

**FISCAL DIRECTIVE NO. 6
ATTACHMENT C**

JUSTIFICATIONS FOR COMPETITIVE BIDDING EXCEPTION

DATE: 7/21/2021
DEPARTMENT: Office of Risk Management
DEPARTMENT CONTACT NAME: Les Lee Shell, CAO
TELEPHONE NUMBER: X6538

CONSULTANT/AGENCY/SUPPLIER: Trustmark Insurance Company
CONTACT NAME AND TITLE: Trustmark Supplemental Life and Long Term Benefits
PHONE, FAX AND EMAIL ADDRESS: (847) 615-1500 Trustmark 400 N. Field Dr. Lake Forest, IL 60045

CONTRACT TITLE: Supplemental Life/Long-Term Care Benefit
ESTIMATED AWARD AMOUNT: No fiscal impact to Clark County. Benefit is self-paid by employee.
CONTRACT PERIOD OF PERFORMANCE (INCLUDING RENEWAL OPTIONS)
TERM: 1/1/2022 through 12/31/22
RENEWALS: 4 one-year options

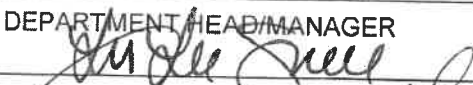
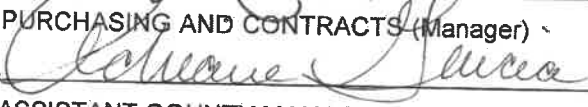

JUSTIFICATION FOR SELECTION OF CONSULTANT / AGENCY/SUPPLIER:

Clark County provides voluntary insurance benefits to participating employees as part of the County's overall compensation and benefit program. Once such program is supplemental life insurance for members and dependents. The County would like to add an additional benefit to this offering that would allow the inclusion of a long-term care rider to a supplemental life insurance plan. Our current supplemental life insurance provider (SunLife) does not offer this plan.

The County requested its broker of record to obtain quotes from the market to add the benefit. The broker returned 3 quotes from providers for County's review. Based on the quotes and the quality of the benefits offered, County representatives determined that Trustmark Benefits offered the more comprehensive and cost-effective plan to our participating employees.

Trustmark's rate sheet is attached to this FD 6. Annual rates may be subject to increase based on experience, but County may terminate relationship if rates increase significantly year to year and/or there is a degradation in benefits offered to members.

Office of Risk Management staff has reviewed the proposed costs and quality of benefits and determined them to be beneficial to add to the County's benefit plan. I hereby submit this information for recommendation for a contract approved by the Board of County Commissioners or the authorized representatives, County Manager, Chief Financial Officer or their respective designated designees.

DEPARTMENT HEAD/MANAGER 	APPROVAL DATE: 8.3.2021
PURCHASING AND CONTRACTS (Manager) - 	APPROVAL DATE: 8/3/2021
ASSISTANT COUNTY MANAGER/CFO 	APPROVAL DATE: 8.3.2021