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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

To:	Honorable Chairman Joe A. Martinez and Members, Board of County Commissioners
From:	Carlos A. Gimenez Mayor
Subject:	Recommendation to Reject Proposals Received for RFP 791: Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs and Authorize a One Year Extension of Contract No. 509

Agenda Item No. 8(F)(2)

Resolution No. R-278-12

RECOMMENDATION

It is recommended that the Board of County Commissioners (Board) approve the rejection of all proposals received for the Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs for the Internal Services Department, General Services Division. It is further recommended that the Board authorize the extension of the current agreement to continue the insurance coverage provided by these programs for one year at the current rates.

RFP NUMBER:	RFP791
RFP TITLE:	Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs
TERM:	Five years with three, one-year options to renew
APPROVAL TO ADVERTISE:	November 7, 2011
METHOD OF AWARD:	To the recommended responsive, responsible vendor based on the evaluation criteria established in the solicitation. A full and open competitive Request for Proposals process was used.
PREVIOUS CONTRACT AMOUNT:	Approximately $431,000 per year, depending upon enrollment
CONTRACT AMOUNT:	Estimated at $2,155,000 for the initial five years, depending upon enrollment

REASON FOR REJECTION

The County issued a Request for Proposals to solicit proposals for the provision of two fully insured programs: 1) Accidental Death and Dismemberment (AD&D) and 2) Police Benevolent Association (PBA) Survivors' Benefit. The AD&D benefit is required by Florida Statutes for police officers and firefighters. The Board has extended the benefit to all full-time County employees. Additionally, eighteen (18) municipalities also participate in this program. The PBA Survivors' Benefit provides coverage on a 24-hour basis to eligible members of the PBA Bargaining Unit and their supervisors, as stipulated in the PBA Collective Bargaining Unit Agreement.

Three proposals were received. Two of the proposals were deemed non-responsive by the County Attorney's Office. The remaining single proposal was evaluated and scored by the Evaluation/Selection Committee. The Committee deemed that the remaining firm was not technically qualified.

Both of the non-responsive proposals were conditional offers and did not provide the five-year rate guarantee required. One of those proposals asserted that Florida law precludes rate guarantees in excess of 24 months; however, the County confirmed with the State of Florida, Office of Insurance Regulation that this interpretation of the law was incorrect. Staff will re-evaluate the rate guarantee requirement and work with potential proposers to determine whether sufficient competition exists to keep the requirement or whether lowering the number of years guaranteed will be necessary. The goal will be to balance the County's needs with those available in the market in the subsequent solicitation.

The current programs are provided by Aon Consulting, Inc. through Contract No. 509. A one-year extension will preserve the continuity of these benefits for County employees, and eighteen participating municipalities. The insurance policies are written on a yearly basis. The cost of the one-year extension will be approximately $431,000, depending upon enrollment.

USING/MANAGING AGENCY AND FUNDING SOURCE:

Department	Rejection Allocation	Funding Source	Contract Manager
Internal Services Department, General Services Division	$ 2,155,000	General, Municipality, and Employee Funds	Barbara Dunlop
Total	$ 2,155,000		

PROCUREMENT CONTRACTING OFFICER: Maria Carballeira

VENDOR RECOMMENDED FOR AWARD: None

VENDORS NOT RECOMMENDED FOR AWARD:

Proposers	Reason for Not Recommending
D'Andre Insurance Services, Inc. (Local)	The Evaluation/Selection Committee determined the firm is not technically qualified to offer this service.
Aon Consulting, Inc. (Non-Local)	Non-responsive due to material deviations in proposal that conditioned the offer.
LB Bryan & Company (Non-Local)	

CONTRACT MEASURES: A Small Business Enterprise Selection Factor was applied in accordance with the Ordinance.

LIVING WAGE: The services being provided are not covered under the Living Wage Ordinance.

USER ACCESS PROGRAM: The 2% User Access Program provision is not included as these services are exempt.

LOCAL PREFERENCE: The Local Preference was applied in accordance with the Ordinance.

Deputy Mayor

MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez and Members, Board of County Commissioners

DATE: April 3, 2012

FROM: R. A. Cuevas, Jr. County Attorney

SUBJECT: Agenda Item No. 8(F)(2)

Please note any items checked.

_____	**"3-Day Rule" for committees applicable if raised**
_____	**6 weeks required between first reading and public hearing**
_____	**4 weeks notification to municipal officials required prior to public hearing**
_____	**Decreases revenues or increases expenditures without balancing budget**
_____	**Budget required**
_____	**Statement of fiscal impact required**
_____	**Ordinance creating a new board requires detailed County Manager's report for public hearing**
_____	**No committee review**
_____	**Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous_____) to approve**
✓	**Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 8(F)(2)
4-3-12

RESOLUTION NO. R-278-12

RESOLUTION AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO REJECT PROPOSALS RECEIVED FOR ACCIDENTAL DEATH AND DISMEMBERMENT & POLICE BENEVOLENT ASSOCIATION SURVIVORS' BENEFIT INSURANCE PROGRAMS AND AUTHORIZING A ONE-YEAR EXTENSION OF CONTRACT NO. 509 WITH AON CONSULTING, INC. FOR THESE PROGRAMS IN THE ESTIMATED AMOUNT OF $431,000, DEPENDING UPON ENROLLMENT

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board approves the rejection of proposals received for Request for Proposals No. 791 for the Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs, and furthermore authorizes a one-year extension of Contract No. 509 with Aon Consulting, Inc. for these programs in the estimated amount of $431,000, depending upon enrollment.

The foregoing resolution was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Lynda Bell** and upon being put to a vote, the vote was as follows:

Joe A. Martinez, Chairman			**absent**
Audrey M. Edmonson, Vice Chairwoman			**aye**
Bruno A. Barreiro	**aye**	Lynda Bell	**aye**
Esteban L. Bovo, Jr.	**absent**	Jose "Pepe" Diaz	**absent**
Sally A. Heyman	**aye**	Barbara J. Jordan	**aye**
Jean Monestime	**aye**	Dennis C. Moss	**aye**
Rebeca Sosa	**aye**	Sen. Javier D. Souto	**absent**
Xavier L. Suarez	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of April, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

Approved by County Attorney as to form and legal sufficiency.

Oren Rosenthal

By: Christopher Agrippa
Deputy Clerk

Memorandum

MIAMI-DADE COUNTY

Date: December 12, 2011

To: Maria Carballeira
Procurement Contracting Officer

From: Oren Rosenthal
Assistant County Attorney

Subject: Responsiveness of Proposals – RFP 791 Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs

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You have asked this office if proposals from LB Bryan & Company ("LB") and Aon Consulting, Inc. ("AON") may be considered responsive to the above referenced Request for Proposals ("RFP") because they did not provide a rate guarantee of five years as required by the RFP. For the reasons set forth below, we conclude that LB and AON's proposals are not-responsive to the RFP.

FACTS

We rely on the information provided in your memorandum to this office dated December 8, 2011 (attached hereto), the proposals from the above firms and text of the RFP.

In your memorandum, you note that the solicitation requires that all proposers include a rate guarantee for the five year term of the agreement. You identify the following variations from the solicitation by the two proposers in question:

1. **LB Bryan & Company:** You state that LB's proposal offers a "firm 3 year rate guarantee with additional rate guarantee for 2 additional rate guarantee extensions for two additional years if incurred loss ratio at the end of the 2nd policy year is less than 45%."

2. **Aon Consulting, Inc.:** You state that AON's proposal does not provide the requested rate guarantee but instead provides "Due to Florida Regulation 690-149.005, Section 14(a) through (e), insurance carriers can no longer offer rate guarantees in excess of 24 months for Florida situses AD&D cases."

You also state that prior to the solicitation due date, and as a result of a rate cap inquiry from a prospective proposer you contacted the State of Florida, Department of Financial Services, Office of Insurance Regulation to seek an opinion on whether the cited Administrative Code applies to this solicitation. You represent that Mr. Tom Zutell, Management Review Specialist for Life & Health Products opined that Florida Statute 627.410(6)(d)(2) exempts the product sought by the RFP from any rate cap provision regulation. The County issued an addendum to the proposers advising them of the applicability of the State Statute rather than the Administrative Code.

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DISCUSSION

Based on the facts set forth above, LB and AON's proposals are not-responsive to the RFP. In general, a proposal may be rejected or disregarded if there is a variance between the proposal and the advertisement. *See Robinson Electric Co. v. Dade County*, 417 So.2d 1032, 1034 (Fla. 3d DCA 1982). Proposers who propose impermissible exceptions to invitations to RFPs do so at the risk of those exceptions being deemed material to the proposal and having their proposal rejected as nonresponsive.[1]

Both LB and AON proposals include deviations from the requirement in the RFP that "[a]ll rates shall be guaranteed for the initial 5 Plan years." RFP, Price Form B-1. For LB, the proposer conditioned the rate guarantee on plan performance in the first two years. For AON, the proposer incorrectly asserted that Florida law precludes the provision of such rate guarantees.[2] These variances give LB and AON a material advantage over the other proposer who complied with the rate cap requirement by reducing LB and AON's risk associated with maintaining a guaranteed rate structure for five years as requested by the RFP. As such, these proposals are not-responsive.

Oren Rosenthal

[1] "In determining whether a specific noncompliance constitutes a substantial and hence nonwaivable irregularity, the courts have applied two criteria-first, whether the effect of a waiver would be to deprive the municipality of its assurance that the contract will be entered into, performed and guaranteed according to its specified requirements, and second, whether it is of such a nature that its waiver would adversely affect competitive bidding by placing a bidder in a position of advantage over other bidders or by otherwise undermining the necessary common standard of competition." *Robinson Electric*, 417 So.2d at 1034 (citing 10 McQuillan, Municipal Corporations § 29.65 (3d Ed. rev. 1981)); *Harry Pepper & Associates, Inc. v. City of Cape Coral, 352 So.2d 1190, 1129* (Fla. 2d DCA 1977) ("The test for measuring whether a deviation in a bid is sufficiently material to destroy its competitive nature is whether the variation affects the amount of the bid by giving the bidder an advantage or benefit not enjoyed by other bidders"). In some cases, irregularities that are tangential to the actual proposal may not be considered material if they do not adversely affect the interests of the County. *See Tropabest Foods, Inc. v. State, Dept. of Gen. Services*, 493 So.2d 50, 52 (citing the Florida Administrative Code's provisions that a minor irregularity is one which "does not affect the price of the bid, or give the bidder an advantage or benefit not enjoyed by other bidders or does not adversely impact the interests of the agency").

[2] The communications with the Florida Office of Insurance regulation on this issue are attached hereto.

Memorandum

MIAMI-DADE COUNTY

Date: December 8, 2011

To: Oren Rosenthal
Assistant County Attorney
County Attorney's Office

From: Maria Carballeira
Procurement Contracting Officer
Internal Services Department

Subject: Request for Legal Opinion on RFP No. 791, Accidental Death and Dismemberment & Police Benevolent Association Survivors' Benefit Insurance Programs

On December 5, 2011, proposals were received for RFP 791 and subsequently reviewed for responsiveness. The following issues were identified:

1. In the proposal from **LB Bryan & Company**, the firm offers a *"firm 3 year rate guarantee with additional rate guaranteed extension for 2 additional years If incurred loss ratio at the end of the 2nd policy year is less than 45%."*

2. In the proposal from **Aon Consulting, Inc.**, the firm states that *"Due to Florida Regulation 69O-149.005, Section 14 (a) through (e), insurance carriers can no longer offer rate guarantees in excess of 24 months for Florida sitused AD&D cases."*

   vs.

   County's Form B-1, Price Proposal Schedule, Section A, Note No. 6 states that *"All rates shall be guaranteed for the initial 5 Plan Years."* Furthermore, Note No. 3 of the price proposal also states that *"any price proposal that is conditioned may be deemed non-responsive."*

Prior to the solicitation due date, and as a result of a rate cap inquiry received by a prospective proposer, the Internal Services Department contacted the State of Florida, Department of Financial Services, Office of Insurance Regulation to seek clarification on whether Administrative Code Rule 69O-149.005 (14)(b) prohibits the County from requiring a 60 month rate guarantee from prospective proposers. Mr. Tom Zutell, Management Review Specialist for Life & Health Products explained that Florida Statutes Section 627.410 (6)(d)(2) exempts Accidental Death & Dismemberment policies from rate caps. Mr. Zutell further advised that State Statutes supersede any administrative codes. Thereafter, the County, through the release of Addendum No. 2, referred proposers to F.S. 627.410(6)(d)(2) for information on accidental death policies exemption.

Please review these issues and advise whether the proposals for these two firms are responsive. If you have any questions, please contact me at (305) 375-5683. Thank you for your attention to this matter.

Attachments:

1. RFP 791
2. LB Bryan & Company Proposal with area of concern tabbed
3. Aon Consulting, Inc. Proposal with area of concern tabbed
4. E-mail Correspondence from Tom Zutell, State of Florida, Office of Insurance Regulation
5. Florida State Statute: 627.410(6)(d)2
6. State of Florida, Office of Insurance Regulation Administrative Code Rule: 69O-149.005

Rosenthal, Oren (CAO)

From: Tom Zutell [Tom.Zutell@floir.com]
Sent: Wednesday, December 07, 2011 3:23 PM
To: Carballeira, Maria (ISD)
Subject: RE: 627.410(6)(d)2, F.S.

Hi, Maria.

No bother. Section 627.410(6)(d)2, F.S. exempts AD&D policies from rate caps.

Tom Zutell
Management Review Specialist
L&H Product Review
Office of the Director
Florida Office of Insurance Regulation
Office: 850-413-5092
Cell: 850-519-8324

From: Carballeira, Maria (ISD) [mailto:MC5@miamidade.gov]
Sent: Wednesday, December 07, 2011 12:59 PM
To: Tom Zutell
Subject: 627.410(6)(d)2, F.S.

Hi Tom:

Hope all is well with you. I am so very sorry to be such a bother, however I need your help. I just want to make sure that I interpreted your note below and our subsequent conversation appropriately.

Just to reiterate, Miami-Dade County is soliciting for Accidental Death and Dismemberment coverage. The County requested a 60 month rate guarantee from proposers. State of FL Office of Insurance Administrative Code Rule 69O-149.005(14)(b) seems to prohibit guaranteed premiums greater than 24 months.

Notwithstanding, based on our brief conversation and referenced State statute, I understood that accidental death policies are excluded from rule. In other words, Miami-Dade County is **not** prohibited from requesting a 60 month rate guarantee from proposers proposing to provide the County's accidental death and dismemberment benefits.

Please advise if I got it right.

Much, much thanks.

Maria Carballeira, CPPB
Procurement Contracting Officer
Miami-Dade County
Internal Services Department
Tel: 305-375-5683
Fax: 305-375-5688
E-mail: mc5@miamidade.gov

http://www.miamidade.gov/dpm/
"Delivering Excellence Every Day"
Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.

From: Tom Zutell [mailto:Tom.Zutell@floir.com]
Sent: Tuesday, November 29, 2011 1:57 PM
To: Carballeira, Maria (ISD)
Subject: 627.410(6)(d)2, F.S.

Hi, Maria.

I will call you in a few minutes.

(d) Every filing made pursuant to this subsection, except disability income policies and accidental death policies, shall be prohibited from applying the following rating practices:

1. Select and ultimate premium schedules.
2. Premium class definitions which classify insured based on year of issue or duration since issue.
3. Attained age premium structures on policy forms under which more than 50 percent of the policies are issued to persons age 65 or over.

Tom Zutell
Management Review Specialist
L&H Product Review
Office of the Director
Florida Office of Insurance Regulation
Office: 850-413-5092
Cell: 850-519-8324

Select Year: 2011 Go

The 2011 Florida Statutes

Title XXXVII INSURANCE | Chapter 627 INSURANCE RATES AND CONTRACTS | View Entire Chapter

627.410 Filing, approval of forms.—

(1) No basic insurance policy or annuity contract form, or application form where written application is required and is to be made a part of the policy or contract, or group certificates issued under a master contract delivered in this state, or printed rider or endorsement form or form of renewal certificate, shall be delivered or issued for delivery in this state, unless the form has been filed with the office by or in behalf of the insurer which proposes to use such form and has been approved by the office. This provision does not apply to surety bonds or to policies, riders, endorsements, or forms of unique character which are designed for and used with relation to insurance upon a particular subject (other than as to health insurance), or which relate to the manner of distribution of benefits or to the reservation of rights and benefits under life or health insurance policies and are used at the request of the individual policyholder, contract holder, or certificateholder. As to group insurance policies effectuated and delivered outside this state but covering persons resident in this state, the group certificates to be delivered or issued for delivery in this state shall be filed with the office for information purposes only.

(2) Every such filing must be made not less than 30 days in advance of any such use or delivery. At the expiration of such 30 days, the form so filed will be deemed approved unless prior thereto it has been affirmatively approved or disapproved by order of the office. The approval of any such form by the office constitutes a waiver of any unexpired portion of such waiting period. The office may extend by not more than an additional 15 days the period within which it may so affirmatively approve or disapprove any such form, by giving notice of such extension before expiration of the initial 30-day period. At the expiration of any such period as so extended, and in the absence of such prior affirmative approval or disapproval, any such form shall be deemed approved.

(3) The office may, for cause, withdraw a previous approval. No insurer shall issue or use any form disapproved by the office, or as to which the office has withdrawn approval, after the effective date of the order of the office.

(4) The office may, by order, exempt from the requirements of this section for so long as it deems proper any insurance document or form or type thereof as specified in such order, to which, in its opinion, this section may not practicably be applied, or the filing and approval of which are, in its opinion, not desirable or necessary for the protection of the public.

(5) This section also applies to any such form used by domestic insurers for delivery in a jurisdiction outside this state if the insurance supervisory official of such jurisdiction informs the office that such form is not subject to approval or disapproval by such official, and upon the order of the office requiring the form to be submitted to it for the purpose. The applicable same standards apply to such forms as apply to forms for domestic use.

(6)(a) An insurer shall not deliver or issue for delivery or renew in this state any health insurance policy form until it has filed with the office a copy of every applicable rating manual, rating schedule, change in rating manual, and change in rating schedule; if rating manuals and rating schedules are not applicable, the insurer must file with the office applicable premium rates and any change in applicable premium rates. This paragraph does not apply to group health insurance policies, effectuated and delivered in this state, insuring groups of 51 or more persons, except for Medicare supplement insurance, long-term care insurance, and any coverage under which the increase in claim costs over the lifetime of the contract due to advancing age or duration is prefunded in the premium.

(b) The commission may establish by rule, for each type of health insurance form, procedures to be used in ascertaining the reasonableness of benefits in relation to premium rates and may, by rule, exempt from any requirement of paragraph (a) any health insurance policy form or type thereof (as specified in such rule) to which form or type such requirements may not be practically applied or to which form or type the application of such requirements is not desirable or necessary for the protection of the public. With respect to any health insurance policy form or type thereof which is exempted by rule from any requirement of paragraph (a), premium rates filed pursuant to ss. 627.640 and 627.662 shall be for informational purposes.

(c) Every filing made pursuant to this subsection shall be made within the same time period provided in, and shall be deemed to be approved under the same conditions as those provided in, subsection (2).

(d) Every filing made pursuant to this subsection, except disability income policies and accidental death policies, shall be prohibited from applying the following rating practices:

1. Select and ultimate premium schedules.
2. Premium class definitions which classify insured based on year of issue or duration since issue.
3. Attained age premium structures on policy forms under which more than 50 percent of the policies are issued to persons age 65 or over.

(e) Except as provided in subparagraph 1., an insurer shall continue to make available for purchase any individual policy form issued on or after October 1, 1993. A policy form shall not be considered to be available for purchase unless the insurer has actively offered it for sale in the previous 12 months.

1. An insurer may discontinue the availability of a policy form if the insurer provides to the office in writing its decision at least 30 days prior to discontinuing the availability of the form of the policy or certificate. After receipt of the notice by the office, the insurer shall no longer offer for sale the policy form or certificate form in this state.

2. An insurer that discontinues the availability of a policy form pursuant to subparagraph 1. shall not file for approval a new policy form providing similar benefits as the discontinued form for a period of 5 years after the insurer provides notice to the office of the discontinuance. The period of discontinuance may be reduced if the office determines that a shorter period is appropriate.

3. The experience of all policy forms providing similar benefits shall be combined for all rating purposes.

(7)(a) Each insurer subject to the requirements of subsection (6) shall make an annual filing with the office no later than 12 months after its previous filing, demonstrating the reasonableness of benefits in relation to premium rates. The office, after receiving a request to be exempted from the provisions of this section, may, for good cause due to insignificant numbers of policies in force or insignificant premium volume, exempt a company, by line of coverage, from filing rates or rate certification as required by this section.

(b) The filing required by this subsection shall be satisfied by one of the following methods:

1. A rate filing prepared by an actuary which contains documentation demonstrating the reasonableness of benefits in relation to premiums charged in accordance with the applicable rating laws and rules promulgated by the commission.

2. If no rate change is proposed, a filing which consists of a certification by an actuary that benefits are reasonable in relation to premiums currently charged in accordance with applicable laws and rules promulgated by the commission.

(c) As used in this section, "actuary" means an individual who is a member of the Society of Actuaries or the American Academy of Actuaries. If an insurer does not employ or otherwise retain the services of an actuary, the insurer's certification shall be prepared by insurer personnel or consultants with a minimum of 5 years' experience in insurance ratemaking. The chief executive officer of the insurer shall review and sign the certification indicating his or her agreement with its conclusions.

(d) If at the time a filing is required under this section an insurer is in the process of completing a rate review, the insurer may apply to the office for an extension of up to an additional 30 days in which to make the filing. The request for extension must be received by the office no later than the date the filing is due.

(e) If an insurer fails to meet the filing requirements of this subsection and does not submit the filing within 60 days following the date the filing is due, the office may, in addition to any other penalty authorized by law, order the insurer to discontinue the issuance of policies for which the required filing was not made, until such time as the office determines that the required filing is properly submitted.

(8)(a) For the purposes of subsections (6) and (7), benefits of an individual accident and health insurance policy form, including Medicare supplement policies as defined in s. 627.672, when authorized by rules adopted by the commission, and excluding long-term care insurance policies as defined in s. 627.9404, and other policy forms under which more than 50 percent of the policies are issued to individuals age 65 and over, are deemed to be reasonable in relation to premium rates if the rates are filed pursuant to a loss ratio guarantee and both the initial rates and the durational and lifetime loss ratios have been approved by the office, and such benefits shall continue to be deemed reasonable for renewal rates while the insurer complies with such guarantee, provided the currently expected lifetime loss ratio is not more than 5 percent less than the filed lifetime loss ratio as certified to by an actuary. The office shall have the right to bring an administrative action should it deem that the lifetime loss ratio will not be met. For Medicare supplement filings, the office may withdraw a previously approved filing which was made pursuant to a loss ratio guarantee if it determines that the filing is not in compliance with ss. 627.671-627.675 or the currently expected lifetime loss ratio is less than the filed lifetime loss ratio as certified by an actuary in the initial guaranteed loss ratio filing. If this section conflicts with ss. 627.671-627.675, ss. 627.671-627.675 shall control.

(b) The renewal premium rates shall be deemed to be approved upon filing with the office if the filing is accompanied by the most current approved loss ratio guarantee. The loss ratio guarantee shall be in writing, shall be signed by an officer of the insurer, and shall contain at least:

1. A recitation of the anticipated lifetime and durational target loss ratios contained in the actuarial memorandum filed with the policy form when it was originally approved. The durational target loss ratios shall be calculated for 1-year experience periods. If statutory changes have rendered any portion of such actuarial memorandum obsolete, the loss ratio guarantee shall also include an amendment to the actuarial memorandum reflecting current law and containing new lifetime and durational loss ratio targets.

2. A guarantee that the applicable loss ratios for the experience period in which the new rates will

take effect, and for each experience period thereafter until new rates are filed, will meet the loss ratios referred to in subparagraph 1.

3. A guarantee that the applicable loss ratio results for the experience period will be independently audited at the insurer's expense. The audit shall be performed in the second calendar quarter of the year following the end of the experience period, and the audited results shall be reported to the office no later than the end of such quarter. The commission shall establish by rule the minimum information reasonably necessary to be included in the report. The audit shall be done in accordance with accepted accounting and actuarial principles.

4. A guarantee that affected policyholders in this state shall be issued a proportional refund, based on the premium earned, of the amount necessary to bring the applicable experience period loss ratio up to the durational target loss ratio referred to in subparagraph 1. The refund shall be made to all policyholders in this state who are insured under the applicable policy form as of the last day of the experience period, except that no refund need be made to a policyholder in an amount less than $10. Refunds less than $10 shall be aggregated and paid pro rata to the policyholders receiving refunds. The refund shall include interest at the then-current variable loan interest rate for life insurance policies established by the National Association of Insurance Commissioners, from the end of the experience period until the date of payment. Payments shall be made during the third calendar quarter of the year following the experience period for which a refund is determined to be due. However, no refunds shall be made until 60 days after the filing of the audit report in order that the office has adequate time to review the report.

5. A guarantee that if the applicable loss ratio exceeds the durational target loss ratio for that experience period by more than 20 percent, provided there are at least 2,000 policyholders on the form nationwide or, if not, then accumulated each calendar year until 2,000 policyholder years is reached, the insurer, if directed by the office, shall withdraw the policy form for the purposes of issuing new policies.

(c) As used in this subsection:

1. "Loss ratio" means the ratio of incurred claims to earned premium.

2. "Applicable loss ratio" means the loss ratio attributable solely to this state. If there are 2,000 or more policyholders in the state. If there are 500 or more policyholders in this state but less than 2,000, it is the linear interpolation of the nationwide loss ratio and the loss ratio for this state. If there are less than 500 policyholders in this state, it is the nationwide loss ratio.

3. "Experience period" means the period, ordinarily a calendar year, for which a loss ratio guarantee is calculated.

History.—s. 459, ch. 59-205; ss. 13, 35, ch. 69-106; s. 1, ch. 71-17; s. 3, ch. 76-166; s. 1, ch. 77-457; s. 21, ch. 78-95; ss. 2, 3, ch. 81-318; ss. 364, 377, 809(2nd), ch. 82-243; s. 79, ch. 82-386; s. 2, ch. 84-235; s. 1, ch. 90-360; s. 1, ch. 90-249; s. 12, ch. 90-366; s. 1, ch. 91-73; ss. 32, 114, ch. 92-318; s. 62, ch. 93-129; s. 22, ch. 93-260; s. 335, ch. 97-102; s. 3, ch. 98-159; s. 4, ch. 98-173; s. 5, ch. 2002-282; s. 1112, ch. 2003-261; s. 20, ch. 2004-297.

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Memorandum

Date: November 21, 2011

To: Those Listed Below

From: Carlos A. Gimenez
Mayor

Subject: Appointment of Selection Committee for Internal Services Department – General Services Administration – RFP No. 791

In accordance with Administrative Order 3-34, I am hereby appointing those listed below as the Selection Committee Internal Services Department – General Services Administration Request for Accidental Death & PBA Survivor Benefit Insurance Programs– RFP No. 791:

Selection Committee
Maria Carballeira, CPPB, ISD (Non-Voting Chairperson)
Barbara Dunlop, ISD - GSA
Merrie Gonzalez, ISD - GSA
Terry Parker, OMB
Jeffrey Schmidinger, MDPD
Carmen Figueroa, MDFR
Jacqueline Berry, MDCR (Alternate)

You are directed to assist me in the selection process considering the factors delineated in the solicitation. If you are unable to participate in the selection process, contact this office through Small Business Development (SBD) by memorandum from your department director documenting the reason why you cannot participate. Only in cases of **dire** urgency may you be excused from participation.

Each Selection Committee member shall be responsible for evaluating, rating and ranking the proposals based on the criteria and procedure contained in the solicitation. The Selection Committee will meet to review the written proposals. If required, the Selection Committee will select firms to make oral presentations to the Selection Committee at a properly noticed public hearing. If proposers are invited to make oral presentations, the Selection Committee may re-rate and re-rank the proposals based upon the written documents combined with the oral presentation. You may utilize staff of the issuing department and the using agency to conduct a preliminary review of the proposals for responsiveness. All requests for responsiveness determinations shall be made in writing by the issuing department to the County Attorney's Office.

The alternate committee member will serve only in the event of an approved substitution. No substitution of committee members shall be allowed after the first official meeting of the committee. The Department of Procurement Management (DPM) may substitute the chairperson to ensure the appropriate level of staffing expertise as deemed necessary to accommodate the needs of this solicitation.

Upon completion of the evaluation process, the Selection Committee Chairperson shall prepare and submit a memorandum to include a narrative of the evaluation and justification of the recommended firm(s) with attach supporting documentation which MUST include the following information:

Name of firm(s)
Quality Rating Score
Price
Adjusted Score (if applicable)
Committee's Overall Ranking

This report should be submitted to me through DPM for review and consideration.

As a matter of administrative policy and to maintain a fair and impartial process, all individuals appointed to the Selection Committee (including the Chairperson) and staff are instructed to refrain from discussing the solicitation with prospective lobbyist and/or consultants. Selection Committee members are reminded that in accordance with the Cone of Silence Ordinance 98-106, they are restrictions on communications regarding the solicitation with potential proposers, service providers, lobbyists, consultants, or any member of the County's professional staff. Violation of this policy could lead to termination of County service.

All questions must be directed to the staff contact person designated by the issuing department.

c: Lester Sola, Director, ISD
Jennifer Moon, OMB
James Loftus, Director, MDPD
William Bryson, Fire Chief, MDFR
Timothy P. Ryan, Director, MDCR
Jack Osterholt, Deputy Mayor/Interim Director, SPEED
Veronica Clark, Assistant to Director, SPEED

Selection Committee
Maria Carballeira, CPPB, ISD (Non-Voting Chairperson)
Barbara Dunlop, ISD - GSA
Merrie Gonzalez, ISD - GSA
Terry Parker, OMB
Jeffrey Schmidinger, MDP
Carmen Figueroa, MDFR
Jacqueline Berry, MDCR (Alternate)