

Contract Renewal Evaluation Form

Date:	August 22, 2022
Department:	FINANCE
Contract Number:	21RFP071321C-MH,
Contract Title:	Voluntary Benefits Program: Accident, Critical Illness, Hospital Indemnity, Identity theft Protection, Legal Protection, Short-Term Disability, Whole Life with Long Term Care Rider and Flexible Spending Accounts.

Instructions:

It is extremely important that every contract be rigidly scrutinized to determine if the contract provides the County with value. Each renewal shall be reviewed and answers provided to determine whether services should be maintained, services/scope reduced, services brought in-house or if the contract should be terminated. Please submit a completed copy of this form with all renewal requests.

1. Describe what efforts were made to reduce the scope and cost of this contract.

A formal procurement was done to solicit the most qualified vendors at the best price for plan year beginning 1/1/2022. This contract provides the following voluntary benefits product offerings to active employees: Accident, Critical Illness, Hospital Indemnity, Identity theft Protection, Legal Protection, Short-Term Disability, Whole Life with Long Term Care Rider and Flexible Spending Accounts.

2. Describe the analysis you made to determine if the current prices for this good or service is reflective of the current market. Check all applicable statements and provide documentation:

The analysis that was done include a formal Request for Proposal effective 1/1/2022 to solicit qualified vendors at the most affordable price. This action exercises the first of four annual renewal options.

☐ Internet search of pricing for same product or service:

Date of search:	RFP Review Process
Price found:	Click here to enter text.
Different features / Conditions:	Click here to enter text.
Percent difference between internet price and renewal price:	Click here to enter text.

Explanation / Notes:

Click here to enter text.

☐ **Market Survey of other jurisdictions:**

Date contacted:	Click here to enter a date.
Jurisdiction Name / Contact name:	Click here to enter text.
Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.
Percent difference between past purchase price and renewal price:	Click here to enter text.
Are they aware of any new vendors?	☐ Yes ☐ No
Are they aware of a reduction in pricing in this industry?	☐ Yes ☐ No
How does pricing compare to Fulton County's award contract?	Click here to enter text.

Explanation / Notes:

Click here to enter text.

☐ **Other (Describe in detail the analysis conducted and the outcome):**

3. What was the actual expenditure (from the AMS system) spent for this contract for previous fiscal year?

No County expenditure for this program – 100% Employee Paid Benefit

4. Does the renewal option include an adjustment for inflation? ☐ Yes ☒ No
(Information can be obtained from CPI index)

Was it part of the initial contract? ☐ Yes ☐ No

Date of last purchase:	Click here to enter a date.
Price paid:	Click here to enter text.
Inflation rate:	Click here to enter text.
Adjusted price:	Click here to enter text.

Percent difference between past purchase price and renewal price:

[Click here to enter text.](#)

Explanation / Notes:

[Click here to enter text.](#)

5. Is this a seasonal item or service? ☐ Yes ☒ No

6. Has an analysis been conducted to determine if this service can be performed in-house? ☐ Yes
☒ No If yes, attach the analysis.

The resources and technical expertise do not exist in-house to handle this type services.

7. What would be the impact on your department if this contract was not approved?

Inability to offer and administer plan designs and contract requirements for Voluntary Benefits Plans to employees.

Melissa Barnett, Benefits Manager

August 22, 2022

Prepared by

Date

Hakeem Oshikoya, Finance Director

August 22, 2022

Department Head

Date