



Joaquin Independent School District

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Ryan Fuller, Superintendent

Email rfuller@joaquinisd.net



REQUEST FOR PROPOSALS OTHER GROUP INSURANCE PRODUCTS

AGENT: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NO: _____ DATE SUBMITTED _____

SIGNATURE: _____ TITLE _____

VENDOR NAME: (Insurance Company) _____

Joaquin ISD will be accepting proposals for “OTHER GROUP INSURANCE PRODUCTS” for the 2022-2023 school year beginning September 1, 2022.

CONDITIONS and SPECIFICATIONS:

1. All proposals must be returned on this form in a sealed envelope marked “**RFP- OTHER GROUP INSURANCE**” to the Joaquin ISD Administration Office, Attention: Donna Vergo, no later than **2:00 p.m., Thursday, June 16, 2022.** The proposals will be awarded at the board meeting on Monday, June 20, 2022.
2. The Joaquin ISD Board of Trustees reserves the right to reject any and/or all proposals. The proposals will be awarded in the best interest of the Joaquin ISD staff.
3. **The Vendor & Agent must provide open enrollment and Section 125 Cafeteria Plan election services to all eligible employees.** The enrollment process will be coordinated by Donna Vergo, Human Resources Specialist, dvergo@joaquinisd.net and may begin no earlier than Monday, July 25, 2022 and must be completed by Friday, August 5, 2022 and must be ***provided electronically to all employees.*** The complete billing of all group insurance products offered by Joaquin ISD and the voluntary elections with the completed JISD Section 125 Election forms for payroll deduction must be returned to Donna Vergo ***by Friday, August 12, 2022.***
4. All coverage details and benefits should be attached to this form for each product quoted.
5. Please submit a separate proposal form for each Vendor quoted.

MONTHLY PREMIUMS-Insurance Company _____
GROUP PRODUCTS - JISD contributes \$25.00 towards the Section 125 eligible benefits if
employee does not participate in the health insurance plan

	Employee Only	Employee/Spouse	Employee/Child	Employee/Family
DENTAL				
VISION				
CANCER				
ACCIDENT				
HOSPITAL INDEMNITY				
TERM LIFE/ AD&D \$30,000				
CRITICAL ILLNESS				

Individual Products-Must be Offered Voluntarily for Payroll Deduction

	Employee	Spouse	Child
VOLUNTARY LIFE/AD&D			
SHORT TERM DISABILITY			
LONG TERM DISABILITY			

