in procedures and products. This allows us to provide you with timely information concerning upcoming changes. We recognize the need for customer feedback in our development of procedures and products. As a result, we rely heavily on customer focus groups to comment on proposed initiatives. We have found that this process assures that we provide value to our customers, and in many cases, assists us in making the process more comprehensive than initially planned.</p>		We can make product and service documents available with the sole intention of providing background information on legal and related topics. Any information provided is not intended to be relied on as legal advice as we cannot provide such advice.		Reliance Matrix has a robust internal compliance team who collectively have decades of in-house and employment law expertise. We monitor all newly introduced federal and state statutory changes. Monitoring continues until the law is passed or fails to pass. Once approved, our legal team does a full comprehensive review. Reliance Matrix will enact the change in the most generous interpretation of the law and then make changes once the specifics of the law are released. Though our compliance team does not provide legal counsel to client-employers, they are readily available to discuss difficult leave cases on a consultative basis--

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Plan Administration and Sponsor Services	Plan Sponsor Services	27	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix.	Yes	MetLife provides multiple avenues to provide updates on regulatory changes. These include: - legislative updates (ie - changes to CA SDI program) - MetLife Disability / Leave resource hub - A sample update is included as well: https://hsview.metlife.com/viewer/65f0b1862c1bbcbd4fd3645e (You can scan the QR code at right as well)	Yes	New York Life Insurance ensures compliance with applicable laws and regulations through coordination of our legal and compliance departments and other business areas. Our legal and compliance departments track federal and state laws and regulations and determine the effects on our business. They then work with our business areas to ensure the necessary requirements are implemented, including making product and procedural changes. Additionally, our product filing team develops policy and certificate language to comply with applicable laws. New York Life provides monthly updates via email regarding legislative and regulatory changes. In addition, we have a bi-monthly Group Insights Newsletter (also delivered via email) which may contain additional updates or in-depth articles. Finally our online Absence Regulatory Guide is also updated with legislative and regulatory changes, especially for programs New York Life Group Benefit Solutions administers. Please refer to https://www.newyorklife.com/group-benefit-solutions/employers/absence-assist/absence-regulatory-guide for examples.		We will proactively update you on changes that can affect your program design and administration. This information is delivered via then Absence Mentor Blog at reliancematrix.com , newsletters, webinars and direct client interaction.
Plan Administration and Sponsor Services	Plan Administration	28	Do you have a system in place to store digital images of all employee-related documents?	Yes	We archive data daily - onsite and offsite. We store records on a shared server in electronic image format. We archive data continuously during the life of a policy and we save data for seven years once the policy is terminated. There is no charge to the customer for data archiving but there could be a charge for data retrieval depending on the format requested. All of our record retention procedures comply with applicable laws.	Yes		Yes	

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Plan Administration and Sponsor Services	Plan Administration	29	Confirm that you will accept self-billing on a bi-weekly basis.	Yes		No	<p>NYL GBS offers online premium remittance to self-administered clients for most plan coverages. The employer receives an email notification to access our website when premiums are due. The Group Billing Administration (GBA) billing portal is loaded with rate and policy information and allows the employer to enter the number of covered employees and volume to calculate the premium due. The employer then remits premiums through online payment on the portal, by wire transfer, or by check.</p> <p>With policy reports supplied by us, the employer can self-bill and remit premium payments consistent with policy due dates. Both options list the policies and premiums due for each line of coverage.</p> <p>For online GBA billing portal clients, the employer enters the lives and volumes and the website calculates the premium due for the applicable plan year.</p> <p>For offline clients, the employer completes the self-bill by entering the premium amount for the applicable plan year.</p>	Yes	
Plan Administration and Sponsor Services	Plan Administration	30	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.	Yes	Remittance can be made by ACH, wire or check.	Yes	Clients may submit their premium payment(s) via EFT with the Group Billing Administration billing portal, wire transfers, or automated clearing house, or check if they are using either the portal or paper remittance.		Both- check and direct deposit are available
Plan Administration and Sponsor Services	Plan Administration	31	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Yes	MetLife reserves the right to terminate for non-payment.	Yes		Yes	we do not charge late fees

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	32	Confirm your ability to provide a dedicated email address for City of LA employees.	Yes		Yes	We are open to this approach and would need to further research and fine tune the details around the City's request at the appropriate time to ensure that all security/legal concerns are addressed.	Yes	
Plan Administration and Sponsor Services	Plan Administration	33	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Yes	<p>Our approach to communications is truly customized, so we don't put a pre-conceived notion as to what is going to fit best for the City and your employees without diving into this with you first.</p> <p>We will coordinate with the HR team and the LAWell group to create the right communications delivered at the right time. We have the ability to deliver a fully integrated and custom-themed campaign across print mail, email, digital avenues, videos, onsite, texting, and more. These communications typically focus on timely messages like plan enhancements, value-added services, and more.</p> <p>In addition, we have provided services through our partner Nayya that integrates with your current TPA vendor, Telus Health. This drives true integration between your life and disability programs and your entire benefit offering, creating a unique experience where employees get information on exactly the programs that matter to them when they need them most.</p> <p>All of these services, communications, and engagement strategies are fully funded by MetLife and will not create additional costs for the City.</p>	Yes	<p>We provide access to a dedicated enrollment consultant who will be the primary point of contact for employers and sales partners during the onboarding phase and ongoing annual enrollment process. They will recommend strategies that align with our best practices model which have shown to increase benefit awareness and participation. The goal of the enrollment consultant is to collaborate with the producer and client to help maximize participation. Once a post-enrollment census is received, the enrollment consultant will conduct an enrollment debrief meeting to share results and opportunities for enrollment planning growth.</p> <p>The enrollment consultant can spearhead the development of marketing and communication materials, digital resources, and benefit counselor support based on how the employer typically communicates and educates their employees. We can also provide educational benefit videos to inform employees on their available coverage options and how it may benefit them.</p>	Yes	

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	34	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	At the end of each plan year, we generate financial reports and perform a year-end reconciliation. Any required premium adjustments are made as soon as possible following the end of the plan year.		Year-end reconciliations are not typically performed for cases with non-participating funding. If we aren't answering the question appropriately, we are absolutely open to further conversation.	Yes	
Plan Administration and Sponsor Services	Plan Administration	35	Will you accept different beneficiary designations across different lines of coverage?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	36	What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?	Yes	Claimants are able to initiate a funeral assignment as soon as the claim is filed. They would indicate via a yes/no question during the claim submission: <i>Have you signed a document with a funeral home that authorizes us to make a payment directly to them? This document is usually referred to as a funeral home assignment. If yes, please provide a copy of the form with your claim submission.</i> This can be executed prior to issuance of a death certificate, which greatly expedites the payment to the funeral home.		An immediate payment option (e.g., a quick advance of a portion of the death benefit for payment of funeral expenses) can be arranged pending a hold harmless or policy agreement. If a client is interested in this approach, we will be happy to discuss it further; however, because it results in claims being handled multiple times, we do not recommend it.		A funeral assignment is a written agreement that allows a beneficiary to transfer all or a portion of the life insurance benefits they are eligible to receive to a funeral home. The beneficiary chooses the amount of benefits to assign and the name of the specific funeral home that should receive the payment. We will make payment directly to a funeral home from any life insurance benefits a beneficiary is eligible to receive, if directed to do so by that beneficiary in writing
Plan Administration and Sponsor Services	Claims Processing	37	Do you offer online claims submission for enrollees?	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	38	Describe other communication tools available for members such as after hour contact capability, chat feature and email.	Yes	<p>After hours and on observed holidays, callers receive a message stating our office hours and asking that they call back during that time.</p> <p>We also have a self-service IVR feature that is available 24/7/365. The IVR enables beneficiaries who are calling for claim status to enter key information and retrieve a status of a claim they have submitted or retrieve Group Life Claims contact information such as the fax number and mailing address.</p> <p>Email is available 24 hours a day.</p> <p>We do not offer online live chat or instant messaging with a Claim Examiner or Customer Service Representative.</p>		<p>Beneficiaries can obtain claim status and payment information by calling our toll-free number. At this time, we do not provide after-hours services; however, beneficiaries may leave a voice mail and their call will be returned within 24 hours.</p> <p>All claimants are given direct emails to their claim manager/specialist.</p>		For life and accident coverage, employees will have access to IVR for after hour calls.
Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes			For an insured arrangement, Reliance Matrix handles the appeal process, since they are the designated claim fiduciary. The insurance Plan outlines the rights of the employee under ERISA and Reliance Matrix conducts the appeal process accordingly.
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes	Beneficiaries can submit their claim forms, upload documents and check claim status online via our Life Beneficiary Claim Portal. Claims can also be submitted by phone, or by mail or fax.	Yes		Yes	
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?	Yes	Beneficiaries can complete their claim forms and upload documents online via our Group Life Beneficiary Claims website.		We provide quick access to forms through myNYLGBS.com where employees can access what they need in English or in Spanish.	Yes	
Plan Administration and Sponsor Services	Claims Processing	42	Provide an organizational chart of the claims unit that will process client's claims.	Yes	Please refer to the claims organizational chart included as Exhibit 2 .	Yes			We are happy to discuss the claims operation and team if chosen for a finalist or further discussions.

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	43	Briefly describe your process for administering AD&D claims.	Yes	<p>Filing an Accidental Death and Dismemberment (AD&D) claim requires the submission of an Employer's Statement, the Claimant's Statement and an Attending Physician Statement. Upon receipt of an AD&D claim, we review the plan language, the circumstances of the loss and we request additional information as necessary. This information may include the coroner's report, toxicology report, police reports or medical records.</p> <p>If the AD&D is a voluntary benefit, the employer will be required to submit proof of enrollment.</p> <p>A specially trained Complex Claim Examiner will review the specific circumstances of the loss. This Examiner is responsible for making the claim decision and they may request an internal medical review by one of our staff clinicians. Most claims contain enough information to make a determination without a referral.</p> <p>Medical opinions may be needed for the following situations:</p> <ul style="list-style-type: none"> • AD&D claim due to overdose where the fault of the overdose incident is not clear; • Dismemberment where the cause is not clear; • Accelerated Benefit Option claims if the attending physician indicates that the insured is not terminal within the contract plan time frame. 	Yes	<p>The settlement process of AD&D claims begins with the completion of the claim form by the client, the employee, and the treating doctors (when applicable for dismemberment claims).</p> <p>Upon receipt of the claim, we begin reviewing the circumstances of the claimed accident to ascertain the succession of events that led and/or contributed to the loss. Based on this initial review, the accident claims specialist contacts applicable investigative agencies or treating providers as needed to obtain any accident reports or records that may be necessary.</p> <p>The claim specialist may also contact an investigating officer, coroner/medical examiner, or treating physician for any additional information or clarification when required. If further expertise is required, we may ask an independent expert (doctor, pathologist, etc.) to review the claim and render an opinion.</p> <p>If the claim is approved, we send the beneficiary the payment, a letter acknowledging approval, and an EOB. We also send the client the same letter for its records. If we deny the claim, we send the beneficiary a detailed explanation of the denial and a denial notification to the client, but we cannot provide the full denial letter to the client as it may contain protected medical information.</p>		Reliance Matrix requires a Proof of Loss Claim Statement and a certified copy of the death certificate that states the final cause and manner of death. For voluntary and supplemental plans, we require additional documents as proof that the employee was covered and has paid premiums.

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	44	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.	Yes	<p>If death occurs outside the U.S., we require documents be authenticated by the American Consulate or bear the stamp of the Apostille. If the employee is a U.S. citizen, the Death of an American Citizen Abroad form issued by the American Consulate is also an acceptable form of proof of death.</p> <p>Depending on the country the beneficiary resides, we may require Tax Form W8-BEN to be completed. Our system automatically checks to determine if payments are being directed to a country on the OFAC list and would prevent erroneous payment automatically.</p> <p>For any foreign documents, original documents must be submitted. Claims may be referred to our Special Investigation Unit for review of the circumstances surrounding the claim.</p> <p>Payments are made in U.S. currency.</p>		<p>Under life, accident, and disability benefits, we can consider coverage for in-patriates, expatriates, foreign nationals, local nationals, and third-country nationals based on review by underwriting and compliance to assess any possible increased risk as well as any applicable regulatory issues.</p> <p>To determine coverage, we will need a census of these employees that includes the following information:</p> <ul style="list-style-type: none"> •basic demographic information (e.g., date of birth [DOB], gender, annual salary) •the country the employee is working in •the country the employee is a citizen of •the number of employees in each location •the category the employee falls into (e.g., local national, third-country national) <p>When covering these groups, we work strictly with the client's local HR department and other local resources; each transaction is executed with US dollars. Certain features such as conversion, portability, or dependent coverage may not be available depending on the specifics of the case or local regulations of a particular country. We will gladly provide detailed information to the client of our ability to extend coverage to these employees upon receipt of the specifics for the population.</p>		All claims are paid in US dollars

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	45	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No		No			Yes, we continue to upgrade both our internal systems and external capabilities. Internally, we recently updated our claims system and employer online capabilities. As we have done with our Workday partnership we are constantly evolving at the cutting edge of technology innovation. For Example, at point of claim, through our Workday Integration we reach directly into the Workday tenant to verify claims eligibility. Our clients appreciate this method greatly as it ensures maximum data security and integrity.
Plan Administration and Sponsor Services	Claims Processing	46	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes			For an insured arrangement, Reliance Matrix handles the appeal process, since they are the designated claim fiduciary. The insurance Plan outlines the rights of the employee under ERISA and Reliance Matrix conducts the appeal process accordingly.
Plan Administration and Sponsor Services	Claims Processing	47	For the claims office that will be assigned to the City, what is your average annual claims volume?	Yes	Most recently, we paid 180,652 Life and AD&D claims; we paid \$7.4 billion in Life and AD&D benefits.		In 2022, we handled 3,333 accident claims. Accident claims handled in 2022 include claims received in 2022. It can also include claims received before 2022 that are still open as well as claims received before this year but closed after January 1, 2022.		10,150- Life and accident claims
Plan Administration and Sponsor Services	Claims Processing	48	Indicate the percentage of claims denied and the category reasons for denial	Yes	In 2023, our Life and AD&D claim denial rate was 1.68%. The top reasons for 2023 denials are: • AD&D Death Excluded or AD&D Loss Not Covered; • Lack of Documentation for Review; • No Coverage in effect; • Suicide Exclusion.		We are unable to provide this metric, as it is considered proprietary and confidential.		Not disclosed

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	49	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.	Yes	<p>Group Life Claim Examiners attend a one-month classroom training with a prerequisite of completing a five-week Reviewer training. The first three weeks focus on claim processing and the remaining two weeks focus on customer service. Customer service training includes dimensions of service, task and people skills, demonstrating awareness, listening skills, stages of grief, role playing, live calls and mentoring. Our quality team reviews all of the trainees' work and provides feedback on any discovery. If needed, the trainer provides one-on-one assistance.</p> <p>Once released from training, Examiners work with their mentor on a plan for production and quality. Our quality team reviews all of the trainee's work and provides feedback on any discovery. If needed, one-on-one assistance will also be provided by the trainer. Refresher classes are held three months and six months after class ends.</p> <p>Group Life Claim Supervisors and Managers are typically promoted from within the Life Claim organization so they are already proficient in the Life Claims process. Formal corporate training focuses on leadership and people management responsibilities. Each new Supervisor or Manager is mentored by a peer and trained by their manager.</p> <p>Ongoing training includes: various phone and claim refresher training, along with mandatory training sessions required by all associates such as privacy, data retention and money laundering,</p> <p>We also provide ongoing culture and customer initiative training.</p>		<p>Our claim specialists receive a strong foundation in quality claim processing and customer service. During initial on-the-job training, which lasts approximately four months, our claim specialists learn and practice basic life and accident claim processing tasks under close supervision by management.</p> <p>Training topics include the following:</p> <ul style="list-style-type: none"> •proof of death •contracts •beneficiary designations •assignments •privacy guidelines •statutory requirements (e.g., ERISA, interest, notice and consent, small estates, unfair claim practices) <p>We also provide training on medical-related topics.</p> <p>In addition, accident specialists complete specialized training at the Institute of Forensic Science and Law at Duquesne University in Pittsburgh, Pennsylvania. By examining real-life cases, our accident specialists obtain specific knowledge to enhance and expedite the claim process.</p> <p>We encourage our employees to earn professional certifications and/or degrees, and we actively support them through tuition reimbursement programs. We hire accident claims staff out of Duquesne University's Master of Science in Forensic Science and Law Program.</p> <p>In addition, work by new claim specialists is closely monitored by job coaches, technical specialists, and team leaders until those specialists achieve and sustain certain levels of competence.</p> <p>Ongoing training topics include the following:</p> <ul style="list-style-type: none"> •phone-based customer service •writing with care 		<p>During the first 3 months on the job, 100% of a Claims Examiner trainee's denials and 100% of first claims are reviewed prior to release. In-house training includes training on customer service, legal/regulatory issues and cross training in other disciplines.</p> <p>In addition, all Examiners receive training on Client-specific program management. A foundation to our success has been our ability to tailor our services to the needs and resources of each individual Client. Each Client has specific needs. It is our job to customize the communication, data exchange, and decision processes to our clients' specific requirements. We will work with each impacted Client position/department to fully document roles and responsibilities. Training will be conducted to meet the Client's requirements, and can include combined training with the Client staff.</p>

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	50	For the last 12 months, what is your average number of business days to process a claim from date received?	Yes	In 2023, 4.22 average number of business days to process a claim from receipt of all necessary information.		We track turnaround from time of receiving all required information. Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		100% of all Life/AD&D claims are processed from date of complete information within 10 business days.
Plan Administration and Sponsor Services	Claims Processing	51	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days?	Yes	In 2023, 98% of all Group Life claims were processed within ten business days.		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		100% of all Life/AD&D claims are processed from date of complete information within 10 business days.
Plan Administration and Sponsor Services	Claims Processing	52	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days?	No	We do not track claims paid within 30 days, as our goals are to pay claims far faster than in 30 days. We process 98% of all claims within ten business days.		Our intent is to make a decision on claims promptly. Decision timelines and percentages are dependent on the information we obtain and other dependencies, i.e., response from the medical providers.		84.58%
Plan Administration and Sponsor Services	Claims Processing	53	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		No		No	
Plan Administration and Sponsor Services	Claims Processing	54	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.	Yes	In 2023, our financial accuracy was 99.68%. We define financial accuracy as dollars paid correctly divided by the total dollars. Customer service accuracy is defined as the number of correct data elements divided by the total data elements required to make claims decisions.		We are unable to provide these metrics, as they are proprietary and confidential; however, if we are selected as a finalist for your business, we can offer to share additional information.		Life/AD&D claim financial accuracy : 99%

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
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Plan Administration and Sponsor Services	Claims Processing	55	What are your procedures for recovery of the overpayments or duplicate payments?	Yes	<p>As part of the claim entry, our system compares the Social Security number (SSN) submitted to the existing claims in our system. To avoid duplication, matches to the SSN are displayed in our system allowing the examiner to update the existing claim in lieu of adding a new claim. If a match is not found and a new claim is created, the SSN is required to be keyed in two different fields to ensure it is accurate.</p> <p>As part of the claim adjudication process, the claim system also checks for duplicates of the same SSN and customer. If a duplication is found, our system requires high-level approval for the continuation of the payment process. We also review a daily report of potential duplicate claims based on additional criteria.</p> <p>If an overpayment is identified, we call the payee to advise them of the overpayment, we provide explanation of how the error occurred and we request reimbursement. A letter is also sent to the payee. If payment was made by check and the check is still outstanding, a stop-payment is placed immediately with our bank. We instruct the payee by phone not to cash the check. If there is no response from the payee within 45 days of overpayment notification, we refer the overpayment to an outside vendor to pursue recovery of the funds.</p>		<p>If an overpayment has occurred, the claim specialist will contact the insured or claimant/beneficiary in writing to explain the reason for the overpayment. We then forward the claim to our overpayment recovery team for handling and follow-up; in addition, covered during this correspondence is the amount of the overpayment and the repayment options.</p>		<p>Typically, overpayments are resolved in-house through communication and interaction with the claimant. Our claim examiners have the authority to recover overpayments if they can be resolved through repayment within 12 months (i.e. through reimbursement from the claimant or by withholding future LTD benefits against the overpayment).</p> <p>For fully-insured coverage, the client will not be notified prior to initiating recovery efforts.</p>

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Plan Administration and Sponsor Services	Waiver of Premium	56	How is the City notified of Waiver of Premiums?	Yes	<p>Your current plan does not include Waiver of Premium on the AD&D coverage, but if you choose to add this provision to the plan, and assuming that both life and disability are awarded to MetLife, we can follow the automated process below. These waiver of premium claim initiations can be shared directly with the City or with Telus Health via an automated process as needed.</p> <p>Initial Notification For Class 3 which includes premium waiver, we will automatically create the pending waiver claim when the LTD claim decision is made. We will reach out to you to confirm coverage details as part of this process.</p> <p>Death Notification Upon death, the waiver file is closed and the claim is terminated in our system. This process automatically opens a pre-claim on the Life claims system. All information in the waiver claim will be available for review, if needed, via the Life claim system or imaging system.</p>		Waiver of premium is not available on AD&D plans.		Waiver of Premium is not included

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	57	<p>Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing.</p> <p>If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST</p>	Yes	<p>We will be providing the City a dedicated Client Services Consultant who will be available to assist the City with administration and will work with members/beneficiary.</p> <p>The Client Services Consultant will be available by phone and/or email Monday through Friday 8:00 a.m. to 5:00 p.m. PT.</p>		We look forward to discussing this topic in more detail if we are selected as a finalist.	Yes	Our stance would be that we are flexible in this circumstance and with our Executive Service contact, and willing discuss options to meet the needs if chosen as a finalist.
Member Services and Communications	Call Center	58	<p>Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)</p>	Yes	In 2023, our average speed of answer was 19 seconds.		Average speed to answer in the Contact Center/Intake for 2023 was 25 seconds.		Average Speed to Answer: 30 seconds
Member Services and Communications	Call Center	59	<p>Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?</p>	No	<p>We have a centralized customer service team in our Life Claims Operation that answers questions regarding Life claims via the toll-free customer service line. This team is part of Group Life Operations and is not a call center. If needed, there are staff members on the team who can address complex claim questions. Our goal is to answer calls on a “once and done” basis whenever possible. However, if a complex situation requires a callback, our call turnaround time goal is 24 hours.</p> <p>Additionally, your dedicated Client Consultant will be available to assist participants and City administrators with any inquiries.</p>		We don't assign Advocates to specific clients and all Advocates can handle all calls that come into the Intake queues.	No	Our standard Customer care team is available between 8AM – 7Pm EST. If a customer service representative or claims examiner is not available, employee will have access to IVR.

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Member Services and Communications	Call Center	60	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.	Yes	<p>Life claim associates are trained in all areas of phone etiquette, including how to handle distraught callers. Our quality team utilizes the NICE application to monitor telephone calls to ensure a high level of service is being provided. The NICE application records incoming customer calls. Each monitored call is scored based on our established procedures, documentation and professional phone etiquette. If an individual does not meet the requirements on a phone monitor, feedback is provided to the Unit Leader. Coaching is provided immediately. If necessary, retraining is delivered.</p> <p>Since customer service calls are not scripted, audit feedback provides useful information for best practices and places to focus training. As a department, we track trends, recognize efficiency, identify and share best practices, and promote consistency. Year-round refresher training is provided for our Phone Team to ensure our customer service is of the highest quality.</p> <p>The average tenure for our Customer Service Representatives is eight years.</p>		<p>New York Life hires intake advocates based on customer service experience and prefers individuals who have worked in a face-to-face customer service environment.</p> <p>Intake advocates receive three weeks of initial training that emphasizes customer service skills, medical terminology, and system functionality. We provide training through classroom lectures, manuals, and continuous skill building. After the classroom training, new intake advocates complete two weeks of on-the-job training under the supervision of experienced intake mentors.</p> <p>We also provide ongoing training at six-month intervals to reemphasize customer service techniques and claim processes. Additionally, each new intake advocate is assigned a dedicated coach to provide ongoing mentoring and on-the-job training.</p> <p>The quality of our intake advocates and the extensive training provided enables many to advance within the New York Life organization. We often promote intake advocates to other absence management positions within the business.</p> <p>Current tenure for Intake Advocates is 4.3 years.</p>		Customer Care Representatives (CCR's) currently receive 10 weeks of training based on a formal curriculum. This is broken into 3 core skills: Product knowledge, Billing systems and processes (Group Administration), Claims support and Administration and Annuities systems and processes. Each new CCR is also assigned a mentor who works with the associate to assure a smooth transition to the role. After each phase of training, the CCR will handle calls for a minimum of 6 months before the next phase of training begins. Our CSR's average tenure is 2.5 years.

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Member Services and Communications	Call Center	61	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.	Yes	At the outset of a call, the Customer Service Representative asks the beneficiary for either the insured's Social Security number or the claim number. The Customer Service Representative is then able to see all related information for that claim, including the insured's name, date of birth and Social Security number; the company and coverage amount(s); beneficiary information; and all submitted supporting documentation.		Employee name, date of birth and/or last 4 digits of the employees SSN are required to authenticate the caller.		Our Call Centers are staffed with Reliance Matrix employees and they do have access to the claim related information necessary to provide information to Claimants on claim status and claim payment. A Claimant will need to provide identifying information for our Call Center to locate the correct claim IE claim number, Insured name etc

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
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Member Services and Communications	Call Center	62	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.	Yes	<p>All Life customer service personnel have access to interpreters through LanguageLine Solutions, Inc. This is a full-service language interpretation and translation company that provides over-the-phone interpretation in over 240 languages.</p> <p>Our Customer Service Representatives are trained in the use of a relay service and can communicate with callers using a hearing-support tool.</p> <p>For Total Control Account customers, callers with a Telecommunications Device for the Deaf (TDD) are provided with a specific toll-free number that can be found in their Total Control Account Welcome Kit.</p> <p>These services are provided during all hours of telephone customer service availability.</p>	Yes	<p>Phone/Customer Service New York Life Group Benefit Solutions offices are culturally diverse, and we have employees assigned to various teams who speak fluent Spanish to provide assistance when needed. In addition, our teams use LanguageLine Solutions, which provides immediate access to translator services for more than 300 languages and dialects.</p> <p>Web and Mobile Our portal (available on mobile devices and browsers) and website is available in English and Spanish.</p> <p>Print Communication Materials We have printed communication materials available in a variety of languages, including English, Spanish, Simplified Chinese, French, German, Arabic, and Hindi.</p> <p>TDD To assist members who are deaf, hard of hearing, and/or speech disabled, we utilize the services provided through 711, which is a telecommunications relay service that translates from TTY for those with hearing disabilities to speech and vice versa. We contact the relay service to connect with a 711 operator to ensure the hearing-impaired member is easily able to communicate.</p>		We have full-time Spanish speaking employees. Other language requirements will be met using CTS LanguageLink. CTS LanguageLink shall provide over-the-phone interpretation (OPI) services in over 240 languages and dialects. We also have a TDD service available and are able to provide assistance to any hearing and speech impaired employee.
Member Services and Communications	Call Center	63	How many customer service issues are resolved during first contact?	No	Approximately 86% of member calls are resolved during the first call.		We do not track this metric; however, our goal is to resolve any issues during the first contact.		Not tracked

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Member Services and Communications	Call Center	64	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?	Yes	Our Concierge Claims Service provides beneficiaries with compassionate step-by-step support throughout the claim process. Our claim experts can assist beneficiaries by notifying third parties, initiating warm transfers and informing beneficiaries of the value-added services that are available to them. These services include funeral assistance, legal services, financial consultation and grief counseling services.		The Contact Center/Intake does not have the ability to warm transfer callers as we have performance guarantees with average speed to answer so Advocates need to be available for the calls in the queue. We can provide callers with information on who they would need to follow up with.	Yes	We would like to discuss this at point of finalist to ensure an adequate process is established.
Member Services and Communications	Appeals Process & Member Complaints	65	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes		Yes			For an insured arrangement, Reliance Matrix handles the appeal process, since they are the designated claim fiduciary. The insurance Plan outlines the rights of the employee under ERISA and RSL conducts the appeal process accordingly.

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Member Services and Communications	Appeals Process & Member Complaints	66	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case	Yes	We can provide reports with the data elements requested.	No	Reporting through our business-based compliance unit, our consumer advocacy team maintains required data to meet all state and regulatory requirements. Our consumer advocacy team tracks complaints for statistical purposes; this data is for internal purposes only and is not shared with employers. We monitor the appeals timing but do not provide information to an employer unless requested. NYL GBS' consumer advocacy team may offer feedback and guidance to the claim staff but does not process claims or offer an alternative to the appeal process for disputed claim decisions. Our consumer advocacy team reports through our Compliance and Risk Management program, thus promoting objectivity and fairness. In working as advocates for claimants, this team works closely with the claim staff to provide feedback and ensure appropriate resolution.		We are able to provide appeal related information including but not limited to Claimant name, appeal receipt date, appeal decision date, elapsed time to decision.

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Member Services and Communication s	Appeals Process & Member Complaints	67	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?	Yes	<p>When a complaint is received, it is directed to our Corporate Customer Relations Unit for tracking and internal reporting.</p> <p>In the event a claim has been denied in whole or in part, the beneficiary may request a review of the claim. Information regarding the right to appeal and the process is included in the denial letter. This appeal request is sent to the claim administrator within the period specified with a statement from the beneficiary as to the reason they believe the claim was improperly denied. Additional information, questions or comments should also be provided.</p> <p>The entire claim is re-evaluated by our appeal committee. Whether we uphold or reverse a claim decision based on an appeal review, we send a letter to the claimant with an explanation of the decision.</p> <p>Additionally, we conduct participant and beneficiary satisfaction surveys.</p>		<p>We view complaints as an opportunity for our staff to identify service and decision quality opportunities, address them with a sense of urgency, and learn from them to improve the overall experience for our clients and their employees.</p> <p>The appropriate claim team personnel will respond to verbal complaints within 24 hours to ensure we have begun working toward a resolution. To ensure written complaints receive priority attention, we developed the consumer advocacy specialist role, which specifically addresses and resolves service opportunities on written complaints we receive.</p> <p>NYL GBS' consumer advocacy specialists are located in our claim offices. This team's performance is part of our Compliance and Risk Management program, thus promoting objectivity and fairness. Consumer advocacy specialists work closely with the claim staff to provide feedback and ensure appropriate resolution.</p> <p>Our process is as follows when responding to written complaints:</p> <ul style="list-style-type: none"> •Written complaints are immediately electronically forwarded to a consumer advocacy specialist. •The consumer advocacy team records every written complaint in a database and creates the appropriate response within 10 business days of receipt (or within the appropriate time frame specified by the regulatory department involved). •An investigation is conducted in which an objective file review is performed, the involved claim staff is interviewed, and the claimant is contacted. •When the appropriate response has been drafted, it is issued to the inquiring party and/or the complainant. The consumer advocacy team retains copies of the response. 		Appeals, Formal Complaints and Litigation activities are addressed within our Claims Governance Team by experienced Claims Professionals. The Claims Governance Team will work with the assigned Claims Operations team members to ensure all appropriate actions steps are taken based on the facts of each claim.

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Member Services and Communication s	Appeals Process & Member Complaints	68	Describe your procedures for notifying the client of any appeal process.	Yes	If we reverse a decision and approve a claim, a Notice of Claim Payment would be sent to the customer		<p>If a claim is determined to be non-compensable, we send a detailed denial letter to the insured or beneficiary with appeal instructions.</p> <p>To start the appeal process, a claimant can request a review of our claim decision by submitting an appeal to our claim office within 60 days of the date they received notification of claim denial. The written request must accompany the reason for appeal, the insured's SSN, and any additional information or documentation that supports or clarifies the claim appeal.</p> <p>Within 10 calendar days from the date of receipt of the appeal, we send a letter to the claimant acknowledging the appeal request. A claim specialist of equal or higher level than the original claim specialist reviews the claim file and seeks additional information if needed.</p> <p>We then make a decision to affirm or overturn the denial within 60 calendar days and communicate the decision to the claimant. If there are special circumstances that cause a delay (e.g., additional information is needed), the maximum time for an appeal decision to be rendered is 120 calendar days.</p>		<p>If an appeal of the denial is submitted in a timely manner, we acknowledge it in writing, and assign a new Claims Examiner in our Quality Review Unit to conduct an independent review of the entire claim file. New information may be requested.</p> <p>The Claimant or his/her representative usually will be notified of our decision on appeal within 45 days, but an extension of time of up to an additional 45 days may be required. If such an extension is required, we will provide written notice.</p> <p>Note that we make every attempt to ensure that our appeal procedures are in full compliance with the Employee Retirement Income Security Act of 1974, as amended, and the accompanying regulations. Our procedures are subject to change to ensure continued compliance.</p>

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Member Services and Communication s	Website and other Media	69	What types of written, online, and in-person education can you provide to employees to better understand the AD&D benefits and processes?	Yes	<p>We consider communications and overall employee education to be a significant part of our overall value proposition. As a standard service, we are proud to offer a dedicated communications and enrollment specialist, Howie Sisken. Howie will work with your account team to co-create an end-to-end employee engagement strategy that aligns with your current communications strategy and preferences.</p> <p>Examples include product overviews, FAQs and infographic flyers. Additionally, we offer a library of digital content in the form of videos, Brainspark presentations and more. These curated materials can be deployed through your existing preferred communication channels, and we will work with you every step of the way to ensure all employees receive this important messaging.</p> <p>We will also provide a microsite which features product information about filing claims and additional life insurance benefits.</p> <p>We provide onsite support through our Onsite Services team who will recommend and deliver the best onsite strategy to suit your specific requirements. Our licensed benefit counselors are among the best in the industry and have been trained and certified in our product offerings. They will educate your employees about their benefit options to enable them to make informed benefits decisions.</p>		<p>NYL GBS can provide microsites which are educational websites designed to allow employees to access videos, use interactive calculators, and review benefit highlight sheets to make informed decisions. In addition, NYL GBS can provide recorded webinars (available for 30 days) to help employees better understand their insurance options and why they may need them.</p>		<p>Reliance Matrix develops a customized strategy from the widest range of tools and support available, including: Staffed employee benefit meetings, Paper or electronic personalized enrollment forms and kits, Bilingual support, Online Evidence of Insurability (integrates with your real-time enrollment platform), Webcasts, Customized video presentations, Toll-free telephonic help-line, employee email blasts, and posters.</p>

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Member Services and Communications	Website and other Media	70	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?	Yes	<p>Upon contract award, we will partner with you to develop a successful communication strategy to educate your employee population about your new benefit plan.</p> <p>To build awareness of the MetLife offering, we can provide posters, handouts, digital links to videos and newsletter articles for internal distribution that includes valuable information on filing claim and additional benefit options. Employees also have access to our online calculator and decision-making tools to assist them in determining the right amount of coverage.</p>		<p>The best enrollment results occur when we develop a customized enrollment and communication strategy designed to fit the needs of employers and their employees. Those strategies may include personalized communications and virtual or onsite meetings (for locations with a large number of employees). Customizing these materials helps employees review coverage options and consult with spouses or other family members prior to enrolling to make educated decisions on their benefit elections.</p> <p>By educating employees on how each plan offered can provide financial protection when an unexpected accident or illness occurs, employees are able to make the right coverage decisions. We also assist employees in understanding the value-added services which provide valuable resources available at any time—not just at the point of claim.</p> <p>We recommend employers schedule enrollment on cycle with medical coverage and provide educational materials (e.g., e-cards, postcards, flyers) before and during the annual enrollment period to remind employees about the importance of voluntary coverage.</p>		Reliance Matrix develops a customized strategy from the widest range of tools and support available, including: Staffed employee benefit meetings, Paper or electronic personalized enrollment forms and kits, Bilingual support, Online Evidence of Insurability (integrates with your real-time enrollment platform), Webcasts, Customized video presentations, Toll-free telephonic help-line, employee email blasts, and posters.
Member Services and Communications	Website and other Media	71	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes	<p>We have created the beginning structure of the City's MetLife microsite. This site is just a start, and would be fully customized to include the specific content to provide needed education, process instructions, forms, and City-wide updates.</p> <p>The sample can be viewed at: https://www.metlife.com/info/city-of-LA/</p>	Yes		Yes	

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Member Services and Communication	Website and other Media	72	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.	Yes	<p>As part of our multi-year digital transformational program, identified components of our Online Service Portals are being enhanced to conform to the Web Content Accessibility Guidelines (WCAG) version 2.1 Levels A and AA of the World Wide Web Consortium Web Accessibility Initiative (W3C WAI). This means that components of our Online Service Portals are designed to work with assistive technology, such as screen readers like JAWS or NVDA.</p> <p>As part of this digital transformation and commitment to customers, our foundational capabilities and experiences enhancements are targeted to be completed in 2024, with many applications already significantly conforming to the accessibility guidelines.</p>	Yes	<p>Our portal (available on mobile devices and browsers) and website is available in English and Spanish.</p> <p>We designed www.myNYLGBS.com according to accessibility guidelines for WCAG 2.0AA. Newer features are designed to WCAG 2.1AA. We continue to monitor changing standards and make updates to any older content which adhered to WCAG 2.0AA.</p>		Our website is English, however we have access to live, on demand, translation services for customers calling our customer services facilities who do not speak English. We also have - on-site - Spanish speaking representatives as this is typically our most commonly requested translation. We're also able to produce virtually all of our enrollment and communication materials in almost any language that is required.

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Member Services and Communications	Website and other Media	73	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.	Yes	<p>We can customize the website with your company name or a company logo. The website contains client specific plan design information, benefit schedules, underwriting requirements and rates. We are also able to support client specific messages within the website. There is no additional cost for this customization.</p> <p>As a standard service, we offer a Communication & Engagement Lead, Howie Sisken, who will partner with the City to develop a robust communication strategy. Starting at implementation, your MetLife team will hold discovery sessions to better understand your current approach to communicating the Life/AD&D programs, as well as any considerations around site locations, demographics and specific marketing requirements. With this information, Howie will partner with your dedicated Client Consultant and other internal MetLife experts to assemble and activate a comprehensive and meaningful communications strategy. In developing the strategy, we will focus on delivering a surround sound approach to drive awareness, engagement and education in a sequenced and purposeful manner leading up to the enrollment action.</p>	Yes	The employer reporting self-service site is fully customizable. Users can save personalized reports with nearly 300 available data elements.		We have the ability to develop custom microsites to consolidate client specific forms, information and decision support tools related to their program. These pages can be embedded in a client's secure intranet or third party administration platform for security.
Member Services and Communications	Website and other Media	74	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes	The website can be integrated into the City's website in that it would have a similar branded look and could be seamlessly transitioned from the City's site to the benefits site.	Yes	This co-branding capability is scheduled for 2025 release.	yes	

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Member Services and Communication s	Website and other Media	75	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.	Yes	For each step in the employee's engagement journey, we offer a wide variety of curated educational materials that feature simple, straightforward and easy-to-understand messaging. This messaging includes real-life and authentic examples as to why Life/AD&D products are important and the significant role benefits play in overall well-being. We also have flexibility to create additional, targeted messaging that best resonates with your population. Examples include product overviews, FAQs and infographic flyers. Additionally, we offer a library of digital content in the form of videos, Brainshark presentations and more. These curated materials can be deployed through your existing preferred communication channels, and we will work with you every step of the way to ensure all employees receive this important messaging.		Supported by our technology strategy, our corporate mission over the next 24 months is to continue to enhance our innovative array of plans and services in a way that enables us to use our superior capabilities in medical management, integration, and information to customize solutions that address a wide range of employer needs. Information about our in-flight technology upgrades is available upon request.		Reliance Matrix have also entered into a partnership arrangement with Workday as a Software Alliance Partner. This partnership gives our companies "insider access" to Workday code, advances, development environment, training and ecosystem. It also enables informed and joint development which means stronger and faster client integrations. With this access, we implement an API-enabled solution in three phases for customers with the Workday Cloud Platform: <ul style="list-style-type: none"> • Automated Evidence of Insurability (EOI) submission and associated status updates. • Real time access to employee eligibility, including voluntary enrollment elections. • Real time access to EE demographic data to integrate with our eFiling process • Real time access to organization hierarchy for supervisors and HR • Real time access to all employee absence information, not just what is managed by Matrix

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Plan Design	Plan Design	76	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).	Yes	<p>We will not pay benefits for any loss caused by or contributed to by:</p> <ul style="list-style-type: none"> • Physical or mental illness or infirmity, diagnosis of or treatment for the illness or infirmity; • An infection, other than infection occurring in an external accidental wound or from food poisoning; • Suicide or attempted suicide; • Intentionally self-inflicted injury; • The voluntary intake or use by any means of: <ul style="list-style-type: none"> - Any drug, medication or sedative, unless it is taken or used as prescribed by a physician or if "over the counter" drug, medication or sedative, taken as directed; - Alcohol in combination with any drug, medication or sedative; - Poison, gas or fumes. • War, whether declared or undeclared, or any act of war, insurrection, rebellion or active participation in a riot; • Committing or trying to commit a felony; • Service in the armed forces of any country or international authority. Additional parameters not included in this response due to length restrictions. • Any incident related to travel in an aircraft: Additional parameters not included in this response. • Driving a vehicle while intoxicated as defined by the laws of the jurisdiction in which the vehicle was being operated. 		<p>Policies are typically customized to meet the client's specific needs. Our AD&D policies have a variety of exclusions available. Exclusions are necessary to avoid losses that do not result from a covered accident or result from highly hazardous activities. Examples of exclusions found in our AD&D policies include incidents caused by the following:</p> <ul style="list-style-type: none"> •intentionally self-inflicted injury, suicide, or any such attempt thereat while sane or insane •commission of or attempt to commit a felony or an assault •commission of or active participation in a riot, insurrection, or terrorist act •declared or undeclared war or act of war •sickness, disease, bodily or mental infirmity, bacterial or viral infection, or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food •flight in, boarding, or alighting from an aircraft or any craft designed to fly above the earth's surface that is: <ul style="list-style-type: none"> -being flown by the covered person or in which the covered person is a member of the crew; -designed for flight above or beyond the earth's atmosphere; -an ultralight or glider; -being used for the purpose of parachuting or skydiving; -being used by any military authority, except an aircraft used by the Air Mobility Command or its foreign equivalent; or -being used for the following: <ul style="list-style-type: none"> •crop-dusting, spraying, or seeding; giving and receiving flying instruction; firefighting; skywriting; skydiving or hang gliding; pipeline or power line inspection; aerial photography or exploration; racing; endurance tests; stunt or acrobatic flying •any operation that requires a special permit from the Federal Aviation Administration, even if it is granted. (This does not apply if the permit is required only because of the territory flown over or landed on.) 		<p>If the Voluntary Term Life AD&D benefit is included on the plan, the following exclusions are specific to the AD&D benefit and are standardly included: loss resulting from: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; or caused by suicide, or intentionally self-inflicted injuries; or caused by or resulting from war or any act of war, declared or undeclared; or caused by an accident that occurs while in the armed forces of any country, except as shown under the Reserve-National Guard Benefit (any premium paid to us for any period not covered by this Policy while the Insured is in such service will be returned pro rata); or caused by or resulting from riding in, getting into or out of any aircraft, except as shown under the Coverage of Aircraft provision, unless: (a) the Insured is a passenger (not a pilot or crew member) in a tested and approved civilian aircraft being operated as passenger transport in compliance with the then current rules of the authority having jurisdiction over its operation; and (b) the aircraft is not owned, leased or operated by or on behalf of you, the Insured or any other employer of the Insured, unless a specific written agreement has been obtained from us; or sustained during the Insured's commission or attempted commission of an assault or felony; or to which the Insured's acute or chronic alcoholic intoxication is a contributing factor; or to which the Insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic or drug is a contributing factor.</p> <p>Also, while not an "exclusion", the Policy includes a 2-year incontestability provision.</p>
Plan Design	Plan Design	77	Is proposed coverage portable/convertible?	Yes	<p>Portability is available for AD&D coverages. Conversion is not allowed on AD&D coverage.</p>	Yes	We offer conversion for AD&D plans.		Voluntary AD&D coverage can be converted- Portability is not available.

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Plan Design	Plan Design	78	What options do you provide for members to continue insurance after employment separation?	Yes	<p>Conversion Conversion is not allowed on AD&D coverage.</p> <p>Portability Portability is available on our AD&D coverage. Portability allows employees to continue their insurance at their own expense when their coverage under your plan ends due to certain qualifying events. The insured employee joins a portable pool established under a separate insurance policy.</p> <p>Employees and dependents can continue the same or lesser amount of insurance in force without providing evidence of insurability or elect to increase their coverage amount and receive preferred rates with evidence of insurability.</p>		<p>Our basic and voluntary accident plans include a conversion privilege. Conversion allows covered employees to switch to available individual coverage should their group coverage end for any reason except failure to pay premiums. The amount converted cannot be greater than the amount in force under the group contract or \$250,000, whichever is less. Premiums depend on the employee's age at the time of conversion; however, employees must be under age 70 to be eligible.</p> <p>If the policy is cancelled or amended to cancel a particular class of employees or if the employer cancels participation in the policy, conversion is available only to employees and their eligible dependents enrolled under the plan.</p> <p>Covered employees must apply for conversion within 31 days of the date their group protection ends. If an employee has a covered loss from a covered accident during this 31-day period, their beneficiaries will receive a benefit equal to that which could have been converted, even if the employee did not apply for conversion.</p>		<p>If the insurance ceases due to termination or amendment of the Policy, coverage is limited to a maximum amount stated in the Conversion Privilege provision of the Policy (the amount varies by state) and is available only for employees who have been covered under the group Policy for a minimum period of time specified in the Policy (usually three to five years).</p> <p>Employees must apply for conversion within 31 days of the date their Group Life insurance terminated. If an eligible employee dies within this 31-day period, the Beneficiary will receive a benefit equal to the amount that could have been converted, even if the employee did not apply for conversion. Waiver of Premium, AD&D and other supplemental benefits may not be converted to an individual policy of insurance.</p> <p>When an individual converts their coverage there is no additional cost assessed to the group life program, since the converted coverage is an individual policy - not part of the group contract. Converted coverage carries separate rates, which are the individual's responsibility. These rates are based upon the age of the employee at the onset of the converted coverage.</p>
Plan Design	Plan Design	79	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage	Yes	Please refer to Exhibit 6 .	Yes	Please note that portability is not applicable to AD&D plans.		Not available for Voluntary AD&D

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Plan Design	Plan Design	80	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.	Yes		Yes	We will waive the actively-at-work rule for employees on vacation, short-term sick leave for fewer than seven days, and an employer-approved paid leave of absence. Employees in these situations are considered actively at work under our broad definition of "active service."		We generally require all employees to satisfy the Actively at Work requirement, however there is a transfer of coverage provision that assures that a person insured by a prior carrier does not lose coverage solely because of a change in carrier.

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Plan Design	Plan Design	81	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?	Yes	<p>We can set up an interest-bearing account or pay directly via a check or EFT. The account offers access to funds through drafts, a Visa debit card and the ability to link the account to PayPal® and Venmo®.</p> <p>The interest-bearing Total Control Account is typically set up in the beneficiary's name. Once it is established, the beneficiary can transfer funds from the account via ACH transfer or via wire transfers at no cost. If the beneficiary does not want a Total Control Account, they can indicate that they would prefer to receive a check on the claim form which can be mailed or sent via direct EFT payment.</p> <p>Beneficiaries begin earning interest from the day the claim is paid. Interest is compounded daily and is credited on the last day of the month. Beneficiaries pay no monthly maintenance fees and have complete control over the entire amount of the insurance proceeds. They have the option to withdraw the full amount from their account at any time or keep the account open for as long as they would like. Beneficiaries can also use the enclosed drafts (which are similar to checks) for a minimum of \$250, up to the full balance of the account.</p> <p>Our current interest rate is 0.50%.</p>		<p>Through our extensive NYL GBS Survivor Assurance beneficiary program, life and personal accident benefit payments over \$5,000 can be deposited into an interest-bearing account with check-writing privileges that is cleared through BNY Mellon Bank.</p> <p>A book of drafts is provided to the beneficiary, who is able to write an unlimited number of drafts at any time—until the account is cleared. Interest is compounded daily, credited monthly, and begins to accrue when the claim is paid. The account earns competitive interest comparable to a money market checking account. Statements are provided quarterly. Additionally, there are no maintenance charges or penalties for withdrawals.</p> <p>Beneficiary settlements of less than \$5,000 are paid in a lump sum.</p>		Lump sum payment via check or direct deposit

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	82	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitations (for example, if you do not allow an absolute or a collateral assignment).	Yes	<p>We assume no obligation as to the validity or the sufficiency of any assignment. Your recordkeeper maintains assignments and shares with us at the time of claim.</p> <p>Assignment of Benefits to a Funeral Home or Nursing Home - On the life insurance claim form, the claimant can request an assignment of expenses to a funeral home and/or a nursing home.</p> <p>Viatical Assignments - Unless prohibited by state law or the certificate, requests for viatical assignments are handled like any other assignment. Please note AD&D benefits may not be assigned to a viatical company.</p> <p>Absolute Assignments - Absolute assignments are permitted unless you choose not to allow them. We recognize any existing assignments made under a prior carrier.</p> <p>Gift Assignments - Life and AD&D coverage may be assigned as a gift.</p> <p>Collateral Assignments - Collateral assignments are permitted for all group Life policies, including Term Life and Group Universal Life coverages. We review assignment forms completed in favor of a creditor on a case-by-case basis.</p> <p>Existing Assignments - We recognize the ownership interest of existing assignments if the Life insurance is in effect at the time the transfer of business occurs.</p> <p>Assignment of Benefits to a Trust - We permit assignment of benefits to a trust.</p>		For self-administered business, assignments would be maintained by the employer.		Yes, our life policies do permit the assignment of benefits. Viatical settlements are processed using our absolute assignment form. The insured must assign coverage irrevocably to the viatical company. Before assigning the coverage, we require a copy of the viatical company's license and we contact the insured to make certain they are aware of the Living Benefit Rider provision included in our life insurance policies.

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	83	Describe your administration's "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?	Yes	Not applicable to AD&D coverage.		<p>We offer a policyholder-elected terminal illness feature to help an insured employee or spouse financially manage medical costs and household expenses during a terminal illness. This benefit pays a percentage of the in force benefit (and may be subject to a maximum) and is payable to any insured employee or spouse that is diagnosed with a terminal illness and is expected to live a specific length of time, such as 6, 12, or 24 months or less (as specified within the policy). The terminal illness feature is not available on dependent child coverage.</p> <p>The terminal illness feature can be included in any employer- or employee-paid group term life insurance plan. The terminal illness benefit starts on the later of the date the group life policy begins, or the date the benefit is added. A preexisting condition limitation does not apply, and insured employees and their covered spouses are eligible regardless of age. Benefits are payable only once and reduce the amount of the death benefit. Payment of this benefit also ends automatic coverage increases, if that provision applies.</p>		Not available
Plan Design	Plan Design	84	Confirm that your proposal includes Waiver of Premium	Yes			Waiver of premium is available for basic/voluntary life only.		Waiver of Premium is not included
Plan Design	Plan Design	85	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for Voluntary AD&D also be waived for the employee and/or their covered dependents also be waived?	Yes			Waiver of premium is available for basic/voluntary life only.		Waiver of Premium is not included
Plan Design	Plan Design	86	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.	Yes	We have replicated your current waiver of premium provision for Class 3 with a 180 day elimination period.		Waiver of premium is available for basic/voluntary life only.		Waiver of Premium is not included

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	87	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?	No			Waiver of premium is available for basic/voluntary life only.		Waiver of Premium is not included
Plan Design	Plan Design	88	What are the employer and employee policy lapse provisions?	Yes	<p>1) Our Group Term Life Insurance policy provides coverage on a no-loss, no-gain basis for employees who are not actively at work on the plan's effective date. Your employees will not be negatively impacted nor will they benefit in terms of their coverage level solely from the transition from the prior carrier to us. The policy provides the complete terms and conditions of this coverage.</p> <p>2) Premium is due on the first day of each month. Our standard grace period is 60 days. In the event payments are late, your assigned financial / billing contact will reach out. Once a payment is 105 days past due, additional steps could be taken.</p> <p>3) Members would not be aware of the City's non-payment of premium. We would notify the City of the lapse to ensure a quick resolution.</p> <p>Portability allows employees to continue their insurance at their own expense when their coverage under your plan ends due to certain qualifying events. Employees and dependents can continue the same or lesser amount of insurance in force without providing evidence of insurability or elect to increase their coverage amount and receive preferred rates with evidence of insurability. They are direct billed for the ported policy.</p>		<p>No Loss/No Gain We design our policy to help prevent your employees from losing coverage because of a change in carriers. In addition, we permit employees to grandfather their current insurance amounts without providing evidence of good health, subject to the actively-at-work provision. Unless stated otherwise, the maximum life amount (basic and voluntary) grandfathered depends on the size and characteristics of the group and can be as much as \$2.5 million.</p> <p>For the Employer The policyholder is responsible for payment of premiums due. The policy will lapse due to nonpayment if the payment is not received by the end of the grace period.</p> <p>For the Employee For conversion, in order to keep the coverage in force, employees must pay premiums by the due date on the billing notice.</p>		If a policy lapses due to non-payment of premium, we would send the lapse in coverage or termination letter directly to the employer as voluntary coverage is usually payroll deducted

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	89	Please confirm that you have completed the Plan Design Tab for AD&D for 'Match to current'	Yes		Yes			Confirmed
Plan Design	Plan Design	90	Please confirm that you have completed the Plan Design Tab for AD&D for one or more 'Enhancements'	Yes		Yes			Confirmed
Financial Cost	Financial Cost	91	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.	Yes	One-time implementation credit of \$200,000 is provided with sale of all Life/AD&D (Basic and Supplemental) coverages.	Yes		Yes	Included in the "Budget" Referenced in the Life Tab.
Financial Cost	Financial Cost	92	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?	Yes		Yes	Our proposal assumes that all Life and AD&D coverages will be sold together.	Yes	
Financial Cost	Financial Cost	93	Please confirm that you have completed the Pricing Tab for AD&D.	Yes		Yes		Yes	
Financial Cost	Financial Cost	94	Please confirm that you have completed the Underwriting Tab.	Yes		Yes		Yes	
Financial Cost	Financial Cost	95	Please confirm that you have completed the PG Tab for AD&D.	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				MetLife		New York Life		Reliance Matrix	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	96	Confirm that your proposal is for a 'stand alone' voluntary AD&D plan.	Yes		Yes	Assuming this means that the voluntary AD&D and voluntary life elections are mutually exclusive.	No	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	1	The City has a goal of paperless or paper-reduced claims processing. What can you do to assist the City in reaching this goal? And what steps have been taken to simplify the claims process?	Yes	CONFIDENTIAL		Your Dedicated Account Specialist can assist you and the Life Claims Team with refining claims processes to reduce or eliminate any paper being used for life claims processing.	Yes	Voya offers a paperless claims process whereby the vast majority of claims can be completed on-line via the Voya online claims center. Pictures or other electronic forms of necessary documents can be uploaded directly avoiding the need to print or send.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	2	Can you provide a detailed description of benefits that are payable and under what circumstances they are payable? For example, when an accident occurs?		We have matched your current Plan Features and Loss Schedule for AD&D as outlined on the Plan Design - AD&D tab with the exception of the Common Carrier benefit maximum.		Life, including exposure or disappearance 100% One hand or one foot, including if reattached 75% Sight in one eye, speech, or hearing in both ears 50% Two or more of the above 100% Thumb, index finger of same hand 25% Quadriplegia 100% Paraplegia 75% Hemiplegia 50% Uniplegia 25% Coma 1% per month for 60 months Seat Belt/Air Bag \$25,000/\$10,000 Repatriation Lesser of 10% or \$5,000 Career Adjustment: 3yrs from death \$5000/yr \$10,000 total or 25% whichever is less. Child Care: 4 years from death. \$5000/yr \$10,000 total or 25% whichever is less Higher Ed: 4 years from death. \$5000/yr \$20,000 total or 25% whichever is less Public Transportation: 100% Common Disaster: Lesser of \$1,006,000 or AD&D payable for loss of life	Yes	Voya intends to match the current language for the following AD&D benefits: <ul style="list-style-type: none"> Paralysis Safe Driver Disappearance Exposure Child Education Spouse Training Transportation Child Care Common Carrier In addition to the benefits above, Voya is willing to offer additional benefit enhancements as follows: <ul style="list-style-type: none"> Voya Employee Benefits standardly filed language includes a Loss of an Arm benefit equal to 50% of the full benefit amount. This was not offered by the current carrier. Voya Employee Benefits standardly filed language includes a Loss of a Leg benefit equal to 50% of the full amount. This was not offered by the current carrier. Voya Employee Benefits standardly filed language includes a Paralysis of Three Limbs benefit equal to 75% of the full amount. This was not offered by the current carrier. The inforce carrier includes a Loss of Thumb and Index Finger of the same hand at 25% of the principal sum. Voya classifies this benefit as 'Loss of Hand' and the payout for this loss is 50% of the principal sum. Voya Employee Benefits standardly filed language includes a Spouse Education benefit equal to 5% of the full benefit amount to a maximum of \$3,000 per academic year up to 4 years. This was not offered by the current carrier. Voya Employee Benefits Airbag benefit includes a \$1,000 default benefit. This was not offered by the current carrier. Voya Employee Benefits Safety Belt benefit includes a \$1,000 default benefit. This was not offered by the current

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	3	Will you guarantee that coverage will continue for all currently insured members by your policy on the plan effective date?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	4	Describe your non-payment appeals process.		If premium for a direct-billed insured is not received by the lapse date, the contract is canceled and a lapse notice is mailed. We allow a reinstatement one time per contract if the insured contacts us within 90 days of the coverage lapse.		The Standard handles all claim decisions carefully. When we must decide to deny a claim, we give the employee the chance to appeal. Employees are notified of: •Their right to request a review within 90 days •The reasons for denial •Our policy of reviewing all information •Any internal guidelines used •Notice of the right to receive relevant documents without charge •Notice of Important Language Information Beneficiaries must submit requests for review in writing. They are not required to submit more information. The beneficiary has the right to review relevant claim documents and to submit comments in writing.	Yes	Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.
Plan Administration and Sponsor Services	Plan Administration	5	Confirm that if a participant has a family status change pursuant to Internal Revenue Code Section 125, the member will be able to change plan elections outside of open enrollment without having to provide evidence of good health. (Yes or No)	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	6	<p>What percentage of your services solicited in this RFP would be outsourced to other firms or subcontracted?</p> <p>-For services representing more than 5% of the total fee proposed for this RFP, identify all providers and their functions.</p> <p>-For services that will be outsourced or subcontracted overseas to non-U.S. service providers, please identify the overseas providers, the % of services that will be outsourced or subcontracted, and their functions.</p>	No	Securian Financial does not subcontract any services provided to group insurance customers. All services defined and provided for in our insurance contracts and/or service agreements are performed by us. We do utilize third-party vendors to provide ancillary services directly to Securian Financial, which enables us to provide higher quality products and services to our customers.		Less than 1% of services will be performed by vendor partners.	Yes	No more than 5% of our services are subcontracted.
Plan Administration and Sponsor Services	Plan Sponsor Services	7	Does the contract provide the City the right to audit the performance of the plan and services provided? Indicate what services, records and access will be made available to the plan sponsor at no additional charge. Also, indicate frequency and notice requirements that are part of the right to audit provision.	Yes	Upon reasonable notice, the City or its designee may audit our performance of the agreement and ensure the security of the City's confidential information through the execution of an audit agreement.	Yes	City reserves the right to assign an independent auditor to assess the quality of services being provided and the extent to which Contractor and its subcontractors, if any, are conducting City business within generally accepted industry standard practices. Contractor shall, subject to applicable law, cooperate fully with any such audit.	Yes	ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request. Audits will be supported as covered and noted by contract.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	8	Please indicate your willingness to allow and pay for the cost of an outside auditor to conduct an on-site, random, annual claims processing audit. Indicate the cost in dollars that you would allocate for this audit.	Yes	Securian Financial and the City shall agree on the audit process, including but not limited to the scope of the audit and any additional confidentiality and privacy provisions pertaining to the information obtained or disclosed during the audit. Securian Financial will allow the City and its third-party auditor to audit our policies, procedures, and controls. Securian Financial will provide subject matter experts on its processes; however, we will rely on the City and/or its third-party auditor to determine the scope of the audit.		We can provide a one time audit credit of \$50,000 inclusive of all policies	Yes	ReliaStar will cooperate with the client in a reasonable audit process within compliance guidelines. The audit scope and procedure will be discussed at the time of audit request. ReliaStar will cover the cost of the audit, not to exceed \$50,000 per policy year.
Plan Administration and Sponsor Services	Plan Administration	9	Do you agree to retain records for a minimum of 3 years after the end of the term of the City's contract?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	10	Do you agree that the contract will contain a mutual indemnification/hold harmless provision?	Yes	It will be in a separate agreement between Securian Financial and the City, and not in the group insurance policy.	Yes		Yes	ReliaStar Life Insurance Company may agree to provide limited indemnity for gross negligence and/or breach of its obligations in connection with the Contract entered into with the policyholder.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	11	The successful vendor's proposal must contain provisions reserving these rights to City of LA: No-Loss, No-Gain & Waiver of Actively-at-Work: Current participants in any of City of LA's sponsored Life, AD&D, and Disability programs will be provided coverage on a "no-loss, no-gain" basis. Any "actively-at-work" or non-confinement requirements will be waived on the effective date for all members or dependents participating in the plan immediately prior to the effective date of your contract with City of LA.	Yes	AD&D Coverage: We will waive the actively-at-work requirement at initial transition and will grandfather all coverage on a no-loss/no-gain basis.	Yes		Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	12	Please describe your account team that will be assigned to the City of LA to include: a) Day to day contact b) Underwriting c) Billing d) Local overall account management e) Location of the office that will handle the servicing of this account, number of staff, and hours of operation g) Please list the 3 largest customers they are currently responsible for servicing		CONFIDENTIAL	Yes	a) Jennifer Queen, National Accounts Consultant b) Nathan Briggs, Consulting Underwriter c) Angelica Schmitt, Manager - Premium Services d) Darin Plotnick, 100% Dedicated Account Specialist e) Orange County, 6, 8 am to 5 pm Pacific g) The references listed in their tabs include two customers within Jennifer's block of accounts. As a courtesy to our customers, we do not otherwise identify them during the proposal process.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.
Plan Administration and Sponsor Services	Plan Sponsor Services	13	Confirm that you have provided copies of resumes in a clearly labeled appendix for the account team that will be assigned to the City.		Yes.		Confirmed. Please see the attached Team Chart which includes a description of roles as well as resumes for the account management team.	Yes	Voya Employee Benefits has provided the biography and experience for the National Account team assigned to The City.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	14	Confirm that you will provide an Account management team/manager for addressing administrative and client relationship issues	Yes			Confirmed. Jennifer Queen and Darin Plotnick are the account management leaders assigned to the City and can manage all account relationship concerns.	Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	15	Confirm that you will provide Quarterly and Annual Claim Reports	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	16	Confirm that you will provide Report on total number of claims by claim type (member/spouse/child)	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	17	Confirm that you will provide Report on total number of claims by job classification, MOU, work department	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	18	Confirm that you will notify the City immediately if your firm loses any accreditation, license, or liability insurance coverage	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	19	Confirm that you will provide Plan sponsor on-line or written billing history	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	20	Confirm that you will provide Plan sponsor on-line or written eligibility rules/conditions of coverage/service	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	21	Confirm that you will provide Plan sponsor on-line or written plan/service details	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	22	Describe your online plan sponsor reporting services which would enable the City to review its aggregate membership data. Provide your plan sponsor website, if you have one, and dummy account access information.		CONFIDENTIAL	Yes	Our online portal provides access to membership data which updates through the eligibility feed. We also provide detailed reports during our annual stewardship meeting.	Yes	<p>Online Claims Portal – Voya Employee Benefits' online claims center, which is located on Voya.com/claims, provides tools and self-service capabilities which will assist in streamlining claims administration and employee claim experience.</p> <p>Online Reporting – The City's personnel will have on-demand access to a variety of Life and Disability status reports. Security can be set up to allow for varying access to employee specific data.</p> <p>Our Employee Benefits Resource Center (EBRC) website serves as a one-stop shop for employees to learn more about the additional insurance products offered in their benefits plan. Designed as an educational resource, employees and their families can educate themselves on the offered products via videos, real-life examples, brochures, and FAQs. This site also serves as one central source for Employers to access product information, enrollment access and claims filing.</p>
Plan Administration and Sponsor Services	Plan Sponsor Services	23	Verify that you can accept eligibility files from the City's Third-Party-Administrator on a bi-weekly basis.	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	24	<p>The City determines member eligibility in accordance with LAwell Plan rules and will transmit enrollment and coverage elections to the selected carrier. Verify that you will:</p> <ul style="list-style-type: none"> a. agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation. b. agree to accept the City determination of each member's eligibility as transmitted c. agree to accept any future changes made to eligibility rules adopted by the City and in accordance with applicable law/regulation <p>Eligibility rules can be found in the LAwell Benefit Guide (link provided on the 'Cover' tab of this workbook)</p>	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	25	<p>Verify that you will agree to accept eligibility rules as established by the City and in accordance with applicable law/regulation.</p>	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Sponsor Services	26	Do you agree to participate in City management meetings during the year, as requested, including providing for (at your own cost) attendance and presentation materials for an annual performance review with the City's Joint Labor-Management Benefits Committee?	Yes		Yes		Yes	
Plan Administration and Sponsor Services	Plan Sponsor Services	26	What resources do you have to provide your clients with legal analysis, interpretations of laws, regulations, and other matters on legislative and regulatory matters pertaining to Life, Disability, or AD&D coverages?	No	Securian Financial believes that the services it normally provides meet the expectations of the City and wish to clarify the scope of the "legal services" requested. In general, Securian Financial cannot provide legal advice to the City. Such advice must be sought by the City from independent counsel. It is Securian Financial's intent to provide the City with non-legal services that assist in the provision of group life insurance policies. Securian Financial will not, however, perform services which, in its opinion, change Securian Financial's obligations or status under the Employee Retirement Income Security Act (ERISA) of 1974.	Yes	The Standard has a dedicated Compliance Team. This team's responsibilities include filing and negotiating approval of policy language in jurisdictions where required. The team also has a legislative review role.	Yes	State and Federal legal and regulatory matters are monitored by our internal Legal and Compliance departments. Legislative Bulletins are issued by the Compliance Department in order to inform our employees, claims payers, and group policyholders of new state laws and regulations that impact policies and/or business practices of Voya Employee Benefits. At times, these bulletins include implementation tasks for various business units to perform in order to bring our policies and practices into compliance with the laws.
Plan Administration and Sponsor Services	Plan Sponsor Services	27	Does your organization provide written updates to clients on legislative/regulatory changes? If yes, how frequently? Provide a recent sample in a clearly labeled appendix.		A team of attorneys and legal professionals is responsible for identifying, monitoring and interpreting state and federal laws, rules, and regulations. This team advises associates regarding the applicability of those laws, rules, and regulations to business operations. To the extent regulatory changes and issues affect the City, we will notify the City when it is determined there is a material impact to their inforce products	Yes	The Standard will notify the City if changes to applicable law require an amendment to the group insurance policy or administrative services agreement. There is no charge for this service.	Yes	Updates will occur as needed. Please refer to the attached State Legislative Updates sample.

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Plan Administration and Sponsor Services	Plan Administration	28	Do you have a system in place to store digital images of all employee-related documents?	Yes			Our Life Claims Department operates in a paperless environment. Any paper documents we receive for Life Claims are imaged and stored in our systems.	Yes	Our imaging system is integrated with all applicable systems for ease of digital storage.
Plan Administration and Sponsor Services	Plan Administration	29	Confirm that you will accept self-billing on a bi-weekly basis.	Yes		Yes		Yes	Voya Employee Benefits is proposing a self-billed premium process where the employer may choose to view and/or update their premium online through our website or elect to receive a paper invoice each month.
Plan Administration and Sponsor Services	Plan Administration	30	Indicate whether the City's payment options include electronic fund transfer, manual invoicing, or both.		We can accept electronic fund transfer, however, we do not do manual invoicing for client administered plans.	Yes	Both	Yes	Both EFT and manual invoicing are performed.
Plan Administration and Sponsor Services	Plan Administration	31	Confirm that there will be no late payment fees or penalties charged to the City of LA.	Confirmed		Yes		Yes	
Plan Administration and Sponsor Services	Plan Administration	32	Confirm your ability to provide a dedicated email address for City of LA employees.		While we do not offer a dedicated email addresses, employees can email us directly through our benefit service center, which are handled promptly.	Yes		Yes	Confirmed
Plan Administration and Sponsor Services	Plan Administration	33	Confirm that you will provide the City with HTML, push ready emails pertaining to the City's Life/AD&D/Disability program for the City to send out. Frequency requested: One (1) for Open Enrollment communications; one (1) mid-year; and one (1) pertaining to Wellness [Total of 3 per year].	Confirmed			We can provide customized email blasts that coincide with the City's enrollment and wellness campaigns.	Yes	Confirmed

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Plan Administration	34	Reconciliations: Do you perform year-end reconciliations to provide information regarding discrepancies to the the City? If so, what is the timing of that reconciliation?	Yes	When premium is received, our billing team clears the premium to the appropriate policy level class(es). If there are any discrepancies, we will work with the City to make necessary adjustments.	Yes	Within 60 days of the end of the reporting period.	Yes	Financial reconciliations information for the group will be supplied within 120 days of the anniversary date, provided all monthly premiums due for the policy year have been remitted within the respective grace periods. A Group Insurance Information Report form will be prepared by Voya Employee Benefits from our in-house databases which will include necessary information for the Employer's completion of the applicable section of Form 5500. The data includes paid premium, paid commissions and broker fees, and average number of lives covered for each product.
Plan Administration and Sponsor Services	Plan Administration	35	Will you accept different beneficiary designations across different lines of coverage?	Yes	Securian Financial would rely on the City to have the ability to administer and accept different beneficiary designations.	Yes	This can be supported if the plan is updated to allow different beneficiaries.	Yes	
Plan Administration and Sponsor Services	Plan Administration	36	What options exist to expedite funeral assignments and can they be processed prior to issuance of a death certificate?		CONFIDENTIAL	Yes	Funeral assignments are paid when the claim is deemed payable. With our current average turnaround time of 2 business days from receipt of final information payment of funeral assignments is very prompt. However, we would be happy to discuss any changes to our contract or processes regarding this subject.	Yes	Empathy will provide expedited claim review to covered participants. Empathy receives the notification of the death of an eligible participant from Voya and follows the communication and administration protocol.
Plan Administration and Sponsor Services	Claims Processing	37	Do you offer online claims submission for enrollees?	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	38	Describe other communication tools available for members such as after hour contact capability, chat feature and email.		We offer LifeBenefits, a self-service portal that provides employees with 24/7 access to plan information and services where they can contact plan representatives via email or live chat. Additionally we offer three main call centers aligned to claims, medical underwriting and administration. For our claims area, an automated voice response system is available 24/7. Additionally, online claims status is available to benefits staff 24 hours a day, with information updated daily.	Yes	We offer a customized microsite and decision support tool which are available 24 hours per day. Claims can be filed online at any time. Members can receive claim information via email and can communicate directly with the Dedicated Account Specialist.	Yes	Please see Sample Communication Tools, Brochures and Flyers attached.
Plan Administration and Sponsor Services	Claims Processing	39	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Yes		Yes	The Standard is fully responsible for the benefits paid under its fully insured group insurance policies. To the extent applicable, our policies comply with the applicable claims procedures under ERISA. We are the claims fiduciary and are responsible for defending decisions made under our group insurance policies.	N/A	Our goal is to provide a consistent, legally-compliant process that allows employers to be confident in the knowledge that their claims will be handled in a manner that mitigates the risk for non-compliance. At Voya, we include strong indemnification language within the service agreements that allows employers to be confident in their ability to administer their absence program. The bottom line is if we make a malicious mistake, then it would be covered. Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.
Plan Administration and Sponsor Services	Claims Processing	40	Can City employees file a claim electronically?	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	41	Will City employees have access to forms online through the microsite?			Yes		Yes	
Plan Administration and Sponsor Services	Claims Processing	42	Provide an organizational chart of the claims unit that will process client's claims.		Included in the Appendix.	Yes		Yes	Please see the attached Organizational Chart.

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	43	Briefly describe your process for administering AD&D claims.		CONFIDENTIAL	Yes	Your Dedicated Account Specialist will work with the beneficiary to obtain the necessary claim data and answer any questions. Once they have received all needed forms and data the information is sent to the Life Claims Department where a Staff Assistant will review, set up the file, and assign to the claims analyst based on complexity. The analyst will review and make their determination within 5 business days. They may request additional information during the review process. Approved claims are reviewed for accuracy and the beneficiary will select a payment method. Denied claims will prompt a review for accuracy, followed by a detailed letter to the beneficiary explaining the reason and any next steps.	Yes	On a dismemberment claim, we verify the loss through our review of the claim form and attending physician's statement. Depending on the circumstances we may request additional medical information and copies of police, accident and toxicology reports. In the event of an accidental death claim, we review the completed claim form and the death certificate. Additional information such as, but not limited to, copies of police, accident, autopsy and toxicology reports may be requested. For both dismemberment and accidental death claims we may conduct interviews with persons that have knowledge of the facts surrounding the accident.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	44	Explain how you handle claim payments when the employee and/or the beneficiary is domiciled in a foreign country. Explain currency exchange rules as well.		<p>Our standard method of payment is in U.S. dollars. We have the capability to pay in foreign currencies when necessary. A beneficiary residing in a foreign country who is not a U.S. citizen will need to complete IRS form W-8BEN (just like U.S. beneficiaries need to complete a Beneficiary Statement or W-9 - this is related to interest portion of payment only). We do not withhold taxes on payments to foreign beneficiaries. The interest on the proceeds will be reported the IRS. The beneficiary will receive a 1042 in March or April of the following year.</p> <p>We have the capability to wire transfer in U.S. dollars to almost any country. Exchange rates are determined on the date of payment.</p>	Yes	<p>We send IRS tax form W8-BEN when a beneficiary: Interest payable is over \$10.00; Lives in a foreign country; and Is not a U.S citizen</p> <p>When we receive the form, we pay benefits in U.S. dollars via check. We may withhold interest, as applicable, in compliance with any tax treaties between the U.S. and another country.</p> <p>We will calculate the equivalent benefit using the exchange rate on the date of the insured's death if: A benefit is based on an individual's annual earnings Those earnings are paid to the individual in a foreign currency</p>	Yes	<p>All benefits are paid in US dollars. We do not issue benefits in foreign currencies.</p> <p>Payments are mailed directly to the beneficiary, insured, or legal representative with an Explanation of Benefits. The employer will receive a copy of the Explanation of Benefits showing the date and amount of payment.</p>
Plan Administration and Sponsor Services	Claims Processing	45	Do you anticipate any changes to the claims system over the next two years? If so, how will they affect the claims system used for the City?	No	CONFIDENTIAL		No anticipated changes over the next 2 years	No	Should any decision to make a change that would impact the system, we will provide transparency.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
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Plan Administration and Sponsor Services	Claims Processing	46	Confirm that you accept fiduciary responsibility for all claim decisions including appeal activity for this insurance type.	Confirmed		Yes	The Standard is fully responsible for the benefits paid under its fully insured group insurance policies. To the extent applicable, our policies comply with the applicable claims procedures under ERISA. We are the claims fiduciary and are responsible for defending decisions made under our group insurance policies.	Yes	Our goal is to provide a consistent, legally-compliant process that allows employers to be confident in the knowledge that their claims will be handled in a manner that mitigates the risk for non-compliance. At Voya, we include strong indemnification language within the service agreements that allows employers to be confident in their ability to administer their absence program. The bottom line is if we make a malicious mistake, then it would be covered. Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.
Plan Administration and Sponsor Services	Claims Processing	47	For the claims office that will be assigned to the City, what is your average annual claims volume?		91,312	Yes	Total Life Claims for 2023 was 27,000.	Yes	10,000 claims
Plan Administration and Sponsor Services	Claims Processing	48	Indicate the percentage of claims denied and the category reasons for denial		1.5% We do not track category reasons for denials.	Yes	Our denial rate is less than a tenth of one percent. The most common reason for denial is Policy exclusion applying for AD&D.	Yes	18% of all claims denied. Common reasons for AD&D claim denial include; exclusions, suicide, cause of death excluded, not a covered loss, not within terms of the contract and other.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Administration and Sponsor Services	Claims Processing	49	Please outline the frequency and duration of any formal training programs for claim processors and claim managers. Describe initial and ongoing training separately.		CONFIDENTIAL	Yes	<p>The Life Department has regular training sessions. We require all department staff to attend these sessions. Topics we cover vary based on identified training needs, but typically include:</p> <ul style="list-style-type: none"> Fraud Legal issues New in-house procedures <p>We use guest speakers when possible. They provide expert, first-hand knowledge of scheduled subject matter.</p> <p>We select Life Processor or Life Analyst candidates on the strength of their:</p> <ul style="list-style-type: none"> Analytical skills Decision-making skills Communication skills <p>Upon hire, a Life Processor/Analyst receives several months of formal training. This consists of one-on-one instruction with a Senior Life Analyst. Training is ongoing on both an individual and group basis.</p> <p>Additionally, we encourage our staff members to participate in professional training at The Standard, such as:</p> <ul style="list-style-type: none"> Life Office Management Association Certified Employee Benefits Specialist Related programs 	Yes	All new claim examiners must complete a training period of at least 6 months and are not allowed to release claims until they have reached a certain accuracy level. All trainee claims must be reviewed by a Senior Examiner, or higher level examiner, before they can be released. Trainees are given a reduced dollar limit; this limit is increased as they become totally proficient. Training is ongoing, and a process is in place to update documentation, as needed.
Plan Administration and Sponsor Services	Claims Processing	50	For the last 12 months, what is your average number of business days to process a claim from date received?		CONFIDENTIAL	Yes	2 business days	Yes	6 business days

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Plan Administration and Sponsor Services	Claims Processing	51	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 10 business days?		CONFIDENTIAL	Yes	98.51%	Yes	43%
Plan Administration and Sponsor Services	Claims Processing	52	For the last 12 months, what is your percent of all claims submitted (regardless of information provided on claim) processed within 30 business days?		CONFIDENTIAL	Yes	This is not a statistic we measure	Yes	75%
Plan Administration and Sponsor Services	Claims Processing	53	Have you been penalized by any state for failing to meet state average claim turnaround requirements? If yes, list states where you were sanctioned in the last 12 months.	No		Yes	We have not been penalized for timeliness	No	
Plan Administration and Sponsor Services	Claims Processing	54	For the claim office proposed, please indicate financial accuracy as a percent of total claims dollars paid (include over / underpayments) over the past 12 months.		CONFIDENTIAL	Yes	99%	Yes	98.50%

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Plan Administration and Sponsor Services	Claims Processing	55	What are your procedures for recovery of the overpayments or duplicate payments?		CONFIDENTIAL	Yes	<p>An overpayment is very rare. This can happen if we receive incorrect information from one or more parties. We may seek overpayment recovery depending on a variety of factors, including:</p> <ul style="list-style-type: none"> How the error occurred When we discovered the error relative to the payment The amount of funds at issue <p>Initially, we:</p> <ul style="list-style-type: none"> Request the individual return the funds to us Explain how the error occurred <p>If we are not successful, we may escalate our methods by:</p> <ul style="list-style-type: none"> Referring the claim to our overpayment recovery area If appropriate, referring the claim to a collection agency <p>When we discover an overpayment, we contact the group policyholder if repayment is necessary. If a repayment is not necessary, we will automatically adjust the error. In this case, the group experience does not reflect the overpayment.</p>	Yes	<p>We contact the recipient directly to request the overpayment and make repayment arrangements. If no response is received and/or depending on the amount of the overpayment further legal action may be taken.</p> <p>Our claim system contains edits that will flag the examiner if a similar claim has been paid (compares key claim elements).</p>

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Plan Administration and Sponsor Services	Waiver of Premium	56	How is the City notified of Waiver of Premiums?		Our Claims Department will email notification of any Waiver of Premium approvals through email. The City will also have access to our LifeBenefitsExtra portal to check claim statuses, run reports, and receive our weekly snapshot emails.	Yes	Life Waiver of Premium does not apply to AD&D however for Life Insurance notifications are sent by mail.	Yes	<p>If ReliaStar Life Insurance Company is the carrier for both the Life and Disability coverage, the waiver of premium process will be coordinated by the disability specialist and will be a seamless process for the client.</p> <p>If we are not the Life carrier, the life waiver of premium process requires in most cases, a separate application; the employer will be responsible to provide the employee with the appropriate forms needed to get the process started. With regard to sharing medical records, all private employee information obtained during administration of the disability claim is confidential and not disclosed to any third party without written consent from the employee. Since Voya Employee Benefits incurs the cost of the medical information, we reserve the right to charge a reasonable fee if medical records need to be provided.</p> <p>Our Life contract provides an integrated LTD/Life waiver of premium provision. Life premiums will be waived if an employee qualifies for total disability under the LTD contract. Please note that this will allow for waiver of premium under circumstances where an employee may be disabled from their own occupation as we will be mirroring the LTD definition for WOP determination. Life WOP typically requires a person to be disabled from any occupation.</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Call Center	57	<p>Indicate if you are providing a dedicated member liaison, who will be a dedicated employee who assists members/beneficiaries with questions and claim processing.</p> <p>If yes, please confirm that this resource will be available by phone and/or email Monday through Friday 8:00am to 5:00pm. PST</p>		<p>A designated claim team will be assigned to the City's account.</p> <p>Our claims examiners and support staff work as a team for each employer group, providing the exceptional service we are known for. Our examiners have an average of 9.56 years' experience working with Securian Financial's group claims. Their collective experience along with our low turnover rate gives our claims department a unique advantage in providing outstanding service to our clients. All claims examiners receive extensive training focusing on group products, claims processing procedures, and quality customer service. In addition, we have experienced medical and legal advisors ready to assist us in making fair and equitable decisions.</p> <p>The claims call center is staffed from 5:00 a.m. to 4:00 p.m. Pacific Time.</p>	Yes		Yes	Jennifer Takahashi will be the National Account Executive assigned to the City of Los Angeles. She manages a limited book of business that allows her to be available as a resource for the City by phone and/or email Monday through Friday 8:00 a.m. to 5:00 p.m. PST to answer any questions they may have.
Member Services and Communications	Call Center	58	<p>Indicate your average telephone wait time to speak to a live customer service representative (not just an operator), in seconds (based on calendar year 2023 data)</p>		In 2023, the average hold time was 3 minutes.		The average time for the City's dedicated line in 2023 was 49 seconds.	Yes	The standard ASA is 30 seconds.
Member Services and Communications	Call Center	59	<p>Do you assign Customer Service Representatives (CSRs) to specific accounts? If yes, how many would be assigned to the City?</p>		<p>A designated customer service approach will be taken for the City's plan. Our customer service representatives are thoroughly trained on processes, procedures, product knowledge, technology and system education, and client scenario examples. A team of cross-functional associates representing key areas such as claims, underwriting, technology, and contracts, will also be involved and available to ensure smooth and exceptional service.</p>		<p>In order to provide satisfactory service levels in relation to call volume we do not assign CSRs to sepcific accounts. Under this model we were able to answer 91.4% of the City's calls within 30 seconds in 2023.</p> <p>In addition to the dedicated service 800-number, a Dedicated Account Specialist is available to take calls Monday through Friday.</p>	Yes	The City team will include a lead and 10 additional team members. All CSRs will be fully educated on the City of LA's benefit programs.

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Member Services and Communications	Call Center	60	Describe the training provided to your CSRs and indicate the average tenure of those member services representatives that would service the City's members.		CONFIDENTIAL	Yes	<p>All employees receive foundational training that includes:</p> <ul style="list-style-type: none"> · Regulatory and legal topics · Company values · Department orientation · Basic introductions to systems and applications · An introduction to the claims process <p>The contact center training program incorporates varied learning strategies, including:</p> <ul style="list-style-type: none"> · Classroom instruction · Desk-side training · eLearning and model office labs where newly trained employees take calls in a controlled environment <p>Typical training for a Contact Center agent is four weeks. The average tenure of a CSR is 5.11 years.</p>	Yes	<p>Customer Service Representatives receive eight to 10 weeks of training, which includes a combination of classroom and one-on-one training. All new associates must demonstrate proficiency prior to handling customer service calls independently. Training is deployed by our Learning and Development team and Contact Center Team Leads. Quality monitoring is completed by our dedicated Quality Assurance team with additional support from the Contact Center Team Leads. The training includes product, administrative procedures, and customer service skills.</p> <p>Every call entering Voya Employee Benefits' call center is recorded. Random sampling of all Customer Service Representatives' calls is done throughout the month to assess the quality of the calls. Feedback is provided to each team member during one-on-one coaching sessions and the results are included in performance appraisals. In addition, Customer Service Representatives have KPIs (Key Performance Indicators) in both call productivity and quality which are available for review daily to adjust performance.</p> <p>We base our contact center and policy owners' services staffing by the number of customer calls and service requests received. Volume data is reviewed monthly to make ongoing staffing adjustments. As we assume new clients, we take into consideration the need to increase our team of designated Customer Service Representatives accordingly. We currently have over 175 associates dedicated to some aspect of service delivery. If staffing adjustments are needed, we will hire more staff to accommodate the higher demand in claims and inquiries.</p>

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Member Services and Communications	Call Center	61	Describe what is required of members and dependents in order to self-identify when they are interacting directly with a customer service representative. Describe what access customer service reps have to sensitive information such as the SSN when pulling up a member's account.		CONFIDENTIAL	Yes	Information regarding a life claim status will only be provided to a call if approved as a Beneficiary on the claim. Claims are accessed by the CC Reps using claim number, First and last name and social security number, for the beneficiary and claimant.	Yes	Members and dependents are able to self-identify using their name, date of birth and the last 4 digits of the SSN. However, once the claim is established, we assign a claim number and this number is used to identify the claim. The group policy number recorded on each claim identifies the policyholder.
Member Services and Communications	Call Center	62	What language services other than English are available? Confirm your ability to provide Spanish language services and TDD services during all hours of telephone customer service availability.		CONFIDENTIAL	Yes	We have bilingual employees who speak a variety of languages. We also use Lionbridge language translation services for over-the-phone interpretation. Lionbridge interprets more than 350 languages, including Spanish, Creole, Mandarin, Korean, Vietnamese, Somali, Russian, French and Arabic and is available 24/7.	Yes	We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.

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Member Services and Communications	Call Center	63	How many customer service issues are resolved during first contact?		99%		First call resolution is not tracked. Life claim information is not accessible through our IVR.	Yes	92%
Member Services and Communications	Call Center	64	Can your call center 'warm transfer' calls to the Dedicated Liasion and/or the City?		Our standard practice is to provide a transfer to external phone numbers as well provide the caller with a direct number should they need to reach the person/institution in the future. Warm transfers cannot be guaranteed due to the possibility of a contact being unavailable or the call transfer landing within an IVR.	Yes		Yes	
Member Services and Communications	Appeals Process & Member Complaints	65	Do you ensure that your appeals process is in compliance with State and Federal guidelines?	Yes		Yes		Yes	
Member Services and Communications	Appeals Process & Member Complaints	66	Will you have an automated process for monitoring and tracking appeals and complaints to include type and categories? Can you report after the decision specific data elements such as: Name, appeal receipt date, decision date, elapsed time to decision, number of days/extensions requested for each case	Yes		Yes	Complaints and appeals are tracked by our Benefits teams and our Administrative Review Unit. Contested claims are consistent with all relevant regulatory guidelines.	Yes	Upon receipt of an appeal, the Claims Examiner acknowledges the appeal and sends an acknowledgement letter. The file is forwarded to all members of the ERISA Appeal Committee. The ERISA review committee reviews the claim and makes a final determination. The appeal is logged, the ERISA memorandum is prepared and the letter with the final determination is mailed to the claimant or legal counsel.

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Member Services and Communications	Appeals Process & Member Complaints	67	What is your process for monitoring member satisfaction regarding member complaints, grievances, and appeals?		CONFIDENTIAL	Yes	Complaints and appeals are tracked by our Benefits teams and our Administrative Review Unit. Contested claims are consistent with all relevant regulatory guidelines.	Yes	Through our Voice Of The Customer program we are actively engaging with our customers via email, web, and phone to collect feedback and satisfaction metrics during key moments that matter. Results are stored in aggregate in our Customer Experience Management tool where we analyze the data to identify key trends and areas of opportunity. We leverage our Voice of the Customer data to improve upon our products and services and deliver an improved customer experience. The program and associated results are considered proprietary and therefore are not distributed outside of Voya.
Member Services and Communications	Appeals Process & Member Complaints	68	Describe your procedures for notifying the client of any appeal process.		Generally, the appeals process is managed directly by Securian with the claimant. If the City would like to be notified of appeals, we can send them through email. This can be discussed further during the implementation process.	Yes	All denial letters include language explaining to the beneficiary their right to request a review of our decision and the process for their appeal should they choose.	Yes	A letter is sent to the claimant explaining the reason(s) for the denial and how the claimant can appeal the claim determination. A letter is also sent to the policyholder/employer saying that the claim is denied. Communication preferences will be discussed during the implementation process.

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Member Services and Communication s	Website and other Media	69	What types of written, online, and in-person education can you provide to employees to better understand the AD&D benefits and processes?		CONFIDENTIAL	Yes	In addition to our online tools available, we are able to establish an in-person presence at benefits fairs and other events to provide education and guidance for the City's members.	Yes	<p>We offer a comprehensive array of enrollment communication tools and services at no additional cost, including:</p> <ul style="list-style-type: none"> • Product Brochures – Feature a FAQ format that is easy to read, containing examples of how benefits work and cost calculators for each type of benefit. • Real Life Example One-Pagers – provide a short, easy to understand infographic of the benefits of the coverage. • Customizable E-mails – Our customizable e-mail campaign is designed to raise awareness about upcoming enrollment options. • Product Videos – short, easy-to-understand product information. • Facebook and/or LinkedIn Support – Voya Employee Benefits can provide targeted ads on Facebook or LinkedIn during the client's open enrollment period to help drive additional participation. • Posters – Including the ability to customize images, company name, logo and open enrollment meeting information. • Customized Micro-Site – Provides employees with access to all of the communication tools in one location, customized with the employer logo and certificate of coverage information. • Claim Support – Helpful "How to file a claim" information including directions to access our Online Claims Center for easy claim filing. <p>Voya Employee Benefits is willing to discuss an appropriate marketing budget/reimbursement for additional communication items not already covered above.</p>

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Member Services and Communication s	Website and other Media	70	What types of communication/education is available to educate employees about death benefit options and related administration/processes, such as filing claims?		We notify the claimant by letter and continue to communicate regularly with the beneficiary throughout the entire claim process via letter, phone and/or email. The following are standardly included in the death/life claim packet: Cover Letter Information about claim payment methods available (e.g. check, interest-bearing account) A checklist or detailed instructions for how to submit a claim	Yes	The Standard's online Decision Support Tool helps employees understand their benefit options and choose what works best. They can learn about available benefits on our mobile-friendly website. The tool is customized to the City's plans. The City also has a customized microsite which includes information about plans and claim filing documents, as well as a Dedicated Account Specialist who can help guide employees through the claim process.	Yes	We offer a comprehensive array of enrollment communication tools and services at no additional cost, including: <ul style="list-style-type: none"> • Product Brochures – Feature a FAQ format that is easy to read, containing examples of how benefits work and cost calculators for each type of benefit. • Real Life Example One-Pagers – provide a short, easy to understand infographic of the benefits of the coverage. • Customizable E-mails – Our customizable e-mail campaign is designed to raise awareness about upcoming enrollment options. • Product Videos – short, easy-to-understand product information. • Facebook and/or LinkedIn Support – Voya Employee Benefits can provide targeted ads on Facebook or LinkedIn during the client's open enrollment period to help drive additional participation. • Posters – Including the ability to customize images, company name, logo and open enrollment meeting information. • Customized Micro-Site – Provides employees with access to all of the communication tools in one location, customized with the employer logo and certificate of coverage information. • Claim Support – Helpful "How to file a claim" information including directions to access our Online Claims Center for easy claim filing. <p>Voya Employee Benefits is willing to discuss an appropriate marketing budget/reimbursement for additional communication items not already covered above.</p>

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Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Website and other Media	71	Confirm that you will provide a custom City micro-site providing members with information about your firm's insurance services plan and policy details	Yes		Yes		Yes	
Member Services and Communications	Website and other Media	72	Indicate whether language services other than English are available for your website and whether your website has been reviewed as compliant with applicable laws/regulations for disabled member access.		Securian web site also supports the Spanish language. We have received our WCAG 2.1 AA certificate.	Yes	Our microsite and Decision Support Tool can be enhanced with translated content in a variety of languages. We adhere to a Conformance AA Level of the W3C Web Content Accessibility Guidelines Version 2.1. We work with an accessibility consultant and website builder to update all customer facing materials to comply which includes tests every two weeks. Currently we are scored at AA level "Level Access."	Yes	Marketing and enrollment materials are available in Spanish. Other materials are not currently available in Spanish. Specifics regarding what is needed for your employee population can be discussed as part of implementation. We have employees in our Contact Center and Telephonic Intake teams who are bilingual and fluent in Spanish and English. We also utilize the services of a language line contracted out to assist with phone calls in any language, and to translate medical records. Voya utilizes TransPerfect for our translation services. TransPerfect supports over 240 different languages. Voya most commonly sees language translations in Spanish, French, Japanese, and Portuguese.
Member Services and Communications	Website and other Media	73	Describe what contents of your website can be customized for the City and identify any additional costs for these services. Describe how you will work with the City to customize the site and the resources you will make available to launch and maintain the customized components of the site.		CONFIDENTIAL	Yes	The City's microsite is customized to the City's plans and available services. Ongoing updates and customization are provided at no cost.	Yes	Our Employee Benefits Resource Center (EBRC) or employer micro-site can be customized for no additional cost with the employer logo, a link to your designated enrollment platform, targeted messaging leading up to, during and after enrollment, and the ability to display in both English and Spanish. As noted above the EBRC has employer specific Enrollment Materials, brochures and certificates of coverage available. Please see attached EBRC website flyer for more information.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communications	Website and other Media	74	Indicate whether your website can accommodate co-branding with the City's Benefits Program and Wellness Program.	Yes		Yes	Our microsite is co-branded with the City's programs.	Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Member Services and Communication s	Website and other Media	75	Describe any other media or technology your firm could bring to enhance the City's Life, Disability, or AD&D programs specifically and/or benefits/wellness programs more broadly.		CONFIDENTIAL	Yes	Our enrollment strategy incorporates a variety of media including presentations and videos, email blast campaigns, and paper materials specifically designed to inform employees of their options. Presentations and materials can be customized for both plan information and language needs.		<p>Voya Employee Benefits offers clients a customized Employee Benefits Resource Center (EBRC) website that can be branded with a company logo and is available to employees all year. Before and during enrollment, employees and their families can visit the EBRC to educate themselves on the offered products via videos, real-life examples, benefit summaries, and FAQs. They can even follow a link on the site to enroll. After enrollment, they can return to the site to find whether they may be able to make a claim and can follow a link to the Voya Claims Center to get started.</p> <p>The EBRC simplifies the enrollment experience for employers and employees by making benefits information accessible and approachable. No more digging through paper brochures; just one centralized location for product information, enrollment access, and a link to claims filing.</p> <p>For employers:</p> <ul style="list-style-type: none"> • Cobranded and specific to your benefit offerings • Add the EBRC site link directly to your enrollment site, intranet, and/or benefits guide • Targeted messaging leading up to, during, and after enrollment • Goals include increased participation and persistency • Reporting capabilities, including visitor usage and click-through rates • The ability to upload copies of the certificates and riders for the employees to reference <p>For employees:</p> <ul style="list-style-type: none"> • Convenient 24/7 access • Accessible to employees and their families • Enroll directly from the site by adding a button link to your enrollment platform • Direct link to the Voya Claims Center for online claims

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	76	For each of the coverage being requested, describe any limitations and exclusions that would result in non-payment of benefits (i.e., Acts of War, Suicide, etc.).		<p>The following exclusions will apply to the voluntary AD&D plan:</p> <p>In no event will we pay the accidental death or dismemberment benefit where the insured's death or dismemberment is caused directly or indirectly by, results from, or where there is a contribution from, any of the following:</p> <ul style="list-style-type: none"> •Suicide or attempted suicide, whether sane or insane; or •Intentionally self-inflicted injury or any attempt at self-inflicted injury, whether sane or insane; or •The insured's participation in or attempt to commit a crime, assault or felony; or •Bodily or mental infirmity, illness or disease; or •Medical or surgical treatment including diagnostic procedures; or •Alcohol, drugs, poisons, gases or fumes, voluntarily taken, administered, absorbed, inhaled, ingested or injected; or •Bacterial infection, other than infection occurring simultaneously with, and as a result of, the accidental injury; or •Travel or flight in or on any vehicle used for aerial navigation including getting in, out, on, or off such vehicle, if the insured is: <ul style="list-style-type: none"> oRiding as a passenger in any aircraft not intended or licensed for the transportation of passengers; or oActing as a pilot or a crew member of any aircraft, unless riding as a passenger; or oRiding as a passenger in a non-chartered aircraft which is owned, leased, operated, or controlled by the eligible employee's employer; or oA student taking a flying lesson, unless riding as a passenger; or oHang gliding; or oParachuting, except when the insured has to make a parachute jump for self-preservation; or 	Yes	<ul style="list-style-type: none"> •War or act of war •Suicide or other intentionally self-inflicted Injury, while sane or insane. •Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. •The voluntary intake by any means of any poison, gas, fumes, prescription drugs, non-prescription drugs or illegal drugs •Alcohol – if your blood alcohol content is in excess of the legal limit for operating a motor vehicle •Sickness or pregnancy existing at the time of the accident or a heart attack or stroke. •Medical or surgical treatment for any of the above. •Boarding, leaving, or being in or on any kind of aircraft. (unless the person who suffers the Loss is a fare paying passenger on a commercial aircraft) 	Yes	<p>Voya is matching the AD&D exclusions that are in the current AD&D Contract. They are as follows:</p> <p>No AD&D Insurance Benefits are payable if the accident or Loss is caused or contributed to by any of the following:</p> <ol style="list-style-type: none"> 1. War or act of War. War means declared or undeclared war, whether civil or international, and any substantial armed conflict between organized forces of a military nature. 2. Suicide or other intentionally self-inflicted Injury, while sane or insane. 3. Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing official duties. 4. The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a Physician. 5. Sickness or Pregnancy existing at the time of the accident or exposure. 6. Heart attack or stroke. 7. Medical or surgical treatment or diagnostic procedure for any of the above. 8. Boarding, leaving, or being in or on any kind of aircraft. However, this exclusion will not apply if the person who suffers the Loss is a fare paying passenger on a commercial aircraft.
Plan Design	Plan Design	77	Is proposed coverage portable/convertible?		AD&D coverage is portable.	Yes	AD&D Coverage is subject to Portability, up to 24 months	Yes	Portable

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	78	What options do you provide for members to continue insurance after employment separation?		Portability is available for members to continue insurance after employment separation.	Yes	AD&D Coverage is subject to Portability, up to 24 months	Yes	Portability
Plan Design	Plan Design	79	Confirm that you have provided in a clearly labeled appendix your provisions for portability of coverage	Confirmed		Yes	Please see the attached Portability Provisions document.	Yes	Please see the attached Appendix with an outline of our Portability provision.
Plan Design	Plan Design	80	Do you agree to waive actively at work requirements to the extent that a covered person is not eligible for any extended benefits from the prior carrier and/or is not eligible for premium waiver? To the extent the prior carrier has liability, that obligation will not be extinguished by your agreement to this requirement.	Yes	Confirmed	No	AD&D benefits are not subject to Waiver of Premium	Yes	Voya has a Continuity of Coverage provision in its contract that ensures that all covered individuals will maintain coverage on a no loss no gain basis. No one will lose coverage as the result of a change in insurance carriers.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	81	What type of settlement options do you offer to beneficiaries? Describe all settlement options available. Do you pay interest on any installment options? What is your current interest rate?		CONFIDENTIAL	Yes	<p>Lump Sum Payment A check is requested and a transmittal is prepared. The check is mailed to the beneficiary the following day. A lump sum payment will be sent directly to the beneficiary if less than \$25,000.</p> <p>Standard Secure Access This is an interest-bearing draft account set up in the beneficiary's name to use as the beneficiary wishes. The interest rate is a variable short-term rate.</p>	Yes	<p>Settlement Options: For amounts < \$5,000 a check is issued. For amounts > \$5,000, if a beneficiary does not wish to receive the life insurance benefit in a lump sum the following settlement options are available (some restrictions may apply):</p> <p>Proceeds Held at Interest Proceeds are left with the Company at interest with the right of withdrawal. Interest at the declared rate is credited annually. Beneficiary may withdraw from the principal (\$100 minimum) as often as needed until the proceeds and interest are exhausted.</p> <p>Annuity Options without Life Contingency: Installments for a Specified Amount Beneficiary receives installments for a chosen amount at equal intervals until the proceeds and interest are exhausted.</p> <p>Installments for a Specified Period Beneficiary receives equal installments at equal intervals for a specified number of years. Excess interest payments may be made if the current rate is higher than the guaranteed rate.</p> <p>Annuity Options with Life Contingency: Single Life / Life Income Annuity Beneficiary receives equal installments for a specified amount at equal intervals for life. If beneficiary should die, no further payments are made. Payments are issued based on age.</p> <p>Fixed Period / Period Certain Annuity Beneficiary receives equal installments for a specified amount at equal intervals for life. If beneficiary dies before the end of the guarantee period, the designated beneficiary will receive the balance of the guaranteed payments. Payments of</p>

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	82	Do you allow assignment of benefits? If yes, provide a full description of your program, including any limitations (for example, if you do not allow an absolute or a collateral assignment).	Yes	Securian Financial will accept all assignments but assumes no responsibility for the validity or effect of any assignment.	Yes	Absolute Assignment is allowed if the amount of life insurance is \$25,000 or more. Collateral is not allowed.	No	For self-administered groups, the employer maintains all eligibility and enrollment data and provides to Voya Employee Benefits at time of claim. We will accept current enrollment lists, absolute assignments, and beneficiary designations for an existing enrolled group. We will work directly with the employer to set-up any data transfer processes necessary to provide any special administrative support including evidence of insurability processing. Anyone with a current absolute assignment needs to complete a Statement of Intent at the time Voya Employee Benefits takes over the case so there is no break in the assignment. If a group is Self-Administered, the Employer group maintains all documentation, including absolute assignments and beneficiary designation forms for their employee. Voya Employee Benefits will retain this information for individually owned Voluntary products.
Plan Design	Plan Design	83	Describe your administration's "living needs" benefit. What would be required to implement this benefit? Is there an additional cost to include this benefit in the program?		We offer one of the most competitive and flexible accelerated death benefit provisions in the market. Terminally ill insureds with a life expectancy of 12 months or less can accelerate up to 100% of their insurance to a maximum of \$1,000,000 (basic and supplemental coverage combined). The minimum face amount eligible to be accelerated is \$10,000. We do not discount the benefit amount for early payment of the claim. Including the accelerated benefit provision has no impact on premium rates.	No	AD&D does not include an accelerated benefit provision	No	Voya will require more information regarding the "living needs" benefit.
Plan Design	Plan Design	84	Confirm that your proposal includes Waiver of Premium		Confirmed	No	Waiver of Premium does not apply to AD&D	Yes	Voya agrees to match the current plan. WOP is included for Class 3 of Basic Life only.

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Plan Design	Plan Design	85	If an employee qualifies for the Waiver of Premium under the Voluntary Life contract, will the premium for Voluntary AD&D also be waived for the employee and/or their covered dependents also be waived?		Not confirmed	No	Waiver of Premium does not apply to AD&D	N/A	N/A
Plan Design	Plan Design	86	Is an elimination period required for your firm's Waiver of Premium Provision? If yes, please disclose.		Yes, our policy includes a six month elimination period.	No	Waiver of Premium does not apply to AD&D	N/A	N/A
Plan Design	Plan Design	87	If approved for Waiver, are premiums waived back to the date of disability or only after the elimination period is satisfied?		Premiums are not waived back to the date of disability. To ensure continuity of coverage we recommend premiums be continued during the elimination period in case the waiver claim is denied or the person dies and would not have met the definition of total and permanent disability.	No	Waiver of Premium does not apply to AD&D	N/A	N/A
Plan Design	Plan Design	88	What are the employer and employee policy lapse provisions?		<u>Employer</u> If premiums are not paid within the grace period, we will work with the City to reach a mutually agreeable remittance plan. <u>Employee</u> If premium for a direct-billed insured is not received by the lapse date, the contract is canceled and a lapse notice is mailed. We allow a reinstatement one time per contract if the insured contacts us within 90 days of the coverage lapse.	Yes	Non Payment by Employer: 60 day grace period. Nonpayment by employees: Date of the last period for which a premium was paid. If employment terminates employees may port or convert	Yes	A letter is sent to the claimant explaining the reason(s) for the denial and how the claimant can appeal the claim determination. A letter is also sent to the policyholder/employer saying that the claim is denied. Communication preferences will be discussed during the implementation process
Plan Design	Plan Design	89	Please confirm that you have completed the Plan Design Tab for AD&D for 'Match to current'	Yes		Yes		Yes	
Plan Design	Plan Design	90	Please confirm that you have completed the Plan Design Tab for AD&D for one or more 'Enhancements'	Yes		Yes		Yes	

Accidental Death & Dismemberment Insurance Services				Securian		The Standard		Voya	
Category	Subcategory	Quest. No.	Questions, Statement, and Agreements	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)	Answer Y/N	Explanation (As applicable)
Financial Cost	Financial Cost	91	Please confirm that you will provide an implementation credit - even if you are the incumbent provider and indicate the amount of the credit. This credit will be used for the purposes of programming and employee communications and should have no additional restrictions for use of the funds.		Our proposal includes a \$100,000 one-time implementation credit and applies when awarded life only coverage or life/AD&D coverage. Our implementation credit rider allows for reimbursement of implementation expenses incurred within 365 days of the plan effective date. Please note, costs will not be paid prior to the effective date and will only be paid when the policy rider is issued.	Yes	Up to \$100,000 inclusive of all coverages	Yes	
Financial Cost	Financial Cost	92	Does your proposal require that both basic and voluntary life and basic AD&D to be awarded to your firm or are your quoted rates self-supporting?		Our proposal assumes basic life, voluntary life, and voluntary AD&D will be awarded together.	Yes	Voluntary AD&D is stand alone	Yes	These coverages are packaged together.
Financial Cost	Financial Cost	93	Please confirm that you have completed the Pricing Tab for AD&D.	Yes		Yes		Yes	
Financial Cost	Financial Cost	94	Please confirm that you have completed the Underwriting Tab.	Yes		Yes		Yes	
Financial Cost	Financial Cost	95	Please confirm that you have completed the PG Tab for AD&D.	Yes		Yes		Yes	
Financial Cost	Financial Cost	96	Confirm that your proposal is for a 'stand alone' voluntary AD&D plan.	No		Yes		Yes	



Life, AD&D, and Disability RFP Analysis

May 16, 2024

Presented by:

Megan Gardner, Vice President

Bordan Darm, Vice President

Vendors Notified

RampLA notified companies that were registered for the applicable NAICS code. Keenan also sent the RampLA opportunity to the following companies.

1. Aflac - *Proposer*
2. Guardian
3. Lincoln Financial- *Proposer*
4. MetLife- *Proposer*
5. Mutual of Omaha
6. New York Life- *Proposer*
7. Principal Financial
8. Prudential
9. Reliance Matrix- *Proposer*
10. Securian/Minnesota Life- *Proposer*
11. SunLife Financial
12. The Hartford- *Proposer*
13. The Standard –
Incumbent/Proposer
14. Unum
15. Voya- *Proposer*

Executive Summary

- Of the 15 vendors notified, nine submitted bids
- Bidders provided proposals matching current plan design and offering various enhanced options
- Some price bundling was offered, reducing overall costs
- Only Securian didn't offer a bid for Disability

Executive Summary

Proposal Dates	Event
1/31/2024	RFP released
2/22/2024	MANDATORY Pre-Proposal Conference at 1:00 p.m. to 2:45 p.m. PST
3/12/2024	RFP responses due
February - June, 2024	RFP evaluations
June 1, 2024	Target date for Proposer selection and start of contract negotiations
December 31, 2024	Target date for executing contract
January 1, 2025	Target date for commencement of services

Executive Summary

Bidders	Life	AD&D	Disability	Lines of Coverage Bundled with Life
Aflac	X	X	X	Disability*
Lincoln	X	X	X	All
MetLife	X	X	X	AD&D
New York Life	X	X	X	All
Reliance Matrix	X	X	X	AD&D
Securian	X	X	N/A	All
The Hartford	X	X	X	AD&D
The Standard	X	X	X	All
Voya	X	X	X	AD&D

*Offered with some enhanced plan design options

Program Overview

The City of Los Angeles LAwell Benefits Program is offered to eligible full-time and half-time employees of the City of Los Angeles Civilian employee population. The City offers its Civilian LAwell Benefits Program (“LAwell Program”) under Internal Revenue Code (IRC) Section 125.

The LAwell Program includes approximately 26,000 City employees and their 32,000 dependents. The LAwell Program uses combined employer and employee contributions to pay for health insurance premiums to its medical service providers, as well as combined contributions to pay for other LAwell Program service providers (dental, vision, life, disability, & AD&D).

Program Overview

For life insurance, a basic level of coverage is paid by the employer. Any optional additional coverage for the employee and any coverage for the dependent is paid by the employee.

For disability insurance, a basic level of short-term and long-term insurance is paid by the employer. Any optional additional coverage is paid for by the employee.

For accidental death and dismemberment insurance, generally, no insurance is employer paid and all insurance is paid by the employee. For each insurance type, small exceptions for certain employees represented by specific labor organizations or job classifications apply.

Current Plan Design, Basic Life

Basic Group Life	Current	
Class 1	All full-time employees (regardless of representation by an employee representation unit), elected officials, and members of the Board of Public Works; and all regular half-time employees hired on or before July 24, 1989 (regardless of representation by an employee representation unit).	\$10k flat
Class 2	All regular half-time employees hired after July 24, 1989 (regardless of representation by an employee representation unit).	\$5k flat
Class 3	All full-time employees represented by an employee representation (collective bargaining) unit for which an Employer-sponsored term life insurance plan has been negotiated in a Memorandum Of Understanding (MOU) 00, 29, 31 or 32, General Managers, and nonrepresented Assistant General Managers.	General Managers appointed on or after July 1, 2014: \$10,000 All other members: 1 times your annual earnings, rounded to the next higher multiple of \$1,000 if not already a multiple of \$1,000, plus \$10,000. The maximum amount is \$750,000. Acceptable evidence of good health may be required to become insured for the amount of coverage in excess of \$500,000.
Waiting period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the date you become a member.	

Current Plan Design, Voluntary Life

Voluntary Life	Current
Employee	1, 2, 3, 4, or 5 times your annual earnings to a maximum of \$1,000,000, rounded to the next highest multiple of \$1,000 if not already a multiple of \$1,000
Spouse	Choice of: \$10,000 \$25,000 \$50,000 \$75,000 \$100,000
Child coverage	\$5,000
Waiting period	If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the date you become a member.

Current Plan Design, AD&D

Voluntary AD&D	Current
Employee	Increments of \$50,000 for amounts between \$50,000 and \$500,000
Spouse Only	60%
Child Only	20% for each child
Spouse and Children	50% for Spouse / \$10% for each Child
- Note for Dependents Coverage	<p>If an AD&D Insurance Benefit is payable for Loss of the Dependent's life, an additional AD&D Insurance Benefit of \$3,000 will be paid (the maximum Benefit amount may be increased by this \$3,000).</p> <p>The amount of Dependents AD&D Insurance for your Child may not exceed \$25,000 (unless the additional AD&D Insurance Benefit of \$3,000 applies).</p>
Waiting Period	<p>If you are already a member on the date the group policy is effective, you are eligible on that date. If you become a member after the group policy effective date, you are eligible on the date you become a member.</p>

Current Plan Design Short-Term Disability

Short Term Disability	Current	
	Plan 1 - Core	Plan 2 - Buy Up
Paid by	City of LA	Employee
Elimination Period	The period for which you are actively receiving 100% sick leave pay and 75% sick leave pay under the Employer's sick leave plan. (Employees are not required to exhaust sick leave and vacation pay is not offset)	
Benefit Percentage	50%	66 2/3%
Maximum Weekly Benefit	\$860.00	\$2,771
Maximum Period of Payment	Up to 180 Days	Up to 180 Days
Deductible Income & Offsets		
CASDI	Yes	
Social Security	Yes	
Retirement	LACERS Pension	
Integrated Income		
Sick Leave Integration	Yes	
Gross-Up	No	
Plan Provisions		
Evidence of Insurability	Applies for Late Entrants	
Actively at Work	Yes	
Temporary Recovery	30 Days	
Exclusions	Acts of War; Intentional Self-Inflicted Injury; Work Related	
Waiver of Premium	No	

Current Plan Design Long-Term Disability

Long Term Disability	Current		
	Plan 1 - Core	Plan 2 - Buy Up	
Paid by	City of LA	Employee	
Elimination Period	180 days plus the period for which you receive 100% sick leave pay and 75% sick leave pay under the Employer's sick leave plan.		
Benefit Percentage	50%	66 2/3%	
Maximum Monthly Benefit	\$3,726	\$12,000	
Maximum Benefit Period	Age 67 or younger 68 69 or older	Maximum Benefit Period 1 year 6 months 1 year 3 months 1 year	Until age 65 + ADEA
Own Occupation Period	The first 24 months for which LTD Benefits are paid.		
Pre-Existing Condition Limitations	3/12, 6-month Treatment Free Period		

Current Cost

Line of Coverage	Annual Cost
Life Program	\$12,460,419
AD&D Program	\$1,134,498
Disability Program	\$13,218,361
Total	\$26,813,279

Totals above are for both Employer Paid and Voluntary Employee Paid components of applicable programs.

RFP Objectives

The objective of this procurement is to identify the service provider(s) who can best support the LAwell Program population and the City's health and wellness efforts by:

- Providing insurance products which can provide dependable and comprehensive financial benefits;
- Providing support services that effectively integrate with the City's LAwell Civilian Benefits Program and engage its membership.
- Providing client administrations, support and effective correspondences that help members in navigating benefit and service complexity; and
- Providing effective member self-service tools.

RFP Bidders, Financial Strength

Recommended or better financial strength ratings.	Aflac		Lincoln		MetLife		New York Life		Reliance Matrix		Securian		The Hartford		The Standard		Voya	
Standard and Poor's = A-	A+	At or Better	A	At or Better	AA-	At or Better	Not Rated		A+	At or Better	AA-	At or Better	A+	At or Better	A+	At or Better	A+	At or Better
Fitch (formerly Duff and Phelps) = A	Not rated		A+	At or Better	AA-	At or Better	AAA	At or Better	Not Rated		AA	At or Better	Not Rated		Not Rated		A	At or Better
A.M. Best = B+	A+	At or Better	A+	At or Better	A+	At or Better	A++	At or Better	A++	At or Better	A+	At or Better	A+	At or Better	A	At or Better	A	At or Better
Moody's = A3	Aa3	At or Better	A2	At or Better	Aa3	At or Better	Aaa	At or Better	Not Rated		Aa3	At or Better	A1	At or Better	A1	At or Better	A2	At or Better

AM Best	Standard & Poors	Moody's	Fitch	Rating
A++	AAA, AA+	Aaa, Aa1	AAA	Superior
A+	AA, AA-	Aa2, Aa3		
A	A+, A	A1, A2	AA, A	Excellent
A-	A-	A3		

RFP Bidders, Minimum Qualifications

Minimum Qualifications

1. Be legally authorized to do business in the State of California. All required permits and licenses must be in full force at the time of proposing.
2. Have a minimum of ten continuous years of experience providing the services solicited in this RFP.
3. Certify that neither Proposer nor its principals are presently disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, any California state agency, or any local governmental agency.
4. Must have gross annual revenues during either 2022 or 2023 of at least \$20 million.

All bidders met the minimum qualifications specified.

Proposals

LIFE INSURANCE POTENTIAL SERVICE CHANGES/ENHANCEMENTS

Bidders are asked to provide answers regarding Plan Design which may ultimately change or enhance services currently provided. The areas of these changes include:

- **WHOLE/TERM:** Provide quotes for both Term Life Insurance & Whole Life Insurance.
- **CONVERSION/PORTABILITY:** Identify options to improve the success of members continuing an affordable life insurance benefit after separation of employment.
- **BASE BENEFIT:** Provide multiple options for employer-paid base benefit. At minimum, provide \$10k, \$30k, and \$50k, and provide quotes for these increased base benefit amounts.
- **SUPPLEMENTAL COVERAGE TIERS:** Provide options for set coverage tiers instead of salary based coverage.
- **SUPPLEMENTAL COVERAGE AMOUNT:** Provide option to increase the maximum insurance coverage above the current 5X annual salary maximum and above the current \$1 million threshold.

Proposals

LIFE INSURANCE POTENTIAL SERVICE CHANGES/ENHANCEMENTS

- **AGE REDUCTION:** Provide a choice to eliminate the current Age Reduction requirement
- **CHILD LIFE BENEFIT:** Provide multiple options for increasing the benefit amount. At minimum, provide \$10k, \$15k, and \$20k, and provide quotes for increased benefit amount.
- **EVIDENCE OF INSURABILITY (EOI):** Provide options to simplify/automate or eliminate the EOI process
- **EXPEDITED FUNERAL ASSIGNMENT:** Identify options to improve and facilitate funeral assignment.
- **EDUCATION:** Enhance member and beneficiary education with Insurance and death benefit options; inclusive of tax education on benefit payments; Provide a Member Advocate; Provide a dedicated team to service the City in claim analysis and contract support and provide continuity of service; Provide customized communications with City rules included.
- **END OF LIFE SERVICES:** Enhance options for members to pre-plan and/or pre-pay for funeral services.
- **CLAIM:** Provide options to reduce City/Employer paperwork associated with the claims process

Proposals – Bundled vs. Unbundled

Vendors had the option to provide Bundled and/or Unbundled rates for consideration

Aflac	Lincoln	MetLife	New York Life	Reliance Matrix	Securian*	The Hartford	The Standard	Voya
Indicated BUNDLED for Basic and Voluntary Life; and UNBUNDLED for AD&D and Disability;	Provided only a BUNDLED proposal for all lines	Indicated BUNDLED for Basic and Voluntary Life; AD&D and UNBUNDLED for Disability;	Provided only a BUNDLED proposal for all lines	Indicated BUNDLED for Basic and Voluntary Life; AD&D and UNBUNDLED for Disability;	Indicated BUNDLED for Basic Life, Voluntary Life, and AD&D	Indicated BUNDLED for Basic and Voluntary Life; AD&D and UNBUNDLED for Disability;	Provided BUNDLED and UNBUNDLED proposal for all lines;	Indicated BUNDLED for Basic and Voluntary Life; AD&D and UNBUNDLED for Disability;
Proposed rates provided for both BUNDLED and UNBUNDLED were the same		Proposed rates for specific lines of coverage on a Bundled basis were provided at a reduction from UNBUNDLED		Proposed rates provided for both categories were the same	Proposed rates for specific lines of coverage on a Bundled basis were provided at a reduction from UNBUNDLED	Proposed rates for specific lines of coverage on a Bundled basis were provided at a reduction from UNBUNDLED	Proposed rates for specific lines of coverage on a Bundled basis were provided at a reduction from UNBUNDLED	Proposed rates provided for both categories were the same

*Did not quote Disability

Proposals – Whole Life

Vendor	Whole Life Proposal
Aflac	Not quoted
Lincoln	Not offered on a group basis at this time
MetLife	Provided a voluntary Whole Life option
New York Life	Not quoted
Reliance Matrix	Not quoted
Securian	Not quoted
The Hartford	Not quoted
The Standard	Not offered at this time
Voya	Not Quoted

The RFP requested proposals for a Whole Life option on either an employer paid or employee paid basis.

Only one bidder provided a proposal for a Whole Life option - MetLife.

Proposals – Underwriting

- Nothing overly concerning in the UW for all bidders
- Some bidders had more caveats than others, such as:
 - Minimum participation requirements
 - Re-rating provisions (% change +/-)
 - No gain/No loss
 - Etc.

On a ranked basis, the top 3 most favorable are MetLife, Voya, and The Standard

UW Rank	Bidder
1	MetLife
2	Voya
3	The Standard
4	New York Life
5	Lincoln
6	Securian
7	The Hartford
8	Reliance Matrix
9	Aflac

Proposals – Performance Guarantees

Rank	Bidder
1	MetLife
2	The Standard
3	Voya
4	Aflac
5	New York Life
6	Reliance Matrix
7	Securian
8	The Hartford
9	Lincoln

As part of the RFP process, proposers were asked to indicate their agreement to requested PG's or propose alternatives.

A ranking of bidders was derived specifically on PG's based on how bidders responded. This included, in large part, a look at those who agreed in whole, proportionately or not at all to PG's; proposed modifications; and/or specified caveats for PG's.

Implementation and Audit Credits

Vendor	Proposal	Life	AD&D	Disability
Aflac	Implementation \$\$	Yes (no amt provided)	\$25,000 for Vol AD&D	Yes (no amt provided)
	\$\$ for outside audit	Unknown % of premium	Unknown % of premium	Unknown % of premium
Lincoln	Implementation \$\$	\$125,000	Included with Life	\$125,000
	\$\$ for outside audit	Lincoln is providing implementation credit to cover the cost of this or any other fee/service the City may need in addition to outside audit.	Included with Life	Lincoln is providing implementation credit to cover the cost of this or any other fee/service the City may need in addition to outside audit.
MetLife	Implementation \$\$	\$175,000	\$25,000	\$150,000
	\$\$ for outside audit	\$25,000	\$0	\$10,000

Implementation and Audit Credits

Vendor	Proposal	Life	AD&D	Disability
New York Life	Implementation \$\$	\$125,000	\$25,000	\$125,000
	\$\$ for outside audit	\$25,000	Included with Life	\$25,000
Reliance Matrix	Implementation \$\$	\$50,000	\$50,000	\$150,000
	\$\$ for outside audit	\$50,000*		\$150,000*
	*For subsequent years following the initial implementation, Reliance will also include a \$50K annual "Budget" for items referenced in the questions as needed. These items must be an invoiced occurrence. This \$50K can be broken up as per your desire per line of coverage. Reliance would like to see a report of the results of the audit.			
Securian	Implementation \$\$	\$100,000 (life and AD&D combined)		NA
	\$\$ for outside audit	\$25,000 (life and AD&D combined)		NA

Implementation and Audit Credits

Vendor	Proposal	Life	AD&D	Disability
The Hartford	Implementation \$\$	\$100,000	\$25,000	\$75,000
	\$\$ for outside audit	\$10,000	\$10,000	\$10,000
The Standard	Implementation \$\$	\$25,000	\$10,000	\$65,000
	\$\$ for outside audit	\$40,000	\$10,000	\$50,000
Voya	Implementation \$\$	\$125,000 Life/AD&D combined or \$62,500 for Life only	\$125,000 Life/AD&D combined or \$62,500 for AD&D Only	\$125,000
	\$\$ for outside audit	\$50,000 Life/AD&D combined or \$25,000 for Life Only	\$50,000 Life/AD&D combined or \$25,000 for AD&D Only	\$50,000

Member Liaison

The current contract provides for a dedicated Member Liaison to relieve workload from the City. Proposers were asked their agreement to continuing this arrangement and provide a dedicated Member Liaison in the new contract period.

Aflac	Lincoln	MetLife	New York Life	Reliance	Securian	The Hartford	The Standard	Voya
No	Yes	Yes	Yes for Life and AD&D; No for Disability	Would discuss options to meet this need if selected as a finalist	No	No; Can offer dedicated Analysts/ Consultants in lieu	Yes	Assigned Account Executive would fill this role

Member Experience

Element	Aflac	Lincoln	MetLife	New York Life	Reliance Matrix	Securian	The Hartford	The Standard	Voya
Dedicated Claims Team	Will not provide	Will provide	Will provide	Discuss if selected as finalist	Will provide	Will not provide	Will provide	Will continue to provide	Will provide
Provide City Dedicated Email Address	Will provide	Will provide	Will provide	Open to this approach; need further research/de tails	Will provide	Will not provide	Will not provide	Will provide	Will provide
Customer Service Hours	8am-8pm ET (5am-5pm PT)	5 a.m. to 7 p.m. PST, Monday through Friday	Life/AD&D: 5:00 a.m. - 5:00 p.m. PT, Monday through Friday Disability: 5:00am to 8:00PM PT	5 a.m. to 5 p.m. PST, Monday through Friday	Life/AD&D: 8am-7pm EST Disability: 24/7/365	Medical UW: 5am-5pm PST Claims/ Admin: 5am-4pm PST	Life/AD&D: 5:00 a.m. - 5:00 p.m. PT, Monday through Friday Disability: 5:00am to 5:00PM PT	6am-5pm PST	8am-8pm ET, Mon-Fri
Average Time to Answer (live CSR)	6 seconds	Proprietary and Confidential	Life/AD&D – 19 seconds Disability - 17 seconds	25 seconds	30 seconds	3 minutes	Goal 30 seconds or less 2022 – 31.22 seconds 2023 – not yet available	49 seconds	Life/AD&D Standard ASA is 30 seconds Disability 25.4 seconds

Member Experience

Element	Aflac	Lincoln	MetLife	New York Life	Reliance Matrix	Securian*	The Hartford	The Standard	Voya
Average time to pay out assignment of benefits	1 day following complete claim	1.4 business days following complete claim	In 2023, 96% of all claims were processed within 5 business days	Not tracked, not able to carve out specific assignment payouts	Within 10 business days of 'clean' claim	Average of 2.53 calendar days	95% of 'clean' claims within 5 Business days	2 Business days	6 Business days
% of Life Claims denied	<1%	7.5%	1.68%	Cannot provide	Not disclosed	1.5%	Proprietary and confidential	Less than 1/10 th of a %	1%
% of AD&D Claims denied	<1%	7.5%	1.68%	Cannot provide	Not disclosed	1.5%	Proprietary and confidential	Less than 1/10 th of a %	18%
% of Disability claims denied	Not disclosed	STD – 18.8% LTD – 24.5%	STD – 14% LTD – 20%	Proprietary and confidential	Not disclosed	Proprietary and confidential	Proprietary and confidential	Proprietary and confidential	Based on initial acceptance rate STD – 22.7% LTD – 16%

Proposals – Notable Exceptions

Aflac

- STD/LTD – they cannot write the elimination period as it currently is and propose alternate language that they believe matches intent
- Repatriation Benefit – not available on Basic Life, but is available on Basic AD&D
- Stand alone VAD&D – Aflac will need to file with State of CA in order to offer.

Lincoln

- Disability plan may require filing with State of CA for LTD duration

MetLife

- Suicide exclusion for Basic Life not included in quote

New York Life

- Will require filing with State of CA for Strike Continuation and LTD Waiver of Premium

Reliance Matrix

- None indicated on the exhibit

Proposals – Notable Exceptions

Securian

- Proposed their standard fees at risk for Performance Guarantees
- Common Carrier benefits max of \$1,000,000
- Proposal for AD&D includes their standard, already filed exclusions

The Hartford

- Assault Benefit included on AD&D

The Standard

- Assault Benefit included on the Basic AD&D, if Basic AD&D is not added, then benefit is not included
- Update to current Voluntary Spouse/DP Life Rate

Voya

- None indicated on the exhibit

References

- Each bidder was asked to provide references for three current and three former clients
 - Requested that references be from public agencies with at least 10,000 covered lives, if possible.
- Aflac and Reliance Matrix did not provide references, indicating they would provide them if they were to become finalists
- Reference Check Forms were sent to listed references, requesting them to rate the vendor on various criteria
 - Some reference contact information was no longer valid
 - Several references have not responded to the request

References

Vendor	# Reference Forms Returned as of April 30, 2024	Overall Rating of Excellent	Overall Rating of Very Good
Aflac	0*		
Lincoln	0		
MetLife	2	1	1
New York Life	0		
Reliance Matrix	0*		
Securian	2		1
The Hartford	3	1	2
The Standard	2	2	
Voya	3	3	

*These vendors indicated they would provide references upon becoming finalists

Financials – Match to Current, Bundled

Coverage	INFORCE	AFLAC	LINCOLN	METLIFE	NEW YORK	RELIANCE	SECURIAN	HARTFORD	STANDARD	VOYA
Basic Life Projected Annual Premium	\$570,288	\$440,616	\$210,696	\$276,912	\$331,920	\$180,588	\$570,288	\$240,792	\$503,904	\$258,852
Voluntary Life - Employee Projected Annual Premium	\$11,289,235	\$11,289,235	\$11,289,235	\$11,318,470	\$9,952,838	\$10,161,195	\$9,257,565	\$10,044,285	\$10,158,347	\$9,915,495
Voluntary Life - Spouse Projected Annual Premium	\$573,418	\$630,058	\$630,058	\$630,058	\$630,058	\$573,144	\$630,058	\$598,607	\$515,876	\$573,418
Voluntary Life - Children Projected Annual Premium	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$26,170	\$24,861	\$27,478
Life Program Annual Cost	\$12,460,419	\$12,387,386	\$12,157,466	\$12,252,918	\$10,942,294	\$10,942,405	\$10,485,389	\$10,909,853	\$11,202,989	\$10,775,244
% Change vs Current		-0.6%	-2.4%	-1.7%	-12.2%	-12.2%	-15.9%	-12.4%	-10.1%	-13.5%
\$ Change vs Current		(\$73,032)	(\$302,952)	(\$207,501)	(\$1,518,125)	(\$1,518,014)	(\$1,975,030)	(\$1,550,566)	(\$1,257,430)	(\$1,685,175)
Voluntary AD&D Projected Annual Premium	\$1,134,498	\$1,349,185	\$1,134,498	\$1,164,710	\$1,134,498	\$1,839,623	\$1,134,498	\$1,587,675	\$1,134,498	\$1,134,498
AD&D Program Annual Cost	\$1,134,498	\$1,349,185	\$1,134,498	\$1,164,710	\$1,134,498	\$1,839,623	\$1,134,498	\$1,587,675	\$1,134,498	\$1,134,498
% Change vs Current		18.9%	0.0%	2.7%	0.0%	62.2%	0.0%	39.9%	0.0%	0.0%
\$ Change vs Current		\$214,687	\$0	\$30,212	\$0	\$705,125	\$0	\$453,177	\$0	\$0
Core STD Projected Annual Premium	\$3,757,608	\$3,757,608	\$3,444,474	\$3,092,198	\$3,131,340	\$3,444,474	Not Quoted	\$3,503,187	\$3,522,757	\$3,248,765
Core LTD Projected Annual Premium	\$3,522,757	\$2,407,218	\$2,074,513	\$2,818,206	\$2,054,942	\$2,133,225	Not Quoted	\$2,387,647	\$2,700,781	\$2,231,080
Buy Up Projected Annual Premium	\$5,937,996	\$4,499,076	\$5,326,668	\$5,733,792	\$5,075,940	\$5,934,408	Not Quoted	\$6,860,688	\$4,801,728	\$4,090,656
Disability Program Annual Cost	\$13,218,361	\$10,663,902	\$10,845,655	\$11,644,196	\$10,262,222	\$11,512,107		\$12,751,521	\$11,025,266	\$9,570,501
% Change vs Current		-19.3%	-18.0%	-11.9%	-22.4%	-12.9%		-3.5%	-16.6%	-27.6%
\$ Change vs Current		(\$2,554,460)	(\$2,372,707)	(\$1,574,165)	(\$2,956,140)	(\$1,706,254)		(\$466,840)	(\$2,193,095)	(\$3,647,860)
Total Program Annual Cost	\$26,813,279	\$24,400,473	\$24,137,619	\$25,061,824	\$22,339,014	\$24,294,135	\$11,619,887	\$25,249,050	\$23,362,753	\$21,480,243
% Change vs Current		-9.0%	-10.0%	-6.5%	-16.7%	-9.4%		-5.8%	-12.9%	-19.9%
\$ Change vs Current		(\$2,412,806)	(\$2,675,659)	(\$1,751,455)	(\$4,474,265)	(\$2,519,143)		(\$1,564,229)	(\$3,450,525)	(\$5,333,036)

Financials – Securian Pairing, Match to Current

Coverage	INFORCE	SECURIAN	SECURIAN	SECURIAN
Basic Life				
Projected Annual Premium	\$570,288	\$570,288	\$570,288	\$570,288
Voluntary Life - Employee				
Projected Annual Premium	\$11,289,235	\$9,257,565	\$9,257,565	\$9,257,565
Voluntary Life - Spouse				
Projected Annual Premium	\$573,418	\$630,058	\$630,058	\$630,058
Voluntary Life - Children				
Projected Annual Premium	\$27,478	\$27,478	\$27,478	\$27,478
Life Program Annual Cost	\$12,460,419	\$10,485,389	\$10,485,389	\$10,485,389
% Change vs Current		-15.9%	-15.9%	-15.9%
\$ Change vs Current		(\$1,975,030)	(\$1,975,030)	(\$1,975,030)
Voluntary AD&D				
Projected Annual Premium	\$1,134,498	\$1,134,498	\$1,839,623	\$1,349,185
AD&D Program Annual Cost	\$1,134,498	\$1,134,498	\$1,839,623	\$1,349,185
% Change vs Current		0.0%	62.2%	18.9%
\$ Change vs Current		\$0	\$705,125	\$214,687
Coverage	INFORCE	METLIFE	VOYA	STANDARD
Core STD				
Projected Annual Premium	\$3,757,608	\$3,092,198	\$3,248,765	\$3,522,757
Core LTD				
Projected Annual Premium	\$3,522,757	\$2,818,206	\$2,231,080	\$2,700,781
Buy Up				
Projected Annual Premium	\$5,937,996	\$5,733,792	\$4,090,656	\$4,801,728
Disability Program Annual Cost	\$13,218,361	\$11,644,196	\$9,570,501	\$11,025,266
% Change vs Current		-11.9%	-27.6%	-16.6%
\$ Change vs Current		(\$1,574,165)	(\$3,647,860)	(\$2,193,095)
		Option 1	Option 2	Option 3
Total Program Annual Cost	\$26,813,279	\$23,264,083	\$21,895,513	\$22,859,840
% Change vs Current		-13.2%	-18.3%	-14.7%
\$ Change vs Current		(\$3,549,195)	(\$4,917,766)	(\$3,953,438)

- Securian provides only Life and AD&D Products and, if the City were to award Securian the Life/AD&D contract, a separate vendor would need to be selected for Disability.
- Lincoln and New York Life provided ONLY bundled quotes and would not be a viable option along side Securian
- Shown here are the top three ranked bidders for Disability that provided 'Unbundled' proposals

Financials – Maximum Plan Enhancements, Bundled

Coverage	INFORCE	AFLAC	LINCOLN	METLIFE	NEW YORK	RELIANCE	SECURIAN	HARTFORD	STANDARD	VOYA
Basic Life Opt 6: \$50k & \$25k Projected Annual Premium	\$570,288	\$1,166,028	\$2,823,804	\$782,508	\$2,800,644	\$1,020,660	\$2,410,620	\$680,436	\$1,691,832	\$1,677,828
Voluntary Life - Employee Projected Annual Premium	\$11,289,235	\$11,289,235	\$11,289,235	\$11,318,470	\$9,952,838	\$10,161,195	\$9,257,565	\$10,044,285	\$10,158,347	\$9,915,495
Voluntary Life -Spouse Projected Annual Premium	\$573,418	\$630,058	\$630,058	\$630,058	\$630,058	\$573,144	\$630,058	\$598,607	\$515,876	\$573,418
Voluntary Life - Children Projected Annual Premium	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$27,478	\$26,170	\$24,861	\$27,478
Life Program Annual Cost	\$12,460,419	\$13,112,798	\$14,770,574	\$12,758,514	\$13,411,018	\$11,782,477	\$12,325,721	\$11,349,497	\$12,390,917	\$12,194,220
% Change vs Current		5.2%	18.5%	2.4%	7.6%	-5.4%	-1.1%	-8.9%	-0.6%	-2.1%
\$ Change vs Current		\$652,380	\$2,310,156	\$298,095	\$950,599	(\$677,942)	(\$134,698)	(\$1,110,922)	(\$69,502)	(\$266,199)
Voluntary AD&D Projected Annual Premium	\$1,134,498	\$1,349,185	\$1,134,498	\$1,164,710	\$1,134,498	\$1,839,623	\$1,134,498	\$1,587,675	\$1,134,498	\$1,134,498
AD&D Program Annual Cost	\$1,134,498	\$1,349,185	\$1,134,498	\$1,164,710	\$1,134,498	\$1,839,623	\$1,134,498	\$1,587,675	\$1,134,498	\$1,134,498
% Change vs Current		18.9%	0.0%	2.7%	0.0%	62.2%	0.0%	39.9%	0.0%	0.0%
\$ Change vs Current		\$214,687	\$0	\$30,212	\$0	\$705,125	\$0	\$453,177	\$0	\$0
Core STD Opt 6: \$1,620/wk Projected Annual Premium	\$3,757,608	\$4,560,756	\$3,595,512	\$3,667,908	\$3,667,908	Not Quoted	Not Quoted	Not Quoted	\$4,078,140	\$4,005,744
Core LTD Opt 6: \$5k/mo Projected Annual Premium	\$3,522,757	\$2,837,868	\$2,500,020	\$3,603,636	\$2,207,232	Not Quoted	Not Quoted	Not Quoted	\$3,108,132	\$2,567,592
Buy Up w/Opt 6 Core Projected Annual Premium	\$5,937,996	\$4,023,756	\$5,207,484	\$5,733,792	\$4,484,568	Not Quoted	Not Quoted	Not Quoted	\$4,447,020	\$3,871,116
Disability Program Annual Cost	\$13,218,361	\$11,422,380	\$11,303,016	\$13,005,336	\$10,359,708	\$0	\$0	\$0	\$11,633,292	\$10,444,452
% Change vs Current		-13.6%	-14.5%	-1.6%	-21.6%			-100.0%	-12.0%	-21.0%
\$ Change vs Current		(\$1,795,981)	(\$1,915,345)	(\$213,025)	(\$2,858,653)			(\$13,218,361)	(\$1,585,069)	(\$2,773,909)
Total Program Annual Cost	\$26,813,279	\$25,884,363	\$27,208,089	\$26,928,560	\$24,905,224	\$13,622,100	\$13,460,219	\$12,937,172	\$25,158,707	\$23,773,170
% Change vs Current		-3.5%	1.5%	0.4%	-7.1%				-6.2%	-11.3%
\$ Change vs Current		(\$928,915)	\$394,810	\$115,281	(\$1,908,055)				(\$1,654,572)	(\$3,040,109)

Financials – Securian Pairing, Max Enhancements

Coverage	INFORCE	SECURIAN	SECURIAN	SECURIAN
Basic Life Opt 6: \$50k & \$25k Projected Annual Premium	\$570,288	\$2,410,620	\$2,410,620	\$2,410,620
Voluntary Life - Employee Projected Annual Premium	\$11,289,235	\$9,257,565	\$9,257,565	\$9,257,565
Voluntary Life - Spouse Projected Annual Premium	\$573,418	\$630,058	\$630,058	\$630,058
Voluntary Life - Children Projected Annual Premium	\$27,478	\$27,478	\$27,478	\$27,478
Life Program Annual Cost	\$12,460,419	\$12,325,721	\$12,325,721	\$12,325,721
% Change vs Current		-1.1%	-1.1%	-1.1%
\$ Change vs Current		(\$134,698)	(\$134,698)	(\$134,698)
Voluntary AD&D Projected Annual Premium	\$1,134,498	\$1,134,498	\$1,839,623	\$1,349,185
AD&D Program Annual Cost	\$1,134,498	\$1,134,498	\$1,839,623	\$1,349,185
% Change vs Current		0.0%	62.2%	18.9%
\$ Change vs Current		\$0	\$705,125	\$214,687
Coverage	INFORCE	METLIFE	VOYA	STANDARD
Core STD Opt 6: \$1,620/wk Projected Annual Premium	\$3,757,608	\$3,667,908	\$4,005,744	\$4,078,140
Core LTD Opt 6: \$5k/mo Projected Annual Premium	\$3,522,757	\$3,603,636	\$2,567,592	\$3,108,132
Buy Up w/Opt 6 Core Projected Annual Premium	\$5,937,996	\$5,733,792	\$3,871,116	\$4,447,020
Disability Program Annual Cost	\$13,218,361	\$13,005,336	\$10,444,452	\$11,633,292
% Change vs Current		-1.6%	-21.0%	-12.0%
\$ Change vs Current		(\$213,025)	(\$2,773,909)	(\$1,585,069)
		Option 1	Option 2	Option 3
Total Program Annual Cost	\$26,813,279	\$26,465,555	\$24,609,796	\$25,308,198
% Change vs Current		-1.3%	-8.2%	-5.6%
\$ Change vs Current		(\$347,723)	(\$2,203,483)	(\$1,505,081)

- Securian provides only Life and AD&D Products and, if the City were to award Securian the Life/AD&D contract, a separate vendor would need to be selected for Disability.
- Lincoln and New York Life provided ONLY bundled quotes and would not be a viable option along side Securian
- Shown here are the top three ranked bidders for Disability that provided 'Unbundled' proposals

Scoring – Life Overall

	Aflac		Lincoln		MetLife		NYL	
Category	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	190	208	194	209	214	218	184	194
Member Services and Communications	56	45	61	64	66	73	54	63
Plan Design	78	75	85	87	94	94	73	88
Financial Cost	24	26	21	26	29	33	21	23
Total	348	354	361	386	403	418	332	368

	Reliance Matrix		Securian		The Hartford		The Standard		Voya	
Category	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	188	198	199	216	191	205	196	208	198	211
Member Services and Communications	53	63	55	60	51	58	59	64	65	70
Plan Design	72	86	77	86	79	90	78	90	83	92
Financial Cost	23	29	24	24	23	28	23	26	24	28
Total	336	376	355	386	344	381	356	388	370	401

Rank	City	Score	Rank	Consultant	Score
1	MetLife	403	1	MetLife	418
2	Voya	370	2	Voya	401
3	Lincoln	361	3	The Standard	388
4	The Standard	356	4	Securian	386
5	Securian	355	5	Lincoln	386
6	Aflac	348	6	The Hartford	381
7	The Hartford	344	7	Reliance Matrix	376
8	Reliance Matrix	336	8	New York Life	368
9	New York Life	332	9	Aflac	354

- MetLife ranked #1 for both City and Consultant
- Voya was #2 for both City and Consultant
- City has Lincoln at #3, while Consultant has The Standard at #3

Scoring – AD&D Overall

Category	Aflac		Lincoln		MetLife		NYL	
	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	184	198	200	208	215	211	185	193
Member Services and Communications	68	73	69	70	73	76	60	64
Plan Design	48	52	52	57	60	62	46	59
Financial Cost	23	20	21	23	24	28	21	23
Total	323	343	342	358	372	377	312	339

Category	Reliance Matrix		Securian		The Hartford		The Standard		Voya	
	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	181	194	202	210	188	197	198	208	198	203
Member Services and Communications	56	68	65	69	61	66	65	66	73	79
Plan Design	46	55	56	60	57	59	46	56	48	60
Financial Cost	20	21	20	25	23	24	25	24	24	23
Total	303	338	343	364	329	346	334	354	343	365

Rank	City	Score	Rank	Consultant	Score
1	MetLife	372	1	MetLife	377
2	Securian	343	2	Voya	365
3	Voya	343	3	Securian	364
4	Lincoln	342	4	Lincoln	358
5	Standard	334	5	Standard	354
6	Hartford	329	6	Hartford	346
7	Aflac	323	7	Aflac	343
8	NYL	312	8	NYL	339
9	Reliance Matrix	303	9	Reliance Matrix	338

- MetLife ranked #1 for both City and Consultant
- Securian and Voya tied at 2nd for the City; Consultant has Voya and Securian as #2 and #3 respectively

Scoring – Disability Overall

	Aflac		Lincoln		MetLife		NYL	
Category	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	285	283	310	292	326	294	293	280
Member Services and Communications	87	83	89	80	91	81	73	78
Plan Design	66	67	78	70	83	73	65	71
Financial Cost	29	29	33	31	36	29	34	30
Total	467	462	510	473	536	477	465	459

	Reliance Matrix		Securian		The Hartford		The Standard		Voya	
Category	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant	City Score	Consultant
Plan Administration and Sponsor Services	276	286	Did Not Quote Disability		286	277	311	290	295	281
Member Services and Communications	77	75			71	71	82	76	91	83
Plan Design	70	70			75	70	81	73	86	75
Financial Cost	31	33			27	26	33	29	26	28
Total	454	464	0	0	459	444	507	468	498	467

Rank	City	Score
1	MetLife	536
2	Lincoln	510
3	Standard	507
4	Voya	498
5	Aflac	467
6	NYL	465
7	Hartford	459
8	Reliance	454

Rank	Consultant	Score
1	MetLife	477
2	Lincoln	473
3	Standard	468
4	Voya	467
5	Reliance	464
6	Aflac	462
7	NYL	459
8	Hartford	444

- MetLife is ranked #1 for both City and Consultant
- Lincoln ranked #2 for both City and Consultant
- The Standard ranked #3 for both City and Consultant

Carrier Recommendation

All nine proposals are credible proposals with the same/similar services provided

MetLife scored #1 in that their proposal indicates a close alignment with RFP Objectives

If the City were to contract with MetLife we recommend use of the Post-Award Negotiation process to secure strong caveats and contract requirements such as (including but not limited to):

A stronger financial position in terms of the cost, especially for the Disability coverage

Address UW caveats

Plan Design Recommendations

Life Enhancements

Increase the Basic Life Benefit to Class 1 \$50k/
Class 2 \$25k

Add Basic AD&D to the
Basic Life plan

Eliminate Age Reductions

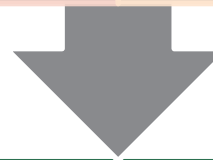
Provide Lump sum
payments for any benefits
amounts payable



AD&D Enhancements

Eliminate Age Reductions

Provide Lump sum payments for any benefits amounts
payable



Disability Enhancements

Increase weekly benefit max for Core STD to \$1,620

Increase monthly benefit max for Core LTD to \$5,000

THANK YOU