

**Board of Education  
of the  
North Wildwood School District**

***REQUEST FOR PROPOSAL***

**Health Insurance Broker Services**  
for the 2024-2025 School Year

**To Be Received on**

**Wednesday, November 13, 2024**

**10:00 a.m.**

**North Wildwood School District  
1201 Atlantic Avenue  
North Wildwood, NJ 08260**

# **Request for Proposal - Health Insurance Broker Services**

**ADVERTISEMENT: NOVEMBER 2, 2024**

**THE BOARD OF EDUCATION OF THE NORTH WILDWOOD  
SCHOOL DISTRICT OF THE COUNTY OF CAPE MAY  
NORTH WILDWOOD, NJ 08260**

**REQUEST FOR PROPOSALS  
HEALTH INSURANCE BROKER SERVICES**

Notice is hereby given that the Board of Education of the North Wildwood School District of the County of Cape May is seeking the above Request for Proposals for the 2024-2025 school year.

All necessary RFP specifications and proposal forms can be obtained at <https://www.mmace.com/> or by calling the Board of Education Office at 609-729-4649 ext. 634.

All proposals must be received in the Business Office of the North Wildwood School District at 1201 Atlantic Avenue, North Wildwood, NJ 08260 on or before Wednesday, November 13, 2024 by 10:00a.m. All properly submitted sealed proposals will be publicly opened, announced, and recorded in the Business Office at the above date and time for consideration by the Board of Education at the November 18, 2024 Regular Board meeting.

The Board of Education shall not be responsible for the loss, non-delivery, late delivery or physical condition of RFPs sent by mail or courier service.

All respondents are required to comply with the requirements of N.J.S.A. 10:5-31 et seq., and N.J.A.C. 17:27 et seq.

The Board of Education reserves the right to reject any proposals, pursuant to N.J.S.A. 18A:18A-2(s), (t), (x), (y), N.J.S.A. 18A:18A-4(a-c), and N.J.S.A. 18A:18A-22, and to waive minor informalities or non-material exceptions, that may be in the best interest of the Board.

Dawn Cottrell,  
Business Administrator/Board Secretary

## **Request for Proposal - Health Insurance Broker Services**

### **1. Purpose:**

The purpose of the Request for Proposal is to obtain competitive proposals for Health Insurance Broker Services coverage. The Board intends to award a one-year contract pursuant to N.J.S.A.:18A:18A-42 with two one year options. Under Title 18a-18a-10 insurance services are not required to be bid or advertised and the Board is not required to award on the basis of lowest price and will award based on criteria as outlined in this request for proposals. The requests are being made to ensure the District receives the highest quality service at a fair and competitive price. All Brokers shall be currently licensed and authorized by the State of New Jersey, Department of Insurance to do business in the State of New Jersey.

All Brokers shall be currently licensed and authorized by the State of New Jersey Department of Insurance to do business in the State of New Jersey.

### **2. Term:**

The Board intends to award a prorated contract pursuant to N.J.S.A.:18A:18A-42 for the 2024-2025 school year with two, one year options. The length of term for the Insurance Brokerage Services contract will be annually on July 1st, through and including June 30th. The Board of Education has the right to terminate with a 30-day notice.

### **3. Background:**

The North Wildwood School District has an enrollment of approximately 159 students in Preschool through Grade 8 and currently employs approximately 63 employees, which includes administrators, teachers, aides, facilities, secretarial, and administrative support staff.

### **4. List of Current Insurance Carriers:**

Medical & Rx: NJ School Employees' Health Benefits Program (SEHBP)  
Dental: Delta Dental

### **5. Services to be provided to the Board of Education of the North Wildwood School District shall include, but not be limited to the following:**

- a. Firm must be responsible for negotiating renewal of existing coverage.
- b. Firm must prepare all necessary bid specifications, in the event the coverage is marketed, evaluate all bids that are received and make recommendations to the Business Administrator.
- c. Firm must assist the District in evaluating and settling all issues relating to the insurance provided, including regular reviews of loss reports.

## **Request for Proposal - Health Insurance Broker Services**

- d. Firm must provide the central administration with reasonable preliminary renewal figures during the budget process.
  - e. Firm must be available to attend Board of Education meetings and Finance Committee meetings, whenever necessary.
  - f. Firm must have the ability to recommend cost projections for other carriers.
6. **Pertinent Company Information Required in RFP:** (see broker response form pages 9-10)
- a. Name and location of firm main office; number of years your firm has been in business.
  - b. Listing of all **current and former** Board of Education and Municipal clients and years of service provided; include contact information for reference purposes.
  - c. Company personnel assigned to handle the District's account. Include a brief description for each person and their responsibilities for the district.
  - d. Specific compensation requirements.
7. **Selection Process:** Each submission shall be evaluated in accordance with the criteria set forth below:
- a. Compensation
  - b. Insurance Carriers you can obtain viable quotes from
  - c. Services to be provided
  - d. Recommendations of references
  - e. Experience in assisting staff in resolving claims issues
8. **Proposals:**

**All proposals shall be submitted to:**

Dawn Cottrell  
Business Administrator/Board Secretary  
North Wildwood School District  
1201 Atlantic Avenue  
North Wildwood, NJ 08260

The proposals will be reviewed by the School Business Administrator, Superintendent of Schools and the Finance Committee of the Board of Education. Upon review of the proposals, dates and times will be established for interviews, if needed.

Proposals are due in the office of the Business Administrator/Board Secretary, **no later than 10:00 A.M. Wednesday, November 13, 2024. No facsimile or email proposals will be accepted.**

**Late Proposals:** Proposals received in the office of the Business Administrator after the date and time prescribed above shall not be opened and will be returned unopened to the Broker.

## **Request for Proposal - Health Insurance Broker Services**

### **9. Period of Proposal Validity:**

All proposals shall remain firm for a period of sixty (60) days after the date specified for the receipt of proposals.

### **10. Required Documents:** Provide the following documents with the proposal:

- a. Broker Response Form
- b. Affirmative Action statement
- c. Business Registration Certificate
- d. Political Contribution Disclosure form Chapter 271 (if awarded contract)

No interpretation of the meaning of the specifications or other contract documents will be made to anyone orally. All questions and requests for interpretation shall be in writing and emailed to Dawn Cottrell, School Business Administrator/Board Secretary, North Wildwood School District Board of Education, 1201 Atlantic Avenue, North Wildwood, NJ 08260, (609) 729-4649, Ext. 634, email: [dcottrell@mmace.com](mailto:dcottrell@mmace.com). To be given consideration, requests must be received at least seven days prior to the date fixed for the opening. Any written addenda to the specifications will be e-mailed or hand delivered to all prospective brokers known to the district at the respective addresses furnished by the prospective broker not later than five days prior to the date fixed for the opening. Failure of any broker to receive such addenda or interpretation shall not relieve any broker from any obligation under his/her proposal as submitted. All addenda so issued shall become part of the contract.

### **11. Basis of Award:**

The Business Administrator/Board Secretary will review and evaluate all proposals submitted in response to this Request for Proposal. Under title 18A-18A-10 Insurance services are not required to be bid or advertised and the Board of Education of the North Wildwood School District is not required to award on the basis of lowest quote and will award based on the criteria as outlined in this request for proposals. The request is being made to ensure the North Wildwood District receives the highest quality service at a fair and competitive price.

## **Request for Proposal - Health Insurance Broker Services**

(REVISED 4/10)

### **EXHIBIT A MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127) N.J.A.C. 17:27 et seq. GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affection-al or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, up-grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression,

## **Request for Proposal - Health Insurance Broker Services**

### **EXHIBIT A (Cont)**

disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval;
- Certificate of Employee Information Report; or
- Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at:

[http://www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

**Request for Proposal - Health Insurance Broker Services**

**REQUIRED FORMS**



# **Request for Proposal - Health Insurance Broker Services**

## **BROKER RESPONSE FORM**

*(Firm may attached response, please clearly indicate question # for each response)*

Prospective brokers must address all of the following points in their proposal for health insurance brokerage services. If you feel that an individual item is not applicable to your proposal, you must clearly indicate this in the proposal.

You must address all of the following points in your proposal for health insurance brokerage services:

1. Name of firm:
2. Location of firm main office and branches:
3. How many years has the firm been in business?
4. Total number of employees dedicated to health insurance clients.
5. Total number of clients for health insurance. Please Indicate the top 3 largest clients and all public sector and non-profit clients in the State of New Jersey.
6. Include five current client references for health insurance brokerage services.
  - a. Please complete the Client Contact Information (page 10)
7. Describe the proposed management of the account as specifically as possible. Your response must indicate that overall coordination of the account will be placed with an identified account manager. This individual's functions should be clearly described and any secondary personnel should also be identified and their roles defined. The credentials and experience of all members of your proposed account management team should be detailed. Also, the number of total clients serviced by the proposed management team must be included.
8. Risk Information Systems: Accurate loss data is necessary to plan for renewals, maximize reimbursement and assess the feasibility of alternative risk financing options. Specify your firm's resources for managing information in the following areas: claims loss reporting; loss control data analysis/trending systems; and loss forecasting models/actuarial services. Address your firm's ability and willingness to provide information that would facilitate measurement of the School System's internal Risk Management and Risk Financing effectiveness.

## **Request for Proposal - Health Insurance Broker Services**

9. How will the designated account team work with the district administrators and staff in implementing any new and/or existing programs?
10. Describe the services your firm routinely performs for its clients?
11. Indicate your firm's involvement with the application process, written communications, employee meetings, etc.
12. Describe how your firm would develop specifications for competitive quotes and provide this information to the Business Administrator and/or Board?
13. Describe what other benefits and/or products your firm could provide the district.
14. Describe how your firm reviews all plan documents for compliance with applicable laws and contracted agreements.
15. Describe how your firm would review coverages for the district and evaluate the effectiveness.
16. Describe what insurance carriers and their financial ratings you will be able to obtain quotes for competitive coverage from and show proof of obtaining competitive quotes from those carriers with current clients.
17. Describe your knowledge and experience with negotiating health insurance renewals and administering Health Insurance Contracts.
18. Describe what service you shall provide to our employees when a claim dispute arises for denial of claim by the insurance carrier.

**Request for Proposal - Health Insurance Broker Services**

**FEE STRUCTURE**

**Health Insurance Brokerage Services**

The respondent by signing this proposal form, acknowledges that he/she has carefully examined the proposal specifications and documents; and further acknowledges he/she understands and is able to render the scope of activity and services outlined in the proposal.

<b><u>Area of Coverage</u></b>	<b><u>Fee for Brokerage Services</u></b>
Medical	_____
Prescription (Rx)	_____
Dental	_____
List other fees as applicable <i>(specify fee as % or annual cost)</i>	_____

Two one-year renewals may be awarded in accordance with 18A:18A-42 if services are being performed in an effective and efficient manner.

**BROKER FIRM'S INFORMATION:**

Name \_\_\_\_\_

Address \_\_\_\_\_ P.O. Box \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Federal Tax ID Number \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Extension \_\_\_\_\_

Fax No. ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

E-Mail \_\_\_\_\_

Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Request for Proposal - Health Insurance Broker Services**

**AFFIRMATIVE ACTION STATEMENT**

**Health Insurance Broker Services**

The following questions must be answered by all prospective firms:

1. Do you have a federally approved or sanctioned Affirmative Action Program?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If yes, please submit a copy of such approval.

2. Do you have a State Certificate of Employee Information Report approval?

(a) If yes, please submit a copy of such approval.

3. If the firm cannot present #1 or #2, the firm is required to submit a completed Employees Information Report (Form AA302) at the time of the award only.

**Request for Proposal - Health Insurance Broker Services**

**PUBLIC SCHOOL REFERENCES**

**Public School Client Recommendation List**

1. School District: \_\_\_\_\_  
Grade Organization \_\_\_\_\_ Regional? Yes No  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
2. School District: \_\_\_\_\_  
Grade Organization \_\_\_\_\_ Regional? Yes No  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
3. School District: \_\_\_\_\_  
Grade Organization \_\_\_\_\_ Regional? Yes No  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
4. Other : \_\_\_\_\_  
Organization Type \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_
5. Other: \_\_\_\_\_  
Organization Type \_\_\_\_\_ Regional? Yes No  
Contact Name and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

# **Request for Proposal - Health Insurance Broker Services**

(REVISED 11/08)

***To be completed, signed below & returned with the proposal***

## **Vendor Questionnaire/Certification**

**RFP 2024-2025**

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_ PO Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone Number (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Phone Number (\_\_\_\_) \_\_\_\_\_

FAX No. (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

## **Vendor Certification**

### Direct/Indirect Interests

I declare and certify that no member of the Board of Education of the North Wildwood School District of the County of Cape May, nor any officer or employee or person whose salary is payable in whole or in part by said Board of Education or their immediate family members are directly or indirectly interested in this bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation exists where a Board member, employee, officer of the board has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

### Gifts; Gratuities; Compensation

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any school official, board member or employee of the Board of Education of the North Wildwood School District of the County of Cape May.

### Vendor Contributions

I declare and certify that I fully understand N.J.A.C. 6A:16A-6.3(a1-4) concerning vendor contributions to school board members.

I certify that I am not an official or employee of the Board of Education of the North Wildwood School District of the County of Cape May.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

\_\_\_\_\_  
**President or Authorized Agent**

\_\_\_\_\_  
**SIGNATURE**

**Request for Proposal - Health Insurance Broker Services**

***To be completed, signed below & returned with the proposal***

**NON-COLLUSION AFFIDAVIT**

Re: Proposal for the Board of Education of the North Wildwood School District of the County of Cape May

STATE OF \_\_\_\_\_ ) Date: \_\_\_\_\_

COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_ of the City of \_\_\_\_\_

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_

of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of  
Position in Company

the firm of \_\_\_\_\_ and the bidder making the Proposal for the above names contract, and that I executed the said Proposal with full authority so to do; that I have not, directly or indirectly, entered into any agreement, participated in any collusion, discussed any or all parts of this proposal with any potential bidders, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named bid, and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Board of Education of the North Wildwood School District of the County of Cape May relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said bid.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of bona fide established commercial or selling agencies maintained by

\_\_\_\_\_  
(Print Name of Contractor/Vendor)

Subscribed and sworn to: \_\_\_\_\_  
(SIGNATURE OF CONTRACTOR/VENDOR)

before me this \_\_\_\_\_ day of \_\_\_\_\_,  
Month Year

\_\_\_\_\_  
**NOTARY PUBLIC SIGNATURE**

\_\_\_\_\_  
**Print Name of Notary Public**

My commission expires \_\_\_\_\_, \_\_\_\_\_  
Month Day Year - Seal -

# Request for Proposal - Health Insurance Broker Services

## STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

### Health Insurance Brokerage Services

Re: Proposal for the Board of Education of the North Wildwood School District of the County of Cape May.  
 RFP Date: **Wednesday, November 13, 2024**

Please check one type of Ownership, complete the form, and execute where provided.

<input type="checkbox"/>	<u>Corporation--</u>	<input type="checkbox"/>	<u>Limited Partnership--</u>
<input type="checkbox"/>	<u>Partnership--</u>	<input type="checkbox"/>	<u>Limited Liability Corp.--</u>
<input type="checkbox"/>	<u>Sole Proprietorship--</u>	<input type="checkbox"/>	<u>Limited Liability Partnership--</u>
<input type="checkbox"/>	<u>Subchapter S Corp.--</u>	<input type="checkbox"/>	Other- _____

No corporation “or partnership” shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any material or supplies, the cost of which is to be paid with or out of any public funds, by the State or any county, municipality or school district, or any subsidiary or agency of the State, or by an authority, board or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid of said corporation or said partnership, there is submitted a statement setting forth the names and all individual partners in the partnership who own a 10% or greater interest therein, as the case may be.” If one or more such stockholder “or partner” is itself a corporation “or partnership”, the stockholder holding 10% or more of that corporation “or partnership” the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.

**IT IS MANDATORY THAT THIS FORM BE COMPLETED AND SUBMITTED WITH BID.** In the event that there are no persons who own ten percent or more of the stock or ownership of the bidder, then such fact should be certified below as part of this disclosure.

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

***List of Owners with Ten Percent (10%) or More Interest***

<u>Owner's Name</u>	<u>Home Address</u>	<u>Title/Office Held</u>	<u>Percent (%) of Partnership Shares Owned</u>

*NOTE:* If you need more space than that provided above, please use an extra sheet for furnishing the above required information for any remaining persons or entities.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***(form continued on next page) →→→***



**Request for Proposal - Health Insurance Broker Services**

*To be completed and signed below*

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (cont.)**

If your firm is not a corporation and/or partnership, please explain below how your firm is organized and include a list of the various principals

Our firm, \_\_\_\_\_, is organized

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Names of Principals

Title

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Use additional paper if needed. Check here  if additional sheets are attached.

***Name of Company*** \_\_\_\_\_

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***Address*** \_\_\_\_\_

---

***City, State, Zip*** \_\_\_\_\_

***Authorized Agent:*** \_\_\_\_\_

***Title:*** \_\_\_\_\_

***SIGNATURE:*** \_\_\_\_\_

# Request for Proposal - Health Insurance Broker Services

## Chapter 271 Political Contribution Disclosure Form (Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 52:34-25

### Part I – Vendor Information

Vendor Name:			
Address:			
City:	State:	Zip:	

The undersigned being authorized to certify, hereby certifies that the submission herein represents compliance with the provisions N.J.S.A. 19:44-20.26 and as represented by the Instructions accompanying this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

### Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

<u>Contributor Name</u>	<u>Recipient Name</u>	<u>Date</u>	<u>Dollar Amount</u>
			\$

Check here if the information is continued on subsequent page(s).

**No Reportable Contributions** (Please check (✓) if applicable.)

I certify that \_\_\_\_\_ (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44a-20.26.

## Request for Proposal - Health Insurance Broker Services

### List of Agencies with Elected Officials Required for Political Contribution Disclosure N.J.S.A. 19:44A-20.26

**County Name: Cape May**

State: Governor, and Legislative Leadership Committees

Legislative District #: 1,

State Senator and two members of the General Assembly per district.

County:

Freeholders                      County Clerk                      Sheriff                      Surrogate

Municipalities (Mayor and members of governing body, regardless of title):

Avalon Borough	North Wildwood City	West Wildwood Borough
Cape May City	Ocean City	Wildwood City
Cape May Point Borough	Sea Isle City	Wildwood Crest Borough
Dennis Township	Stone Harbor Borough	Woodbine Borough
Lower Township	Upper Township	
Middle Township	West Cape May Borough	

Boards of Education (Members of the Board):

Avalon Borough	Middle Township	West Cape May Borough
Cape May City	North Wildwood City	West Wildwood
Cape May Point	Ocean City	Wildwood City
Dennis Township	Sea Isle City	Wildwood Crest Borough
Lower Cape May Regional	Stone Harbor Borough	Woodbine Borough
Lower Township	Upper Township	Weymouth Township

Fire Districts (Board of Fire Commissioners):

Dennis Township Fire District No. 1  
Dennis Township Fire District No. 2  
Dennis Township Fire District No. 3  
Lower Township Fire District No. 1  
Lower Township Fire District No. 2  
Lower Township Fire District No. 3  
Middle Township Fire District No. 1  
Middle Township Fire District No. 2  
Middle Township Fire District No. 3  
Middle Township Fire District No. 4  
Upper Township Fire District No. 1  
Upper Township Fire District No. 2  
Upper Township Fire District No. 3  
Upper Township Fire District No. 4

## **Request for Proposal - Health Insurance Broker Services**

### **IRAN DISCLOSURE OF INVESTMENT ACTIVITIES FORM N.J.S.A. 18A:18A-49.4**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Respondents must review this list prior to completing the below certification. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

In addition, respondents must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes on the lower portion of the enclosed form.

**Failure to complete, sign and submit the Disclosure of Investment Activities in Iran form with the proposal shall be cause for rejection of the proposal.**

# Request for Proposal - Health Insurance Broker Services

## **DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM**

**BID SOLICITATION/PROPOSAL TITLE** \_\_\_\_\_

**VENDOR/BIDDER NAME** \_\_\_\_\_

Pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter 25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

### CHECK THE APPROPRIATE BOX

I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

**OR**

I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment Activities \_\_\_\_\_

Relationship to Vendor/ Bidder \_\_\_\_\_

Description of Activities \_\_\_\_\_

Duration of Engagement \_\_\_\_\_

Anticipated Cessation Date \_\_\_\_\_

*Attach Additional Sheets If Necessary*

### CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**