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|   | **COUNTY OF DANE**DEPARTMENT OF ADMINISTRATION**PURCHASING DIVISION**Room 425 City-County Building210 Martin Luther King Jr. Blvd.Madison, WI 53703-3345608-266-4131FAX 608-266-4425 TDD 608-266-4941 |  |
| GREG BROCKMEYERDirector of Administration |  | CHARLES HICKLINController |

DATE: June 20, 2019

TO: All Proposers

FROM: Carolyn Clow, Purchasing Agent

SUBJECT: ADDENDUM #1 to RFP #119061 – Flexible Spending Account Services

**Question 1**

Can you describe the current claim funding arrangement?

**Answer:** This question is unclear.

**Question 2**

Can you confirm the current debit card process is compliant with IRS guidelines?

**Answer:** To the county’s knowledge it is.

**Question 3**

What is anticipated for 4.7.p: Providing the County with the plan information necessary to comply with governmental filing requirements?

**Answer:** Should the county be required to file reports regarding the plan, the county expects the vendor to provide any necessary information.

**Question 4**

Does the County pay the administrative fees; or do plan participants pay the fee?

**Answer:** The county pays the fee.

**Question 5**

Please provide the current fees billed by the administrator to the County.

**Answer:** $3.50 per member per month

**Question 6**

Is the County using services of a consultant for the RFP or review? If so, please provide the consulting firm name.

**Answer:**  No.

**Question 7**

Are there any items to be mitigated?

**Answer:** This question is unclear.

**Question 8**

1. What is the claim funding arrangement and frequency of funding between the County and P&A?

**Answer:** This question is unclear.   Per section 3.2, the county deducts for the FSA plan in 24 of the 26 pay periods per year.

**Question 9**

Will the vendor have ACH access to a County bank account for claims? If not, will prefunding be provided?

**Answer:** The county will deposit $75,000 with the provider to advance fund claims. These funds will be returned to the county when the contract expires. The county currently wires funds to the provider each pay period.

**Question 10**

Will the County supply the vendor with a payroll file of actual FSA payroll deductions? If so, will the County conform to the vendor file specs?

**Answer:** The county can provide a spreadsheet showing participant deductions for each of the 24 pay periods that include a deduction.

**Question 11**

Will the County provide an electronic open enrollment and ongoing file for new hires, terminations and changes? If so, will the County conform to the vendor file specs?

**Answer:** See section 3.2 regarding enrollment. The annual open enrollment is done via the provider’s website. Mid-term enrollments are done on paper and sent to the provider.

**Question 12**

Can you disclose the current Per Participant Per Month FSA administrative Fee?

**Answer:** $3.50

**Question 13**

Does this fee include the debit card or is there an additional fee?

**Answer:** This fee includes the debit card.

**Question 14**

When is the expected award date?

**Answer:** The award will follow the evaluation of RFP responses.

**Question 15**

Can you disclose the current FSA vendor?

**Answer:**  Yes, Employee Benefits Corporation of Middleton, WI.

**Question 16**

Under which tab should we include any attachments or additional documents?

**Answer:** Please include attachments or additional documents at the end of the proposal following all tabs.

**Question 17**

Do you require an electronic copy of the cost proposal on a separate flash drive?

**Answer:** The cost proposal must be on the flash drive. There can be a single flash drive that contains both the cost and technical proposals.

**Please acknowledge receipt of this addendum by noting “Addendum #1 Received” on the Signature Affidavit page when you submit your bid. If you have any questions regarding this addendum, please contact me at 608-266-4966.**

Sincerely,

Carolyn A. Clow, CPPB

Lead Purchasing Agent