



PIKE COUNTY BOARD OF COMMISSIONERS

REQUEST FOR PROPOSALS (RFP) BENEFITS CONSULTING & BROKER SERVICES

ISSUE DATE: February 9, 2026

DUE DATE: 5:00 PM (EST) on February 20, 2026

ISSUING AGENCY: Pike County Board of Commissioners

331 Thomaston Street

Zebulon, GA 30295

IMPORTANT NOTICE

Sealed proposals will be accepted until **5:00 PM on February 20, 2026** for furnishing the services described herein.

Proposals must be submitted in sealed envelopes clearly marked:

“Benefits Consulting & Broker Services RFP”

Pike County Board of Commissioners

Attn: Angela Blount

P.O. Box 377

331 Thomaston Street

Zebulon, GA 30295

Electronic submissions (email/fax) **will not** be accepted.

All inquiries concerning this RFP must be directed to:

Angela Blount

Email: ablount@pikecoga.gov

Phone: **770-567-3406, Option 2**

Questions must be submitted in writing.

No contact with departments outside of the designated contact is permitted. Vendors who do so may have their proposal rejected.

1. PURPOSE

The Pike County Board of Commissioners (“the County”) is soliciting proposals from qualified, independent, licensed brokers to assist in strategically planning, designing, implementing, and negotiating employee benefit programs.

The County has approximately **165 full-time employees**.

The County seeks to ensure competitive, cost-effective, and high-quality employee benefit offerings to support attraction and retention of skilled employees.

2. CONTRACT PERIOD

The resulting agreement shall begin **upon award and execution** for the upcoming benefits plan year, with the option for annual renewals under the same terms and conditions. Pike County operates under a July 1 thru June 30 fiscal year.

3. SCOPE OF WORK

Pike County requires an experienced broker (minimum five years' public-sector benefits brokerage experience) capable of providing the following services:

Broker Responsibilities

- Audit resulting insurance and benefits contracts.
- Support annual benefits renewals, including negotiation.
- Market employee benefits as needed; prepare bid specifications; analyze proposals; make recommendations.
- Conduct annual reviews of benefit offerings for quality, cost effectiveness, and competitiveness.
- Monitor ongoing contracts, provider compliance, and claims experience.
- Provide updates on benefits trends and legislation.
- Meet with County leadership and staff as needed.
- Assist in benefits communications and participate in benefit fairs and enrollment activities.

- Provide a dedicated account representative and year-round support.
 - Evaluate benefits products submitted by carriers.
 - Provide additional consulting services as requested.
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4. VENDOR PROPOSAL REQUIREMENTS

Proposals must demonstrate qualifications, expertise, competence, and ability to provide all services outlined.

Vendors must address the following items (summarized from the attached document):

Organizational & Licensing Information

1. Describe organizational structure.
2. Provide proof of Georgia broker licensure and independence from insurance carriers.
3. Provide company history, philosophy, management structure, and any subcontractor relationships.
4. State years of experience in benefits brokerage (minimum 5).

Client Service & Capabilities

5. Describe client communication processes and response times.
6. Provide **four (4)** verifiable references from similar public-sector or comparable clients.
7. Describe the proposed account service team and qualifications.
8. Outline day-to-day service levels.
9. Explain your approach to strategic benefits planning.
10. Detail your renewal negotiation process.
11. Describe your process for assisting with vendor selection.

Product & Vendor Relationships

12. List carriers/vendors you work with (life, disability, dental, supplemental, etc.).
13. Describe communication strategies and tools for explaining benefits.
14. Explain what differentiates your organization.
15. Provide any additional beneficial information.
16. Provide four Georgia public-sector references (if available).
17. Describe customer service support for County staff and employees.
18. State whether a benefits website and toll-free support line are available.

Enrollment & Administration

19. Describe in detail the communication and enrollment process.
 20. Who will be doing the enrollments?
 - a. What is their experience in benefit communication and enrollment with the Georgia Public Sector? Include number of staff provided.
 - b. Do you offer online or web enrollment and if so, please describe?
 - c. Please provide a copy of a benefit election form that you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.
 21. Describe the procedures for the use of your Flexible Spending Debit Card and participation requirements for benefit enrolment.
 22. Who are you proposing as your Third-Party Administrator?
 - a. Describe the claim reimbursement process.
 - b. How often do you pay reimbursement claims?
 - c. Is your Spending Account vendor compliant with all relevant IRS Regulations regarding administration of debit cards?
 - d. What experience does your organization have with Flexible Benefits Administration?
 23. Provide a list of all fees that your firm will charge to administer out Flexible Benefits Plan and/or other insurance products you will offer.
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5. EVALUATION CRITERIA

Proposals will be evaluated on:

- Quality and completeness of the Plan of Services.
 - Experience with projects of similar size and scope.
 - References and demonstrated performance.
 - Qualifications of proposed personnel.
 - Quality and clarity of the proposal itself.
 - Completion of all required forms.
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6. ORAL PRESENTATIONS

Pike County may request, at its discretion, oral presentations; however, proposals should be complete and represent the best terms available.

7. FINAL SELECTION

A recommendation will be made following the evaluation process. Pike County reserves the right to reject any or all proposals if deemed in its best interest. Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to the Pike County Board of Commissioners no later than **March 11, 2026** as the County's fiscal year ends June 30th.

8. PROPOSAL SUBMISSION REQUIREMENTS

- **One (1) original and six (6) copies** of the proposal must be submitted.
- Each must be signed by an authorized representative.
- Late proposals will not be accepted.
- Electronic submissions are not accepted.
- Vendors are responsible for all costs associated with proposal preparation.

Submission Address:

PIKE COUNTY BOARD OF COMMISSIONERS

Attn: Angela Blount
RFP – Benefits Consulting & Broker Services
331 Thomaston Street
P.O. Box 377
Zebulon, GA 30295

Hand-delivered copies may be delivered to the above address **ONLY** between the hours of 8:00 a.m. and 5:00 p.m. EST, Monday through Friday, excluding holidays observed by the Pike County Government.

9. EXECUTION OF PROPOSAL FORM

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

DATE: _____

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- ___ That this proposal was signed by an Officer of the firm.
- ___ That all individuals working on the account will be licensed in Georgia.
- ___ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- ___ That all labor costs associated with this project have been determined, including all direct and indirect costs.
- ___ That the potential Contractor agrees to the conditions as set forth in this **Request for Proposal** with no exceptions.

Therefore, in compliance with the foregoing **Request for Proposal**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within thirty (30) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

CONTRACTOR _____ ADDRESS _____

CITY, ST. & ZIP _____ PHONE _____

BY _____
(Signature)

Printed Name/ Title

Federal Identification Number