

REQUEST FOR PROPOSAL

PROVIDER OF RETIREMENT PLAN SERVICES

PROPOSAL SUBMITTAL DEADLINE

1700 CST, Tuesday, 22 October, 2024

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I. Introduction

The Heart of Texas Behavioral Health Network (herein after referred to as Center) issues this request for proposal (RFP) Provider of Retirement Plan Services.

II. Background

The community center system was established after the passage of the Texas Mental Health and Mental Retardation Action in 1965. The purpose of the community center system is to provide services to people with mental disabilities to allow them to live and work in the community.

The Heart of Texas Region MHMR Center was established by local taxing authorities in 1968 and is currently sponsored by McLennan, Limestone, Hill, and Bosque Counties. We serve six counties, including McLennan, Limestone, Hill, Bosque, Freestone, and Falls Counties. We provide services under contracts with federal, state, and other entities to individuals with a mental illness and/or a developmental disability identified as a priority population. We also serve developmentally delayed children.

The Center was renamed Heart of Texas Region MHMR Center (doing business as Heart of Texas Behavioral Health Network) in December 2021 in a rebranding action approved by the Center's Board of Trustees. The Center also earned Texas Certified Community Behavioral Health Clinic (CCBHC) status in December 2021.

The Center employs around 500 full and part-time staff and is governed by a nine-member Board of Trustees appointed by county commissioners.

The Center is a political subdivision of the State of Texas as defined by Texas Government Code Title 10, Section 2252. It is also a federal non-profit organization under Internal Revenue Code Section 501(c)(3). The Center adopted the existing 401(k) Plan on September 1, 1974 and has maintained it since that date. The Center also operates a voluntary 403(b) plan as an alternative to the 401(k) plan as a means to ease non discrimination testing and top hat rule compliance.

As a government entity, alternative plan structures are available that may be more efficient for the Center to operate such as a 457(b)/403(b)/401(a) combo plan that is exempt from ERISA, 5500 filing and plan audit requirements. Respondents are requested to provide advice as to what plan structure is recommended and if that advice includes changing to an alternative plan design, respondents are requested

to provide as much detail as possible on why that is recommended, provide an overview of the steps involved, timelines, any legal assistance offered and other important considerations in helping the Center make this decision.

As of 6/30/2024, total assets in the 403(b) sum to \$10,958,327 with approximately 150 participants and the 401(k) had \$45,165,989 in assets with approximately 500 participants.

III. Schedule of Events

A. Issuance of RFP: 24 September, 2024

B. Question Submittal Deadline: 1700CST Tuesday October 8.

C. Deadline for Proposal: 1700CST Tuesday, October 22.

D. Award Notifications: TBD

E. Anticipated Contract Begin Date: As soon as administratively feasible.

IV. Rules and Procedures on Proposal Submission

4.1 The Center has retained the services of ISC Advisors, Inc. (“ISC”) to serve as Investment Advisor to the plan(s) and to consult with the Center through this provider selection process. All questions related to the RFP and all submissions of proposals must be delivered directly to ISC. Failure to follow these instructions will result in the disqualification of respondent’s bid.

4.2 All requirements set forth in this RFP must be addressed in full for the proposal to be considered.

4.3 Proposals may be mailed via US mail service, hand delivered by a respondent’s representative, or paid courier. Eight hard copies are

required. Respondents may choose to email proposal to info@iscgroup.com in addition to hard copy.

4.4 Proposals submitted by mail, courier or hand delivery must be addressed to:

ISC Advisors, Inc.

3500 Oak Lawn Ave., Suite 400

Dallas, TX 75219

4.5 Questions about this RFP may be submitted to info@iscgroup.com.

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V. Organization and History

1. *Provide a brief overview of your company and history of your organization.*
2. *Indicate how many years your company has been active in the defined contribution business, i.e., 403(b), profit sharing, etc. (Indicate the period of time for each service, if different, such as investment management for X years, recordkeeping for Y years, trustee services for Z years.)*
3. *What percentage of your business is Tax Exempt and Governmental?*
4. *Given the ongoing trend of acquisition in the retirement plan recordkeeping space, it is the committee's intent to choose a recordkeeper who is committed to the industry. Please describe your firm's intent to remain a provider of recordkeeping services. Please include information regarding your firm's annual reinvestment into your recordkeeping and administration business unit.*

VI. Client Service / Quality Assurance

1. *Please describe the team that would deal directly with us during the transition and on an ongoing basis. Indicate staff size, experience and turnover rates.*
2. *What are your client retention statistics for each of the last three years?*

VII Recordkeeping / Administration

1. *Do you provide one main contact (plan manager) for the daily administrative needs of these plans?*
2. *Do you provide a dedicated Transition Manager?*
3. *Do you provide a dedicated Education Manager?*
4. *Is the participant call center located domestically?*
5. *How many tax codes can you support within one plan?*
6. *Will these plans all have the same administrative contact?*

7. *Will these plans all have a consolidated, i.e. virtual (web/app), viewpoint?*
8. *Do you offer consolidated annual and quarterly statement, showing all assets in one place or will there be multiple logins and multiple statements for each plan?*

VIII. Regulatory Services/ Fiduciary

1. *What fiduciary responsibility does your organization assume?*
2. *Are 3(16) Fiduciary Services available? What is the cost of these services?*
3. *How will you ensure that our plan remains in compliance?*
4. *What level of access to you offer clients to your ERISA consulting team? If this comes at an additional cost, please detail.*

IX. Loans

1. *Describe in detail your loan processing capabilities.*
2. *What options do you offer for administering loans? i.e. payroll deducted vs ACH capabilities, pre and post participant termination.*

X. Participant Experience

1. *Briefly describe your background and experience in providing communication and education programs.*
2. *Identify the key elements provided as part of a standard communication and education program package included in your proposal.*
3. *Describe separately your initial and on-going communication and education program (including printed material, visits, training, etc.). If the program is tailored to a specific plan sponsor need, identify the critical issues to be determined in designing such a program.*
4. *Can material be customized?*
5. *Will you offer a customized website landing page for participants? What would the level of customization be? Please provide an example.*
6. *How many onsite enrollment/ education meetings will you provide on an annual ongoing basis? At how many locations? Is there an extra cost for this service?*

7. *Please provide an overview of your call center operations, including the credentials and training of your call center representatives? Specifically, how do you ensure that representatives are equipped to handle complex retirement plan inquiries and provide accurate, helpful information to participants?*
8. *Are your call center representatives licensed to provide advice (i.e. point-in-time investment allocation advice)?*
9. *What is your average ring to answer timeframe? Do you offer a guarantee (i.e. 80% of incoming calls will be answered withing a specified time frame)?*
10. *Please describe the features and capabilities of your participant website.*
11. *What additional financial wellness capabilities do you offer beyond basic calculators? Do these come at an additional cost?*
12. *How do you ensure that the website is user-friendly and accessible to participants of varying technical abilities?*
13. *What measures do you take to keep the website secure and up-to-date with the latest information and tools, including your firm's annual reinvestment into technology?*
14. *What functionalities does your mobile app offer to retirement plan participants?*
15. *What functionalities does your mobile app not perform?*
16. *Please detail how the app supports participants in managing their accounts, accessing educational resources, and making informed decisions about their retirement savings?*
17. *How do you gather and incorporate participant feedback to continuously improve the mobile app experience?*

XI. Transition

1. *Explain your conversion process, including time frame, based on the options available (i.e. mapping, etc.).*
2. *How many enrollment/ education transition meetings will you provide during the first 12 months? Virtual vs in person. At how many locations?*

XII. Investments

- 1. Discuss your organization's ability to provide investment vehicles for defined contribution plans. Be sure to disclose if you are providing these vehicles in-house or through external managers.*
- 2. Please identify the number and types of investment vehicles you would make available to us.*
- 3. Please confirm that NO VIT (Variable Insurance Trust) or other annuity investments will be offered. Only ticker symbolled mutual funds or collective investment trusts.*
- 4. Please respond with "Yes" that No Proprietary Mutual Funds will be required in the investment options available to participants.*
- 5. Please respond with "Yes" that No Mutual Funds with embedded revenue sharing (example 12b1 / subTA fees) will be required in the investment options available to participants.*
- 6. Can the platform support advisor-directed model portfolios? If so, what is the cost and are there any restrictions?*

XII. Expenses

- 1. List all costs for recordkeeping and administration:*
- 2. List average cost of the investment options you are recommending:*
 - a. Are any of these investment options proprietary? If so please identify.*
 - b. Are any of these investment options sub-advised? If so please identify.*
- 3. List any additional Plan Level costs/expenses not disclosed in the prior 2 questions:*
- 4. List all Participant Level costs/expenses. Please include pricing reflecting a zero proprietary requirement.*

XIV. Cyber Security

- 1. For each of the 16 control objectives listed below please describe how you support each specific control objective, your test procedures, and your most recent testing results. Please attach a copy of your organization's cyber policy.*
 - Risk Assessment and Treatment*
 - Security Policy*
 - Organizational Security*

- *Asset Management*
- *Human Resource Security*
- *Physical and Environmental Security*
- *Communications and Operations Management*
- *Access Control*
- *Information Systems Acquisition Development*
- *Incident and Event Communications Management*
- *Business Resiliency*
- *Compliance*
- *Mobile*
- *Encryption*
- *Supplier Risk*
- *Cloud Security*

2. *Do you provide a guarantee that if a participant's account is compromised through no fault of their own that you will make whole any losses that result from a cybercrime? Please detail any exceptions, limitations or requirements related to this guarantee.*