

LIFE QUESTIONNAIRE

All Offerors shall answer each question in this Section and submit responses with its technical proposal. Each question will be answered in the order listed and numbered accordingly.

Restate each question, and then provide an answer. Do not simply refer to an attached document to answer a question. Offerors may attach supplemental materials to enhance understanding of responses, but answers will be evaluated on the Offeror's specific written responses to questions.

1. Provide a summary of your firm's history and please complete the following background information about your organization:
 - a. Organization's name
 - b. Address of your corporate headquarters
 - c. Address of the location that will service the ARRC's account
 - d. Date your firm became operational
 - e. Date your firm became operational for the services requested in this RFP
 - f. State in which your firm is incorporated
 - g. Ownership of your firm
 - h. Is your firm "for profit" or "not for profit"?
 - i. Indicate your firm's website address

2. Complete the following information about the individual from your organization who will be the PRIMARY CONTACT DURING THE PROPOSAL PROCESS and to whom responses to questions about the RFP should be directed:
 - a. Name:
 - b. Title:
 - c. Address:
 - d. E-mail:
 - e. Phone:
 - f. Fax:
 - g. Hours of availability

3. Complete the following information about the individual from your organization who will be assigned as the OVERALL ACCOUNT MANAGER for the Alaska Railroad:
 - a. Name:
 - b. Title:
 - c. Address:
 - d. E-mail:
 - e. Phone:
 - f. Fax:

- g. Hours of availability
- 4. Complete the following information about the individual from your organization who will be assigned as the PRIMARY DAY TO DAY CONTACT for the Alaska Railroad:
 - a. Name:
 - b. Title:
 - c. Address:
 - d. E-mail:
 - e. Phone:
 - f. Fax:
 - g. Hours of availability
- 5. Indicate any potential conflicts of interest your firm may have in providing life insurance products to ARRC.
- 6. Describe the firm's experience and the team's experience in the Alaskan market and experience with offering life insurance to a seasonal employment/fluctuating workforce.
- 7. How many in-force group life insurance contracts does the Offeror currently have in the State of Alaska?
- 8. Does the firm currently have railroad clients (500+ eligible employees)? If yes, please list name and coverage provided/administered.
- 9. Provide the following reference information about two (2) current Life Insurance clients:
 - a. CLIENT ONE
 - i. Company name
 - ii. Contact name
 - iii. Address
 - iv. Phone number
 - v. Email address
 - vi. Number of covered employees
 - vii. Contract start date
 - b. CLIENT TWO
 - i. Company name
 - ii. Contact name
 - iii. Address
 - iv. Phone number
 - v. Email address
 - vi. Number of covered employees
 - vii. Contract start date
- 10. Provide the following reference information about two (2) current Terminated clients:
 - a. TERMINATED CLIENT ONE
 - i. Company name
 - ii. Contact name

- iii. Address
 - iv. Phone number
 - v. Email address
 - vi. Number of covered employees
 - vii. Contract start date
 - viii. Coverage Type
- b. TERMINATED CLIENT TWO
- i. Company name
 - ii. Contact name
 - iii. Address
 - iv. Phone number
 - v. Email address
 - vi. Number of covered employees
 - vii. Contract start date
 - viii. Coverage Type
11. Provide your organization's financial ratings:
- i. A.M. Best
 - ii. Standard & Poor's
 - iii. Moody's
 - iv. Other
12. Provide the most current audited financial statement or other financial report indicating the financial stability of your organization.
13. Has the firm acquired, been acquired by, or merged with another organization in the past 24 months?
14. Is the firm anticipating restructuring or reorganizing in the next two years? (Include any major staff relocations or office closings.)
15. List any services related to this RFP that the Offeror currently subcontracts (or plans to subcontract or partner with another firm for this contract) and the name of the vendor(s) to whom the firm subcontracts/partners. Is the relationship a subcontract or partnering firm?
16. Explain any of the firm's current contractual relationships with a third-party firm in which the third-party firm will be paid by ARRC either directly or indirectly (e.g. % of savings) during the course of the contract with ARRC?

IMPLEMENTATION

17. Provide a general timetable of the major events that need to take place during implementation (along with estimated dates) in order to coordinate a smooth

implementation of your services by the effective date of the contract with ARRC (January 1, 2024).

18. Does the Offeror foresee any difficulty in implementing ARRC's program (e.g. can the firm accommodate the volume/demands of work, number of bargaining groups) by the effective date of the contract with ARRC?
19. List any transition issues ARRC should consider with respect to moving services from an existing vendor to the Offeror's services.
20. Does the Offeror agree to have a representative available in-person as needed for employee open enrollment meetings (usually in November) and wellness/information fairs (date yet to be determined)? The Alaska Railroad operates 24/7, so evening and weekend availability may be required.
21. If Offeror is awarded this business, how soon after notification of the award would it be able to have a draft of the insured products:
 - a. Master Policy
 - b. Certificate booklet
22. Explain how your Actively-at-Work provision is administered upon takeover for the following:
 - a. Employee is absent from work on the effective date due to sickness.
 - b. Employee is absent from work on effective date due to maternity leave.
 - c. Employee is absent from work on effective date due to family and medical leave under federal and/or Alaska state provisions
 - d. The employee is absent from work on the effective date due to a worker's compensation injury.
 - e. Employee is on layoff
 - f. Employee is on a leave of absence
 - g. List any other takeover limitations and/or restrictions.
23. Please explain what will happen in the future if participation in Basic Life/AD&D, Optional Life, Standard Life, and/or Dependent Life falls below the firm's minimum participation levels.

PLAN DESIGN

24. What is your plan's guaranteed issue amount?
25. Required minimum participation:
 - a. What are minimum participation requirements in Basic Life/AD&D, Optional Life, Standard Life, and Dependent Life, if any?
 - b. Please confirm the firm will underwrite the program based on the ARRC's current enrollments for Basic Life/AD&D, Optional Life, Standard Life, and Dependent Life enrollments.

- c. If the current participation is below the firm's stated minimum, will Offeror agree to proposed rates using current participation as your minimum?
26. How much can participants increase their Optional Life amounts during open enrollment without submitting Evidence of Insurability?
27. Does Offeror require participant to elect employee Optional Life before electing coverage for their dependents (i.e. spouse only life insurance coverage)?
28. Does Offeror's proposal allow an employee who experiences a family status change to increase coverage up to the guarantee issue amount without Evidence of Insurability?
29. Does Offeror's proposal allow for a true open enrollment at implementation for Basic Life/AD&D, Optional Life, Standard Life, and Dependent Life with no impact to the rates?
30. What benefit improvements, if any, will be provided for the Basic Life/AD&D benefit at no change to Offeror's proposed rates?
31. What benefit improvements, if any, will be provided for the Optional Life, Standard Life, Dependent Life benefits at no change to Offeror's proposed rates?
32. Does Offeror's proposal include a Waiver of Premium provision and for which life insurance products?
33. If an employee qualifies for the Waiver of Premium Provision under the Offeror's program, will the premium for dependents also be waived?
 - a. Is an elimination period required for your firm's Waiver of Premium Provision?
 - b. If yes, what is it?
34. If approved for Waiver of Premium Provision, are premiums waived back to the effective date of disability or only after the elimination period is satisfied?
35. What improvements, if any, is Offeror willing to make to Waiver of Premium Provision benefit at no change to proposed rates?
36. Indicate any enhanced services (financial planning, EAP, funeral services) included in Offeror's proposal. Include marketing materials that would further explain these services.
37. Does Offeror's proposal include a portability feature?
 - a. Are there any restrictions around participants who wish to port upon termination and if so, indicate any requirements to qualify including any definition of disability or "good health" that would be utilized?
 - b. What are the port rates for ARRC?
 - c. Is the Offeror able to provide portability notices to terminated employees on behalf of ARCC using a secured, automated file feed?
38. Does the policy line of coverage include an accelerated death benefit? If yes, please describe the provisions/requirements and additional cost for each:

- a. Basic Life
 - b. Optional Life – Employee
 - a. Standard Life – Employee
 - b. Dependent Life – A) Spouse B) Children
39. Does the Offeror’s proposal include a conversion option to whole life coverage and on which lines of coverage is conversion allowed?
- a. What is the conversion charge per \$1,000 of face value?
 - b. Is the conversion charge amount guaranteed for the length of the initial contract?
 - c. Is the conversion charge included in your renewal analysis?
 - d. What provisions apply to the conversion option if the master contract is terminated?
 - e. Is the Offeror able to provide conversion notices to terminated employees on behalf of ARCC using a secured, automated file feed?
40. Indicate the services the Offeror provides, including online service tools, that would simplify administration for ARRC’s benefit staff.
41. Provide details on any implementation credit that is available in your proposal.
42. Please describe the process a beneficiary would go through in order to file a claim.
43. Does Offeror restrict benefits in certain countries based upon US State Department travel warnings (i.e., war risk countries)?
- a. If so, please provide a current list of countries and the restrictions.
44. Please provide a copy of your Evidence of Insurability forms and provide clear procedures of how forms would be provided to new participants and collected by the Offeror.
45. Describe electronic Evidence of Insurability form capabilities.
46. In addition to providing benefits for AD&D and/or loss of speech, hearing, and vision, does Offeror’s policy provide benefits for significant loss of other functions, as in the following list?

Please provide a response to each condition listed here.

<i>Condition</i>	<i>Yes</i>	<i>No</i>	<i>Percentage</i>
1. Quadriplegia			%
2. Hemiplegia			%
3. Paraplegia			%

4. Coma			%
5. Other (list)			%

47. Please describe any no-cost benefits associated with Offeror's AD&D product.

ADMINISTRATIVE AND CUSTOMER SERVICES

48. Please describe how an employee would contact the firm (via phone, web, etc.) for assistance with a life insurance issue.
49. Indicate the hours and days the firm's customer service telephone line is staffed by live personnel (e.g., 24 hours/day, 8 hours M-F, etc. based on Alaska Time zone).
50. What type of system is available for receipt of calls outside of normal business hours?
51. Indicate if the firm has ways to accommodate the special needs of the following types of participants:
- a. Deaf or hearing impaired
 - b. Non-English speaking
 - c. Blind or visually impaired
 - d. Other types of accommodations possible:
52. Indicate what web tools you have for employee use.

CLAIMS PROCESSING

53. The Railroad manages enrollment with its own Basic Life/AD&D, Optional Life, Standard Life, and Dependent Life enrollment form and beneficiary forms that are not vendor-specific. Confirm that this practice is acceptable.
54. What is the average turnaround-time for a life insurance claim?
55. Provide a copy of an example of the benefit claim form(s) the Offeror proposes to use for ARRC.
56. Provide a demonstration login to the firm's employer portal or access site for claims management and other administrative functions.

FINANCIAL ACCOUNTING RECONCILIATION PACKAGE

57. Do you agree to provide a year-end financial accounting reconciliation information including?
- a. Paid premium for the period
 - b. Paid claims for the period

- c. A separate listing of all claims
- d. A full accounting of all reserves
- e. The following detail on all open claims:
 - Date of injury/death
 - Gross benefit
- f. Are there any special banking requirements? If so, please state them.
- g. What happens if participant benefit deductions are missed? What is the process that participants would use to pay for any missed benefit deductions?