

## **Insurance Employee Benefits RFP Questions**

1. A complete employee census – this should be on an excel spreadsheet with the following information:

- Total # of employees **[SEE BPCA Financials 10/31/11 (notes 17 & 18 expected to be posted the first week of Feb.)]**
- Total # of employees that travel **- Not Providing**
- Gender **- Not Providing**
- Employee zip code **- Not Providing**
- Date of Birth or age **- Not Providing**
- Dependent status (married/single/family/child – this is for the dental and vision and any voluntary dependent coverage)  
**- Not Providing**
- Occupation **- Not Providing**
- Salary **- Not Providing**
- Class Type –if we are classing out employees for various benefits **- Not Providing**

2. Copy of current insurance plans and rates to determine what type of benefits are in each program **- Not Providing**

3. Experience for the dental and STD/LTD/DBL **- Not Providing**

4. Are we covering any out of state location – provide details **- No**

5. How this plan is funded – employer paid/employer and employee paid/voluntary etc. **-What Plan? Employees contribute to medical premium**

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1. How many eligible (full-time employees on the payroll and eligible for benefits) are employed at the Hugh L. Carey Battery Park Authority (The Authority)? **[SEE BPCA Financials 10/31/11 (notes 17 & 18 expected to be posted the first week of Feb.)]**
  2. How many full-time and part-time employees at The Authority covered for DBL (NY statutory disability)? **- All**
  3. How many eligible (full-time employees on the payroll and eligible for benefits) are employed at the Battery Park City Parks Conservancy (The Conservancy)? **[SEE BPCA Financials 10/31/11 (notes 17 & 18 expected to be posted the first week of Feb.)]**
  4. How many full-time and part-time employees at The Conservancy covered for DBL (NY statutory disability)? **- All**
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1. How many employees enrolled in the plan? - **Not Providing**
2. How frequently do you send out a Broker RFP? - **Usually every 3-4 years**
3. Are there any union employees covered? - **No**
4. What is your annual insurance spend for employee benefits by line of coverage? - **Not Providing**
5. Who are your insurance carriers by line of coverage? - **Not Providing**
6. Who is your broker today? - **Do not have one**
7. What is their fee? - **N/A**
8. Are you self-funded? - **BPCA is self funded for State unemployment insurance**
9. If self-funded, do you purchase stop loss coverage? If so, from whom? - **No**
10. Do you presently receive the claims data you have requested in this RFP in the style and format you've so designated?  
- **No**
11. Can you provide the names and bios of the decision makers on the Committee? - **Not Providing**
12. Will the Committee meet with us prior to our submission of the RFP responses? - **No**