

RPS - Request for Proposal for Services

Presented to:

Valued Professional/Business Owner

Presented By:

**The Kirwan Companies, Ltd
And
HSA Specialists of America, Inc.**



Section 1: Company Overview

1. Describe your company's brief history, organization/structure, and philosophy.

The Kirwan Companies, Ltd and our consulting firm, HSA Specialists of America, Inc., have a devoted team of professionals who construct comprehensive long-term programs built around Employee Benefits, Investments and Retirement Planning and sound Money Management.

Independent physicians, physician groups, medical societies and independent business owners have relied upon our services for the past four decades to help gain control of their personal investments and corporate benefits programs.

With a special emphasis in working with the Medical Community, The Kirwan Companies has had the privilege of representing the Medical Society of New Jersey for well over a decade and had been the Health Savings Account (HSA) sponsor and provider for the Society's chapters in Bergen, Morris, Union, Atlantic and Middlesex Counties. The firm also served as the endorsed HSA provider for the Bucks County (PA) Medical Society.

In that regard, nobody has been actively recommending HSA's longer than The Kirwan Companies, having first offered such plans to our clients in 1997 at the inception of what was then known as MSA's.

Our Corporations are structured to be independent advisors and licensed brokers and producers, engaging the services and/or products of related organizations and businesses that will achieve the best alternatives and most competitive outcomes for our clients.

To provide our clients with the benefit of our expertise and years of dedicated professional guidance and services, that has always placed the client's interest before our own, while counseling our clients based upon the axiom of, "knowing what I know from my education, experience and expertise, what would I recommend for myself".

This philosophy has been the hallmark for the mutual success of our clients, and of The Kirwan Companies, and has been reflected in the privilege of our business and of the growth we have been granted by virtue of their confident referrals, which is the ultimate compliment any business or professional can achieve.

2. Describe your contractual relationships or affiliates, if any, with organizations necessary to your proposal's implementation (e.g. actuarial services, data information services).
 - a. In order to achieve the “best outcome” for our clients we are a full service independent broker having developed long-term associations with a number of independent like-minded firms, and not owned, employed or financially supported by any outside organization.

We are licensed as independent brokers with all of the carriers in all of the states in which we do business and our primary, but not exclusive General Agent Partner broker for this purpose is Savoy Associates, having office locations in New York City and Woodbury, New York; Florham Park, Hamilton, and Marlton, New Jersey; Philadelphia, Pennsylvania; and Newark, Delaware.

Through Savoy Associates, we offer employee and individual health benefits and services, including Medical, Specialty Benefits (such as Dental, Life, Disability, and Voluntary), Medicare, ACA Compliance Consulting, ERISA Compliance Services, HR and Payroll, Technology Solutions and more.

We have other specialized business associations with OCA Benefits, Mercerville, NJ and TASC, Madison, WI for additional corporate reporting and compliance services and CRUMP for individual term life and LTC.

We offer self-funded plans and administration through HealthNow and Meritain Health.

Our securities license is held with BCG Securities of Cherry Hill, NJ and we maintain a strategic alliance with our Money Management partners, Sowell Associates of N. Little Rock, AR for the daily management of our unique, “client only”, HSA-Health Savings Account Money Management platform. We also employ the services of Ascensus for some of our corporate retirement plan platforms.

Retirement Plan development and services are coordinated through Estate & Pension Advisory Board located in Cherry Hill, NJ.

3. Confirm that you serve as a broker independently and are not affiliated with any insurance company, third party administrative agency, or provider network.
 - a. See question 2

4. List your company's major certifications and association memberships.
 - a. We are members of NAHU, PAHU and NJHU on a Corporate level and individually associated with The American College of Bryn Mawr, PA., having achieved my professional designations of CLU-Chartered Life Underwriter and ChFC, Chartered Financial Consultant and in the process of completing the requirements for REBC-Registered Employee Benefits Consultant and achieved the Million Dollar Round Table's Life Member status.

5. Provide at least 2 references of current clients that are similar to: XXX with respect to size and industry (preferably healthcare/medical practice). For each reference include: (1) contact name, title, phone I e-mail, (2) number of employees, {3) types of plan covered, and (4) length of relationship with your firm.

XXXXXXXXXXXXXXXXXXXXX Princeton, NJ XXXXX

- 1.) XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- 2.) XXX
- 3.) Fully Insured Aetna HSA Open Access Managed Choice, 2 Managed Choice plans
- 4.) 15+ years

XXXXXXXXXXXXXXXXXXXXX Cherry Hill, NJ XXXXX

- 1.) XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
- 2.) XXX
- 3.) Fully Insured Aetna HSA Silver HN Option, Gold HN only and Silver HN only
- 4.) 20+ years

6. Provide a brief description of your current client list (by size, industry, and funding type (i.e., self-funded), and ratio of clients to account management staff.
 - a. We have over 100 plans, of which 40 are physician groups with only 2 groups with nearly 100 and the balance of the remaining with less than 100, all of which are fully funded plans. The balance of our client plans are non-physician professional and business related groups.

- b. Clients to account management staff approximately 15/1.
- 7. Disclose any potential conflicts of interest that your organization may have in performing services for XXX.
 - a. No Conflicts
- 8. Disclose any pending litigation against your firm and/or any regulatory violations that might have an impact on future business with XXX.
 - a. No litigation pending
- 9. Describe your local and national relationships with the insurance marketplace including any significant relationships that your current staff members (those who would be directly responsible for XXXs account) may have.

When considering the combined intellectual capital of The Kirwan Companies and Savoy Associates, we currently employ the President of the National Association of Health Underwriters, the Education Chair of the Greater Philadelphia Association of Health Underwriters, the Immediate Past President of the New Jersey Association of Health Underwriters, and the Health Chair of the National Association of Insurance and Financial Advisors (NAIFA). Other past leadership designations within our collective organizations include:

National Association of Health Underwriters (NAHU) Legislative Council 2012-2016

NAHU General Agency Principal's Council Member

NAHU Professional Development Work Group Member

NAHU Employer Based Health Plan Work Group Member

NAHU Compliance Corner Co-Chair

Chair, Life & Health Commissioner Advisory Board NJDoBI

Section 2: Member Administration, Employee

Support Services, Communication and Education

1. Attach a list of services that your organization can provide (i.e., administration, consultancy, compliance, enrollment, invoice reconciliation, communications, education, etc.).
 - a. Through our Partnership with Savoy Associates, we offer a wide variety of ala carte services including COBRA administration services; FMLA administration; FSA, HRA, and HSA administration; telemedicine; wellness programs; voluntary benefits; online benefit enrollment; payroll services; actuarial services; human resources outsourcing and counseling; ERISA compliance consulting and ACA compliance analysis.

2. List the services that your organization outsources: {i.e., COBRA, HSA, Enrollment, 5500, ERISA SPD) and the vendors to whom they are outsourced.
 - a. Through our relationship with Savoy Associates, we work with a number of vendors to ensure that we provide multiple vetted options for our clients. Some of them are listed below. We are constantly vetting new vendors as the market changes and new technologies evolve.
 - b. COBRA – Benefit Tax Link
 - c. OCA Benefit Services
 - d. HSA, HRA, FSA, Dependent Care, Transit & Parking admin - OCA Benefit Services
 - e. Choice Strategies
 - f. The Difference Card
 - g. Benefit Enrollment technology- bswift
 - h. HRIS technology – Infinity HR
 - i. Employee Navigator

- j. ADP
 - k. HR Consulting – VantagePoint HR
 - l. HR Information Services – HR360
 - m. ACA Reporting – Contribution Health – compliance and reporting
 - n. Prime Pay – reporting only
 - o. 5500 – Savoy Compliance
 - p. ERISA SPD – Savoy ERISA Services
 - q. Wellness – WellWorks for you
 - r. Pre-paid Legal – Legal Shield
 - s. Patient Advocacy – Health Advocate
3. Provide the name(s) of staff that will perform work for NI: BC: role, qualifications, certifications, experience, and level of expertise and years of service with your firm.

Michael Kirwan-President of The Kirwan Companies. Ltd., has been privileged to serve the Professional & Business community Since 1982. A graduate of Drexel University with a major in finance and a minor in law, he also has certification as a Chartered Financial Consultant, Chartered Life Underwriter as well an Investment Advisor Representative. He also holds Securities, Health, Life & Annuity licenses in all of the in which we do business and has had a long standing relationship with the medical community specializing in Physician Group Benefits for the last four decades.

Sharon Fee-Business Manager working for our firm for 16 years. She holds a Bachelor's Degree from Rutgers University as well as Health, Life & Annuities licenses in all of States in which we do business. Sharon has built effective relationships with our current clients to obtain trust & cooperation and demonstrates competency in client services. She oversees the management of the team daily on a case by case basis.

Heidi Amoroso-Sales Manager for over 6 years. She attended Ryder University attaining an Associates Degree and holds insurance licenses for Health, Life & Annuities. Her mission is Trouble shooting problems and assist clients with same as well as responding to client questions & requests appropriately. She also manages the timely submission of requisite enrollments, renewals & certifications on a case by case basis.

Samira Ranganathan-Serves as our Investment Manager and Insurance Plan coordinator working for our firm for 10 years. She is a graduate of New Delphi University holding a Bachelor's Degree and holds insurance licenses for Health, Life & Annuities.

Our team performs a high level of customer service skills to successfully build and develop relationships via telephone, email, face to face. Our office is personable and customer oriented, as well as understanding that we represent our client employer regarding all customer inter-face.

In addition, we will make available the names and experience of our additional service team members once your group's service needs are explored and defined.

4. What types of service performance measurement and assessment reports can/will you provide? How often do you meet with your clients to discuss performance/goals?

This will be based upon your needs and expectations. We are prepared to meet at least quarterly with management, or more frequently as requested, including evenings, as we understand the demands of your medical practice.

5. Describe your process for on-boarding a new client. What is the average duration of a client relationship? How many clients have left your organization in the last 24 months and why?

We initially conduct multi in-person enrollments and education using either paper application, or preferably, introduce your participants on the use of our Private Exchange technology with electronic enrollment.

Our client retention has been in excess of 95% for years, so we have very few terminations due to client satisfaction with our service team. In the past 24 months, we have lost 3 medical groups that were bought out by their local hospital.

6. Does your organization provide census, enrollment and/or private exchange technology? Please describe the technology and if it is your own or through another party.

- a. Savoy Associates works with a bswift Channel Partner for Benefit Enrollment Technology. The bswift technology is able to accommodate a Private Exchange and Defined Contribution strategies. It is extremely customizable and can be configured to the client's specifications. This technology includes a best fit tool which offers a Virtual Benefits Counselor. The system has a robust reporting tool which allows for customized reporting and ad hoc reporting. bswift is capable of generating and importing multiple EDI feeds to any vendor that will accept them.

7. Describe your approach to reviewing contracts, plan documents, insurance policies and other applicable documents for accuracy.

The insurance carriers are required to provide the SPD's for each plan, which is the start of our review. If there are any questionable issues, we will request that the carrier(s) provide the actual "Certification of Coverage" for comparison.

Once we are confident that we understand your current plan(s) structure, we will be in a position to offer, explore and prepare similar and/or alternative opportunities for your consideration.

In addition to our years of experience, we have ready access to a number of professional co-consultants, including accounting, and legal and ERISA specialists on retainer.

8. What tools/strategies can you provide to help further our wellness initiatives? How can you help evaluate and refine our wellness strategy?

- a. We work with a leading wellness company who can assist our clients in determining their wellness strategy. Corporate wellness programs have a proven track record of Return on Investment (ROI). The pitfalls of many programs is that they are still one dimensional, not personalized, and passive with minimal participation. The Wellworks For You Program commits to a strong focus on your employees by promoting organizational integration and strong communication. We believe the key to a successful program is engagement! Our proprietary platforms, systems and incentive management software deliver the highest employee participation with a measurable return on investment.

A program's level of economic return depends on the program model and use of the strategies that define "best practices." Wellworks For You provides the foundation to administer a health promotion program at a premier level with ease. Its systems have advanced methods of collecting and tracking data to provide a comprehensive dataset for the metrics that are essential in estimation ROI.

9. Describe the role of your firm in a) open enrollment, b) enrollment and claims assistance, c) employee communications (type, capabilities), and d) education.

- a. During open enrollment, we work to review and process all required paperwork in a timely and efficient manner. Our team is responsive and competent when it comes to handling any issues that may arise.
- b. We are available by phone and email for communication during enrollment or while handling claims. We do our best to keep the company updated on the status of a claim until it is finished.
- c. Our employees communicate via email and phone and strive to make ourselves as convenient as possible when your business is in need.
- d. Savoy Associates offers a wide range of education programs.

10. Describe the structure of your customer service department.

- Intake of inquiry,
- Logging the issue at hand
- Designate a member of our service team depending on the nature of the issue
- Forward to the appropriate team member for resolution

a. Describe your general approach to support service.

Our overriding objective and approach to support is to be vigilant in protecting against HIPAA issues, while successfully managing both the customer(s) and their issue(s)

b. Describe how your customer service team resolves claim issues and answers employee and dependent questions.

We attempt to handle all inquiries on a First Call Resolution basis when possible.

Communication is telephonic, email, text or technologically through our agreed upon Private Exchange and followed up by your designated service team/representative.

c. How do you track employee issues (i.e. call logs, reports, etc)

Any number of technological solutions through our Private Exchange. We have strong relationships with multiple vendors and we will provide in-person demo's to achieve the optimal technological solution for your needs.

- d. Define your ability to provide effective service performance metrics.

Monthly internal review of inquiries/resolutions per section c above confirmed by our outstanding 95%+ persistency.

- e. Provide examples of how you have solved complicated benefit issues for both employees and employers

I would respectfully defer to our many years of practice and ultimately to our outstanding persistency as acknowledgement of our determination in achieving and exceeding client expectations.

We would welcome MBC to ask our references how they would respond. A specific situation actually occurred with Pulmonary & Sleep, Christmas Eve of 2014 at 4pm, I was able to finally get through to an Aetna rep who subsequently connected me with their enrollment person, literally in Singapore, where I proceeded to remain online until 7:15 that evening to finalize and correct the proper enrollment of this group.

- 11. Describe your communications capabilities and strategies and example of campaigns that you have employed for a similar sized company.

A strategic approach to benefits communication is no longer a business tactic limited to big organizations; it's a necessity for businesses of all sizes. Often there is a gap between what employers want and what they believe they are actually getting when it comes to benefits communication.

By developing a strategic approach to benefits, it can boost employee appreciation and comprehension. The best place is by taking a quick assessment of several key factors that strongly influence benefits communication. Factors include demographics, internal resources, geographic locations, culture, etc. Upon completion of the assessment, we can develop a plan with customized communication to show employees how their benefits work together, and provide guidance on how to make decisions that are best for them and their families. As part of the plan, enrollment capabilities, specifically enrollment technology can provide the flexibility and automation that employees need and the control that HR managers require.

12. What methods do you use to keep your clients abreast of relevant changes in the industry? How is your firm being proactive in keeping your clients informed and up-to-date on Health Care Reform?
- a. The Savoy Associates website has a “Quick Flash” feature which provides brief summaries of changes in the industry, updated daily in real time. The summaries also include links to the relevant material and documents for ease of information access.
13. What types of education programs do you provide for/make available to your clients?
- a. Open enrollment meetings, quarterly in-person meetings with decision makers, and/or employees, wellness programs, structured in concert with your chosen programs and desired results.
14. Are you able to provide comprehensive employee benefit statements? If so, can these statements be delivered in both electronic and printed format?
- a. Yes and Yes-refer to response in #15 next.
15. Do you provide a benefit internet portal to assist your client and their employees?
- a. Through Savoy we work with the bswift Benefit Enrollment Technology. bswift offers an Employee Self Service portal which allows employees to enroll in benefits through the employee portal. In addition the technology offers a robust content and communication tool, Time Off tracking, multiple languages, and the ability to generate Total Compensation Statements. The built in ACA module is able to accomplish compliance and reporting for an employer, including ALE’s reporting and ERISA compliance.
16. Do you have the capabilities to develop, administer and evaluate member, industry, and/or employee surveys and do you provide benchmark and survey data for our industry and size? Please describe.
- 1) We can create a survey customized to your objectives
 - 2) The questionnaire can be distributed electronically through a service such as Survey Monkey and the responses can be compared to the results of national averages

17. What makes your organization different than other organizations that may submit proposals for our consideration?

As indicated in our Company history, we have maintained our special emphasis in working with the Medical Community. The Kirwan Companies has had the privilege of representing the Medical Society of New Jersey from 1982-1995 and had been the Health Savings Account (HSA) sponsor and provider for the Society's chapters in Bergen, Morris, Union, Atlantic and Middlesex Counties. The firm also served as the endorsed HSA provider for the Bucks County (PA) Medical Society.

In that regard, nobody has been actively recommending HSA's longer than The Kirwan Companies, having first offered such plans to our clients in 1997 at the inception of what was then known as MSA's.

Section 3: Strategic Consulting, Analytics, and Negotiation Capabilities

1. What is your ability to proactively negotiate the best rates with existing and alternative carriers? Provide solid evidence of your firm's capability.
 - a. Through our collective partnership with Savoy, every carrier that we partner with has given us access to their sales and underwriting staff. This allows us to have in-depth/analytical conversations regarding an opportunity and the pricing surrounding said opportunity. We are able to discuss market trends/demographics that can directly impact quoted rates and figure out the best plan designs to control cost, but also maximize benefits to the employees. Through these partnerships, we provide our clients with the highest level of carrier consideration available in the marketplace.
2. Describe the claim and utilization reporting you provide and your process for analyzing the data to mitigate healthcare cost and manage plan offerings.
 - a. All available carrier claim and utilization reports will be analyzed. This can include, but is not limited to medical claims, ongoing vs closed claims, diagnosis claims, ER vs. Urgent Care claims, and H.R.A. utilization. Of course, the availability of any carrier claims report (especially for a fully-insured group) is dependent on the number of enrolled employees. The results are summarized and presented periodically to our clients. Collectively, this allows us to educate the employees on how to best utilize the medical plan to increase outcomes while reducing costs. Moreover, this consistent approach to analyzing claims allows us to appropriately prepare for the pending renewal.
3. Explain your underwriting approach and the data/analytics you will be providing.
 - a. See number 2 above.
4. What is your process for benchmarking our plan designs and contributions? What tools do you use to compare and evaluate our plans and costs relative to our industry?

- a. There are numerous surveys available. Keiser Foundation's Annual Survey and MetLife's Benefit Trends Survey are reliable resources. From these resources we can create benchmarking that best fits your organization's objective.
5. Describe your organization's approach to annual benefit renewals (including any negotiating tactics/strategy), and your interaction with your clients to assure optimal results and the timing of rate negotiations.
 - a. Our strategy begins in the pre-sale process, to arrive at the most stable yet cost effective proposals ensuring the least disruptive renewals. We will first discuss the renewal with our broker/client to make sure the renewal is clear and understood. We will then discuss what the current market trends are and whether or not this renewal matches up. After that discussion we will speak with the incumbent carrier to justify the renewal and see if a concession will be made if we do not agree with the proposed renewal increase. If that conversation does not yield a positive result we will market the case to see what the current landscape appears to be. At that time we will either present our findings to the incumbent carrier to aid in making a concession, or recommend a move to a new carrier.
6. Describe how your firm will assist us with the appropriate/alternative plans and funding models?
 - a. Collectively we will work together and suggest funding models that provide the most comprehensive, cost-effective benefits available. This may include self-funding, level funding, H.S.A's, H.R.A's, and Specialty/Worksite benefits.
 - b. How will your firm help determine the cost drivers of our plan, identify the savings opportunities, and demonstrate the savings?
 - c. For clients who express interest in creating the most cost effective plan design and allow for plan flexibility, we work closely with carriers that can provide such plan flexibilities. For those looking to replace existing benefits, and express little or no flexibility in plan design, we utilize our knowledge of the market to allow access to the carriers who are currently expressing the most aggressive pricing, while preserving the companies desired level of required benefits in their plan design.

7. How do you review carrier/network discounts and what is your criteria for recommending changes in network affiliations?
- a. We recognize that network discounts rely on 3 criterion:
 - Location
 - Leased vs. Owned Network
 - Employee Demographics
 - b. The information we request up front aids us in directing clients to the best fit based on these criterion. We strive to find a fair balance between charged premium and available network discounting whenever possible without compromising on plan quality.
 - c. Network 360 Reports
8. What resources do you use to analyze claims?
- a. As previously discussed, all available carrier claim and utilization reports will be analyzed. This can include, but is not limited to medical claims, ongoing vs closed claims, diagnosis claims, ER vs. Urgent Care claims, and H.R.A. utilization. Of course, the availability of any carrier claims report (especially for a fully-insured group) is dependent on the number of enrolled employees. Also, through our partnership with Savoy, we have access to Contribution Health, a leading Actuarial Firm to assist with the analyzation.
10. What is your average renewal (increase/decrease) for groups of our size/industry in the last 2 years?
- a. There are any number of excuses offered by the carriers in determining renewal rates, including but not limited to employer size, composition, health and industry. A comparison is only meritorious when the client feels that, “after due diligence has been performed”, they are still dissatisfied with their renewal rate, as the only comparator being sought is “no increase”. I respectfully refrain from opining, as any alternative response could be considered disingenuous.
 - b. We work to combine the ideal funding arrangement, this may include but is not limited to HRA’s, HSA’s, HDHP, Worksite and Wellness Programs to ensure employees are a stakeholder in the cost proposition and remain engaged in their own personal care.

Section 4: Compliance

1. Do you have an in-house Compliance and/or Legal Department? Please describe. Is there a fee associated with any services they provide to clients?
 - a. Joan Fusco at Savoy is the in-house compliance for PPACA, COBRA, MSP (Medicare Secondary Payer), FMLA, state specific laws as related to health insurance and updates for same. Joan Fusco has been working in insurance for 37 years focused on health insurance alone for 28 years. Joan has served as director and instructor for continuing education for brokers since 1996 in NY, NJ, PA, and DE. Joan joined Savoy in 2003 and has been Director of Research & Education since 2006. Prior to joining Savoy.
 - b. Additionally, Savoy's ERISA Department is designed to consult, advise and educate plan sponsors on technical ERISA statutory, regulatory and compliance issues. Additionally, the department will draft Form 5500s and plan documents pursuant to ERISA; associated fees with these two services may be found in the Menu of Services. Savoy Associates delivers sophisticated advice dedicated to supplying plan oversight, mitigating risks and avoiding costly compliance violations. The expansion of the compliance team leverages the strength of our broker/agency relationship demonstrating our commitment and tremendous value to our relationships with brokers and carrier partners alike.
2. What is your process for monitoring regulatory and legislative developments at both the state and federal level?
 - a. The ERISA department concentrates on federal developments. Such developments are acquired through various sources, e.g. attending Department of Labor seminars, webinars conducted by EBIA (Thomson Reuters), use of the National Association of Health Underwriters (NAHU) resources, Department of Labor news alerts and EBIA weekly updates along with active member of NAHU.

3. What is your process for informing clients of changes to legislation (including COBRA, HIPAA, ERISA, & DOL) and a carrier's policy and procedures?
- a. Savoy disseminates updates in various ways; Savoy is licensed to conduct CE courses, we offer webinars, and distribute alerts to our broker-partners. Furthermore, updates are circulated with the use of our broker facing and/or employer facing pamphlets. The department conducts internal education allowing our account executives to be knowledgeable and able to convey the information as well.
 - b. The Kirwan Companies has been active in making selective presentations and updates recently Business and Professional Organizations such as:
 - 1.) Newtown Business Association
 - 2.) Newtown Business Association Commons
 - 3.) Bucks County Bar Association for CLE credits
 - 4.) The law firm off Hill Wallack for CLE credits
4. Does your organization perform compliance audits? What type of compliance manuals/documentation does your organization provide to your clients? What are the associated costs?
- a. The ERISA department offers a high-level compliance audit. The goal of the high level compliance review is to alert employers to “big picture” compliance issues with their health and welfare plans, without the time and expense of full-scale audit examining every qualification or legal requirement. Savoy reviews written and verbal information provided by the employer, focusing on whether the employer’s health and welfare plans generally comply with the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code of 1986 (the Code), and other related federal laws. Savoy analyzes the information provided with an eye toward issues likely to be targeted for regulatory compliance by the Internal Revenue Service, the Department of Labor and the Department of Health and Human Services and areas where our reviews typically identify problems for other clients. A high-level compliance review is intended to assist the employer with identifying priorities for correction, and to give the employer a higher level of comfort regarding compliance. Upon conclusion of the review, a report will be provided detailing our findings with associated corrective measures. The fee to conduct a high-level audit is approximately \$2,400.

5. Describe what assistance is provided by your organization for educating our staff on compliance issues.

- a. We inform of any changes or proposed changes as they occur. We in turn inform their clients.

Section 5: Fees & Compensation

1. Provide a fee proposal and specify the services included in your proposal?
 - a. We believe in complete transparency regarding compensation. We can develop a fee schedule after a thorough needs analysis is completed.

2. Please identify services that can be provided for an additional fee and the fee structure.
 - a. Through our relationship with Savoy, we work with a number of vendors to ensure that we provide multiple vetted options for our clients. Some of them are listed below. We are constantly vetting new vendors as the market changes and new technologies evolve.
 - b. COBRA – Benefit Tax Link
 - c. OCA Benefit Services
 - d. HSA, HRA, FSA, Dependent Care, Transit & Parking admin - OCA Benefit Services
 - e. Choice Strategies
 - f. The Difference Card
 - g. Benefit Enrollment technology- Bswift
 - h. HRIS technology – Infinity HR
 - i. Employee Navigator
 - j. ADP
 - k. HR Consulting – VantagePoint HR
 - l. HR Information Services – HR360
 - m. ACA Reporting – Contribution Health – compliance and reporting
 - n. Prime Pay – reporting only

- o. 5500 – Savoy Compliance
- p. ERISA SPD – Savoy ERISA Services
- q. Wellness – WellWorks for you
- r. Pre-paid Legal – Legal Shield
- s. Patient Advocacy – Health Advocate

3. If you are willing to guarantee some type of performance measurements, please describe the performance measurements and the guarantee.

- a. In my experience, you can't offer any type of renewal guarantee, especially for a group your size, as even fees in PA are non-negotiable for groups having less than 100. We could possibly consider offering some sort of service guarantee.

Alternatively, if you are looking for long term financial predictability, we could consider Level or Self-Funding and this should be an option of consideration for a group your size, which we can discuss upon our initial meeting.

4. Does this compensation include charges for administrative and overhead expenses?

- a. Please see Number 1 above

5. Please describe available fee structures that you offer (i.e. fee for service, monthly retainer, commissions, etc.), which are currently being used by other client our size, industry, and how you would prefer to be compensated.

As previously indicated, we are completely transparent. Commissions are built into the product premiums, fees are fully disclosed and when negotiable, we work with the client to come to a mutually agreeable and equitable rate of compensation from all sources and services provided.

6. Does your firm object to transparency of the commissions received from insurers?

No, as previously stated, we are completely transparent.

Does your company currently accept/receive contingency compensation from insurers relative to the placement of our programs? Explain.

We are never influenced by any carrier incentives. Our priority is you and we exert the same high fiduciary standards in our insurance representations as you would expect to receive if we were representing you as your financial advisor for your Retirement Plan.

7. Describe any contract/contract terms or any other requirements that you expect from XXX.

Once we have the opportunity to meet with you and/or your management team and understand your concerns, objectives and expectations, we will ultimately provide you with the most appropriate and written response.