



**New York State
Department of Civil Service**

**ACTUARIAL AND BENEFIT MANAGEMENT
CONSULTING (ABMC) SERVICES**

Administrative Proposal

May 31, 2017

Lawrence Singer
Senior Vice President
212.251.5095
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Segal Consulting
333 West 34th Street
New York, NY 10001-2402
www.segalco.com

Table of Contents

To Provide Actuarial and Benefit Management Consulting (ABMC) Services
Administrative Proposal
May 31, 2017

A. Formal Offer Letter	1
B. Minimum Mandatory Requirements.....	3
C. Exhibits	6
D. Key Subcontractors or Affiliates	40
E. Reference Checks	42
F. Financial Statements	45
G. Conflicts of Interest.....	46
H. Request for Redaction Chart.....	47

A. Formal Offer Letter

Exhibit I.S - Formal Offer Letter



THE SEGAL GROUP, INC.
333 West 34th Street New York, NY 10001-2402
T 212.251.5000 www.segalco.com

May 31, 2017

Mr. Seth Johnson
Procurement Manager
Employee Benefits Division – Room 1106
NYS Department of Civil Service
Albany, NY 12239

**RE: Request for Proposals #ABMC-2017-1 entitled:
“Actuarial and Benefits Management Consulting Services,”
Firm Offer to the State of New York**

Segal Consulting hereby submits this firm and binding offer to the State of New York in response to the Department’s Request for Proposals #ABMC-2017-1, entitled “**Actuarial and Benefits Management Consulting Services,**” (RFP). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

Segal Consulting accepts the terms and conditions as set forth in RFP, Section VII and Appendices A, B, C, and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

Segal Consulting agrees to execute a contractual agreement composed substantially of the terms and conditions set forth in the draft contract included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B, C, C-1, D, D-1, and D-2 to the draft contract. The proposal contains our legal counsel’s comments on that draft contract which we will discuss with the State’s legal counsel.

Segal Consulting further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers’ Compensation Law as set forth in Section II.B. of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless Segal Consulting delivers to the Department of Civil Service written notice of withdrawal of its Proposal.

Segal Consulting’s complete offer is set forth as follows:

Administrative Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Technical Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

Benefits, Compensations and HR Consulting Offices throughout the United States and Canada

Founding Member of the Multinational Group of Actuaries and Consultants, a global affiliation of independent firms

54

Page 1 of 2

Exhibit I.S - Formal Offer Letter

Cost Proposal: Total of twelve (12) hard copy volumes [two (2) original and ten (10) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, Segal Consulting and possesses the legal authority and capacity to act on behalf of Segal Consulting to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.


Date: May 31, 2017

By: 
 Lawrence Singer
 Senior Vice President
 212.251.5095
 lsinger@segalco.com

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF N.Y. }
 COUNTY OF N.Y. } : SS.:
 On the 25 day of MAY in the year 2017, before me personally appeared:
LAWRENCE SINGER, known to me to be
 the person who executed the foregoing instrument, who, being duly sworn by me did depose
 and say that he resides at
3061 LONNI LANE, Town of
MERRICK,
 County of LONG ISLAND, State of NEW YORK; and further that:

[Check One]
 If a corporation: he is the SENIOR VICE PRESIDENT of
THE SEGAL COMPANY (EASTERN STATES) INC the corporation described in said
 instrument; that, by authority of the Board of Directors of said corporation, he is
 authorized to execute the foregoing instrument on behalf of the corporation for purposes set
 forth therein; and that, pursuant to that authority, he executed the foregoing instrument in
 the name of and on behalf of said corporation as the act and deed of said corporation.
 If a partnership: he is the _____ of
 _____, the partnership described in said
 instrument; that, by the terms of said partnership, he is authorized to execute the
 foregoing instrument on behalf of the partnership for the purposes set forth therein; and
 that, pursuant to that authority, he executed the foregoing instrument in the name and on
 behalf of said partnership as the act and deed of said partnership.


 Notary Public

AMILIA SINGH
 Notary Public, State of New York
 No. 01SI495439
 Qualified in New York County
 My Commission Expires September 5, 2017

B. Minimum Mandatory Requirements

Exhibit I.T - Offeror Attestations Form

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		THE SEGAL COMPANY (EASTERN STATES), INC
Entity's Legal Form:		<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date and throughout the term of the Contract, Offeror represents and warrants that it: <input checked="" type="checkbox"/> is <input type="checkbox"/> is not Authorized to conduct business in New York State. If not authorized to conduct business in New York State at time of Proposal Due Date, the Offeror represents and warrants that it: <input type="checkbox"/> has <input type="checkbox"/> has not Filed an application for authority to do business in New York State with the New York State Secretary of State.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> has <input type="checkbox"/> has not completed, obtained or performed all registrations, filings, approvals, authorizations, consents and examinations required by any governmental authority for the provision of the delivery of Project Services and agree that it will, during the term of the Contract, comply with any requirements imposed upon it by law.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input checked="" type="checkbox"/> agrees <input type="checkbox"/> does not agree that, if selected by the Department as the successful Offeror to this Procurement, the Offeror ("Contractor") shall be precluded from 1) submitting a proposal in response to; and/or 2) participating in any way in the development or consultation of any other Offeror's proposal(s) in response to any procurement undertaken by the Department for which the selected Offeror (Contractor) participated in the development of the services which are the subject matter of that procurement.

Exhibit I.T - Offeror Attestations Form

4.	Section III.B.4	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> agrees and acknowledges</p> <p><input type="checkbox"/> does not agree and acknowledge</p> <p>i. all claims, enrollment, and other data (i.e., materials) provided by the Department or the Department's agents and/or contractors is being provided to the Offeror ("Contractor") solely for the purpose of allowing the Contractor to fulfill its duties and responsibilities under the Contract;</p> <p>ii. said materials are and remain the sole property of NYS; and</p> <p>iii. that it will not share, sell, release, or make the data available to third parties in any manner without the written consent of the Department, except as directed by a court of competent jurisdiction, or as necessary to comply with applicable New York State or federal law.</p>
5.	Section III.B.5	<p>At time of Proposal Due Date, Offeror represents and warrants that, if selected by the Department as the successful Offeror in this Procurement, all activities associated with Tasks 1, 2, 3 and 4, as applicable:</p> <p><input checked="" type="checkbox"/> will</p> <p><input type="checkbox"/> will not be overseen by an individual certified as a Fellow in the Society of Actuaries ("FSA").</p>
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> does</p> <p><input type="checkbox"/> does not possess adequate staffing resources, financial resources and organizational capacity to perform the type, magnitude and quality of work specified in the RFP.</p>
7.	Section III.B.7	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input checked="" type="checkbox"/> has</p> <p><input type="checkbox"/> has not maintained an organization capable of performing the work specified in the RFP, in continuous operation for at least the past three (3) years and that it has provided services comparable to the Project Services outlined in the RFP continuously during said period for the benefit of, at a minimum, three (3) governmental organizations with at least 100,000 health plan members.</p>
8.	Section III.B.8	<p>At time of Proposal Due Date, Offeror represents and warrants that for each of the past three (3) years:</p> <p><input checked="" type="checkbox"/> has</p> <p><input type="checkbox"/> has not generated gross revenue in excess of \$25,000,000 per year from benefit consulting/outsourcing.</p>

Exhibit I.T - Offeror Attestations Form

Date: 5/26/2017

[Redacted Signature]

Signature

[INSERT OFFEROR NAME]
[INSERT TITLE]
[INSERT COMPANY NAME]

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF NEW YORK }

: SS.:

COUNTY OF _____ }

On the 25 day of MAY in the year 2017, before me personally appeared:
LAWRENCE SINGER, known to me to be the person who executed the foregoing
instrument, who, being duly sworn by me did depose and say that he resides at
3061 KONNI LANE, Town of MERRICK,
County of _____, State of NEW YORK; and further that:

[Check One]

(If a corporation): he is the SENIOR VICE PRESIDENT of
THE SEGAL COMPANY (EASTERN STATES) INC., the corporation described in said instrument; that, by
authority of the Board of Directors of said corporation, he is authorized to execute the foregoing
instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority,
he executed the foregoing instrument in the name of and on behalf of said corporation as the act and
deed of said corporation.

(If a partnership): he is the _____ of
_____, the partnership described in said instrument; that, by the
terms of said partnership, he is authorized to execute the foregoing instrument on behalf of the
partnership for the purposes set forth therein; and that, pursuant to that authority, he executed the
foregoing instrument in the name and on behalf of said partnership as the act and deed of said
partnership.

[Redacted Signature]
Notary Public

ANNE CATHLEEN KOSKI
Notary Public, State of New York
No. 02KO6259797
Qualified in New York County
Commission Expires April 16, 2020

C. Exhibits

Exhibit I.A - Proposal Submission Requirement Checklist

Please indicate by checkmark that your Proposal meets **each** of the following submission requirements:

- 1. **TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Department no later than 3:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.1.
- 2. **FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Proposal; Technical Proposal and Cost Proposal and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this RFP.
 - a. Twelve (12) separately bound hardcopies – **two (2) Originals each of the Administrative Proposal, Technical Proposal and Cost Proposal** containing original documents (i.e., original signatures, no photocopies) and marked and numbered (i.e., "ORIGINAL #1" and "ORIGINAL #2."), **Ten (10) copies of each Administrative Proposal, Technical Proposal and Cost Proposal** marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Proposals.
 - b. Proposals must be prepared in Adobe Acrobat.
 - c. Each Administrative, Technical and Cost Proposal must be separately bound and clearly labeled with "Actuarial and Benefits Management Consulting Services #ABMC-2017-1" and Offeror's name(s).
 - d. Table of Contents
 - e. Index Tabs
 - f. Pagination
 - g. Updates/Corrections
 - h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Proposal must contain the documentation required in Section III of this RFP. The Technical Proposal must be responsive to the programmatic duties and responsibilities set forth in Section IV of this RFP. The Cost Proposal must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this RFP.
- 3. **REQUIRED CONTENT OF THE ADMINISTRATIVE PROPOSAL:** The Administrative Proposal must contain the following information, in the order enumerated below:
 - A. **Formal Offeror Letter:** The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in RFP, Exhibit I.S in accordance with the requirements set forth in RFP, Section III.A
 - B. **Minimum Mandatory Requirements:** The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
 - C. **Exhibits:** The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
 - Exhibit I.A Proposal Submission Requirement Checklist
 - Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification
 - Exhibit I.K Offeror's Affirmation of Understanding & Agreement
 - Exhibit I.M Compliance with Public Officers Law Requirements
 - Exhibit I.N Compliance with Americans with Disabilities Act
 - Exhibit I.O MWBE Utilization Plan (Form MWBE-100)
 - Exhibit I.P Offeror's Certification of Compliance Pursuant to State Finance Law §139-k

Exhibit I.A - Proposal Submission Requirement Checklist

Amended April 27, 2017

- ~~X~~ Exhibit I.S. Formal Offer Letter
- ~~X~~ Exhibit I.T. Offeror Attestations Form
- ✓ Exhibit I.U.1 Key Subcontractors or Affiliates
- ✓ Exhibit I.U.2 NYS Supplier & Subcontractor
- ✓ Exhibit I.V Program References
- ✓ Exhibit I.W Compliance with NYS Workers' Compensation Law
- ✓ Exhibit I.X Extraneous Terms (if proposing)

✓ D. **Key Subcontractors:** The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide project services and must, for each such Key Subcontractor identified, complete and submit **Exhibit I.U.1 "Key Subcontractors"**:

1. provide a brief description of the services to be provided by the Key Subcontractor; and
2. provide a description of any current relationships with such Key Subcontractor and the clients/projects that the Offeror and Key Subcontractor are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The Offeror must indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Key Subcontractor for services to be provided by the Key Subcontractor relating to this RFP. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide project services, the Offeror must provide a statement to that effect.

✓ E. **Reference Checks:** The Offeror must list two (2) references of current clients and one (1) reference of a former client for a total of three (3) references for which the Offeror has supplied Actuarial and Benefits Management Consulting Services similar to those required in this RFP. If the Offeror has no former clients to include as references, the Offeror must include a statement attesting to that fact. Otherwise, the Offeror must include, at minimum, one (1) former client as a reference for which the Offeror has supplied services similar in nature to those required in this RFP. If the Offeror is proposing any Key Subcontractors or Affiliates, the references should be with clients for whom the Offeror and Key Subcontractor or Affiliate have jointly supplied services similar to those described in this RFP. For each Reference provided the Offeror must complete and submit Exhibit I.V, entitled "Program References." The Offeror shall be solely responsible for providing contact names and phone numbers that are readily available to be contacted by the State. The Offeror must also indicate what participation, if any, the Program manager and each key staff person proposed for this Program had in the referenced services.

✓ F. **Financial Statements:** The Offeror must provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor or Affiliate, if any, that provides any of the Project Services; provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor or Affiliate, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor/Affiliate must make arrangements for the procurement evaluation team to review the financial statements.

Note: If financial statements have not been prepared and/or audited, the Offeror/Key Subcontractor/Affiliate must provide the following as part of its Administrative Section a

Exhibit I.A - Proposal Submission Requirement Checklist

letter from a bank reference attesting to the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness. (Note: for purposes of this reference, the Offeror may not give as a reference, a parent or subsidiary company, a partner or an affiliate organization.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. A brief description of the business relationship between the parties (i.e., the Offeror/Key Subcontractor/Affiliate and the bank), including the duration of the relationship and the Offeror's current standing with the bank. For example: "The (Offeror/Key Subcontractor/Affiliate's name) is currently and has been for "x" number of years a client in good standing;"
2. A description of any ownership/partner relationship that may exist between the parties, if any. (Note: One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other.); and,
3. Any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the Offeror/Key Subcontractor/Affiliate's financial viability and creditworthiness concerning the nature and scope of the Project Services, which are the subject matter of this RFP, and the parties (i.e., Department and the Offeror or the Offeror and Key Subcontractor of Affiliate) contractual obligations should the Offeror be awarded the resultant contract.

Amended April 27, 2017

 G. **Vendor Responsibility Questionnaire:** The Offeror must complete and execute a NYS Vendor Responsibility Questionnaire for itself and all Key Subcontractors.

1. If the Offeror or Key Subcontractor, if any, is incorporated outside the State of New York, a recent certificate of Good Standing must be submitted for each.
2. If the Offeror ~~or Key Subcontractor, if any,~~ has any employees in NYS, a confirmation of NYS Worker's Compensation and/or Disability Benefits coverage must be submitted ~~for each.~~

 4. **REQUIRED CONTENT OF THE TECHNICAL PROPOSAL:** The Technical Proposal shall be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this RFP and it shall contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

Technical Proposal Submission Requirements

A. Corporate and Account Team Experience

- 1. Executive Summary
- 2. Account Team
 - Exhibit I.B
 - Exhibit III.A

Amended April 27, 2017

B. Project Services

- 1. Project Task #1 – Premium Rate Renewals and Plan Funding Requirements ("Rate Renewals")
- 2. Task #2 – Quarterly Analysis
- 3. Task #3 – GASB 75 Valuation
- 4. Task #4 – Ad Hoc Consulting Services
 - Prior Ad Hoc Projects
 - Sample Ad Hoc Task

Exhibit I.A - Proposal Submission Requirement Checklist

C. Performance Guarantees

D. Diversity Practices Questionnaire

1. Exhibit IV.A Diversity Practices Questionnaire

5. REQUIRED CONTENT OF THE COST PROPOSAL: The Offeror's Cost Proposal must respond to all of the mandatory sections as set forth in RFP Section V in the formats as specified and, as applicable, using the forms set forth in Exhibit V.A Forms 1 through 4.

A. Exhibit V.A Forms 1 through 4

6. REQUESTED REDACTIONS CD and HARD COPY: The FOIL-related materials described herein which the Offeror is requested to provide per RFP, Section II.B.9 will not be considered part of the Offeror's Proposal and will not be reviewed as a part of the Procurement's evaluation process. Notwithstanding this they have been identified in this Checklist as a reminder to Offerors of the need to provide the requested items.

At the time of Proposal submission the Offeror is requested to submit:

A. Exhibit I.C Freedom of Information Law – Request for Redaction Chart

B. Separately bound hardcopy of each of the three (3) Proposal documents with redactions marked that are included on the CDs.

C. Electronic copy of each of the three (3) Proposal documents prepared in PDF format on separate CDs in Adobe Acrobat Professional software, version 8 or higher using the Adobe "Mark for Redaction" function, **do not** use the "Apply Redactions."

Exhibit I.D – MacBride and Non-Collusive Bidding Certification

**NON-DISCRIMINATION IN EMPLOYMENT IN NORTHERN IRELAND
MACBRIDE FAIR EMPLOYMENT PRINCIPLES**

In accordance with Chapter 807 of the Laws of 1992 the Offeror, by submission of this bid, certifies that it or any individual or legal entity in which the Offeror holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership interest in the Offeror, either (answer "yes" or "no" to one or both of the following, as applicable):

Have business operations in Northern Ireland. Yes _____ or No

If yes:

Shall take lawful steps in good faith to conduct any business operations they have in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their compliance with such Principles. Yes _____ or No _____

NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this bid, each Offeror and each person signing on behalf of any Offeror certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor;
2. Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
3. No attempt has been made or will be made by the Offeror to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 1

Offeror’s Affirmation of Understanding and Agreement

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement’s “Restricted Period” (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions (“permissible contacts”). the Department’s employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror’s responsibility that addresses the Offeror’s compliance with the statutes’ requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.

Further information about these requirements can be found at:

<http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement	
The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Department’s procedures regarding permissible contacts as required thereby.	
Name of Offeror:	The Segal Company (Eastern States), Inc.
By:	
	(Signature)
Name:	Lawrence Singer
Title:	Senior Vice President
Address:	333 West 34 th Street
	New York, N.Y. 10001
Date:	5/25/2017

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Andrew
Last Name	Sherman
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	116 Huntington Avenue 8th Floor
Street Address	116 Huntington Avenue 8th Floor
City	Boston
State	MA
Zip	02116-5744
Individual's Business Telephone #	617.424.7337
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Senior Vice President, National Director, Public Sector Market

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Kenneth C.
Last Name	Vieira, FSA, FCA, MAA
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	
Street Address	2018 Powers Ferry Road, Suite 850
City	Atlanta
State	GA
Zip	30339
Individual's Business Telephone #	(678)-306-3154
Principal Place of Business (1)	
Individual's Occupation	Senior Vice President, East Region Public Sector Market

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Lawrence
Last Name	Singer
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5095
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Senior Vice President

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Russell
Last Name	Bley
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street, NY, N.Y. 10001
Street Address	333 West 34 th Street, NY, N.Y. 10001
City	New York
State	NY
Zip	10001
Individual's Business Telephone #	212-251-5049
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Benefits Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Aldwin
Last Name	Frias
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street, NY, N.Y. 10001
Street Address	333 West 34 th Street, NY, N.Y. 10001
City	New York
State	NY
Zip	10001
Individual's Business Telephone #	212-251-5188
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	FSA, MAAA, FCA, EA Senior Vice President and Actuary

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Dionne
Last Name	Alleyne-Duncan
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street, NY, N.Y. 10001
Street Address	333 West 34 th Street, NY, N.Y. 10001
City	New York
State	NY
Zip	10001
Individual's Business Telephone #	212-251-5171
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Project Manager

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Melisa
Last Name	Bernal
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street, NY, N.Y. 10001
Street Address	333 West 34 th Street, NY, N.Y. 10001
City	New York
State	NY
Zip	10001
Individual's Business Telephone #	212-251-5305
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Actuarial Associate

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Dean
Last Name	Hatfield
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street, NY, N.Y. 10001
Street Address	333 West 34 th Street, NY, N.Y. 10001
City	New York
State	NY
Zip	10001
Individual's Business Telephone #	212-251-5409
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Senior Vice President, Health Practice Leader

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Sadhna
Last Name	Paralkar
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	101 North Wacker Drive
Street Address	101 North Wacker Drive
City	Chicago
State	IL
Zip	60606-1724
Individual's Business Telephone #	818-956-6722
Principal Place of Business (1)	333 West 34 th Street, NY, N.Y. 10001
Individual's Occupation	Senior Vice President and National Medical Director

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Jannette
Last Name	Giotta
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5282
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Vice President and Health Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Celeste
Last Name	Bona
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5395
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Vice President and Health Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Brandon
Last Name	Hemmings
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5209
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Senior Health Benefit Analyst

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Moustapha
Last Name	Gueye
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5396
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Vice President and Health Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror’s Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Kevin
Last Name	Klemm
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5047
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Vice President and Health Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.K – Offeror's Affirmation of Understanding and Agreement

Part 2

Offeror Designated Contact	
First Name	Stephen
Last Name	Wolff
Company Name	The Segal Company (Eastern States), Inc.
Company Address:	333 West 34 th Street
Street Address	333 West 34 th Street
City	New York
State	N.Y.
Zip	10001
Individual's Business Telephone	(212) 251-5438
Principal Place of Business (1)	333 West 34 th Street
Individual's Occupation	Pharmacy Benefits Consultant

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Department in regards to this Procurement, prior to the individual initiating any contact with the Department, and submit it to the ABMC Procurement Manager specified in Section II.A.2.b. of this RFP.

Exhibit I.M - Compliance with Public Officers Law Requirements



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1/07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this RFP and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

Name of Offeror: The Segal Company (Eastern States), Inc.

Name & Title of Representative: Lawrence Singer - Senior Vice President

Signature: _____

Date: 5/25/2017

Exhibit I.N - Compliance with Americans with Disabilities Act



State of New York
Department of Civil Service
Albany, NY 12239

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this RFP shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.


Name of Offeror: The Segal Company (Eastern States), Inc.

Name & Title of Representative: Lawrence Sinder - Senior Vice President

Signature: _____

Date: 5/25/2017

Exhibit I.O - MWBE Utilization Plan

 State of New York Department of Civil Service Albany, NY 12239	MWBE UTILIZATION PLAN OFFICE OF FINANCIAL ADMINISTRATION MWBE-100 (9/2011)
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INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name: <u>THE SEGAL COMPANY (EASTERN STATES), INC.</u>	Federal Identification No.: <u>13-1835864</u>
Address: <u>333 WEST 34TH STREET NEW YORK, N.Y. 10001</u>	Solicitation No.: <u>ACTUARIAL & BENEFITS MGT CONSULTING (ABMC) SVCS.</u>
City, State, Zip Code: <u>NEW YORK N.Y. 10001</u>	M/WBE Goals for the Solicitation: MBE: <u>0</u> % WBE: <u>0</u> %

1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies
A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			
B.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE			

6. WAIVER REQUESTED: MBE: YES NO If YES, submit form MWBE101 / WBE: YES NO If YES, submit form MWBE101

PREPARED BY (Signature):	TELEPHONE NO.:	EMAIL ADDRESS:
NAME AND TITLE OF PREPARER (Print or Type):		
DATE: Offeror's Certification Status: <input type="checkbox"/> MBE <input type="checkbox"/> WBE		

SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FUNDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.	*****FOR DEPARTMENT USE ONLY*****	
	REVIEWED BY:	DATE:
	UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	
	MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____	

Exhibit I.P – Offeror’s Certification of Compliance Pursuant to State Finance Law

Offeror’s Certification of Compliance Pursuant to State Finance Law §139-k(5)

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the Department with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the Department, the Offeror must provide the following certification that the information it has and will provide to the Department pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: The Segal Company (Eastern States), Inc.
By: (Signature) [Redacted]
Name: Lawrence Singer
Title: Senior Vice President
Address: 333 West 34th Street
New York, New York 10001
Date: 05/25/2017

Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	The Segal Company (Eastern States), Inc.
<p>The Offeror:</p> <p><input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Project Services</p> <p><input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Project Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	Not Applicable
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the Offeror's Proposal, a subcontract</p> <p><input type="checkbox"/> has <input checked="" type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Actuarial and Benefits Management Consulting Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided.</p>	
<p>Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	Not Applicable
2. Client Reference Name and Phone #	
3. Project Title:	
4. Project Start Date:	
5. In the space provided below, Project Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the project identified in 3, above:	

Exhibit I.U.2 – New York State Subcontractors and Suppliers

RFP #ABMC-2017-1
“Actuarial and Benefits Management Consulting Services”

NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.12 of this RFP, Offerors are encouraged to use New York State businesses in the performance of Project Services. Please complete the following exhibit to reflect the Offeror’s proposed utilization of New York State businesses.

Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 5-Year Contract Period	Identify if Subcontract or Supplier
<i>NOT APPLICABLE</i>				



Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (use street address only) Segal Company, Inc. 333 West 34th St., 3rd Floor New York, NY 10001</p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</p>	<p>1b. Business Telephone Number of Insured 212-251-5347</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 060839113</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NYS Dept of Civil Service Employee Benefits Division Albany NY 12239</p>	<p>3a. Name of Insurance Carrier Pacific Indemnity Company</p> <p>3b. Policy Number of Entity Listed in Box "1a" 71738381</p> <p>3c. Policy effective period 02/28/2017 to 02/28/2018</p> <p>3d. The Proprietor, Partners or Executive Officers are <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period? YES NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Stephen Ballinger
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Redacted Signature] 5/22/17
(Signature) (Date)

Title: Senior Vice President

Telephone Number of authorized representative or licensed agent of insurance carrier: (516) 745-8220

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

C-105.2 (9-15)

www.wcb.ny.gov

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier	
<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>The Segal Company 333 West 34th Street New York, New York 10001</p>	<p>1b. Business Telephone Number of Insured 212.251.5987</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 13-1835864</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>NYS Dept of Civil Service Employee Benefits Division Albany, NY 12239</p>	<p>3a. Name of Insurance Carrier CIGNA LIFE INSURANCE COMPANY OF NEW YORK</p> <p>3b. Policy Number of entity listed in box "1a": NYD074846</p> <p>3c. Policy effective period: 01/01/2017 to 01/01/2018</p>
<p>4. Policy covers:</p> <p><input checked="" type="checkbox"/> a. All of the employer's employees eligible under the New York Disability Benefits Law</p> <p><input type="checkbox"/> b. Only the following class or classes of the employer's employees:</p>	
<p>Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.</p>	
<p>Date Signed May 22, 2017 By [REDACTED]</p> <p style="text-align: center; font-size: small;">(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)</p> <p>Telephone Number <u>1.866-761-4236</u> Title <u>Underwriting Director</u></p>	
<p>IMPORTANT:</p> <p>If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.</p> <p>If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, New York 12305.</p>	
<p>PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)</p> <p style="text-align: center;">State Of New York Workers' Compensation Board</p> <p>According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.</p> <p>Date Signed _____ By _____ (Signature of NYS Workers' Compensation Board Employee)</p> <p>Telephone Number _____ Title _____</p>	

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

DB-120.1 (12-13)

Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2". ***This Certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in box "3c".***

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

DISABILITY BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.

**Extraneous Terms Template
(Instructions for Documentation and Submission)**

Offerors shall identify all Extraneous Terms in the table provided on the following page, and shall adhere to all instructions below for preparing the table.

INSTRUCTIONS:

**RFP Section
and Sub-Section
Reference:**

The Offeror must insert the exact RFP Section, and Sub-Section number of the requirement(s) that the Offeror is proposing to modify. The Offeror must insert the nature of the proposed change and its impact on the Requirement.

RFP Requirement:

The Offeror must insert a concise description of the requirement(s) that the Offeror is proposing to modify.

**Proposed
Extraneous Term
Type:**

The Offeror must insert a one-word description, of the type of modification to each of the requirement(s) that the Offeror is proposing to modify, selected from the following list:

- Additional;
- Supplemental;
- "Or Equal"; or
- Alternative

**Proposed
Extraneous
Term:**

The one-word description must be followed by proposed alternate wording of the requirement(s).

**Impact on RFP
Requirement:**

The Offeror should describe the impact of the alternate wording. Then, the comments should explain how the modification(s) would benefit the State and provide best value. If there is a corresponding impact on the Administrative, Technical or Cost Proposal(s), that impact should be explained here with reference(s) to the parts of the volume(s) that are affected. However, **DO NOT INCLUDE ANY COST DATA IN THE ADMINISTRATIVE OR TECHNICAL PROPOSALS.**

The Offeror must use the table format described above and detailed on the following page to summarize its proposed Extraneous Terms, if any. The Offeror may refer to more voluminous narratives, tables, figures and appendices that more fully describe aspects of the Extraneous Terms, provided that the additional material is fully cross-referenced by this required table.

NOT APPLICABLE

Exhibit I.X – Extraneous Terms Template

Extraneous Terms Template

EXTRANEIOUS TERM(S)			
No.	RFP Section and Sub-Section Reference	RFP Requirement	Proposed Extraneous Term Type
1.			<input type="checkbox"/> Additional; <input type="checkbox"/> Supplemental; <input type="checkbox"/> "Or Equal"; or <input type="checkbox"/> Alternative
Proposed Extraneous Term(s):			
Impact on RFP Requirement:			

NOT APPLICABLE

D. Key Subcontractors or Affiliates

Exhibit I.U.1 - Key Subcontractors or Affiliates

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor or Affiliate, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) or Affiliate(s) to provide any of the services required under this RFP, the Offeror must complete and submit a single Exhibit I.U.1 to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor or Affiliate	
Offeror's Name:	<u>The Segal Company (Eastern States), Inc.</u>
<p>The Offeror:</p> <p><input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a Key Subcontractor(s) or Affiliate(s) to provide Project Services</p> <p><input type="checkbox"/> is <input checked="" type="checkbox"/> is not proposing to utilize the services of a subcontractor(s) to provide Project Services totaling \$100,000 or more during the term of the 5 year agreement</p>	
Subcontractor's Legal Name:	<u>Not Applicable</u>
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
<p>As of the date of the Offeror's Proposal, a subcontract</p> <p><input type="checkbox"/> has <input checked="" type="checkbox"/> has not been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to Actuarial and Benefits Management Consulting Services.</p>	
<p>In the space provided below, describe the Key Subcontractor's or Affiliate's role(s) and responsibilities regarding Project Services to be provided.</p>	
<p>Relationship between Offeror and Key Subcontractor or Affiliate for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	<u>Not Applicable</u>
2. Client Reference Name and Phone #	
3. Project Title:	
4. Project Start Date:	
5. In the space provided below, Project Status:	
<p>6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the project identified in 3, above:</p>	

Exhibit I.U.2 – New York State Subcontractors and Suppliers

RFP #ABMC-2017-1
“Actuarial and Benefits Management Consulting Services”

NEW YORK SUBCONTRACTORS AND SUPPLIERS

As stated in Section II.B.12 of this RFP, Offerors are encouraged to use New York State businesses in the performance of Project Services. Please complete the following exhibit to reflect the Offeror’s proposed utilization of New York State businesses.

Name(s) of New York Subcontractors and/or Suppliers	Address, City, State, and Zip Code	Description of Services or Supplies Provided	Estimated Value Over 5-Year Contract Period	Identify if Subcontract or Supplier
<i>NOT APPLICABLE</i>				

E. Reference Checks

Reference # 1

Current or Former Customer: Current

Abstract	
Customer for Whom Services Were Performed: Alabama Public Education Employees' Health Insurance Plan	
Customer Address: P.O. Box 302150, Montgomery, Alabama 36130-2150	
Project Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in this RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's assertion that it can successfully implement and administer programs of the scope and complexity as set forth in this RFP# ABMC-2017-1.)	
Project Contact References: (Required And Will Be Verified) (Attach 2 current and 1 former client reference)	
Contact Name: [REDACTED]	Contact Title: Chief Financial Officer
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]

The Public Education Employees' Health Insurance Plan provides hospital medical health insurance benefits for all full-time employees, and certain part-time employees, of the Alabama public educational institutions, which provide instruction at any combination of grades K-14, exclusively under the auspices of the State Board of Education. These insurance benefits are also available to retired employees with a portion of the retiree's cost paid through the employer premium for active employees. The PEEHIP Division maintains insurance records for the approximately 300,000 active and retired members and eligible dependents on-line with on-line insurance status changes. All changes are reported to the third party administrators via electronic file transfer.

Segal began working with PEEHIP in 2013, current projects include:

- Analysis of proper funding levels for the Hospital Medical Insurance Program, Rx and Optional Plans.
- Consulting on plan design issues, focusing on cost effectiveness and competitiveness.
- Advice regarding legal/legislative developments regarding the Patient Protection and Affordable Care Act (ACA) and how it specifically impacts PEEHIP. This will involve keeping the PEEHIP staff and board timely informed of current.
- Negotiations with current plan providers as needed.
- Providing claim projections twice a year
- Retiree benefits design and strategy, including EGWP and prospective Medicare Advantage plans
- Pharmacy consulting and strategy, including contract negotiation

- Providing IBNR calculations by Active and Retired summarized by Medical, Drug, and by optional benefits - Dental, Cancer, Hospital Indemnity, and Vision.
- Request for Proposals
- Provide marketing for all Benefit Products every 3 years.

Segal performed 100% of the work related to this engagement and no subcontractors were utilized.

Reference # 2

Current or Former Customer: Current

Abstract	
Customer for Whom Services Were Performed: North Carolina State Health Plan	
Customer Address: 3200 Atlantic Avenue, Raleigh, NC 27604	
Project Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in this RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's assertion that it can successfully implement and administer programs of the scope and complexity as set forth in this RFP# ABMC-2017-1.)	
Project Contact References: (Required And Will Be Verified) (Attach 2 current and 1 former client reference)	
Contact Name: [REDACTED]	Contact Title: Financial Analyst, State Health Plan
Phone Number: [REDACTED]	E-Mail Address: [REDACTED]

The North Carolina State Health Plan covers about 316,000 active employees, 49,000 non-Medicare retirees, 143,000 Medicare-primary retirees and 191,000 dependents.

The Segal Company has served as health and communications consultant and actuary to the North Carolina State Health Plan since 2010. We are currently on our 3rd contract, effective January 1, 2016, with extensions available through December 31, 2019.

Segal provides a broad range of services for NCSHP, including the following projects over the last 12-months:

- Providing ongoing actuarial analyses and financial projections over 5-years
- Calculation of participant and employer rates
- Data mining, warehousing and in depth utilization claims analysis, including EBD dashboards
- Clinical risk group analysis
- GASB OPEB actuarial valuations
- Quarterly and annual pharmacy benefit manager audits of claims, MAC pricing and discounts, and rebates
- Medicare Part D actuarial attestations
- IBNR analysis and reserve recommendations

- Analysis of return on investment of contracted disease management vendor
- Strategic consulting and planning with the Board of Trustees
- Alternative plan design, including incentives, penalties, and value based features
- Wellness program review and consulting
- HIPAA compliance review and consulting
- ACA program consulting, including the evaluation of the financial and compliance implications of upcoming legislation
- Medicare Advantage, PDP and EGWP consulting
- Employee and retiree communications consulting, including development and production of open enrollment materials and videos
- Review of medical management performance guarantees

Reference # 3

Current or Former Customer: Former

Abstract
<p>Customer for Whom Services Were Performed: Charleston County Government, South Carolina</p> <p>Customer Address: 4045 Bridge View Drive, North Charleston, SC 29405</p>
<p>Project Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in this RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's assertion that it can successfully implement and administer programs of the scope and complexity as set forth in this RFP# ABMC-2017-1.)</p>
<p>Project Contact References: (Required And Will Be Verified) (Attach 2 current and 1 former client reference)</p> <p>Contact Name: [REDACTED] Contact Title: Human Resources Director</p> <p>Phone Number: [REDACTED] E-Mail Address: [REDACTED]</p>

Segal was hired in 2010 as the County's health plan benefits consultant focusing on a benchmarking study in order to determine if the County should remain in the State's health plan or begin providing benefits to their actives and retirees through the County.

Charleston County employees and retirees received all health and welfare benefits via the PEBA, with the County having the annual option to participate in, or opt-out of, the PEBA.

The Segal analysis concluded that the Charleston could benefit from opting out of the PEBA and sponsoring its own benefits program.

F. Financial Statements

External Separate Confidential Envelope

DOCUMENT REDACTED IN ITS ENTIRETY

G. Conflicts of Interest

The RFP requires that we list all conflicts of interest we feel that may exist as we perform the services requested in the Department's RFP. We take requirements like this very seriously.

Segal maintains a Relationship Identification and Conflict Identification System (R&C Module) that allows us to check for conflicts or potential conflicts with new clients, prospects and non-routine assignments for existing clients. The module is designed to surface any potential conflict issues and track their resolution prior to undertaking a new project to avoid taking on projects which could be perceived as a conflict of interest by existing clients and jeopardize our relationship with them.

The Module has been designed to automatically launch upon log-in to the Segal network. The user is then able to review and respond to newly posted inquiries, initiate new inquiries and close resolved items. All executive staff members are users of the system. The system is overseen by senior management and in-house Counsel. Each day our professionals review all potential engagements and indicate whether an engagement presents a potential conflict. When potential conflicts are identified, the situation is reviewed by practice leaders, market leaders, and senior management, and a decision is made whether or not a situation exists that precludes Segal from pursuing the engagement.

Based on an R&C review of the potential consulting assignment, we feel that no conflict of interest will exist.

H. Request for Redaction Chart

Name of Company: Segal Consulting

Proposal Dated: May 31, 2017

In Response to the Request for Proposals entitled **Actuarial and Benefits Management Consulting Services RFP #ABMC-2017-1**.

- X Offeror asserts that the information noted in the table below constitutes proprietary and/or trade secret information and desires that such information not be disclosed if requested pursuant to the New York State Freedom of Information Law, Article 6 of the Public Officers Law.

Offeror makes **NO** assertion that any information in its Proposal, in whole or in part, should be protected from FOIL disclosure.

Administrative Proposal:		
Requested Redaction Page #'s and Proposal Sections or Exhibit/Attachment #	Description	Offeror Rationale for Proposed Redaction
Section F, page 45	Company Financial Reports	Segal is a private company
<i>Insert rows above as necessary</i>		
Technical Proposal:		
Requested Redaction Page #'s and Proposal Sections or Exhibit/Attachment #	Description	Offeror Rationale for Proposed Redaction
<i>Insert rows above as necessary</i>		
Cost Proposal:		
Requested Redaction Page #'s and Proposal Sections or Exhibit/Attachment #	Description	Offeror Rationale for Proposed Redaction
All	Hourly rates	Hourly rates are business sensitive
All	Expected hours	Project's expected time business sensitive

REDACTION CHART

Please provide specific justification for each item for which you seek protection from FOIL disclosure. An appropriate justification may any one or more of the following considerations by which to demonstrate reasonably whether the item for which you seek protection may be excepted from disclosure:

- a) the confidential nature of the specific item, including a description of the nature and extent of the injury to the Offeror's competitive position, such as unfair economic or competitive damage, which would be incurred were the information/record to be disclosed;
- b) whether the specific information/record is treated as confidential by the Offeror, including whether it ever has been made available to any person or entity;
- c) whether any patent, copyright, or similar legal protection exists for the specific item of information;
- d) whether the public disclosure of the information/record is otherwise restricted by law, and the specific source and content of such restriction;
- e) the date upon which the information/record no longer will need to be kept confidential, if applicable;
- f) whether the item of information is known by anyone outside the Offeror's business or organization;
- g) the extent to which the information is known by Offeror's employees and others involved in the Offeror's business;
- h) the value of the specific information/record to the Offeror and to its competitors;
- i) the amount of effort or money expended by the Offeror in developing the information/record; and
- j) the ease or difficulty with which the information could be properly acquired or duplicated (not merely copied) for use by others.