



**MPS COVER PAGE**  
**(Fill out and provide under Tab A)**

**REQUEST FOR PROPOSAL: RFP 1019 for Life/Disability Insurance and/or FMLA Administration**

This Request for Proposal (RFP) consists of: this document; all attachments, appendices, schedules and exhibits; any addenda issued in the future; and the current “MPS Terms and Conditions for Requests for Proposal” found at <http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Terms--Conditions.htm>.

Milwaukee Public Schools (MPS) is soliciting competitive sealed proposals from qualified professional firms or individuals to, in accordance with all the terms and conditions of this RFP, provide Life/Disability Insurance and FMLA Administration.

Proposals will be accepted no later than 2:00 p.m., Central Time, Thursday, June 27, 2019. Proposals must be submitted in the manner set forth in § 4.3 and in the format set forth in § 7.

By signing below, respondent’s representative certifies on behalf of the Respondent, that:

- I have the legal authority to bind the Respondent responding to this RFP and to provide the services identified herein;
- I have fully read this RFP and all incorporated documents and submit for consideration the attached proposal;
- I have read and understand the Contract Compliance Services (CCS) requirements, and that any proposed HUB and or Student Engagement participation is binding, real and substantial as defined in § 1.3 of the RFP;
- The fees in the attached proposal have been arrived at independently and have not been divulged, discussed, or compared with the proposals of other respondents. No attempt has been made, nor will be made, to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition; and
- I agree that the attached proposal will remain open and its pricing will remain firm until execution of a contract for the services which are the subject of this RFP.

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signatory’s Full Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 1. OVERVIEW

It is expected that the successful respondent will establish a strong partnership with MPS. As a strong partner, respondent will need to become fully acquainted with the business of MPS: educating Milwaukee's children. A full description of MPS, its mission, demographics and vision can be found at <http://mps.milwaukee.k12.wi.us>.

### 1.1 Summary

Project Name: Life/Disability Insurance and/or FMLA Administration  
RFP Number: RFP 1019  
RFP Release Date: Monday, June 10, 2019  
Question Due Date: 2:00 p.m. Central Time, Monday, June 17, 2019  
RFP Due Date: 2:00 p.m. Central Time, Thursday, June 27, 2019

### 1.2 Definitions

Contractor: the successful respondent awarded the contract resulting from this RFP.

District: Milwaukee Public Schools.

Historically Underutilized Business (HUB): a for-profit business that is 51% or more owned, controlled and managed by minority, women, disadvantaged, emerging, SBA-8A or other MPS-targeted business owners who have been certified as such by an MPS-recognized agency.

Proposal: any response provided pursuant to this RFP.

Respondent: a firm or individual submitting a response to this RFP.

Student Engagement: a method of further educating MPS students through required MPS contractor involvement in career education and employment opportunities for students.

Subcontractor: a person or entity performing, or proposed to perform, any portion of the Contractor's contract.

### 1.3 Contract Compliance Services (CCS) Requirements

#### 1.3.1 Historically Underutilized Business

It is the declared administrative policy, 3.10, of the Board and its administration to aid, assist, and protect, to the extent justified by the evidence, the interests of historically underutilized business (HUB) concerns to preserve free competitive enterprise and to ensure that a fair proportion of the total purchases and contracts or subcontracts for goods and services for MPS be placed with HUBs. Therefore, MPS contracts may require the use of HUB firms within the prime Contractor/Vendor proposal response when a participation requirement is assigned.

HUB participation must be "commercially useful"; *i.e.*, the goods or services to be provided by the HUB firm are a direct function of the scope of services described in this RFP and resulting contract. The HUB participation requirement may be met by respondent in several ways:

- (1) By identifying your firm as a certified HUB vendor that intends to perform a minimum of the required HUB participation for this RFP;
- (2) By engaging in a joint venture with a certified HUB firm;
- (3) By subcontracting with one or multiple certified HUB firm(s); or

- (4) By making second-tier purchases from one or multiple certified HUB firm(s).

Respondents may contact MPS's Office of Contract Compliance Services for a list of acceptable certifications for HUB consideration. The Office of Contract Compliance Services may also be contacted for the purposes of furnishing a list of registered HUB firms for participation consideration. Furnished lists by the Office of Contract Compliance Services serves as an additional resource and does not limit Contractor/Vendor means to dictate how HUB participation shall be pursued. No credit for participation will be granted until HUB firm certification documentation is received.

### **1.3.2 Student Engagement Program**

Per Administrative Policy 3.10, the Student Engagement program seeks to maximize Contractor involvement in career education and employment opportunities for students. The Student Engagement Program has two separate components: (1) career education activities that directly involve MPS students; and (2) paid student employment hours that provide one or more MPS students with an actual, meaningful employment experience. To meet student employment hours, students must be registered through MPS's student database. Once hired by the Contractor, students will be paid, at a minimum, the current Living Wage Rate as identified by the City of Milwaukee Ordinance 310-13. Under no circumstances will students work under conditions that would be considered a hazardous work environment.

Career Education activities include, but are not limited to, the following:

- (1) Classroom presentations at MPS project sites or various contractor career-specific activities.
- (2) Full classroom or small group tours of office environments. If a contractor is going to provide this type of activity, all required permission slips/arrangements must be made with the school by following normal field trip procedures.
- (3) Classroom skill development project activities in conjunction with teacher lesson plans such as math, science, reading, writing, etc.
- (4) Online industry specific career coaching and mentorship
- (5) Other CCS-approved contractor provided options.

Student Employment participation includes, but is not limited to, the following options:

- (1) Employment placement within prime contractor's establishment.
- (2) Student summer employment placement.
- (3) Student after-school and weekend placement, where appropriate.
- (4) Alternative placement with community based organization or a participating MPS departmental division. (An alternative placement arrangement is an available option for contractors with documented age restrictions or capacity and location limitations.)
- (5) Other CCS-approved provided options.

Further additional information relating to HUB participation requirement and the Student Engagement requirement can be found at <http://mps.milwaukee.k12.wi.us/en/District/About-MPS/School-Board/Contract-Compliance-Services.htm>. For any other questions related to MPS's HUB program, contact MPS's Office of Contract Compliance Services via email at [505@milwaukee.k12.wi.us](mailto:505@milwaukee.k12.wi.us).

### **1.3.3 Requirements**

The HUB participation requirement for the contract to be awarded pursuant to this RFP is:

**0% per 12-month term.**

The Student Engagement requirement for the contract to be awarded pursuant to this RFP is:

**600 hours of Student Employment per 12-month term; and 10 hours of Career Education per 12-month term.**

A respondent's status as a 501(c)(3) tax-exempt nonprofit organization does not excuse it from fulfilling these requirements.

CCS requirements are assigned as a whole, regardless if a Respondent is being recommended for Group Term Life and AD&D, supplemental group term life and disability programs, FMLA administration, or both.

**1.3.4 Forms**

Respondent must complete and return those forms checked below with its proposal or it will fail as to that minimum proposal requirement. The required forms are attached to this RFP as appendices and schedules. Fillable versions of these same forms can also be found at <http://mps.milwaukee.k12.wi.us/en/District/About-MPS/School-Board/Contract-Compliance-Services.htm> (click on Forms and Schedules, then click on Vendors). The fillable version of the forms must be printed, signed and attached to respondent's proposal.

- Appendix A - HUB Utilization Plan (If box is checked, current certification document, must be submitted with RFP response.)
  - Appendix B - Prime Vendor Information Sheet
  - Schedule H1-B - Student Career Awareness/Education Plan/Commitment
  
  - Schedule H1-A - Student Employment Commitment
- OR** Either Schedule H1-A or Schedule H1-C must be returned.
- Schedule H1-C - Alternative Placement Request Student Employment

Even if there are no HUB or Student Engagement requirements identified in § 1.3.3, respondents must still fill out "Appendix B - Prime Vendor Information Sheet". The information disclosed in this form will not be used in evaluating a respondent's proposal as it is solicited solely for reporting purposes to the Milwaukee Board of School Directors.

**1.3.5 Evaluation and Award**

MPS's Contract Compliance Supervisor, or his/her designated staff, will be the sole judge of the suitability and completeness of the returned CCS forms and will assign a "pass" or "fail" determination accordingly as to that minimum proposal requirement.

In the event this RFP does not identify CCS requirements in § 1.3.3, MPS reserves the right to award up to ten additional points to respondents who will utilize a certified HUB or commit to Student Engagement hours. To be eligible to receive these points, respondent must detail in its proposal what role(s) the proposed HUB subcontractor will be responsible for in the scope of services or specify what engagement MPS students will take place within a 12-month contract term. Forms can be found as identified in § 1.3.4 and must be completed and returned with a proposal for consideration. MPS's Contract Compliance

Supervisor, or his/her designated staff, will be the sole judge of the suitability of the proposed participation and will assign points accordingly.

Within 20 business days after a contractor receives MPS Board approval of its contract, it must submit copies of all executed HUB firm subcontracts and all supporting and associated HUB documentation to the Office of Contract Compliance Services. Falsification of any information related to a subcontract, including, but not limited to, subcontractor's name or actual work to be performed by HUB firms is prohibited. No HUB firm substitutions or scope of work reductions shall occur without the expressed written consent of MPS's Contract Compliance Supervisor or his/her designated staff.

Failure to meet CCS requirements may result in financial sanctions up to, or exceeding, the assigned HUB percentage value of the awarded contract, and/or associated student engagement hour requirements. Sanctions for non-compliance may be assessed against contractor invoices and are considerations for contract award. Sanction dollars will be released on subsequent invoices as compliance documentation is provided.

### **1.3.6 Waiver of Contract Compliance Services Requirements**

Requests for HUB assignment waivers must be submitted in writing to the Office of Contract Compliance Services, and the contracting department. Such requests shall specify measures taken to meet the requirements and/or documented justification for waiver. An example of a justification may be, but not limited to, a proposal response will not exceed \$49,999.99 in each one-year contract term. In the event evidence suggests a need to adjust a requirement on an RFP/Bid, an addendum shall be issued prior to bid opening.

Requests to amend CCS requirements may be granted when a resulting contract has a not to exceed amount of \$49,999.99 per 12-month contract term. Requests must be submitted in writing within 20 days after a Contractor/Vendor receives MPS Board approval of its contract. Failure to adhere to the strict timeline will result in the original CCS assignments.

## **2. SERVICES REQUESTED**

### **2.1 Scope of Services**

MPS seeks proposals from qualified professional firms to provide Group Term Life and AD&D, Supplemental Group Term Life (employee, spouse and child(ren)) and Disability Programs (short-term and long-term benefits), complying with all terms and conditions described in this RFP. MPS also requests proposals for FMLA Administration. Firms may respond for Group Term Life and AD&D, Supplemental Group Term Life and Disability Programs (Option 1); FMLA Administration (Option 2); or both (please provide separate response for each option).

**Coverage should be quoted net of commission with an effective date of January 1, 2020.**

The supplemental group term life program will be 100% voluntary. With regard to the disability programs, MPS currently offers the Short-Term and Long-Term Disability on a voluntary basis. Benefits should be proposed as a duplication of current coverage. Details on the coverages, census data, and claims for FMLA are included as Exhibits 4-6 to this RFP. If you are unable to duplicate the coverages, please include an outline of quote deviations.

MPS is requesting that you provide proposals for one or both Options below. MPS reserves the right to award multiple contracts resulting from this RFP to as many proposers as it determines to be in the best interest of the District. If there are multiple awards, all Contractors would be required to interface with other Respondents as necessary to best fit the District's needs.

The specific services being requested are:

### **Option 1**

1. Life Insurance: For the group sponsored life insurance, we are requesting you provide multiple options as follows:
  - Traditional funding arrangement;
  - Your company's "standard" alternative funding arrangement (if available)
2. Supplemental Life Offerings for Employee, Spouse and Children (employee paid); and
3. Voluntary Disability (short-term and long-term disability)

### **Option 2**

1. FMLA Administration:
  - Federal Leaves;
  - State Leaves; and
  - Potential ADA administration as well (optional)

Please provide separate declinations for each specific products or services that your firm does not provide.

## **2.2 Minimum Respondent Qualifications**

See Exhibit 2 for Confirmations.

## **3. MPS CONTRACT TERMS AND CONDITIONS**

### **3.1 Resulting Contract**

Respondent must include a sample contract as part of its Tab E, in addition to the submission of Exhibit 3 of the RFP for any Response to Option 1. Any exception or proposed additional contract term or condition not set forth in Tab E will neither be considered nor accepted.

For any Response to option 2, the successful respondent agrees to enter into MPS's standard Professional Services Contract (PSC), a current version of which can be found at <http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Forms.htm> under "Professional Services Contract Long Form". MPS will not sign any form or contract offered by respondent.

Any exception to the terms and conditions set forth in the PSC, or any additional terms or conditions

proposed by respondent to be incorporated in the PSC, must be provided as set forth in this § 3.1 to be considered.

Only those additional contract terms or conditions specifically set forth in Tab E of a proposal will be considered by MPS. Any exception or proposed additional contract term or condition not set forth in Tab E will neither be considered nor accepted. It is insufficient for respondent to cite to a document or incorporate a document by reference. Any such citation or incorporation will be disregarded.

MPS's Director of Procurement & Risk Management, or his/her designated staff, will review any exceptions or proposed additions to determine if their nature or extent precludes ultimate agreement on a contract between MPS and respondent and will assign a "pass" or "fail" determination accordingly as to that minimum proposal requirement.

A "pass" as to the minimum proposal requirement does not mean that all the exceptions or proposed additions will be agreed to by MPS, but merely that they will be a point of discussion should respondent and MPS enter into contractual negotiations.

### **3.2 Proposals to Remain Open**

By submitting a proposal, respondent is agreeing that its proposal will remain open and its pricing will remain firm until execution of a contract for the services which are the subject of this RFP.

### **3.3 Award**

MPS reserves the right to award multiple contracts under this RFP to as many contractors as MPS determines is in its best interests.

Contract awards are subject to review by the MPS Administration and Board of School Directors.

### **3.4 Contract Period**

It is anticipated that a contract resulting from this RFP will be for a period of three years from January 1, 2020 through December 31, 2022 with the possibility of a one-year extension, upon mutual agreement of the parties, at the same terms.

## **4. INSTRUCTIONS**

### **4.1 Communication/Questions**

The only permissible communication regarding this RFP with MPS staff, including any and all questions and requests for clarification, must be directed, in writing via email, to [mpsrfps@milwaukee.k12.wi.us](mailto:mpsrfps@milwaukee.k12.wi.us). The subject line of the email must be labeled "RFP 1019 - Question." Any other communication to, or contact with, a MPS staff member regarding this RFP by respondent will be considered unauthorized and a cause for rejection of a respondent's proposal.

Any such communications must be received by 2:00 p.m. Central Time, Monday, June 17, 2019 or will be disregarded.

If a vendor has specific concerns regarding any aspect of the CCS process, including requirements, how

requirements may be met or other, questions in writing may be submitted in writing directly to CCS at 505@milwaukee.k12.wi.us. However, the deadline for these questions remains the same. Any questions submitted to CCS must be received not later than 2:00 p.m. Central Time on 6/17/2019.

It is incumbent upon respondents to point out any possible discrepancies, omissions or ambiguities in the RFP using this question process. This includes alerting MPS that the RFP services or pricing requested are non-standard in the industry. By failing to do so, a respondent waives the right to claim any provision of this RFP is ambiguous.

## **4.2 Answers/Addendum**

Answers to submitted questions, as well as any additional information or clarifications to the RFP, will be provided in the form of addenda posted at <http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Bids-RFPs.htm>. CCS may engage in vendor-specific conversations regarding requirements, but any general information relevant to all vendors generated by these conversations will be published in the addendum.

It is the sole responsibility of respondents to check that site for any addenda that may be issued. Addenda will not be otherwise communicated to prospective respondents and no other response to the emailed questions will be received by the sender.

In the event of any conflict with the RFP, addenda shall govern.

## **4.3 Submission of Proposals**

Respondent must submit one original proposal, clearly marked as such with an original signature, and 9 copies, for a grand total of 10 items. Each proposal – original and copies – must be collated and bound in a manner to make each individual proposal readily apparent and complete.

Each proposal must be clearly marked “RFP 1019”. The proposals must be collectively packaged and sealed. The package should show the following information on the outside: respondent’s name, address, and “RFP 1019 – Life/Disability Insurance and/or FMLA Administration ”. The package must be delivered to:

Milwaukee Public Schools  
Department of Procurement & Risk Management  
5225 W. Vliet St., Room 160  
Milwaukee WI 53208

Proposals are due by 2:00 p.m. Central Time, Thursday, June 27, 2019. Proposals received after this time will fail as to that minimum proposal requirement.

Proposals shall be deemed received by MPS when: (1) time-stamped in the Department of Procurement & Risk Management; or (2) delivered to the Department of Procurement & Risk Management with proof that a common carrier delivered the proposal to the central mail room at 5225 W. Vliet Street, Milwaukee, WI 53208 and it was signed for by an MPS employee no later than 2:00 p.m., Thursday, June 27, 2019.

Electronic proposals will not be accepted.

#### 4.4 Clarifications

After receipt of proposals, it may be necessary for MPS to contact respondent with clarification questions. MPS will do so via the email address of the signatory provided on the respondent's submitted Cover Page (Tab A). Clarification questions often need imminent answers and short deadlines for response may be necessary. It is the respondent's responsibility to monitor the contact email identified at all times during the RFP process. Failure to timely respond to a clarification question submitted to the contact email may result in the rejection of the proposal.

#### 4.5 Award Notification

Upon final approval by the Milwaukee Board of School Directors, MPS will post the results of the RFP at <http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Tabulations--Awards.htm>. No individual communications will be sent out to respondents. It is the sole responsibility of respondents to check the site for any contract award that may be issued. Respondents may not contact MPS to inquire about the status of an award prior to the posting of the results.

### 5. MINIMUM PROPOSAL REQUIREMENTS

MPS will determine whether proposals have met the seven minimum proposal requirements set forth below. Only those proposals passing all of these minimum proposal requirements, unless waived, will be passed on for evaluation according to the criteria set forth in § 6.1.

<b>Minimum Proposal Requirements</b>	
<b>Timeliness</b> – Submitted by the due date and time. <i>See</i> § 4.3.	Pass/Fail
<b>Signed Cover Page</b> (Tab A)	Pass/Fail
<b>Cost Proposal Form</b> (Tab C) – Cost is set forth on the Cost Proposal Form provided as Exhibit 2 to this RFP.	Pass/Fail
<b>CCS Forms</b> (Tab D) – Suitability and completeness of the returned CCS forms. <i>See</i> § 1.3.4.	Pass/Fail
<b>Exceptions to Contract Terms and Conditions and/or Legal/Contract Terms</b> (Tab E) – <i>See</i> § 3.1.	Pass/Fail
<b>Confirmations</b> (Tab F) – Respondent meets the minimum respondent qualifications. <i>See</i> § 2.2.	Pass/Fail
<b>Completeness</b> – The proposal otherwise complies with the format and content parameters. <i>See</i> § 7.	Pass/Fail

MPS reserves the right, in its sole discretion and if deemed in the best interest of MPS, to: waive a minimum proposal requirement; waive irregularities in any proposal; reject all proposals received in response to this RFP; accept late proposals or improperly formatted proposals; and make a partial award or not make any award.

### 6. EVALUATION

#### 6.1 Criteria

The criteria below, weighed as indicated, will be used to evaluate those proposals that meet all minimum proposal requirements for both Option 1 and 2.

<b>Criteria</b>	<b>Description</b>	<b>%</b>
<b>Experience, Qualifications and Financial Stability</b>	Information set forth in Section 1 of Tab B.	10%
<b>Quality of Proposed Solution and Ability to Meet MPS's Needs</b>	Information set forth in Section 2 of Tab B.	25%
<b>Administration of Claims</b>	Information set forth in Section 3 of Tab B.	25%
<b>Implementation</b>	Information set forth in Section 4 of Tab B.	15%
<b>Cost</b>	Pricing of Proposed Services.	25%

## **6.2 Process**

### *6.2.1 Committee*

An evaluation committee will be established to evaluate the proposals according to the criteria identified in § 6.1. Proposals should be complete on their face. However, after opening of responses, MPS reserves the right to request supplemental information from any or all of the respondents and to factor any additional information into the evaluation. MPS may require oral presentations of a group of finalists in person or on the telephone and may request further information from those finalists.

### *6.2.2 Best and Final Offer*

MPS reserves the right to involve one or more respondents in a Best and Final Offer (“BAFO”) process. BAFO may be used when no single response addresses all the specifications, when the costs submitted by all respondents are too high, when two or more respondents are virtually tied after the evaluation process or when all proposals are unclear or deficient in one or more areas. If BAFO is utilized, respondents may be required to submit revisions to their proposals. MPS will send out a BAFO request to invited respondents that will set forth the areas of the proposal to be covered and the date and time by which the BAFO must be returned. All respondents will be treated equally and, during the process, no information will be transmitted to any respondent about any other respondent’s offer. MPS reserves the right, in BAFO, to apply additional criteria not listed in the original RFP, but any additional criteria will be disclosed to respondents in the BAFO request.

### *6.2.3 Negotiation*

MPS will open negotiations with the highest-ranked respondent after evaluation, interviews or BAFO process. MPS reserves the right to open negotiations with the second highest-ranked vendor if negotiations with the highest-ranked vendor are not successful. MPS reserves the right to delete or add services until the final contract signing.

## **7. PROPOSAL FORMAT AND CONTENT**

Proposals are to be formatted and tabbed in the form and sequence described in this § 7. Only information provided in the tabs set forth below will be considered. Elaborate proposals, *e.g.*, expensive artwork, beyond that sufficient to present a complete and effective response are not necessary. Quality, not quantity, is desired.

### **7.1 Tab A: Signed Cover Page**

The MPS cover page must be signed by a representative of respondent authorized to bind respondent and

submitted as Tab A of the proposal. Please include all contact information.

## **7.2 Tab B: Response to Request for Services**

### ***7.2.1 Section 1: Respondent's Experience, Qualifications and Financial Stability***

#### **Questions to be Included for Response to Options 1 or 2**

With specific reference to the services identified in § 2.1, detail respondent's experience and qualifications. Provide specific descriptions of like projects Proposer has done in environments comparable to MPS.

Provide at least three specific client references, including the names and contact information of the individual(s) you would propose MPS contact. MPS reserves the right to contact or visit any party listed as a reference. MPS also reserves the right to use other sources to obtain information about respondent's experience.

Describe respondent, including, at a minimum: number of employees; number of years in business; type of services provided; and legal status, *i.e.* corporation, partnership, limited liability company.

Provide documentation to verify respondent possesses adequate financial support, assets, and organization to provide the products and services required in this RFP. This may take the form of financial statements, credit ratings, a line of credit, or other financial arrangements.

Detail respondent's approach to customer service and provide brief resumes of all team members or employees who would be assigned to work with MPS.

Respondents may receive protected personal health information (PHI) and must be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable laws. Please indicate how your firm complies with these standards.

#### **Additional Questions to be Included for Response to Option 1**

Do you provide MPS with indemnification if it is deemed to have been a wrongful denial or if tortious interference is found? How do you manage a case in which a denied disability claimant brings about a lawsuit claiming that they are disabled?

#### **Additional Questions to be Included for Response to Option 2**

Please clarify the training process for your employees. What are the requirements/qualifications of employee's that will be reviewing/granting/denying FMLA leaves? How do these individuals remain up to date on current law modifications/court cases? If your employee makes an incorrect or untimely determination/notification, does your organization indemnify MPS if there are any legal claims, settlements and/or judgments? What litigation support is included in your services?

## ***7.2.2 Section 2: Quality of Proposed Solution and Ability to Meet MPS's Needs***

Describe respondent's capacity to ensure that MPS will timely and competently receive all the services requested, taking into consideration all other commitments of the respondent.

Be as specific as possible in describing respondent's plan for providing the services described in § 2.1.

### **Questions to be Included for Response to Option 1**

A forty-eight (48) month rate guarantee is preferred. If you are not able to provide a forty-eight (48) month rate guarantee, please clarify what length you are able to offer and/or offer a not to exceed and the rationale for the shorter period.

All benefits are required to be duplicated to current in-force lines of coverage. If anything cannot be duplicated, please indicate all deviations in your proposal.

Respondents must clearly indicate minimum participation requirements for the voluntary programs. Preference is they are waived entirely.

Will you provide an employee to be staffed full-time on-site at MPS District Offices to assist with disability claims and accommodation requests? If you do not have the ability to provide an employee on a full-time basis on-site at MPS, please describe alternative support that would be available to MPS in a similar capacity.

The contract site for MPS will be Wisconsin. MPS prefers to deal with one office in the United States, to the greatest extent possible, with respect to eligibility and claims processing. Please state where these functions will take place. From where will you review, certify or deny claims?

Please outline the value-added services included with your proposal at no additional cost (i.e. travel assistance, will prep, etc.). Do not include EAP services as they are offered through a separate vendor.

Will employees have one single point of contact for filing claims as well as any follow-up concerning either a FMLA or STD/LTD claim? Provide a description of the touchpoints for an employee making a claim from start to finish.

Do you have a toll-free telephone number for both MPS employees and MPS benefits personnel to call?

### **Questions to be Included for Response to Option 2**

Please provide samples of any claim, statistical and utilization management reports that you routinely provide for clients similar in size and scope to MPS.

What is the physical location of your proposed site where will you review, certify, deny or discontinue claims?

Do you have a toll-free telephone number for both MPS employees and MPS benefits personnel to call? What are your telephone hours for MPS employees and MPS benefits personnel? Do you give MPS employees on-line access to request FMLA leave and view their status? If not, what access are MPS employees granted to view status?

Do you require any certification by the employer (client) that they have met all of their FMLA notice requirements (with respect to compliance requirements)?

Will you have a dedicated staff devoted to MPS claims? What back up resources will you have if dedicated staff quit or are unavailable? What are your standard office hours for the proposed dedicated MPS staff?

MPS utilizes a “rolling” 12-month period for Federal FMLA and a calendar year for Wisconsin FMLA. How will you administer both Federal and Wisconsin FMLA claims and distinguish between Federal calendar year versus State calendar year?

Are there any value added (no cost to MPS) services included with your FMLA administration? Please outline as applicable.

Will you offer ADA leave administration? If so, please include information on your services.

**Questions to be Included for Response to both Option 1 and 2**

If you are bidding on Disability and FMLA administration, please provide a brief overview of your organization’s Integrated Disability Management (IDM) / FMLA product. Please indicate the number of years your organization has been providing absence management services. How many clients currently utilize this service? Please confirm which states you currently deliver leave administration services.

If you are bidding on Disability and FMLA administration, are claims processors cross-trained in short term, long term and FMLA claims? Or, conversely, are claims triaged to specialized claims processors? Do employees always receive a warm handoff from one area to another?

***7.2.3 Section 3: Administration of Claims***

**Questions to be Included for Response to Option 1- Life/Disability Insurance**

Provide a chart or clarification for multi-line discounts available and for multi-year rate guarantees.

Respondent will be responsible for preparing all necessary documents (*i.e.*, Certificates of Coverage), benefits summaries, enrollment materials, etc. Drafted Certificates should be presented to MPS no later than 30 days after the plan effective date. Any subsequent changes to the Certificates must be approved by MPS within 60 days. Please indicate how you will meet these requirements.

Please confirm that you can work with and where necessary, integrate with, People Soft version 9.2 and Infor. MPS will provide demographic data available on MPS system via .txt or .csv file. Any data updates to the MPS System, via file uploads, need to be identified with specifications in your response. Please confirm that you will waive any additional costs for data interface (at time of implementation or otherwise).

Please provide both participation requirements and guarantee issue levels for this program.

Please indicate your ability to prepare W-2 Forms on an annual basis and to appropriate FICA withholding and reporting.

Clarify how you handle the waiver of premium during the elimination period. For example: are premiums required? Are they to be paid by the employer or employee? Are premiums reimbursed once the waiver is approved? etc.

How will you work with MPS to provide effective and appropriate disability claims management and integration with other sources of income?

How will you ensure the optimum level of claim management on all disabilities, regardless of length or cause, utilizing appropriate techniques including the use of duration guidelines, physician conferencing and return-to-work planning?

Indicate your success in returning disabled employees to work as early as possible and appropriate, through pro-active programs including early intervention, case management and rehabilitation.

How will you promote consistency in the handling of an employee disability regardless of cause?

What is your process for assisting claimants in applying and receiving social security disability benefits?

Do you have an on-line enrollment system that you will provide to MPS administrators and employees at no additional cost to enroll on the voluntary coverages offered during open enrollment as well as throughout the year for new hires?

Do you have the ability to send conversion and portability application to employees upon termination of life coverage?

Please include samples of the following communications materials, for each line of coverage, in your proposal: claim form (if utilized), claim denial letter; and termination of benefits, conversion and portability letter, and any other communication materials provided to employees.

Describe any on-line capabilities available such as the initial transfer of eligibility data, monthly eligibility maintenance and the production of monthly premium statements, claims data, etc.

Have you completely adhered to these specifications in the area of benefit levels, plan provisions and financial assumptions as outlined in the attached certificates? If not, please provide a separate list of any deviations. If a separate list of deviations is not provided, we will assume that your proposal complies with all of the specifications within this RFP. Further, if you provide a list that is not comprehensive, we will assume that you have complied with any missing deviation.

Outline your claim intake procedures i.e. phone, facsimile, paper, modem and list the kind of information routinely requested to process managed integrated disability claims. Who from your company verifies a claimant's benefit eligibility? Is this process outsourced or done by a subsidiary?

Please provide a flowchart description indicating your claim workflow from disability incurred through benefit approval, rehabilitation efforts and return to work. Please be sure to indicate the process from transition of short term disability (if purchased) through and into long term disability (if purchased).

Specifically indicate each type of claims management program that is available to MPS, i.e. rehabilitation, early intervention, vocational services, case management and clearly describe how these programs are conducted, from where they are conducted, and if they are conducted by your personnel or through subcontracted vendors. What are the minimum qualifications/ requirements of the person(s) conducting these services?

Please describe how you coordinate a return-to-work (RTW) plan for a disabled person and the individuals involved in the RTW plan and describe any rehabilitation services you provide.

Based upon your managed disability business, what percentage of a group's disabled employees are usually returned to work full time? What percentage of the claimants whose claims are under case management usually return to work full time? What percentage of claimants return to work part-time or at partial workload? What percentages of claimants never return to work?

What standard notifications and communications will you provide MPS, both initially and throughout the leave process?

### **Questions to be Included for Response to Option 2- FMLA Administration**

Please include samples of all communication materials in your proposal: claim form (if utilized); additional information request of employee and of physician; occupational/job description form, claim denial letter; and termination of benefits letter.

Describe any on-line capabilities available, such as eligibility data, FMLA leave balances, letters and other communications to and from Respondent; telephone notes by Respondent; uploaded documents (e.g., medical certifications and return-to-work forms), dates of uploads.

Describe your entire process from start to finish with respect to taking a request or application for FMLA, including intermittent leave. Please include a process flow chart diagram. Please include timeframes and level of staff that are involved in each step. Please include what type of data is collected during this entire process, how balances are tracked, and utilization is posted as well as how information is communicated to all parties involved.

Describe your process and timeframes for validation of a serious health condition when the medical information provided does not support a serious health condition.

How do you accept requests for FMLA leave? Indicate how you will collect all information required for the initial request from the employee, as well as assume full responsibility of timely gathering of additional information, engaging the employee, and processing documents to determine eligibility and entitlement to FMLA leave. This includes maintaining proper documentation for auditing and compliance purposes.

Do you obtain and effectively assesses the FMLA MEDICAL CERTIFICATION form and/or other pertinent documentation (i.e. documentation of appropriateness to return to work and working with appropriate medical providers to make determination)? This step for the Respondent to “analyze” and make an appropriate designation decision is vital for MPS. Also critical is the timely communication of the FMLA decision to the employee and the supervisor. Explain your process on utilizing the medical documentation and job requirements to determine an employee’s need for a leave or his/her ability to return to work. When would you require a second and/or third certification from a physician?

How would you notify MPS and the employee if a denial is made due to lack of proper documentation? If FMLA is denied due to lack of proper documentation, Respondent must ultimately follow MPS' direction if MPS subsequently determines that the absence should be approved for FMLA leave.

How will you manage and process intermittent FMLA leaves and coordinate return-to-work issues with MPS (supplying full or light duty notes, restrictions, timeframes, etc.)? The information must be provided timely and accurately to MPS for staffing purposes, preferably to the applicable supervisor that is over the applicable work unit. Also, please clarify your recertification of leave process.

What standard notifications and communications will you provide MPS, both initially and throughout the leave process?

#### ***7.2.4 Section 4: Implementation***

##### **Questions to be Included for Response to Options 1 or 2**

Detail Respondent's approach to implementation, in a detailed timeline format, beginning with notification of Award, through January 1, 2020; "Go Live" date. Please include any assumptions Respondent has for implementation, and any requirements and or resources that MPS will need to provide. How will you assist in transition and implementation of all proposals provided?

What communication materials will be provided for the implementation of the plan, as well as all materials for the administration of the plan?

##### **Questions to be Included for Response to Option 2**

Contractor will assume and take over historical leave information and build upon prior "balances" for the initial program start-up. Will there be any implementation fees associated with the run out of prior leaves? If so, please explain.

#### **7.3 Tab C: Cost Proposal Form**

Exhibit 1, attached hereto, must be completed and submitted as Tab C of the proposal. This is the only place cost/pricing should be referenced in the proposal.

#### **7.4 Tab D: CCS Forms**

Complete and submit all required CCS forms, identified in § 1.3.3, as Tab D of the proposal.

#### **7.5 Tab E: Contract Terms and Conditions**

Pursuant to the directions in § 3.1, identify any exceptions to the terms and conditions contained in MPS's Professional Services Contract or additional proposed terms and conditions.

#### **7.6 Tab F: Minimum Respondent Qualifications**

Exhibit 2, attached hereto, must be completed and submitted as Tab F of the proposal.

## **7.7 Tab G: Miscellaneous**

Any additional materials, brochures or other documentation may be submitted as Tab G. Only relevant and necessary information should be included.

## **7.8 Tab H: Confidential or Proprietary Information**

If respondent wishes to designate any portion of its proposal as confidential or proprietary, respondent may fill out and submit a “Request to Designate Information as Confidential or Proprietary” as Tab H. This form is found at <http://mps.milwaukee.k12.wi.us/en/District/Vendors-Contractors/Vendors/Forms.htm>. The Board is bound by Wisconsin statutes regarding public records (Wis. Stat. § 19.21, *et seq.*) and, as such, all of the terms of the contract resulting from this RFP will be public.

## **8.0 Appeals**

Appeals regarding MPS’s procurement process are handled by the Office of Accountability and Efficiency. Details on appeals can be found at [http://mps.milwaukee.k12.wi.us/MPS-English/OBG/OAE/Policies-and-Laws/Bid\\_RFP-Appeals-Form.pdf](http://mps.milwaukee.k12.wi.us/MPS-English/OBG/OAE/Policies-and-Laws/Bid_RFP-Appeals-Form.pdf).

## EXHIBIT 1 to RFP 1019: Life/Disability Insurance

### COST PROPOSAL WORKSHEET OPTION 1

**Respondent Name:** \_\_\_\_\_

- Costs submitted shall be all-inclusive, including but not limited to, salary costs, employment taxes, all travel costs, administration costs, overhead costs, required screenings, background checks, training, etc.
- A forty-eight-month (48) rate guarantee is preferred. If you are not able to provide a forty-eight (48) month rate guarantee, please clarify what length you are able to offer and/or offer a not to exceed and the rationale for the shorter time.
- For a variety of reasons (including ease of administration within MPS as well as for no disruption to current retirees, etc.), the Retiree life rates must remain the same as they are today as \$0.35/\$1,000 for the retirees under age 65 and \$1.206/\$1,000 for the retirees age 65 and over. Please indicate if you are unable to match this current rate.
- Any modification to this form will be considered non-compliance with the format and content parameters. Any supplemental pricing information attached or referenced will not be considered.
- Cost Proposals must be on this completed **Exhibit 1** form. Any supplemental pricing information attached or referenced will not be considered.

**COMPLETE THE SERVICE SEGMENTS (Group Life, Supplemental Life Short-Term and Long-Term Disability) AS INDICATED**

#### Group Life and AD&D

**Respondent Name:** \_\_\_\_\_

Cost Component	Active Lives	Fee Amount			
		2020	2021	2022	2023
Rate per \$1,000 Employee Life	NA				
Rate per \$1,000 AD&D	NA				
Volume Life	9,470				
Volume AD&D	9,470				
Total Monthly Premium Life	NA				
Total Monthly Premium AD&D	NA				
Rate Guarantee	NA				
Additional Fee #1 (identify)	NA				
Additional Fee #2 (identify)	NA				
Total Annual Premium Life and AD&D Combined (12 months coverage)	9,470				

## Supplemental Life

Employee Age	Quoted Rate/\$1000 of Death Benefit			
	2020	2021	2022	2023
< 30				
30-34				
35-39				
40-44				
45-49				
50-54				
55-59				
60-64				
65-69				
70-74				
75 +				

## Supplemental Dependent Life

Spouse Age	Quoted Rate/\$1000 of Death Benefit			
	2020	2021	2022	2023
< 30				
30-34				
35-39				
40-44				
45-49				
50-54				
55-59				
60-64				
65-69				
70-74				
75 +				

Dependent Child	Quoted Rate/\$1000 of Death Benefit			
	2020	2021	2022	2023
Child(ren) Composite Rate Benefit Provided				

### STD & LTD Options

#### Option #1 - Voluntary STD Only

Option #1 – Voluntary STD only	Quoted Rate/\$10 of Covered Payroll			
	2020	2021	2022	2023
90-day elimination illness – clarify accident				

#### Option #2 - Voluntary STD Only

Option #2 – Voluntary STD only	Quoted Rate/\$10 of Covered Payroll			
	2020	2021	2022	2023
180-day elimination illness – clarify accident				

### LTD Options

#### Option #1 - Voluntary LTD - 66 2/3% - 90-day elimination period (Group 1)

Option #1 – Voluntary LTD only	Quoted Rate/\$100 of Covered Payroll			
	2020	2021	2022	2023
90-day elimination illness – clarify accident				

**Option #2 - Voluntary LTD - 60% - 90-day elimination period (Group 1)**

<b>Option #2 – Voluntary LTD only</b>	<b>Quoted Rate/\$100 of Covered Payroll</b>			
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
90-day elimination illness – clarify accident				

**Option #1 - Voluntary LTD - 66 2/3% - 180-day elimination period (Group 2)**

<b>Option #1 – Voluntary LTD only</b>	<b>Quoted Rate/\$100 of Covered Payroll</b>			
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
180-day elimination illness – clarify accident				

**Option #2 - Voluntary LTD - 60% - 180-day elimination period (Group 2)**

<b>Option #2 – Voluntary LTD only</b>	<b>Quoted Rate/\$100 of Covered Payroll</b>			
	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
180-day elimination illness – clarify accident				

## EXHIBIT 1 to RFP 1019: FMLA Administration

### COST PROPOSAL WORKSHEET OPTION 2

**Respondent Name:** \_\_\_\_\_

- Costs submitted shall be all-inclusive, including but not limited to, salary costs, employment taxes, all travel costs, administration costs, overhead costs, required screenings, background checks, training, etc.
- A forty-eight-month (48) rate guarantee is preferred. If you are not able to provide a forty-eight (48) month rate guarantee, please clarify what length you are able to offer and/or offer a not to exceed and the rationale for the shorter time.
- Any modification to this form will be considered non-compliance with the format and content parameters. Any supplemental pricing information attached or referenced will not be considered.
- Cost Proposals must be on this completed **Exhibit 1** form. Any supplemental pricing information attached or referenced will not be considered.
- Cost points shall be determined by the total cost of the PEPM fee multiplied by the “Active Lives” for Years 2020 through 2022.

### FMLA Administration

Cost Component	Active Lives	Fee Amount			
		2020	2021	2022	2023
PEPM Fee	11,829				
Implementation Fee	NA				
Total per Year (“Active Lives” x PEPM fee x 12 months)	NA				
Total of Cost 2022 through 2022	NA				

## Exhibit 2 to RFP 1019: Life/Disability Insurance

### Option 1 Confirmations

Confirm that:

A = Agree	D = Disagree	A	D
1. The proposed effective date is January 1, 2020.		_____	_____
2. Rates DO NOT include commissions.		_____	_____
3. You will offer a full-time employee staffed on-site at MPS to assist with disability claims and accommodation requests.		_____	_____
4. You will provide an online enrollment system (at no cost to MPS) to handle all voluntary enrollments at open enrollment as well as throughout the year.		_____	_____
5. You can offer an alternative life funding mechanism.		_____	_____
6. You will waive participation requirements at inception.		_____	_____
7. You will accept all current levels of coverage that are in-force as of the effective date of coverage (January 1, 2020).		_____	_____
8. You will waive evidence of insurability requirements on voluntary products at implementation.		_____	_____
9. You will integrate with current MPS systems at no additional cost to MPS.		_____	_____
10. You will prepare W-2 Forms as required at no additional cost to MPS.		_____	_____
11. The successful respondent shall permit the authorized representatives of MPS, after reasonable notice, to inspect and audit all data and records related to carrying out this contract for a period of up to three (3) years after completion of the contract. There shall be no charge imposed by Contractor in providing data and records to MPS requested in conjunction with this provision.		_____	_____
12. Premium waiver during disability applies to your proposal.		_____	_____

## Exhibit 2 to RFP 1019: FMLA Administration

### Option 2 Confirmations

Confirm that:

A = Agree	D = Disagree	A	D
1. You will record leave substitutions (including unpaid leave, sick leave, and vacation) by employees and will download the data in a biweekly payroll file feed which will interface with MPS' HRIS so that the leave can be processed each pay period without minimal manual entries by MPS.		_____	_____
2. Telephone notes, emails, correspondence, medical documentation and other documents related to each employee's FMLA request will be uploaded digitally and accessible by MPS' leave administration office with 24 hours of notice.		_____	_____
3. You will have a dedicated team of trained FMLA staff that will manage MPS claims.		_____	_____
4. Employees can make claims 24 hours per day via telephone.		_____	_____
5. You will give MPS Leave Administrator and the employee's designated supervisor email notice within 24 hours of the FMLA request (including specified leave), leave substitution election, and all significant FMLA events thereafter (e.g., Notice of Eligibility; Notice of insufficient information; Denial; Approval; etc).		_____	_____
6. You will give MPS email notice (or send a separate file feed) of prior FMLA absence entries that are deleted or changed <i>after</i> the biweekly file feed has been sent.		_____	_____
7. You will comply with all Federal and State requirements related to the administration of FMLA		_____	_____
8. You will provide tailored FMLA reports as requested and will give MPS "canned" reports regarding FMLA usage, requests, etc.		_____	_____
9. You will be depository for Fitness-for-Duty Certificates and you will give MPS FMLA Administrator and employee's supervisor notice of return-to-work restrictions (or full release) in a prompt manner.		_____	_____
10. You can upload, store and review MPS' leave balances from MPS' HRIS system every two weeks and inform employees what is in their balance so that the employee can make appropriate leave substitution decisions. (MPS has five types of paid leaves and one type of unpaid leave; these balances are saved in MPS' HRIS system.)		_____	_____
11. You will enter the leave substitution elections on the FMLA approval notifications (letter and email).		_____	_____

## Exhibit 3 TO RFP 1019: Life/Disability Insurance and/or FMLA Administration

### Legal/Contract Terms

#### Right to Audit

**MPS** reserves the right to audit, including but not limited to a claims audit, either directly or through its authorized agent(s), the health plan administrator's compliance with the terms of the Agreement. **MPS** further reserves the right, either directly or through its authorized agent(s), to conduct a chart audit or other appropriate review to assess the quality of any services performed by the health plan administrator or its affiliated health care providers upon reasonable notice to the health plan administrator. Upon providing appropriate assurances as to confidentiality and proper use of medical information, the health plan administrator agrees to provide **MPS** or its authorized agent(s) with the medical records maintained by the health plan administrator as well as any data needed to perform audits or other reviews. Any audits will be completed with no additional cost to **MPS** for the services provided relative to the audit.

Accept       Reject       Accept with revisions

#### Confidentiality

The health plan administrator agrees to maintain the confidentiality of all medical, financial and other patient specific data pertaining to Members, as required by state and federal law. The health plan administrator agrees that, except as otherwise provided herein, such data will not be released to individuals or entities other than the Member to which the data relate or such Member's authorized representative, except as required by law or as may be required by order of a court having jurisdiction over the Member. The health plan administrator also agrees that **MPS** has the right to use and disclose all medical, financial and other patient-specific data pertaining to members and the health plan as defined by law and upon providing appropriate assurances as to compliance with HIPAA and other privacy standards.

Accept       Reject       Accept with revisions

### **Insurance/Liability**

To protect **MPS** or any of its affiliates or Members from incurring liability for payment of any fees which are the legal obligation of the health plan administrator, the health plan administrator agrees to maintain and demonstrate the maintenance of all the following protections:

- i) Insolvency insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
- ii) Liability insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
- iii) Contractual arrangements with health care providers affiliated with the health plan administrator prohibiting such providers from holding any Member liable for the payment of any fees, other than co-pays and deductibles as set forth in the Plan.
- iv) Other protections for its Members from liability as provided by applicable state or federal laws.

Accept       Reject       Accept with revisions

### **Member Complaints**

The health plan administrator agrees to act promptly in response to complaints received from Members. The health plan administrator will maintain electronic and written records of all complaints. The records will include, but not be limited to, the date and nature of the complaint filed and the date and manner by which the health plan administrator responded. The health plan administrator shall have a grievance and appeal procedures for addressing complaints and shall make such process available when addressing complaints. **MPS** shall have the right to inspect such written records, including transcripts of member telephone calls, during normal business hours by providing advance written notice to the health plan administrator.

Accept       Reject       Accept with revisions

### **Hold Harmless**

The administrator(s)/carrier(s) will not charge against experience those claim payments not authorized under the benefit plan (except when authorized by **MPS** in writing) if such payments were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers or employees.

The administrator(s)/carrier(s) will reimburse on an immediate basis any overpayments that were the result of error, negligence, reckless or willful acts or omissions by the administrator, its agents, officers or employees.

The administrator(s)/carrier(s) will indemnify, hold harmless and save **MPS**, its agents, officers and employees from liability of any kind or nature (including costs, expenses or attorney's fees) for damages

suffered by any entity or person as a result of error, negligence, reckless or willful acts or omissions of the administrator, its agents, officers or employees.

The above three paragraphs shall hold for the term of the contract with the administrator(s)/carrier(s) even if not expressly provided for in the contract.

Accept       Reject       Accept with revisions

### **Compliance**

The selected vendor must be prepared to assist **MPS** with all state and federal compliance issues, including negotiating, in good faith, appropriate Business Associate and similar “chain-of-trust” agreements and contractual provisions (“Agreements”) in order to comply with the HHS final health care privacy and security regulations and, if necessary, any applicable state law. These Agreements may include (i) addenda to the vendor contract to provide the required Business Associate contractual provisions under the HHS privacy and security regulations and (ii) similar Business Associate agreements with any subcontractors (as approved by **MPS**) of the selected vendor and other service vendors to **MPS** and **MPS’s** health plans, as necessary.

Respondent must demonstrate their capability and plan for coming into timely compliance with all federal regulations governing employer-sponsored health plans that take effect during the contractual period, including:

- Insolvency insurance at an amount, which is sufficient, based on relevant industry standards, to cover obligations of providers for services provided to members.
- US Department of Labor (DOL) final regulations on claims [and appeals] procedures.
- US Department of Health and Human Services (HHS) final regulations on electronic health data transaction and coding standards.
- HHS final regulations on health care data privacy and security.
- Patient Protection and Affordable Care Act (PPACA).

Accept       Reject       Accept with revisions





### SCHEDULE H1-B

#### Student Career Awareness/Education Plan/Commitment

Project/Contractor Information

_____	_____	_____
CONTRACTOR COMPANY NAME	MPS SITE/PROJECT NAME	NUMBER OF REQUIRED HOURS

Name of Education Liaison Contact

_____	_____	_____	_____
CONTACT PERSON	PHONE	FAX	E-MAIL

Place an "X" below to indicate how you plan to fulfill your career awareness/education requirement. This is a ten (10) hr. requirement unless otherwise listed in the project specifications. Preparation time of two (2) hours is allowed. Career awareness/education hours are counted by company, not by number of presenters. Interviews with students for fulfillment of student employment requirements and conversations with CCS personnel are not counted toward education activities.

- |   |  |
|---|--|
| <input type="checkbox"/> Classroom skill development/project activity                   | <input type="checkbox"/> Career-based learning & online career coach mentoring |
| <input type="checkbox"/> Student group tours/observations – job site                    | <input type="checkbox"/> Classroom presentation/demonstration                  |
| <input type="checkbox"/> Contractor provided option (Please provide description.) _____ |  |

Provide a detailed description of your career awareness/education plans for this project.

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I hereby declare and affirm that I, \_\_\_\_\_  
 am a duly authorized representative of \_\_\_\_\_  
 located in \_\_\_\_\_  
 STATE COUNTY CITY

and that I have personally reviewed the material and facts describing our proposal regarding student career awareness/education. I agree to provide the experience(s) contained herein. If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

_____	_____	_____
SIGNATURE OF AUTHORIZED COMPANY OFFICER	TITLE	DATE

**For Office Use Only**

_____	_____	_____
SIGNATURE OF CCS REPRESENTATIVE	TITLE	DATE



SCHEDULE H1-A Student Employment Commitment

Project/Contractor Information

CONTRACTOR COMPANY NAME MPS SITE MPS PROJECT

Name of Employment Liaison Contact

CONTACT PERSON PHONE FAX E-MAIL

Number of required hours: \_\_\_\_\_

Options

Place an "X" below to indicate how you plan to fulfill your student employment requirement.

- ALTERNATIVE PLACEMENT SITE AFTER SCHOOL SUMMER YOUTH APPRENTICESHIP OTHER

Employment Plan - Use additional pages if necessary. Plan must meet hours required.

From \_\_\_\_\_ to \_\_\_\_\_

Table with 2 rows: List month, Number of employment hours

Provide a detailed description of your employment plan for this project.

Blank lines for detailed description of employment plan

I hereby declare and affirm that I, \_\_\_\_\_ am a duly authorized representative of \_\_\_\_\_ located in \_\_\_\_\_

and that I have personally reviewed the material and facts describing our proposal regarding student employment. I agree to provide an employment partnership experience for the MPS student. (HIC is required to be submitted as well). If a contractor is non-compliant, MPS may impose one or more identified sanctions, and require proof of corrective action by the contractor.

SIGNATURE OF AUTHORIZED COMPANY OFFICER TITLE DATE

For Office Use Only

SIGNATURE OF CCS REPRESENTATIVE TITLE DATE



Schedule H1-C
Alternative Placement Request
Student Employment

Please submit the following form identifying your election for Alternative Placement. The Office of Contract Compliance Services is the sole approver for alternative placement and will assist with referrals of available sites.

Alternative Placement is available to MPS Contractors/Vendors with justified limitations which prevent actual student employment participation within their place of employment. Additionally, a company representative will be required to perform 2 alternative placement site visits for the duration of the project or per 12 month contract period (where applicable). "Alternative Placement" is defined as a work site other than that of the MPS Contractor/Vendor's worksite, identified as appropriate for work experience with MPS students in order to meet MPS Contractor/Vendor's Student Employment obligations under the DFMS Participation Plan for Contractors or MPS Professional Services Contract. Justifications for Alternative Placement include the following: company age restrictions, work-site capacity limitations and location limitations.

In limited circumstances, when the Contractor's place of employment is beyond the transportation resources available to students or when certain project circumstances exist that prevent student employment at the job site, the Contractor may subcontract with a third party who is currently providing services that were originally agreed upon between MPS and the Contractor for an "alternative placement" of students. In such cases, the contractor maintains responsibility for the student's work site and wages as well as ensuring a reasonably safe and meaningful work experience. Under this arrangement the contractor will be the "statutory employer" for all insurance purposes, including, but not limited to worker's compensation purposes, and is hereinafter referred to as "Contractor/Statutory Employer." The placement is hereinafter referred to as "Alternative Placement" or "Alternative Placement Site." The Contractor/Statutory Employer understands and agrees that financial responsibility for claims or damages to students/employees, shall rest with Contractor/ Statutory Employer. Contractor/ Statutory Employer shall effect and maintain any insurance coverage, including but not limited to, Workers' Compensation, Employers' Liability and Commercial General Liability.

A company representative will be required to perform 2 alternative placement site visits for the duration of the project or per 12 month contract period (where applicable). Each company must provide MPS with documentation of the alternative placement site visit and verification of site safety.

Project/Contractor Information

Form with fields for CONTRACTOR COMPANY NAME, MPS PROJECT NAME, BID/RFP NUMBER, CONTACT PERSON, PRIMARY PHONE, and E-MAIL.

Number of required project hours: \_\_\_\_\_

ALTERNATIVE PLACEMENT SITE ELECTION

Place an "X" below to indicate if you plan to fulfill your student employment requirement through an alternative placement site.

- Yes, I am requesting alternative placement.
No, I plan to employ the student employee within my organization.

Please list below justification for student employment request.

Four horizontal lines for providing justification for student employment request.

**TO BE COMPLETED BY CONTRACTOR/VENDOR:**

I hereby declare and affirm that [ \_\_\_\_\_ ] is in agreement with the conditions for utilizing an  
INSERT COMPANY NAME

Alternative Placement Site and that our company meets the standards for which an accommodation is granted. I also understand that it will be the responsibility of our company representative to complete the required site visits and report to MPS CCS a student status report which will contain signatures from the identified MPS alternative placement site liaison. I also agree to pay the student worker, at minimum, the City of Milwaukee's Living Wage Rate.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY OFFICER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CCS REPRESENTATIVE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE