Request for Proposals
(RFP)
Employee Benefits Broker and Consultant

LifeBridge Community Services, Inc.
475 Clinton Ave.
Bridgeport, CT 06605

Due Date
9/15/2026

GENERAL INFORMATION

A. Introduction

LifeBridge is a leading nonprofit organization providing trauma-informed behavioral health services in the Greater Bridgeport area. We support adults, children, and adolescents through mental health and substance use treatment. We offer individual, family, and group counseling and medication management.

LifeBridge also provides food services to seniors in the Greater New Haven area by operating Meals on Wheels and Congregate Community Cafés. This program provides meals for individuals aged 60 or older.

Current LifeBridge benefit plan information will be provided to finalists upon request and, if necessary, after signing a confidentiality agreement.

B. Instructions to Respondents

Description of Work: LifeBridge Community Services (LifeBridge) is seeking proposals for broker services. LifeBridge requests proposals from qualified, licensed brokers to provide broker and related consulting services for current and future employee health benefits, including medical, prescription drug coverage, dental, vision, life, AD&D, and long-term disability benefits. Additionally, consulting services are requested for the organization's flexible spending account program.

LifeBridge seeks a broker who is well-versed in the employee benefits market and has experience providing these services to other Connecticut-based nonprofit organizations. LifeBridge anticipates appointing the selected firm as its Broker of Record for the period October 1, 2026, through September 30, 2027.

C. RFP TIMELINE

RFP issue date: 8/28/2026

RFP questions: Questions concerning this RFP may be submitted via email no later than 4:00 p.m. Eastern Time on September 4, 2026, to:

Frank Farias, Chief Financial & Operating Officer
ffarias@lifebridgect.org

Submission deadline: 5:00 p.m. on 9/15/2026

Finalist interviews: LifeBridge reserves the right to conduct finalist interviews if necessary. If conducted, finalist interviews will be held in September after the submission deadline.

Evaluation of Proposals: LifeBridge will evaluate proposals received based on relevant experience (particularly with Connecticut nonprofits), qualifications of the proposed service team, account-management and employee-support capabilities, strategic planning, renewal and cost-management services, data analysis and reporting, compliance support, compensation and overall value, references, and quality and completeness of the proposal.

Award: LifeBridge anticipates notifying the selected firm on or about September 23, 2026. The selected firm will be expected to enter into an agreement with LifeBridge and execute the necessary Broker of Record documentation.

Proposals must be submitted electronically in PDF format to Frank Farias at ffarias@lifebridgect.org no later than 5:00 p.m. Eastern Time on September 15, 2026. The email subject line should read "Employee Benefits Broker RFP Response." Proposals received after the deadline may not be considered.

LifeBridge reserves the right to reject any or all proposals, waive minor irregularities, request clarification or additional information, conduct interviews, negotiate with one or more respondents, and discontinue or modify this RFP process at any time. Issuance of this RFP does not obligate LifeBridge to award a contract, appoint a Broker of Record, or reimburse respondents for proposal-related expenses.

MINIMUM INFORMATION REQUIRED – PROPOSAL FORMAT

A. GENERAL INFORMATION

- Provide a history of your firm, particularly your employee benefits division.
- Who would we be working directly with on administrative issues, questions, or problem-solving? Please provide the roles and qualifications of each person.
- Who will facilitate annual on-site enrollment meetings and ad hoc education meetings?

B. FEES

- Describe your firm's revenue disclosure policy and outline how you anticipate being compensated for our account (commission, consulting fee, etc.). Also disclose any overrides, including general agency compensation, bonuses, supplemental commissions, or other additional compensation that your firm anticipates receiving in connection with the LifeBridge account.
- Describe a proposed form of compensation (i.e., commission, annual retainer, and fee-for-service). If you are proposing a fee, please include your fee schedule and applicable hourly rates.
- If you charge consulting and employee communication fees, please indicate the basis of your charges (hourly, by project, etc.).

C. REFERENCES

- Please provide the organization name, approximate number of employees, contact name, telephone number, and email address for at least four Fairfield County clients for which your

firm currently provides or has previously provided broker or consulting services. At least two references should be nonprofit organizations.

D. ACCOUNT SERVICES

- Describe your account services department.
- What is your process for ensuring customer satisfaction?
- What kind of training (industry, internal, computer, other) does your staff receive?
- Do you provide employee communication services for your clients' employees? If so, please provide a general description of your capabilities. Please provide a sample of employee communication materials you have distributed to your clients.
- Will you facilitate annual on-site open enrollment meetings and prepare all necessary communication and enrollment materials? Will you coordinate vendor attendance during on-site open enrollment meetings?
- Will you facilitate quarterly on-site meetings to review plan financial performance, utilization and claims experience, cost-saving opportunities, and relevant new vendors or services?
- Describe the assistance your firm provides with employee eligibility, enrollment, termination, billing and carrier-related issues.
- Explain how you provide oversight of the plan.
- Identify any services that would involve an additional cost and provide the associated fee or pricing methodology.

E. DATA ANALYSIS

- What resources do you use to analyze medical and pharmacy claims?
- Do clients have access to the data for ad hoc queries?
- Will your organization provide an analysis of LifeBridge's employee population, claims experience, wellness opportunities, and preventive-health needs?
- For any of the above questions to which you answered yes, please give us a sample report you prepared for another client.
- What is the cost of customization or ad hoc reports?
- Describe the administrative, technical and contractual safeguards your firm uses to protect confidential employee information and protected health information. Indicate whether your firm will execute a Business Associate Agreement if required.

F. STRATEGIC PLANNING AND VENDOR SELECTION

- What resources do you have available to help us manage our benefits and outline a benefits strategy consistent with current and future business plans?
- How will you help us with the competitive marketing and placement of our plans, including the development of marketing specifications, identification of market conditions, evaluation of proposals, negotiations, and placement of insurance contracts for annual renewals?
- How is the "re-bidding" process handled?
- How are plan design changes handled?
- How will you quantify, and document projected and realized cost savings?
- How do you review PPO discounts, and what are your criteria for recommending changes in network affiliations?
- What sort of benchmarking data can you provide? Is there a cost for benchmarking data?

G. COST PROJECTIONS AND ONGOING REVIEW

- How can you help us develop a cost projection suited to our fiscal goals?
- Describe the actuarial resources available to your firm, including whether those services are provided internally or through an external firm. Please provide the relevant qualifications and credentials.
- How will you assist with the management of LifeBridge's insurance and employee benefit programs, including monthly or quarterly review and/or preparation of claims activity reports from carriers, executive summary reports, underwriting analyses for annual renewals, annual financial projections for budgeting purposes, and alternative funding analyses?

H. REINSURANCE

(If applicable to LifeBridge's current or potential future funding arrangements)

- Please provide a written overview and sample of your agency's comparative analyses of stop-loss contracts. The analysis would include rates, company strengths, AM Best rating adequacy, claims reimbursement provisions, coverage eligibility and limitation differences, etc.
- Please provide a written explanation of how your agency leverages rates for stop-loss coverage.
- Please share the process that your agency follows to secure the most competitive stop-loss insurance rate for your clients.
- Please list items that may have a cost-reduction impact on our stop-loss insurance.
- Please explain the process used to determine the appropriate stop-loss deductible amount for LifeBridge.
- Please explain how you leverage rates when our annual stop-loss claims paid by the carrier are higher than our annual premium paid for the same period.
- Describe any other services related to stop-loss coverage or cost containment that your agency may provide.

I. PLAN ADMINISTRATION AND LEGISLATIVE COMPLIANCE

- Do you have an in-house benefits attorney? If yes, please provide their credentials and how long they have counseled on benefit issues. If not, do you use an external benefits attorney? Which firm do you use?
- How does your firm stay current with state regulations that impact multi-state employers?
- Will your firm notify LifeBridge of changes in applicable federal, state, and local laws and regulations that may affect the organization or its employee benefit plans?
- Describe the assistance your firm provides with ERISA, COBRA, ACA, HIPAA, Section 125, Form 5500, Medicare Part D notices and other required employee-benefit filings, disclosures and notices.

J. WELLNESS PROGRAMS

- What tools can you provide us with to help implement a wellness program?
- Can you provide examples of low-cost wellness tools?
- How can you help evaluate and refine our wellness program over time?
- What is your process for measuring the success or failure of a wellness program?

K. HR TOOLS

- Describe how you keep your clients abreast of employment laws in a timely manner.
- What resources do you provide to help us remain compliant?
- What types of materials can you provide to communicate pertinent information to our employees?

- Do you have any internet-based employee communication tools? Please identify the human capital management and benefits-administration platforms with which your firm has experience, including any platforms your firm can support or integrate with.

L. OTHER

- Provide evidence that your agency is properly licensed in the State of Connecticut.
- Confirm that your agency maintains appropriate professional liability/errors-and-omissions insurance.
- Disclose any actual or potential conflicts of interest.
- Disclose any pending regulatory or disciplinary proceedings that could affect the engagement.
- Describe any other aspects of your organization, services or experience that are relevant to this proposal and warrant LifeBridge's consideration.

ATTACHMENTS

Attachment A: Certification Regarding Debarment, Suspension, and Other Responsibility Matters

Attachment A must be completed, signed, and submitted with the proposal.

ATTACHMENT A

LIFEBRIDGE COMMUNITY SERVICES, INC.
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies to the best of its knowledge and belief that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

2. Have not, within a three-year period preceding this proposal, been convicted of or had a civil judgment rendered against them for fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

4. Have not, within a three-year period preceding this proposal, had one or more public transactions (Federal, State, or local) terminated for cause or default.

I understand that a false statement on this certification may be grounds for rejecting this proposal or terminating the award.

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Name of Firm Submitting Bid

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Signature and Title of Authorized Official Date

☐ I am unable to certify the above statements. Attached is my explanation.