

Answers to Questions Regarding RFP 007-2024: Disability Insurance for Residents

1. Do you currently offer the Residents Short-Term Disability, Long-Term Disability and Voluntary Long-Term Disability. If so, please see below for the information we would need to provide a comprehensive quote. If there is not a policy currently in place, please send just the census.

Long-Term Disability is available only if residents join the NYS Local Retirement System. The following types are provided at no charge to the employee

Ordinary Disability: This benefit is for a disability that may or may not be job-related. There is a 10 year minimum service credit requirement, and generally the benefit is not more than one-third of final average salary.

Performance of Duty Disability: This benefit is for a permanent disability as a result of an incident that occurred during the performance of duties. These benefits are usually limited to specific titles and are often tied to specific hazards associated with these jobs. There is no minimum service requirement.

Accidental Disability: This benefit is for a disability resulting from an on-the-job accident. Accident has a specific meaning when used in connection to NYSLRS disability benefits. There is no minimum service requirement.

2. Are you looking for a specific benefit (60%, 80% pay covered and own occupation or any occupation insurance) Please advise.
No.

(No prior coverage) - Census with all enrollees (active, COBRA, retiree) in an excel format - Please see attachment.

- a. First name and or employee number.
 - b. DOB for employee and DOB for family members
 - c. Home zip code
 - d. Gender
 - e. Coverage plan indicator (active, retiree, COBRA, waived coverage)
 - f. Salary
3. **(Prior Coverage)- To quote the Short-Term Disability, Long Term Disability and Voluntary Long-Term Disability we need the following - Please see attachment.**
 - a. Census (as stated above)
 - b. Copy of benefit booklet
 - c. Copy of recent bills
 - d. Claim data for last 60 months broken down monthly for each the STD, LTD and Long-Term Disability that should include.
 - i. Monthly subscribers (members and dependents)
 - ii. Claims incurred/ongoing, and paid premium

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4. Please provide us with your most recently valued (5) year historical claims experience
N/A
5. Please provide us with your current coverages (ie., policies and plan booklets)
Please see <https://www.osc.ny.gov/retirement/publications/1530/overview-0>
6. I was hoping you could assist me with understanding the NASSAU HEALTH CARE CORPORATION REQUEST FOR PROPOSALS, Item #I. Proposal/Process To Be Followed Section where you ask for a copy and an additional copy on CD. I am not sure if this is still your procedure/requirement.
 - a. Yes, but a USB drive is also acceptable.