



ALAMANCE COUNTY, NORTH CAROLINA

124 West Elm Street
Graham, NC 27253

REQUEST FOR QUALIFICATIONS (RFQ)

EMPLOYEE BENEFITS BROKER / CONSULTING SERVICES

RFQ # 2026-Q002

Issued on: May 29, 2026

Administered by: Tanika R. Bryant, HR Director

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Email: Tanika.bryant@alamancecountync.gov

REQUEST FOR QUALIFICATIONS

Alamance County Government is soliciting Request for Qualifications from a select group of benefit brokers/consultants qualified to perform and interested in partnering with our organization on employee benefit design, consulting, and brokerage service, and multi-year strategy.

QUESTIONS

Questions concerning this solicitation shall be submitted in writing to:

Alamance County Government – Human Resources
Attention: Tanika Bryant
HR Director
124 West Elm Street
Graham, NC 27253

tanika.bryant@alamancecountync.gov

The deadline for questions is 3:00 PM Friday, June 12, 2026.

SUBMISSION

The County requires one original and 2 additional copies. One copy shall be marked as “Original” and contain an original signature by an authorized company representative. The County also request an electronic copy on a flash drive in PFD format. Also include this document with the certification page completed. **Submissions by fax or email are not acceptable.**

The submissions must be received by 3:00 pm, Friday, June 12, 2026, in the Purchasing Department located at the Alamance County Administration Office Building, 124 West Elm Street, Graham, NC 27253. Submissions must be submitted in a sealed envelope and clearly marked:

Requests for Qualifications: EMPLOYEE BENEFITS BROKER / CONSULTING SERVICES
RFQ # 2026-Q002
Attn: Charles Bullard, Purchasing Manager
Due: 3:00 PM, June 12, 2026

BACKGROUND

Alamance County Government serves approximately 186,000 residents within fifteen communities in diverse areas throughout the County by providing an array of services including sheriff and EMS, solid waste management, health and social services, veteran services, and cultural and recreational activities. In addition, to the direct services provided, the County also extends significant financial support to the school system, boards, agencies and commissions.

MISSION

Our Vision: Alamance County is a cohesive community with a thriving economy that balances respect for our rural history with thoughtful growth and development.

Our Mission: Alamance County effectively provides its citizens with high quality public services, the tools for successful economic development, and a responsive, transparent government that supports the community as the preferred place to live, work and play.

Our Core Values: Respect - Honesty - Accountability - Golden Rule – Commitment

CURRENT PROGRAMS

Benefit	Carrier
Medical Coverage	Cigna
Dental Coverage	Delta Dental
Vision Coverage	Superior Vision
Basic Life & Accidental Death & Dismemberment	Voya
Short Term/Long Term Disability	Voya
Flexible Spending Account (FSA)	Flores
Health Savings Account (HSA)	Cigna (HSA Bank)
A suite of voluntary insurances (Cancer Policy, Short Term Disability, Accident, Medical Bridge, Critical Care, Whole Life, etc...)	Voya

PURPOSE

Alamance County is soliciting Request for Qualification (RFQ) for employee benefits broker/consulting services. Currently, we are not requesting specific rates for our benefits or for our benefits to be bid out. We are in search of a broker/consultant with evidence that they are able to provide the needed benefit administration support for Alamance County Government and its employees. It is our intention not to release census data or claims history until after the benefit broker/consultant has been chosen. The broker/consultant must have a proven track record of successfully providing the outlined “Scope of Services” for employers of comparable size and complexity.

This Request for Qualifications does not indicate in any way that we are dissatisfied with the services, plans and/or products of our current broker/consultant, instead we are ensuring that our employees are continually offered the best benefit services and products available.

Alamance County’s health insurance is a self-funded plan. We currently have 851 employees covered on the medical plan with a total of 1,160 covered lives. Additionally, we cover 128 retiree lives on a Medicare Advantage plan.

TIMETABLE

The following schedule is set for the RFQ process:

- May 29, 2026 – RFQ distributed to select broker/consultant candidates
- June 12, 2026 – Responses to RFQ due by 3:00 p.m. EST
- June 26, 2026 – Reviews and presentations by final slate of candidates
- July 03, 2026 – Target Selection Date
- July 10, 2026 – Target employer-broker/consultant partnership effective date

Alamance County Government reserves the right to modify this schedule as needed. All candidates will be notified of schedule modifications in writing as soon as administratively possible.

SELECTION PROCESS

Alamance County Government intends to evaluate and select the service provider based on the data presented in response to the RFQ. The submittals will be reviewed and evaluated by a selection committee. Selection will be based on qualifications, specific experience, references, familiarity with services, and pricing, and then rated accordingly to which company best meets Alamance County Government's requirements.

Those top-rated firms whose qualifications most closely meet the needs of the County may also be required to meet with the committee to discuss their qualifications and answer any questions.

KEY CONSIDERATIONS AND EVALUATION CRITERIA

The submittals will be evaluated based on the following criteria to determine overall qualifications. The order does not indicate relative ranking.

1. Demonstration of competence, technical expertise and experience in employee benefits, insurance placement (self-insured) and Human Resources.
2. Demonstrated record of responsiveness and quality of customer service on this type of account.
3. Broker's capabilities and the experience of individual team members assigned to the Alamance County Government's account will be considered.
4. Broker's ability and ongoing support of complying with measures under the Patient Protection and Affordable Care Act and legal and compliance updates.
5. Availability to travel as needed to the meet with Alamance County in utilization reviews and strategy sessions if and as needed.
6. Broker's awareness and ability to provide timely, accurate communication of emerging trends, opportunities, regulatory updates and risk to Alamance County Government.
7. Responsiveness to the RFQ, including clarity and organization of response, clear presentation of Broker/Consultant's experience and approach to ensuring the needs of Alamance County Government are fully met.
8. Creative approaches to reduction and cost containment.

This list is not intended to be all inclusive, and other factors not listed above may also be considered when selecting a broker.

QUESTIONNAIRE:

Section 1. Organization and Background

- Briefly describe your organization, the year it was founded, location of its headquarters and other offices, its ownership structure (e.g., publicly held, employee-owned), and any affiliations with other companies, including any parent corporation(s).
- Describe your company's customer service philosophy and management style.
- Describe your company's expertise in each of the following areas:
 - Health and Welfare
 - Legal Counsel/Compliance
 - Health Care Reform
 - Benchmarking

- Actuarial/Underwriting
- Research and Technical Services
- Benefits Communication
- Within the last 5 years, has your company in any capacity been a party to any litigation, including any administration or self-regulatory proceeding, directly or indirectly related to the conduct of your business.
- Describe any merger/acquisition plans or other major organizational changes under consideration by your company.
- What is the total number of clients using your services?

Section II. Service Team

- List the personnel you would propose to assign to this relationship and their responsibilities. Provide brief biographical information on each individual, including their positions in the company, education, licenses held, training, years and type of experience and major clients served by the individual (including the period of service for each client).
- Confirm that you serve as a broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.
- Do you have actuaries and or underwriters on staff? Are actuarial and or underwriting services included (e.g., predictive modeling, contribution modeling, budget assistance, etc.)?
- Do you have legal counsel, benefit specializing attorneys on staff? Other specialty personnel? Indicate any additional fees that may be associated with the use of this staff.
- Describe your process for understanding the plan sponsor's business, culture, participants and consulting needs.
- How often do you typically meet with plan sponsors to discuss plan design/compliance; services, etc.?
- Do you have onsite or access to a government filing center or service? Include any additional fees for this service.
- Detail your ability to monitor regulatory and legislative developments at both the state and federal level and how this will be communicated to Alamance County Government.
- Describe to what extent you are willing to be involved in resolving problems with claims, etc., between and insured and the insurance carrier.

Section III. Carrier/Vendor Relationships

- Provide your firm's status level and or association/relationship with each of the following carriers as applicable. How many years have you worked with the specific carrier, etc.?
 - Cigna
 - Delta Dental
 - Superior Vision
 - Voya
 - Flores
- Describe any preferred discounts you have with vendors (e.g., audits, prescription review, wellness vendors, etc.).
- Provide a list of the insurance companies you work with, whom you would recommend for groups of our size and all areas of insurance benefits you have relationships and partnerships.

Section IV. Clients / References

- Provide a representative list of current clients (in our size range and/or our field (greater than 500 full-time employees)).
- State how many clients are served by the office responding to this inquiry?

- State how many county or municipal clients you currently service.
- Attach a list of at least four references. Indicate the contact name, address, email address and telephone number.

Section V. Performance Measurement and Evaluation

- Provide a sample of the reporting utilized. Can the reports be customized?
- Provide a sample of the benchmarking reports with respect to the plans performance and design. Include any additional fees for this service.

Section VI. Communications

- How do you determine the communication needs of a particular client?
- Describe in detail the communications support you are able to provide. Include a sample of communication materials.
- Describe any interactive or other resources that you make available to plan participants. Include any additional fees for this service.
- Describe any Benefit Management enrollment software available through your organization made available to plan participants. Include any additional fees for this service.

Section VII. Fees

- What are your proposed fees on a full-service basis (e.g., commission, annual consulting fee), including all out of pocket expenses (e.g., benchmarking reports, communication materials, etc.)? Describe how all fees are proposed to be billed, paid and or received.
- If you have unbundled services, describe the service and the fee or fee basis for each service.
- Describe all fees/commissions that may be received by your firm with respect to the plans other than those paid directly by Alamance County Government.
- Please outline and detail how the broker will be compensated now and in the future. Please note that Alamance County Government will require complete disclosure of any and all fees/commissions/contingent commissions/overrides/bonuses your organization receives each year as a result of your organization's work on our behalf.

Section VIII. Health Clinic

- Do you work with clients with employee sponsored Health Care Clinics? If so, what is your level of involvement with the Health Care Clinic and collection of data?

Section IX. Summary

- Describe issues and challenges as you view them, facing Alamance County Government in the upcoming year and describe how your organization can assist.
- Describe your vision of the relationship with Alamance County Government in being the agent of record and broker for Alamance County Government.
- Describe the scope of services your company would offer and how your firm would accomplish the work described.

OTHER REQUIREMENTS

Alamance County requires interested brokers/consultants to submit a "Qualification Statement". This statement must be responsive to your firm's value-added approaches and services that you feel distinguish you from other brokers/consultants and should include supplemental material that further supports the brokers/consultants' ability to provide the administration of the services outlined in Section II.

Alamance County Government prefers a North Carolina licensed agent with the expertise and capacity to provide the products and services requested to an employer of at least 500 employees. Such expertise and capacity must be fully evident within the proposal and verifiable through a minimum of four (4) references. These references should be from clients of at least 500 employees, in which you currently provide Benefit Administration Services. The references should not only be able to verify the company's ability, but also the agent's and/or their agency. Alamance County's health and prescription benefits plans are self-funded, and the desire is to work with a Broker who is experienced with self-funded plans. Alamance County prefers to work with a Broker/Consultant who believes in open access to information including open disclosure of commissions even if commissions are not paid directly by Alamance County.

CERTIFICATION

I certify that I have read this Request for Qualifications and have answered all questions on this Form.

I certify that our firm will honor all commitments made on this Form.

I certify that our firm and all representatives are licensed and will be licensed in North Carolina to provide all services offered during the life of this contract.

Signature of Representative

Firm Name

Date of Signature

Primary Contact: _____

Primary Contact Telephone Number: _____

Alamance County Government reserves the right to reject any and all submittals.

Minority businesses are encouraged to participate in this project.