



REQUEST FOR PROPOSALS
EMPLOYEE HEALTHCARE PROVIDER

RFP# 032-11/ED

12300 W.Forest Hill Boulevard
Wellington, FL 33414

PURCHASING DIVISION
561-791-4055
FAX 561-791-4045



LEGAL NOTICE

REQUEST FOR PROPOSALS (RFP# 032-11/ED)

Wellington seeks a company to offer medical services to employees, retirees and covered dependents covered under Wellington's medical plan to include but not limited to primary care, preventive screenings, health risk assessments, acute and urgent care, immunizations, injections, new hire physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceutical dispensing, disease management, and primary care case management *through the utilization of a current medical facility, practice, clinic, urgent care center, etc., located within/near Wellington, Palm Beach County, Florida.* As an option, Wellington will provide limited in house space for a doctor or nurse practitioner to be on site for limited hours with the availability of basic supplies. The primary facility should be able to handle job injury services including initial treatment of work related injuries. Please outline the exclusivity that could be offered to Wellington employees and dependents under this model. Additionally, the ability to provide Health Risk Assessments as well as working with Wellington's existing wellness program to provide educational, intervention and incentive programs is required. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) and Clinical Laboratory Improvement Act (CLIA). Wellington would like staffing to include at least one medical doctor and necessary support staff for the employee and dependent population.

PROPOSAL SUBMISSION

Proposals will be received by sealed envelope in the Wellington City Hall Clerk's Office, 12300 W. Forest Hill Boulevard, Wellington, Florida 33414 by **Wednesday, April 20, 2011 at 10:00 AM Local Time** at which time they will be opened and read. Proposals received after this time will not be considered and no time extensions will be permitted. Receipt of a response by any Wellington office, receptionist or personnel other than the Clerk's Office does not constitute "receipt" as required by this solicitation. Please clearly mark proposals:

"RFP# 032-11/ED - EMPLOYEE HEALTHCARE PROVIDER"

Copies of this Proposal Document may be obtained via Onvia at www.demandstar.com or by contacting Ed DeLaVega in the Purchasing Department at (561) 791-4055, edelavega@wellingtonfl.gov beginning on Thursday March 10, 2011. Proposal documents will not be issued unless the request is received at least 24 hours prior to the proposal opening date.

OPTIONAL PRE-PROPOSAL MEETING:

An Optional Pre-Proposal Meeting will be held on Monday March 28, 2011 at 10:00 AM Local Time, at the Wellington City Hall located at 12300 W. Forest Hill Boulevard, Wellington, Florida 33414.

EVALUATION COMMITTEE:

An Evaluation Committee meeting will be held on Monday May 16, 2011 at 10:00 AM Local Time at the Wellington City Hall located at 12300 Forest Hill Boulevard, Wellington, FL 33414. Oral interviews / presentations will be conducted on Tuesday May 31, 2011 at 10:00 AM at the Wellington City Hall located at 12300 Forest Hill Boulevard, Wellington, Florida 33414. At that time, a recommendation for contract award will be considered.

FOR INFORMATION

For information on this Request for Proposal, contact Ed DeLaVega in the Purchasing Division, (561) 791-4055.

ACCEPTANCE AND REJECTIONS

Wellington reserves the right to reject any or all proposals with or without cause; to waive any or all irregularities with regard to the specifications and to make the award to the firm offering the greatest advantage to the Wellington.

Publish: Palm Beach Post –
Account #9-657448

EMPLOYEE HEALTHCARE SERVICES

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Employee Healthcare Provider

TIMELINE

1. **TIMELINE:** The Event Timeline below gives the date and time (where applicable) for major activities in the solicitation.

EVENT	TIME	DUE DATE	LOCATION
Request for proposals (RFP) Advertised	N/A	March 10, 2011	Palm Beach Post; Demandstar.com;
Pre-Proposal Meeting (Optional)	10:00 AM Local Time	March 28, 2011	12300 Forest Hill Blvd. Wellington, FL 33414
Number of Proposal Copies Including Original	1 original & 3 electronic (pdf) copies (CD's)	N/A	Delivered to Wellington Clerk's Office
Questions from Proposers to Warrant Response/Addendum	06:00 p.m. local time	April 6, 2011	Demandstar.com for final Response/Addendum
Bids Received By – (Deadline & Opening)	10:00 AM Local Time	April 20, 2011	Wellington Clerk's Office 12300 Forest Hill Blvd, Wellington, FL 33414
Evaluation Committee Meeting	10:00 AM Local Time	May 16, 2011	Wellington City Hall 12300 Forest Hill Blvd, Wellington, FL 33414
Oral Interviews	10:00 AM Local Time	May 31, 2011	Wellington City Hall 12300 Forest Hill Blvd, Wellington, FL 33414
Posted Notice of Intended Award	Tentative	TBD	Clerk's Office & Demandstar.com
Contract Award by City Council	Tentative	TBD	N/A

* Dates above are subject to change based on the number of respondents, availability of the members, or other unforeseen circumstances.

GENERAL TERMS AND CONDITIONS

1. GENERAL INFORMATION

Notice is hereby given that Request for Proposal submittal packages will be received until Wednesday April 20, 2011 at 10:00 AM Local Time. Mail or deliver all proposals to Clerk's Office, 12300 Forest Hill Blvd., Wellington, Florida 33414. All submittals must be clearly marked on the outside **RFP #032-11/ED - EMPLOYEE HEALTHCARE PROVIDER**. Any proposer desiring to provide the required services should submit **one (1) original signed in ink and THREE (3) ELECTRONIC PDF COPIES (CD'S)** of the RFP Submittal Package including all Request for Proposal documents as required by **RFP #032-11/ED**. Proposal must be completely filled in, signed, sealed, and returned to the Clerk's office on or before the specified time and date.

It is the sole responsibility of the Proposer to ensure that his or her Proposal reaches the Clerk's Office on or before the closing date and time. Wellington shall in no way be responsible for delays caused by any other occurrence. Offers by telephone, e-mail or facsimile shall not be accepted.

Proposers shall not be allowed to modify their Proposals after the opening time and date.

For information concerning this proposal, please contact:

Ed DeLaVega – Purchasing Department
Phone: 561-791-4055
Fax: 561-791-4045
edelavega@wellingtonfl.gov

2. OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA):

The successful proposer warrants that the services provided to Wellington shall conform in all respects to the standards set forth in the Occupational Safety and Health Act of 1970, as amended, and the failure to comply with this condition will be considered as a breach of contract. Any fines levied because of inadequacies to comply with these requirements shall be borne solely by the successful proposer responsible for same.

3. LIABILITY, INSURANCE, LICENSES, PERMITS:

Where the successful proposer is required to enter or go onto Wellington property to deliver goods, materials, or perform work or services as a result of an RFP award, the successful proposer will assume the full duty, obligation, and expense of obtaining all necessary licenses, permits, and insurance and assure all work complies with all Federal, State, Local, Palm Beach County and Wellington ordinances, orders, codes, laws, rules, regulations, directives, and guidelines. The successful proposer shall be liable for any damages or loss to Wellington occasioned by negligence of the successful proposer (or agent) or any person the successful proposer has designated in the completion of the contract as a result of the proposal of this RFP.

4. DEFAULT/FAILURE TO PERFORM:

Wellington shall be the sole judge of nonperformance, which shall include any failure on the part of the successful proposer to accept the award, to furnish required documents, and/or to fulfill any portion of this contract within the time stipulated.

Upon default by the successful Proposer to meet any terms of this Request for Proposal submittal, related agreement, and work authorization(s) Wellington will notify the successful proposer (3) days (Fridays, Saturdays, Sundays and Holidays excluded) to remedy the default. Failure on the successful proposer's part to correct the default within the required three

(3) days shall result in the contract being terminated and upon Wellington notifying in writing the successful proposer of its intentions and the effective date of the termination. The following shall constitute default:

- Failure to perform the work required under the contract and/or within the time required or failing to use the subcontractors, entities, and personnel as identified and set forth, and to the degree specified in the contract.
- Failure to begin the work under this contract within the time specified.
- Failure to perform the work with sufficient workers and equipment, or with sufficient materials to ensure timely completion.
- Neglecting or refusing to remove materials or perform new work where prior work has been rejected as nonconforming with the terms of the contract.
- Becoming insolvent, being declared bankrupt, or committing act of bankruptcy or insolvency, or making an assignment renders the successful proposer incapable of performing the work in accordance with and as required by the contract.
- Failure to comply with any of the terms of the contract in any material respect.
- Failure to pay subcontractors or others pursuant to work done under this contract.

In the event of default of a contract, the successful proposer shall pay the entire Wellington's attorney's fees and court costs incurred in collecting any damages. The successful proposer shall pay Wellington for any and all costs incurred in ensuring the completion of the project, subject however to the terms and conditions herein. To the extent of a conflict with this provision and the contract the successful proposer enters into the terms and conditions of the contract shall control.

5. CANCELLATION:

Wellington reserves the right to cancel this contract by written notice to the successful proposer effective the date specified in the notice, and the following will apply:

- The successful proposer is determined by Wellington to be in breach of any of the terms and conditions of the contract and/or to have failed to perform his/her services in a manner satisfactory to Wellington. In the event the successful proposer is found to be in default, the successful proposer will be paid for all labor and materials provided to the satisfaction of Wellington as of the termination date. No consideration will be given for anticipated loss of revenue or the canceled portions of the contract. The successful proposer waives any claims to the same.
- Wellington has determined that such cancellation will be in the best interest of Wellington to cancel the contract for its own convenience.
- Funds are not available to cover the cost of the services. Wellington's obligation is contingent upon the availability of appropriate funds.
- To the extent of a conflict with this provision and the contract successful proposer enters into the terms and conditions of the contract shall control.

6. BILLING INSTRUCTIONS-AWARDED FIRM:

Invoices, unless otherwise indicated by Wellington's Finance Department must show purchase order numbers and shall be

submitted to Accounts Payable, 12300 Forest Hill Boulevard, Wellington, FL 33414. Payment shall be made in accordance with the Florida Prompt Payment Act, as amended from time to time.

7. APPLICABLE LAW AND VENUE:

The law of the State of Florida shall govern the contract between Wellington and the successful proposer, and any action shall be brought in Palm Beach County, Florida. In the event of litigation to settle issues arising hereunder, the prevailing party in such litigation shall be entitled to recover against the other party its costs and expenses, including reasonable attorney's fees, which shall include any fees and costs attributable to appellate proceedings arising on and of such litigation.

8. LEGAL REQUIREMENTS:

Federal, State, County, local and Wellington laws, ordinances, orders, rules, regulations, guidelines, and directives that in any manner affect the items covered herein apply. Lack of knowledge by the successful proposer will in no way be a cause for relief from responsibility.

9. INSURANCE:

During the term of the contract, the successful proposer shall procure and maintain liability and Malpractice coverage of the following types and amounts:

- a) Comprehensive General Liability insurance on an occurrence basis in an amount not less than \$2,000,000 combined single limit Bodily Injury Liability and Property Damage Liability.
- b) Worker's Compensation Insurance applicable to its employees, if any, for statutory coverage limits in compliance with Florida laws, including Employers' Liability which meets all state and federal laws.
- c) Professional Liability/Malpractice/Errors or Omissions Insurance, as appropriate for the type of business engaged in by the Vendor, shall be purchased and maintained by the Vendor with minimum limits of \$1,000,000 per occurrence.
- d) Products Liability Insurance as appropriate for the type of product sold or dispensed by Vendor in an amount of not less than \$1,000,000.

10. RECORDS AND AUDITS:

Successful proposer shall maintain, during the term of the contract, all books of account, receipt invoices, reports, and records in accordance with generally accepted accounting practices and standards (GAAP). The successful proposer shall maintain and make available such records and files for the duration of the contract and retain them beyond the last day of the contract term for the period of three (3) years.

11. DUTY TO UPDATE RECORDS:

It shall be the responsibility of any individual or firm contracted by Wellington for any Type(s) of Work to notify Wellington promptly of any substantive amendment to the information provided in this Request for Proposal package submittal, as well as to update that information on an annual basis.

12. DISPUTES:

Any actual or prospective Proposer, offeror or Contractor who is aggrieved in connection with a solicitation or award of a Bid or Contract may avail themselves of the procedures contained in Ordinance 98-36 in order to resolve disputed matters or complaints.

The Purchasing Division shall post a tabulation of the solicitation results with intended award recommendations. Posting shall be in the Clerk's Office and shall be on display for public viewing. All bidders, Proposers, offerors or contractors affected by the proposed award of contract will also be notified by the Purchasing Division at the time of posting, via telefax or other means, of the intended award.

Any actual or prospective Proposer, offeror, or contractor who is aggrieved in connection with the solicitation or award of contract may file a written protest to the Purchasing Division. Protestors shall file their written protests with the Purchasing Division between the hours of 7:00 a.m. and 6:00 p.m. (Monday through Thursday). Protests shall contain the name, address and phone number of the petitioner, name of petitioner's representative (if applicable), the name and bid number of the solicitation. The protest shall specifically describe the subject matter, facts giving rise to the protest and also the action requested from Wellington.

The written protest must be received no later than 72 consecutive hours (excluding Fridays, Saturdays, Sundays and legal holidays) from the time of initial posting of the Evaluation Committee's recommendation. Failure to file a timely formal written protest within the time period specified shall constitute a waiver by the vendor of all rights of protest under this Bid/Proposal Protest Procedure.

In the event of a timely protest, Wellington shall not proceed further with the solicitation or with the award of the bid/contract until all administrative remedies have been exhausted or until the City Manager determines that, the award of the bid/contract without delay is necessary to protect the public health, welfare, or safety.

13. LEGAL REQUIREMENTS:

Federal, State, County and Wellington laws, ordinances, rules and regulations that in any manner affect the items covered herein apply. Lack of knowledge by the Proposer will in no way be a cause for relief from responsibility.

14. PUBLIC ENTITY CRIMES:

As provided in Section 287.133(2) (a), Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Bid on a contract to provide any goods or services to a public entity, may not submit a Bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided S.S. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

15. CONFLICT OF INTEREST AND CODE OF ETHICS:

The award is subject to provisions of State Statutes and Wellington policies. All Proposers must disclose with their Proposal the name of any officer, director, or agent who is also a Wellington employee. Further, all Proposers must disclose the name of any Wellington employee who owns, directly or indirectly, an interest of 5% or more in the Proposer's firm or any of its branches.

If any Proposer violates or is a party to a violation of the Wellington and Florida Code of Ethics with respect to this Proposal, such Proposer may be disqualified from performing the work described in this Proposal or from furnishing the goods or services for which the Proposal is submitted and shall be further disqualified from bidding on any future Proposals/Bids for work or for goods or services for Wellington. A copy of the Wellington and State Ethics Codes is available at the Wellington Clerk's Office, 12300 Forest Hill Boulevard, Wellington FL 33414.

16. FLORIDA PUBLIC RECORDS ACT:

All material submitted regarding this proposal becomes the property of Wellington. Proposals may be reviewed by any person ten (10) days after the public opening. Proposers should take special note of this as it relates to any proprietary information that might be included in their offer.

Any resulting contract may be reviewed by any person after the contract has been executed by Wellington. Wellington has the right to use any or all information/material submitted in response to this bid and/or any resulting contract from same. Disqualification of a bidder does not eliminate this right.

17. TIED PROPOSALS/DRUG FREE WORKPLACE PROGRAMS :

In the event of an identical tied proposal, preference shall be given in order as follows:

- Drug Free Workplace
- Headquarters (or principal place of business) within Wellington
- Branch office exists within Wellington
- Headquarters (or principal place of business) within Palm Beach County
- Branch office exists within Palm Beach County
- If proposals remain tied after items a-e the final tie breaker will by drawing lots in public

18. INDEMNIFICATION:

Regardless of the coverage provided by any insurance, the successful bidder/proposer shall indemnify, save harmless and defend Wellington, its agents, servants, or employees from and against any and all claims, liability, losses and/or causes of action which may arise from any negligent act or omission of the successful bidder/proposer, its subcontractors, agents, servants or employees during the course of performing services or caused by the goods provided pursuant to these bid documents and/or resultant contract.

19. LOBBYING:

All firms are hereby placed on notice that the Council, Selection Committee, and Staff do not wish to be lobbied, either individually or collectively about the project for which the firm has a submitted proposal. During the process, from the proposal publish date to Council selection, no firm or its agent shall contact any member of Council, employee of Wellington, or member of the Selection Committees in reference to this proposal, with the exception of the Purchasing Agent or designee(s). Failure to abide by this provision may serve as grounds for disqualification for award contract to the firm.

20. INQUIRIES/REQUEST FOR CLARIFICATION:

All questions about the meaning or intent of the RFP Documents must be directed, in writing, to Ed DeLaVega, Wellington Purchasing Department, as provided in the advertisement/Request for Proposal. Questions received after April 6, 2011 shall not be answered. Only questions answered by formal written Addenda will be binding. Oral and other interpretations or clarifications will be without legal effect. All inquiries, addendums and request for clarifications will be posted on www.demandstar.com. Demandstar will automatically notify all plan holders of any inquiries, addendums and request for clarifications once posted by Wellington.

21. LOCAL PREFERENCE POLICY:

The Evaluation Committee will take into consideration when making their recommendation the proposer's business location and award additional points to local businesses in accordance with the Wellington's Local Preference Policy found in Resolution No. R2009-91 Section 2.12.F of Wellington's Purchasing and Procurement Manual, as amended from time to time. This Preference includes: (A) Western Communities local business with permanent location and headquarters zoned within the boundaries west of the Florida Turnpike, north of Lantana Road, south of Okeechobee Boulevard and U.S. Highway 98, east of Palm Beach County western boundary; (B) Palm Beach County local business with principal permanent location and corporate headquarters within Palm Beach County, Florida.

22. EVALUATION OF WRITTEN PROPOSALS:

Following the opening of the proposal packages, the proposals will be evaluated by an Evaluation/Selection Committee consisting of five members. Four members are pre-determined from multiple departments with experience and general knowledge. The fifth member will be selected by the Village Manager or designee and shall possess technical expertise on the subject matter. Scoring proposals are based on a point total and not a percentage. The Selection Committee will consist of the following members:

- A. Deputy Village Manager
- B. City Engineer
- C. Director of Financial Management and Budget
- D. A Wellington 2060 Director
- E. To Be Determined by Village Manager or Designee

Awards shall be made to the responsible consultants whose qualifications are determined to be the most advantageous to Wellington. Proposals will be evaluated based on the criteria listed below:

Written Proposal Criteria	Points
1. Past performance providing on-site healthcare clinic services	20
2. Demonstrate plan for the reduction of healthcare costs as a result of the provision of on-site clinic services including financial savings projections	20
3. Overall approach to the provisions of on-site clinic services	20
4. Overall Total Cost to provide all services including additional services as described in the Technical Specifications (General information and Background) section of the RFP.	20
5. Years of Experience providing on-site healthcare clinic services	10
6. Number of active contracts providing on-site healthcare clinics for Public sector clients.	10

Each Selection Committee member will convert the Maximum Available Point score (cardinal number) for each proposer into an ordinal number designating the ranking (as first, second, or third of each proposer. For example:

Cardinal Number	Ordinal Number
100	1
95	2
92	3
91	4
86	5
75	6

The ordinal scores from each Selection Committee member for each proposer, will be added together to calculate a total ordinal score. The proposer with the lowest total ordinal score will be ranked highest for award preference. The proposer with the second lowest total ordinal score will be ranked second highest for award preference, and so on, until all proposers are ranked.

Upon completion of the technical criteria evaluation, rating and ranking, Wellington will conduct oral interviews with the short listed firms. Upon completion of the oral interviews, the Committee will re-evaluate, re-rate and re-rank the proposals remaining in consideration based upon the interview criteria listed below:

23. **EVALUATION OF ORAL PRESENTATIONS / INTERVIEWS:**

Proposers selected for the short-list, as described above, shall be requested to provide a presentation on their Proposal to the Selection Committee. The Selection Committee will evaluate the presentations in accordance with the criteria listed below:

Oral Presentation Criteria	Points
1. Specific Project Experience	10
2. Proposers' Qualifications	10
3. Presentation and Answers to Questions	10
4. Overall Proposal and Price	10
5. Team Member Interaction	10

Each Selection Committee member will convert the Maximum Available Point score (cardinal number) for each proposer into an ordinal number designating the ranking (as first, second, or third) of each proposer. For example:

Cardinal Number	Ordinal Number
50	1
45	2
43	3
40	4
36	5
35	6

The ordinal scores from each Selection Committee member for each proposer, will be added together to calculate a total ordinal score. The proposer with the lowest total ordinal score will be ranked highest for award preference. The proposer with the second lowest total ordinal score will be ranked second highest for award preference, and so on, until all proposers are ranked.

Please note that the scores/rankings from the written proposal process are not included in the final ranking for award preference – only the scores/rankings from the Oral Interview process will be used.

Wellington will request approval from Wellington Council to negotiate with the highest ranked firm. In the case where negotiations with the highest ranked firm are unsuccessful, a subsequent request for Council approval to negotiate with the next highest ranked firm will be made and so forth until an agreement can be reached.

24. **TECHNICAL SPECIFICATIONS:**

GENERAL INFORMATION & BACKGROUND

Wellington seeks a company to offer medical services to employees, retirees and covered dependents covered under Wellington's medical plan to include but not limited to primary care, preventive screenings, health risk assessments, acute and urgent care, immunizations, injections, new hire physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceutical dispensing, disease management, and primary care case management *through the utilization of a current medical facility, practice, clinic, urgent care center, etc., located within/near Wellington, Palm Beach County, Florida.* As an option, Wellington will provide limited in house space for a doctor or nurse practitioner to

be on site for limited hours with the availability of limited supplies. The primary facility should be able to handle job injury services including initial treatment of work related injuries. Please outline the exclusivity that could be offered to Wellington employees and dependents under this model. Additionally, the ability to provide Health Risk Assessments as well as working with Wellington's existing wellness program to provide educational, intervention and incentive programs is required. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA) and Clinical Laboratory Improvement Act (CLIA). Wellington would like staffing to include at least one medical doctor and necessary support staff for the employee and dependent population.

The services will be provided to Wellington employees, retirees, and dependents enrolled in Wellington's health insurance program. Wellington currently offers health insurance through CIGNA Healthcare. Wellington offers employees and their dependents CIGNA HealthCare Open Access coverage and a Health Reimbursement Account (HRA). As of January 1, 2011, enrollment was as follows:

Active Employees

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	92	26	46	74	238

Retired Employees

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	4	2		2	8

COBRA Participants

Plan	Employee	Employee + Spouse	Employee + Children	Employee + Family	Total
Open Access	1				1

Attached to this RFP is Wellington's most recent claims experience and utilization reports

<p style="text-align: center;">QUESTIONNAIRE A FIRM QUALIFICATIONS (MODEL B)</p>
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1. Please include the following information about your firm in your response.
 - a. Qualifications and experience of the proposer, including type of business entity, organizational size, structure and history of the organization, experience in the provision of services, and location of the office that would contract for services to the Client.
 - b. List at least three current contracts for the services described in this questionnaire, indicating the type of entity, the name and telephone number of the public officer in charge of the contract, and the years in which the services have been provided. Were services performed at an on-site facility or in a facility that was dedicated to that particular employer group only?
 - c. Have any contracts been terminated for any reason? If so, please elaborate.
 - d. Key Person Designation – Identify the individual who will have primary responsibility for the contract and ongoing service with the Client and the Gehring Group.
 - e. Claims and Complaint History – List any claims filed against the proposer (or its agents or employees) with the proposer's liability insurance carrier for professional error and omissions, including the nature and resolution of such claims; list all written complaints filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against the proposer or any of its agents or employee within the past five (5) years, together with an explanation of their resolution.
 - f. Any other information that the proposer believes would be helpful to the Client in evaluating the proposer's ability to provide the services described in this questionnaire. Please provide performance results, if available, from current clients, including Return on Investment.
 - g. Financial Statement: Provide the most recent certified business financial statements as of a date not earlier than the end of the Proposer's preceding official tax accounting period, together with a statement in writing, signed by a duly authorized representative, stating that the present financial condition is materially the same as that shown on the balance sheet and income statement submitted, or with an explanation for a material change in the financial condition. In lieu of a financial statement, Proposer shall provide Dunn and Bradstreet rating as evidence of financial ability.
 - h. Describe firm's technology capabilities to maintain patient health records, billing, and performance reporting.

QUESTIONNAIRE B
PRIMARY CARE (MODEL B)

1. How are appointments scheduled?
2. What is the time allowed / allotted for each appointment?
3. Is the appointment scheduling process available online?
4. Describe the types of problems that can be addressed on-site.
5. Will medications be dispensed on-site? If so, please elaborate in the selection process, scope and type to be administered, as well as the cost and/or claims filing process for dispensed medications.
6. How do your providers outreach to a patient and their providers (if applicable) if their illness/disease escalates?
7. How will the clinic providers coordinate and communicate care with existing providers, including primary care physicians and specialists?
8. Will your physician(s) have hospital privileges? Where?
9. Please provide the following information on your proposed medical staff for each position proposed:
 - a. Minimum Qualifications / Experience
 - b. Job Duties for each individual
10. Estimated Hourly Pay Rate(s) Describe the primary care case management process.
11. How is care handled in the event the medical team is not available?
12. How does the medical staff handle emergencies that arise during a patient visit?
13. How will the clinic handle medical staff vacations, illness, etc? As administrator will you provide alternate staffing?
14. How will the clinic coordinate with the Client calendar (i.e. summer break, holidays, etc.)?
15. Describe methods for which patients communicate to medical staff during or after business hours?
16. How does the medical staff communicate with patients (i.e. secure email, telephone call, texting)?
17. Outline how patient complaints are addressed and handled. List protocols.
18. How will your company provide wellness, nutrition, and disease management programs?

19. How will your company provide urgent care services? Include examples of emergency medical conditions which will be treated on site.
20. How will urgent care issues that cannot be treated at the clinic be handled?

<p style="text-align: center;">QUESTIONNAIRE C COMMUNICATION PLAN & MEMBER SERVICES (MODEL B)</p>

Please provide a proposed communication plan for introducing the Client's on-site healthcare and wellness program to the employee population and reference the firm's ongoing communication process to Client staff, retirees & covered dependents. Outline your company's responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

1. How do you determine locations of service and standard hours of operation for member services?
2. Will you utilize existing resources for clinics? If so, please describe.
3. Can your website be linked with the Client's respective website?
4. Describe your ability to communicate and service an employee population that is geographically dispersed.
Describe your ability to communicate with a bilingual population (Spanish). Provide examples if appropriate.
5. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
6. How can an employee access your company for member services after hours?
7. Are you willing to allow the Client to use its own branding in communication and program materials?
8. Are there associated costs for providing communication materials? If so, please provide.

<p style="text-align: center;">QUESTIONNAIRE D IDENTIFICATION OF HIGH RISK INDIVIDUALS (MODEL B)</p>
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Understanding there is a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

1. How would your company identify high-risk members (i.e. health risk assessment, member services calls, medical claims data, pharmacy claims data, etc.)?
2. Please describe your methodology for tracking and engaging with high-risk members on an on-going basis.
3. Do you stratify members by severity of risk for complication? Please elaborate.
4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.
5. How often do you recommend distributing the HRA? Is your health risk assessment available both on-line and off-line?
6. Is your HRA available in Spanish (both on-line and off-line)?
7. Describe your organization's ability to export HRA results to an insurance carrier. Describe your ability to import data from an outside HRA vendor.
8. Please describe turnaround time for each of the following areas:
 - a. Providing the HRA results to individuals.
 - b. Contacting individuals for possible interventions.
 - c. Providing each patient with a summary report of the initial HRA results.
 - d. How do providers monitor and motivate patients after completion of HRA?
9. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their personal profile.
10. What level of participation can we expect in years one, two and three of this program?
11. Describe how your organization will set and reach participation goals.
12. Do you recommend using incentives? If so, please describe the incentives your organization recommends.
13. Please describe your plan to involve employees in the HRA process.

14. Please describe your capabilities to update an individual's HRA record.
15. How does your HRA monitor and report individual change from year to year?
16. Describe the process for engaging an individual with a targeted health condition.
17. Describe the process for persons you are unable to reach.
18. Please provide a detailed timeline covering the period from Contract Award/Notice to Proceed through the first day of operation.

<p style="text-align: center;">QUESTIONNAIRE E MEASUREMENT TOOLS & RESULTS (MODEL B)</p>
--

Address how you would propose to review the on-site clinic operation and its effectiveness. This should include standards and measurement criteria for onsite healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring outcomes and success of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide to each entity on an ongoing basis.
3. Provide examples of the following, if applicable:
 - a. On-site healthcare activity report
 - b. Member participation
 - c. Member intervention
 - d. Financial summary/savings report
 - e. Management reports online
4. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception of the program. Please include the following, if applicable:
 - a. Program Outcomes
 - b. Utilization Measures (list measures)
 - c. Member Satisfaction
 - d. Changes in the Cost of Care
 - e. Productivity/Absenteeism (list indicators)
6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

<p style="text-align: center;">QUESTIONNAIRE F HIPAA COMPLIANCE* (MODEL B)</p>
--

1. Is your firm HIPAA compliant?
2. Describe your system for the assurance of personal health data security.
3. Have your network security systems ever been breached? Describe.

**Please note that if any State and/or Local governance supersede Federal law the State and/or Local governance will apply.*

<p style="text-align: center;">QUESTIONNAIRE G PROPOSED PROGRAM COSTS & ESTIMATED SAVINGS (MODEL B)</p>

Proposers are encouraged to provide pricing for item #1 below utilizing the staffing and service hours the proposer sees fit for the client based upon the client's population, hours of operation, and historical utilization. Proposers are also to provide pricing in item #2 utilizing the pricing assumptions provided for comparison purposes.

1. Please include the following in your detailed pricing response:
 - a. Administration fees
 - b. Start-up costs / fees
 - c. Staff costs
 - d. Supply costs, including Health Risk Assessments
 - e. Pharmacy costs (if applicable)
 - f. Facility costs
 - g. Indicate all payment terms and conditions
2. Number of year's baseline fees is guaranteed.
3. Identify services and charges (if any) that would be run through the medical plan.
4. Explain the procedure for adding future clinic/medical staff hours. Will the administration cost increase by adding future hours?
5. Please outline which cost factors would change (e.g. admin fee, staff, etc) under your proposal should the Client elect to allow another entity to utilize the clinic.
6. Please provide a detailed listing of all services included in your administrative fee.
7. Please detail your contract opt-out period and specify if it is with or without cause, or both.
8. Please provide a listing of the top ten supplies your Clinic will stock and the price the Client will pay for each of these supplies.
9. Provide costs for the following services:
 - a. Cholesterol Test
 - b. Blood Sugar Test
 - c. Lab Processing Fees
 - d. Strep Test

- e. Flu Test
- f. Flu Shot
- g. Standard X-ray (Fracture)
- h. Chest X-Ray
- i. Drug Screening (Qualitative)
- j. Random Drug Screening
- k. EKG
- l. DOT Physical
- m. Twin Rex shot
- n. Tetanus/Diphtheria shot
- o. Blood panel

10. Are laboratory costs run through the medical plan or as a pass through cost?
11. Please provide the cost of an onsite X-ray, audiometer, spirometer, and treadmill with diagnostic equipment for stress testing, and applicable leasing arrangements that can be offered to the Client and any additional associated staff requirements and costs.
12. Please provide a breakdown of potential savings, including medical and prescription drug claims, to the medical plan by offering services through your firm.
13. Address your willingness to enter into a performance guarantee and how the performance criteria and penalties might be defined.
14. Provide a sample of any performance guarantees you have currently offered or have offered to current or prospective clients.
15. Are medical staff rates guaranteed for the length of the contract? If not, please provide details on increases during the contract term.

**QUESTIONNAIRE H
COMPLETE FORM (MODEL B)**

Proposers are to complete the following form based on proposed pricing. Examples are provided in *red ink* as a suggestion for completion of this form only.

	(Company Name)
Proposed Service Hours	_____ hours
Exclusive to Client Members	Yes / No
Services Included in Admin Fee	
Online Scheduling (Currently available)	Yes / No
24 Hour Resources (e.g. Nurseline, Oncall Dr, etc)	Yes / No
Health Risk Assessments	Yes / No
<i>Online HRA's</i>	<i>Yes / No</i>
Aggregate HRA Reporting	Yes / No
Electronic Medical Records	Yes / No
PharmD Services	Yes / No
Disease/Case Management Programs	Yes / No
Physician/Staff Recruiting	Yes / No
Online Administrative Reports (Client Staff can access)	Yes / No
Workers Comp Reporting (Separate from medical)	Yes / No
Administrative Pricing	<i>Provide administrative pricing format e.g. PEPM, Flat Fee, % of Staff Cost, Etc.</i>
Projected Administrative Costs	
Recommended Medical Staff & Costs (per Section H, question 1)	<i>Provide a listing of staff positions, number of hours for each staff position, and estimated costs.</i>
Will Physicians have Hospital Privileges	Yes / No (include brief explanation if necessary)
Staffing for vacation, illness, etc.	Identify who will provide alternate staffing
Medical Staff Billing	<i>e.g. Pass through, hourly charge, salary, PEPM, etc.</i>
Projected Medical Staff Cost	<i>Include pricing for all staff</i>

Form continues on following page.

Start Up Costs (Estimated)	<i>provide cost</i>
Supply Costs (Estimated – To be used throughout year 1)	<i>provide cost</i>
Initial HRA Cost (Estimated for 1,500 HRA's – if	<i>provide cost</i>

additional charge)	
Prescription Drugs	<i>e.g. Generic Formulary, Customized formulary based on utilization, etc.</i>
Drugs Supplied	
Prescription Drug Pricing	<i>e.g. Pass through cost, cost plus fee, etc.</i>
Estimated Rx Costs	\$
Fit for Duty / Physicals	<i>e.g. Included in pricing, at additional charge, etc.</i>
X-Ray Machine	<i>Provide estimated purchase cost</i>
Estimated Timeframe for Opening	_____ days
Number of Years fees are guaranteed	_____ years
Annual Cost Increases	<i>Identify any annual cost increases</i>
Contract Term Required by Client	
Contract Opt Out Clause	
Performance Guarantees Included	Yes / No
Number of Primary Care Clinics in Operation	
References (up to 5)	
Optional Services Cost:	
Occupational Health	
Workers' Compensation	
Diagnostic Testing	

25. INSTRUCTIONS FOR SUBMITTING:

Firms shall submit one (1) original and three (3) PDF electronic copies of the RFP submittal in a sealed envelope plainly marked: **“Attention: Purchasing Office, RFP# 032-11/ED - Employee Healthcare Clinic Provider”**. The original submittal shall be organized into tabs listed herein and shall be provided in one three ring binder. Electronic copies (CD’s) of the original shall be provided along with the original binder. The original submittal and each CD shall have the firm’s name, RFP number and title and date clearly displayed on the cover/label.

Submittal Organization

Tab #1 – Proposal Checklist and Submittal Form

Tab #2 – Drug Free Workplace Form

Tab #3 – Wellington Local Preference Application

Tab #4 – Evidence of Insurance Certification

Tab #5 – Current License(s)/ Certificates of Authorization / Registrations of the firm to perform the applicable services in the State of Florida.

Tab #6 – Vendor Application Form and Electronic Funds Transfer form

Tab #7 - References

Tab #8 – Questionnaire A

Tab #9 – Questionnaire B

Tab #10 – Questionnaire C

Tab #11 – Questionnaire D

Tab #12 – Questionnaire E

Tab #13 – Questionnaire F

Tab #14 – Questionnaire G

Tab #15 – Questionnaire H

26 ADDITIONAL REQUIREMENTS:

The selected firm shall be responsible and responsive to Wellington’s requests within the scope of this proposal and shall be guided by the directives of the Wellington Council and Staff. The Firm shall certify all work and work shall be performed in compliance with Florida Statutes. The Firm shall meet with the Wellington Council and Staff for direction, clarification, and updates on the project.

PROPOSAL CHECK LIST

Please check each item and make sure that all required information is included in your Proposal submission. Failure to submit this information may result in your submission being rejected as being a non-responsive and responsible Proposer.

YES___ NO___ 1. Original and three (3) PDF Electronic copies (CD's)

YES___ NO___ 2. Proposal Submittal

YES___ NO___ 3. Acknowledgment of Addendums

YES___ NO___ 3. Drug Free Workplace

YES___ NO___ 4. Local Preference Application

YES___ NO___ 5. Evidence of Insurance Certification

YES___ NO___ 6. Current Licenses/Certificates of Authorization

YES___ NO___ 7. Vendor Application/EFT Form

YES___ NO___ 8. References

YES___ NO___ 9. Questionnaires A-H (Tabs #8 Through #15)

PROPOSAL SUBMITTAL FORM (TAB #1)

To:
Wellington
12300 W. Forest Hill Boulevard
Wellington, Florida 33414

_____ agrees to provide
(Vendor)
Health Clinic Services to Wellington as defined in this RFP in accordance with the requirements of the Specifications and RFP Documents.

Gentlemen:

The undersigned Proposer has carefully examined the Specifications and Proposal/Contract Documents and is familiar with the nature and extent of the Work and any local conditions that may in any manner affect the Work to be done.

The undersigned agrees to provide the service called for by the Specifications and RFP Documents, in the manner prescribed therein and to the standards of quality and performance established by the RFP.

The undersigned agrees to the right of Wellington to hold all Proposals for a period not to exceed ninety (90) days after the date of Proposal opening stated in the RFP.

The undersigned accepts the payment policies specified in the RFP documents.

The undersigned agrees that within fifteen (15) days from the date of acceptance of this Proposal, to execute the agreement and provide the required certificates of insurance.

Dated this _____ day of _____, _____
(Month) (Year)

INDIVIDUAL, FIRM OR PARTNERSHIP

By: _____ / _____
(Signature) (Print name)

Address: _____

Telephone: (____) _____ Fax: (____) _____

Social Security Number or Taxpayer Identification Number: _____

CORPORATION

By: _____ / _____

(Signature)

(Print name)

Address: _____

Telephone: (____) _____ Fax: (____) _____

Taxpayer (EIN) Identification Number: _____

State Under Which Corporation Was Chartered: _____

Corporate President: _____
(Print Name)

Corporate Secretary: _____
(Print Name)

Corporate Treasurer: _____
(Print Name)

CORPORATE SEAL

Attest By: _____
Secretary

ADDENDA RECEIPT VERIFICATION

Proposer acknowledges the receipt of Addenda Nos. _____

DRUG FREE WORKPLACE (TAB#2)

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more Bids which are equal with respect to price, quality, and service are received by Wellington for the procurement of commodities or contractual services, a Bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie Bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. **Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.**
3. Give each employee engaged in providing the commodities or contractual services that are under Bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under Bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Vendor's Signature

LOCAL PREFERENCE APPLICATION(TAB#3)

APPLICATION TO BE CONSIDERED A LOCAL BUSINESS IN ACCORDANCE WITH WELLINGTON FLORIDA'S LOCAL PREFERENCE POLICY (SECTION 2.12.F OF WELLINGTON'S PURCHASING AND PROCUREMENT MANUAL)

Wellington gives preference to local businesses in certain purchasing situations as set forth in Section 2.12(F) of Wellington's Purchasing and Procurement Manual. In order to be considered a local business, entitled to be given preference, the business must make application with Wellington and meet one of the following criteria as such is more fully set forth in Section 2.12.F(2) of Wellington's Purchasing and Procurement Manual:

2.12.F (2) Definition of Local Businesses

Western Communities Local Business - For the purpose of determining a "Western Communities local business" a vendor must have a principal permanent business location and headquarters within the Village of Wellington, Florida or west of the Florida Turnpike to the Palm Beach County western boundary line as depicted in Exhibit "A" hereto. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been domiciled and headquartered in the jurisdictional boundaries of the Western Communities for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within the Western Communities. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the County's and/or municipalities' Code of Ordinances, having jurisdiction over the location of the business, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Palm Beach County local business - For the purpose of determining a "Palm Beach County local business" a vendor must have a principal permanent business location and headquarters within Palm Beach County, Florida. This applies to all entity formations, including, but not limited to, limited liability companies, partnerships, limited partnerships and the like or sole proprietors. Further, the entity or sole proprietor must provide that it, he or she has been headquartered and domiciled in the jurisdictional boundaries of Palm Beach County, Florida for at least six months prior to the solicitation. Post Office boxes will not be considered a permanent business location within Palm Beach County, Florida. Home business offices shall be considered as a business location if it otherwise meets the requirements herein. In order to be eligible for such local preference the vendor shall have a local business tax receipt pursuant to the Palm Beach County Code of Ordinances as amended from time to time, unless otherwise exempt therefrom. Further, the vendor must be properly licensed and authorized by law to provide the goods, services or professional services to the extent applicable and the location of the business must be properly zoned in order for the vendor to conduct its business.

Subcontractor utilization - In competitive bid situations, a business may also qualify as either a Palm Beach County or Western Community local business if they are utilizing subcontractors to perform the work or materialmen to supply the job and more than fifty (50%) percent of their proposed bid price will be paid to subcontractors and/or materialmen who qualify, under the above standards, as Palm Beach County and/or Western Community local businesses.

Please check the box below indicating which preference category your business is applying for:

☐ Western Communities Local Business

☐ Palm Beach County Local Business

☐ Subcontractor Utilization

1. The name of the business is: _____

2. The address of the business is: _____
3. How long has the business been located at its current address: _____
4. If the business has relocated within the last six months, please provide the answers to questions 5-7 for the previous location:
5. The previous name of the business is: _____
6. The previous address of the business is: _____
7. How long was this business at the previous location: _____
8. If the business is attempting to qualify under the subcontractor utilization provision, please provide a breakdown of the subcontractors who would qualify for either the Palm Beach County or Western Community, business classification, the requisite information, provide their responses to the above 1 - 7 questions and for each of the subcontractors, indicate the amount that they are proposed to be compensated at under the bid price.
9. The business as a local business tax receipt from: (1) Palm Beach County ☐ (2) the following municipality: _____ (3) located in unincorporated Palm Beach County: ☐
10. Please provide a copy of Local Business Tax Receipts from Palm Beach County and the applicable municipality are attached.
11. Please provide a Certificate of Good Standing indicating the formation or domestication of the entity in and for the State of Florida is attached.
12. Please provide copies of licenses if applicable from the State of Florida authorizing the business to provide the good services or professional services contemplated in the bid documents.
13. Please provide a letter from the either the Palm Beach County if located in unincorporated Palm Beach County or the municipality if located within the municipality evidencing that the headquarters for the business is properly zoned for the business.

By signing below, I hereby certify that under penalty of perjury I believe my business qualifies as a Palm Beach County, Western Community or subcontractor utilization business in accordance with Wellington's Local Preference Policy and that I have submitted current and accurate information and documents relating to my qualifications. I further acknowledge and agree that any fraudulent or duplicitous information submitted in furtherance of this application will be grounds for disqualification from bidding on this project and doing business with Wellington in the future.

Applicants Federal Tax ID Number - _____

Applicants Business Address _____

Corporation, Partnership, or other business entity:

Signature of Authorized Representative of

Print Name: _____

Title: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 2010, by
_____. He/She is personally known to me or has presented
_____ as identification.

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____
(State)

Notary Seal

Signature of Individual if Sole Proprietor:

Print Name: _____

Date: _____

CITY OF: _____

COUNTY OF: _____

SUBSCRIBED AND SWORN TO (or affirmed) before me on this ____ day of _____, 2010, by
_____. He/She is personally known to me or has presented
_____ as identification. (Type of Identification)

(Signature of Notary)

(Print or Stamp Name of Notary)

Notary Public _____

Notary Seal

(State)

WELLINGTON- VENDOR APPLICATION FORM (TAB #6)

Please return the completed Vendor Application and related forms to the
Wellington's Finance Department at **12300 W. Forest Hill Boulevard.**
Wellington, Florida 33414

You may fill these forms out and return them via e-mail to: apvendors@wellingtonfl.gov

If you need assistance with these forms you can contact us via email at apvendors@wellingtonfl.gov

PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT:

VISA _____ ELECTRONIC FUNDS TRANSFER* _____

Business Name and Classification:

Legal Name:									
DBA:									
Web Address:									
Taxpayer ID # & Type:					EIN			SSN	
Organization Type:				Sole Proprietor				Company	
Classification:	Individual		Corporation				LLC	Partnership	

Remittance Information:

Remittance Address:			
City, State, Zip			
Contact Name:			
Phone:			
Fax:			
Email Address:			

*** All vendors who choose the Electronic Funds Transfer Option must attach the accompanying EFT Authorization Form.**

ELECTRONIC FUNDS TRANSFER FORM (TAB #6)

Note: Vendors will be paid by electronic funds transfers (EFT) directly to their bank accounts; therefore, a copy of a voided check must be attached at the bottom.

Vendor Name:
Vendor Address:
City:
State, Zip:
Authorized Signatory:
Email Address:
Taxpayer ID Number or Social Security Number:

I (we) hereby authorize the VILLAGE OF WELLINGTON, hereinafter called the WELLINGTON, to initiate credit entries and, if necessary, to Initiate debit entries and adjustments for any credit entries in error to my (our) account:

Bank Name:				
Bank Address:				
City:				
State, Zip:				
BK/Transit/ABA/NO:				
Account Number:				
Account Type:	Checking		Saving	

This authority is to remain in full force and effect until WELLINGTON has received written notification from our company or authorized representative of the company of its termination in such time and in such manner, as to afford WELLINGTON and the financial institution(s) named above a reasonable opportunity to act on it.

Please tape (do not staple) voided check or saving deposit slip

Here

Account Payable will return forms without a voided slip bearing your Financial Institution's routing and account number for new direct deposits.

REFERENCE FORM (TAB #7)

COMPANY NAME, ADDRESS, CITY, STATE, ZIP PHONE & FAX NUMBER		
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:

Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail:
Company Name:		
Address:		
Contact Name:		
Phone:	Fax:	E-Mail: