



Request for Proposal (RFP) Questionnaire and Information Request

Return forms to: IAFFTrust@dimarinc.com

Local Name & Number: _____ State: _____

Primary Contact Name: _____

Contact Phone: _____ Contact Email: _____

Desired Effective Date (approx.): _____ Dates of Current CBA: _____

Briefly Describe your timeline for bargaining: _____

Total full-time Fire Department Employees? _____ # of Bargained Employees: _____ # of Non-Bargained: _____

Employer Type (City, County, Fire District, etc.)? _____ Are you a Public or Private Entity? _____

What coverage lines are you interested in? (Medical, Dental, Vision, etc.) _____

Current Plan Information

When does your current plan renew? _____

Current Healthcare Contributions (Employer and Employee contributions):

Employee Only Coverage: Employer Pays _____ (% or \$) Employee Pays _____ (% or \$)

Dependent Coverage: Employer Pays _____ (% or \$) Employee Pays _____ (% or \$)

How many employees (approx.) fall into each of the following categories? (If composite rate, use line 6.)

1. Employee Only (EE): _____
2. Employee & Spouse (ES): _____
3. Employee & 1 Child (EC1): _____
4. Employee & 2+ Children (EC2): _____
5. Employee, Spouse & 1 Child (ESC1): _____
6. Employee, Spouse & 2+ Children (ESC2): _____

Is there an Employer contribution toward an HSA/HRA/VEBA or similar? If so, what is it: _____

Are retirees currently covered on your Employer-sponsored plan?

If yes, how many fire department retirees are covered: Non-Medicare: _____ Medicare: _____

If yes, does the Employer contribute toward the cost and how much? _____

Please send the following documentation for all plans for which you would like to receive an IAFF HWT pricing proposal with your response:

- Census – Employees and Dependents including:
 - Date of Birth
 - Gender
 - Zip Code
 - Employment Status
 - Coverage Type (Employee only, Employee & Spouse, Full Family, etc)
- Copy of your current plan booklet or a summary for all plan(s)
- Current premiums or monthly plan costs
- 3-year rate history
- A copy of your most recent renewal for your current plan(s)
- Current and prior year Claims Utilization – premium vs. claims, month-by-month (if available and preferable with fire department split out from the rest of the City, County, or Township)
- Current and prior year large claimant reports with prognosis and diagnosis (if available)

Is there anything else we should know about your current plan or your future goals?

Please don't hesitate to contact the Trust Consultants at DiMartino Associates with any questions or concerns about this Questionnaire. Return forms to: Kimberly@dimarinc.com

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