RFP RECAP NO. P-15-19/20

Employee Benefits Broker/Consulting Services

RFP DUE DATE AND TIME: 10/08/19, 1:00 PM

	RESPONDENT NAME	Time Stamp (Date/Time)	10 Hard Copies/ 1 Soft Copy	A.ProposI Letter/ Contact Info – Attended Mandatory Respondents Conference	B. Submittal Form/ Introduction, Authorized Rep, Type of Org, Est date, CA license number, insurance info	C. Table of Contents	D. Letter of transmittal, Authorized company representative	E. Proposal Elements: Expected Services, Minimum Qualification, Compensation Disclosure, Carrier Negotiations, Profile, References, Employment Policy	F. Fees/Pricing	G- Health Care Expertise	H. Add'l Info. Acknowledgement of Addenda/ Non Collusion Affidavit
1	Keenan & Associates	10/07/19 10:12 am	√	\checkmark	\checkmark	$\sqrt{}$	√	V	√	√	V V
2	Burnham Benefits	10/08/19 12:15 pm	√	√	V	V	√	V	√	√	V V
3	Alliant	10/08/19 10:08 am	√	√	√	√	√	V	√	√	11
4	Aon	10/08/19 8:13 am	√	V	V	V	V	V	V	V	V V
5	Segal Consulting	10/08/19 11:07 am	√	V	V	V	V	V	V	V	V V
6											
7											
8											