June 16, 2014

eflex

A TASC Company

Michael D. McNally, Jr. Purchasing Agent – Senior Wisconsin Department of Employee Trust Funds Re:Best and Final Offer / Clarification

Dear Mr. McNally,

Thank you for your inquiry for additional fee clarification and our best and final offer for ETF FSA, HSA and Commuter Benefits. Please see below. I hope this answers all outstanding questions. If not, I am happy to assist as needed.

### Cost Proposal RFP ETE002

- 1. Part 1.0. ERA. \$3.25 Admin costs based on participation levels. Includes all fees for employee reimbursement accounts (eg debit card, additional cards, checks, direct deposit, postage, etc.).
- 2. Part 2.0. CB. \$0 (final and best offer change). Admin costs based on participation levels. Includes all fees for employee reimbursement account (eg debit card, additional cards, checks, direct deposit, postage, etc).

### Cost Proposal RFP ETE003

 Part 3.0 HSA Estimated first year total cost should be \$5,086.25 based on 1565 participants. Includes all fees for employee health savings account (eg debit card, additional cards, disbursements, postage, etc).

b. Ongoing Administrative Costs per participant per month cost is \$3.25. Includes all fees for employee health savings account (eg debit card, additional cards, disbursements, postage, etc).
c. Admin costs based on participation levels charged on a flat fee. No cost provided, we do not charge for health savings account on a flat fee basis.

d. Custodian Monthly Maintenance fee is included in the monthly participation fee of \$3.25. No additional custodian monthly maintenance fees apply.

### Part 4.0 Limited Flexible Spending Accounts (LPFSA)

No set up cost, included in the ERA. \$3.25 pppm

	CY2015	CY2016	CY2017	CY2018	CY2019
Start Up	704	880	1100	1400	1760
Waived	\$2,288	\$2,860	\$3,575	\$4,550	\$5,720

No flat fee cost provided, we do not charge for LPFSAs on a flat fee basis.



A TASC Company

### **Best and Final Offer**

The cost proposal submitted by eflexgroup is attached. The change will be noted in the Commuter Benefits Program (CB). Our opening bid was \$1.00 pppm, and has changed to "included." No additional fees apply.

Sincerely,

antzman

Nancy Dantzman 608.206.7229

For Cost Proposal Instructions Refer to:

# Appendix F Cost Proposal

Located on Page 65 of the RFP.

Vendor eflexgroup, Inc.

		CY2015	CY2016	CY2017	CY2018	CY201
Number of Participants*	Start-Up**	13,100	13,362	13,362	13,902	14,180
ERA - Per Participant Per Month Cost	<mark>waived</mark>	\$42,575.00	\$43,426.50	\$43,426.50	\$45,181.50	\$46,08
(Includes medical and dependent care Flex A	Accounts)					
Detailed Breakdown of Per Participant Per Mo	onth Cost (Example; Admir	nistration Fee, E	nrollment Fee,	Participant Fee	, etc.)	
All administration fees, including monthly administration	stration fees, are included in	the \$3.25.				
n/a Admin costs charged on flat-fee basis						
Admin costs based on participation levels (in	clude detail of the proposed	fee schedule if cl	hoosina this onti	on)		
				011)		
Elective Services Proposed by Vendor (Additi	onal services can be place	d in "TAB4")	Cost	Fee Basis		
Customized Materials (not including debit card, v	-			. ee Baele		
	veh site)			\$750 per hou	ır	
	veb site)			\$750 per hou	ır	_
	veb site)			\$750 per hou	JF	_
	veb site)			\$750 per hou	ır	
	veb site)			\$750 per hou	ır	
	veb site)			\$750 per hou	ır 	
	veb site)			\$750 per hou	ır	
	veb site)	CY2015	CY2016			
t 2.0 Commuter Benefits Program (CB)		CY2015 1 300	<b>CY2016</b> 1 300	CY2017	CY2018	
t 2.0 Commuter Benefits Program (CB) Number of Participants*	Start-Up**	1,300	1,300	<b>CY2017</b> 1,300	<b>CY2018</b> 1,300	1,300
t 2.0 Commuter Benefits Program (CB) Number of Participants* CB - Per Participant Per Month Cost	Start-Up**	1,300 included	1,300 included	CY2017 1,300 included	CY2018 1,300 included	<b>CY201</b> 1,300 included
t 2.0 Commuter Benefits Program (CB) Number of Participants* CB - Per Participant Per Month Cost Detailed Breakdown of Per Participant Per Mo	Start-Up** waived onth Cost (Example; Admir	1,300 included	1,300 included	CY2017 1,300 included	CY2018 1,300 included	1,300
t 2.0 Commuter Benefits Program (CB) Number of Participants* CB - Per Participant Per Month Cost	Start-Up** waived onth Cost (Example; Admir	1,300 included	1,300 included	CY2017 1,300 included	CY2018 1,300 included	1,300

Vendor eflexgroup, Inc.

n/a Admin costs charged on flat-fee basis

Admin costs based on participation levels (include detail of the proposed fee schedule if choosing this option)

	Elective Services Proposed by Vendor (Additional services can be placed in "TAB4")	Cost	Fee Basis	
	Customized Materials (not including debit card; web site)		\$750 per hour	
*	Projected participation is based on previous plan growth. Actual participation may be more or l	ess.		
**	Start-Up costs shall include all one-time start-up costs (including any start-up costs for debit ca	ard technology),		
	transition costs, and initial employee communication & education costs. This period is from 07/	'14/2014 to 12/3'	1/2014.	

Authorized Signature

Nancy Dantzman

Vendor eflexgroup, Inc.

Part 3.0 Health Savings Account Program (HSA)		
	Start-Up**	
Initial Start-up/Transition Costs	. waived	
Implementation/set-up fees	. waived	
Annual set-up/renewal fee	. waived	
Other (explain)	. \$3.25	pppm fee (May be paid by the employer or employee. Must be consistent within the plan.)
Other (explain)		Please note: estimated first year total cost is fillable on your form.
Estimated first year total cost	\$ 3.25	

Ongoing Administrative Costs	CY2015	CY2016	CY2017	CY2018	CY2019
Number of Participants*	1,565	2,034	2,503	2,972	3,442
HSA - Per Participant Per Month Cost	\$5,086.25	\$6,610.50	\$8,134.75	\$9,659.00	\$11,186.50

Do Not Include Account Fees detailed below.

Detailed Breakdown of Per Participant Per Month Cost (Example; Administration Fee, Enrollment Fee, Participant Fee, etc.)

All administration is included (transfer/roll over, distributions, del

n/a Admin costs charged on flat-fee basis

Admin costs based on participation levels (include detail of the proposed fee schedule if choosing this option)

#### Account (Custodian) Fees

Provide your proposed fees; include the basis for each fee (i.e., per account per month (PAPM), per transaction). Indicate which fees are only payable by the participant (Mark **Box 1** with an "X") and which fees ETF has the option to pay (rather than the participant) (Mark **Box 2** with an "X") or not. Provide costs figures on a monthly basis wherever practical to do so. Insert a zero (\$0) for any services where no fee is assessed.

×1	x 2			CY2015	CY2016	CY2017	CY2018	CY2019	
Bo	Bo	Activity or Fee Numb	er of Participants*	1,565	2,034	2,503	2,972	3,442	Fee Basis
		Custodian monthly maintenance fee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Account opening fee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Debit card fees		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Debit card replacement		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		ATM withdrawal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Check order	<u>n</u>	n/a					
		ACH or electronic withdrawal fee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
		Wire transfer fee	<u>n</u>	n/a					

or eflexgroup, Inc.				_		
Manual withdrawal		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Account Closure fee		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Overdraft fee		<mark>n/a</mark>				
Refund of excess contribution	ons	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Copy of debit card receipts .		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printed monthly statements		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Investment fees		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Load fees		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Account rollover fees		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Minimum balance fees			\$0.00	\$0.00	\$0.00	\$0.00
Other (explain) All costs incl	luded in pppm fee.					
Elective Services Proposed by Ven	dor (Additional services can be placed in "	'TAB5")		Cost	Fee Basis	
4.0 Limited Flexible Spending Acc	ount (LFSA)					
4.0 Limited Flexible Spending Acc	ount (LFSA)	CY2015	СҮ2016	CY2017	CY2018	CY2019
4.0 Limited Flexible Spending Acc	<u>ount (LFSA)</u> Start-Up**	<b>CY2015</b> 704	<b>CY2016</b> 880	<b>CY2017</b> 1,100	<b>CY2018</b> 1,400	<b>CY2019</b> 1,760
	Start-Up**					
Number of Participants* _FSA - Per Participant Per Month Cos	Start-Up**	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos	Start-Up** st	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip	Start-Up** st	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip	Start-Up** st	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip	Start-Up** st	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip	Start-Up** st	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip	Start-Up** stwaived pant Per Month Cost (Example; Administrat	704 <b>\$2,288.00</b>	880 \$2,860.00	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* LFSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip All administrative fees included.	Start-Up** stwaived ant Per Month Cost (Example; Administrat	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* LFSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip All administrative fees included.	Start-Up** stwaived pant Per Month Cost (Example; Administrat	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip All administrative fees included.	Start-Up** stwaived pant Per Month Cost (Example; Administrat pasis pasis pant levels (include detail of the proposed fee so	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 <b>\$3,575.00</b>	1,400 <b>\$4,550.00</b>	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip All administrative fees included.	Start-Up** stwaived pant Per Month Cost (Example; Administrat	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 \$3,575.00 ipant Fee, etc.)	1,400 \$4,550.00	1,760
Number of Participants* _FSA - Per Participant Per Month Cos Detailed Breakdown of Per Particip All administrative fees included.	Start-Up** stwaived pant Per Month Cost (Example; Administrat pasis pasis pant levels (include detail of the proposed fee so	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 \$3,575.00 ipant Fee, etc.)	1,400 \$4,550.00	1,760
umber of Participants* FSA - Per Participant Per Month Cos etailed Breakdown of Per Particip II administrative fees included. Admin costs charged on flat-fee b Admin costs based on participatio	Start-Up** stwaived pant Per Month Cost (Example; Administrat pasis pasis pant levels (include detail of the proposed fee so	704 \$2,288.00 tion Fee, Enrolln	880 \$2,860.00 hent Fee, Partic	1,100 \$3,575.00 ipant Fee, etc.)	1,400 \$4,550.00	1,760

Vendo	eflexgroup, Inc.		
_			
* P	Projected participation is based on previous plan growth. Actual participation may be more or less.		
** S	Start-Up costs shall include all one-time start-up costs (including any start-up costs for debit card technology),		
tr	ransition costs, and initial employee communication & education costs. This period is from 07/14/2014 to 12/31/2014	4.	

Authorized Signature

Nancy Dantzman

Vendor eflexgroup, Inc.

Part 1.0 Employee Reimbursement Accounts Program Employee Reimbursement Accounts (ERA)					
Additional Elective Services Proposed by Vendor	Cost	Fee Basis			
All services included in the pppm fee.					

### Part 2.0 Commuter Benefits Program (CB)

Additional Elective Services Proposed by Vendor	Cost	Fee Basis
All services included in the pppm fee.		

Vendo	eflexgroup, Inc.	
_		
_		
_		
-		
-		
_		

Authorized Signature

Nancy Dantzman

Vendor eflexgroup, Inc.

Part 3.0 Health Savings Account Program (HSA)						
Additional Elective Services Proposed by Vendor	Cost	Fee Basis				
All services included in the pppm fees.						
	_					
	_					
	_					

### Part 4.0 Limited Flexible Spending Account (LFSA)

Additional Elective Services Proposed by Vendor	Cost	Fee Basis
all services included in pppm fee.		

Vendo	eflexgroup, Inc.	
_		
_		
_		
-		
-		
_		

Authorized Signature

Nancy Dantzman