**Employee Health Benefits Consulting Services Contract –2021 – RFP Response Checklist** 

|  | Alliant Insurance Services, Inc.   | AON Consulting, Inc.   | Cheiron, Inc.   | ron, Inc.  Collier Insurance   |  |
|--|--|--|---|--|--|
|  | (Lori Nilson)  | (Rebecca Parr)   | (John Colberg)  | (Stuart Collier)   |  |
| Delivered by<br>Closing Time/Date                      | Electronic copy received, but hard copies and original not submitted by closing time/date (received hard copies at 4/13) | Hard copies and original submitted<br>by closing date/time; electronic<br>version received on 4/13 | Original, hard copies, and electronic version of proposal submitted by closing date/time; OPPS hard copies and original received 4/15 (electronic version submitted on time). | Only copies and electronic version – original proposal and OPPS received 4/19                    |  |
| Signed Proposal<br>and<br>OPPS                         | X  | X  | X   | X  |  |
| Submitted 2 Electronic Versions (Redacted/ Unredacted) | X (No redacted version submitted)  | Received 4/13  | X   | X (No redacted version submitted.)   |  |
| Authorized to do<br>Business in AR                     | X  | X  | X   | Received 4/19  |  |
| Copy of EEO Policy                                     | X  | Received 4/14  | Received 4/14.  | X  |  |
| Illegal Immigrant<br>Certification                     | Received 4/14  | X  | X   | X  |  |
| Completion of<br>Disclosure<br>Forms EO-98-04          | X  | X  | X   | X  |  |
| Response to each<br>#'d<br>paragraph                   | X  | X  | X   | Received remainder of response to Section 5.5 on 4/15.   |  |
| Vendor References                                      | Received 4/15  | X<br>(pp. 44-45 of proposal)   | X<br>(p. 52 of proposal)  | Upon request, stated cannot provide any references – due to Non-disclosure Agreements w/clients. |  |
| Subcontractors   | None listed.   | None listed.   | C4 Healthcare Solutions, LLC<br>Echelon Benefits Group  | None listed.   |  |
| TIN#<br>Submitted                                      | X  | Received 4/14  | X   | X  |  |

**Employee Health Benefits Consulting Services – RFP Response Checklist (Cont'd)** 

|                                    | Gallagher Benefit Services, Inc.<br>(Nick Long)                         | Segal<br>(Patrick Klein)        | tesponse encemise |  |
|------------------------------------|---|---------------------------------|-------------------|--|
|                                    |   | <b>,</b> ,                      |                   |  |
| Delivered by                       | Only copies and electronic version                                      | X                               |                   |  |
| Closing Time/Date                  | - Originals received 4/16   |                                 |                   |  |
| Signed Proposal and                | Proposal signed; OPPS hard copies not signed, but electronic version is | X                               |                   |  |
| OPPS                               | - received signed OPPS 4/16   | Α                               |                   |  |
| Submitted 2                        |   |                                 |                   |  |
| Electronic                         | X   | X                               |                   |  |
| Versions (Redacted/                | (No redacted version submitted)   | (No redacted version submitted) |                   |  |
| Unredacted) Authorized to do       |   |                                 |                   |  |
| Business in AR                     | Received 4/15   | X                               |                   |  |
| Copy of EEO Policy                 | X   | Received 4/15                   |                   |  |
|                                    | 71  | Received 1/15                   |                   |  |
| Illegal Immigrant<br>Certification | X   | Received 4/15                   |                   |  |
| Completion of                      |   | ••                              |                   |  |
| Disclosure<br>Forms EO-98-04       | X   | X                               |                   |  |
| Response to each                   | D : 14/15/855 : : : 6   |                                 |                   |  |
| #'d                                | Received 4/15 (§5.5 missing info submitted 4/21)                        | X                               |                   |  |
| paragraph                          | Submitted 4/21)   |                                 |                   |  |
| Vendor References                  | X   | X                               |                   |  |
|                                    | (under Tab 2 of proposal)   | (p. 53 of proposal)             |                   |  |
| Subcontractors                     | None listed.  | None listed.                    |                   |  |
| TIN#<br>Submitted                  | X   | X                               |                   |  |