



# TOWN OF WESTON

## REQUEST FOR PROPOSALS FOR EMPLOYEE BENEFITS BROKER

Addendum posted on the Town of Weston website on 4-24-18

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The RFP for Employee Benefits Broker has been changed as detailed below.

- Section II, A has been replaced with the following:

### II. SCOPE OF SERVICES

- A. Create requests for proposals and solicit proposals from carriers for group coverage pertaining to medical, dental, prescription, life, vision, employee assistance plan, and accidental death and dismemberment. Note that the group life plan may include employees of both the Town of Weston and Weston School District.

- The fee proposal form has been replaced with the following:



# TOWN OF WESTON

## EMPLOYEE BENEFITS BROKER

### FEE PROPOSAL FORM

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**Directions:** Complete this form in full. Note that Weston's contract will be awarded on a fee basis and that any and all fees will be paid directly from Weston. No commissions, fees, payments may be accepted by your and/or the company you represent in consideration of the performance of services to and on behalf of Weston.

Total fees for services provided from 7/1/18 – 6/30/19: \_\_\_\_\_

Total fees for services provided from 7/1/19 – 6/30/20: \_\_\_\_\_

Total fees for services provided from 7/1/20 – 6/30/21: \_\_\_\_\_

Total fees for services provided from 7/1/21 – 6/30/22: \_\_\_\_\_

Total fees for services provided from 7/1/22 – 6/30/23: \_\_\_\_\_

By signing below, I acknowledge ~~that~~ and accept the fact that Weston's contract award will be awarded on a fee basis and that any and all fees will be paid directly from Weston. I understand that no commissions, fees, payments may be accepted by me and/or the company I represent in consideration of the performance of services to and on behalf of Weston. I understand that this offer of services shall remain valid for a period of at least ninety (90) days from the date this RFP is due to Weston. I have read, understand, and have no objection to the scope of services contained in the RFP for Employee Benefits Broker. I submit this proposal in good faith and without collusion with any other person, individual or firm.

Name and Address of Respondent: \_\_\_\_\_

\_\_\_\_\_

Name, Title and Contact Information (phone, email) of Authorized Representative:

\_\_\_\_\_

\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Date of Signature: \_\_\_\_\_