



Due Date (Written responses): Monday, March 31, 2025

This is a Request for Information (RFI) only and does not constitute a commitment, implied or otherwise, that the Kern County Hospital Authority (KCHA) will take further action on this matter. KCHA will not be responsible for any cost incurred in furnishing this information.

This RFI has been released to gather market research for KCHA to make decisions regarding engaging a retirement plan consultant for the Kern County Hospital Authority Defined Contribution Plan for Physician Employees (the "Plan"). KCHA is seeking information from retirement plan consultants on how their experience and services align with the needs of the Plan.

Background:

The Plan was established by the County of Kern, a political subdivision of the state of California, effective August 1, 1980, to provide retirement and other incidental benefits to eligible KCHA physicians. The Plan is a defined contribution, money purchase pension plan, intended to meet the applicable requirements of Section 401(a) of the Internal Revenue Code. On July 1, 2016, the County of Kern transitioned the ownership of Kern Medical Center, with its operations, to the KCHA, at which time, KCHA assumed sponsorship of the Plan. The KCHA Board of Governors appointed a pension committee consisting of five members. The pension committee has the sole and exclusive fiduciary responsibility over the assets of the Plan, to administer the Plan in a manner that will assure prompt delivery of benefits, and to hold the Plan's assets for the exclusive purposes of providing benefits to participants and their beneficiaries and defraying reasonable expenses of administering the plan.

Requested Information:

Your firm

Firm or team name_____

Address_____

Contact for this RFP

Name_____ Phone_____ Email_____

Describe the ownership and structure of your firm_____

List your firm's lines of business, including any affiliated companies_____

How many years has your firm been in business?_____ Briefly describe your firm's history_____

How many years has your firm been servicing retirement plan clients? _____ What documentation of your firm's experience servicing retirement plan clients can you provide? _____

What is the total number of employees in the firm? _____

Number of employees who are Investment Advisory Representatives (IARs) _____

Do you use subcontractors? Yes No

If yes, who and for what services? _____

What is the position of your firm in the employer-sponsored retirement plans business?

Percentage of revenue from retirement plan investment advisory services _____

Plan assets under advisement _____

Total number of clients with plans under your advisement (403(b)/401(k)/401(a) profit sharing/401(a) profit sharing or money purchase other than 401(k) plans, governmental 457, 457(b) and 457(f) plans) _____

Number of core client plans with whom your firm has regular quarterly contact _____

Number of client plans added over the past 24 months _____

Number of clients lost over the past 24 months _____

Publications your firm has created or contributed to _____

Recognition received from independent sources demonstrating your firm's expertise and credibility _____

List the types of services your firm offers for retirement plans _____

Describe your firm's experience helping clients through complex processes such as Department of Labor audits, Internal Revenue Service audits, voluntary compliance actions, partial plan termination determinations, plan mergers or spin-offs, and plan terminations or corrective contributions _____

Explain what differentiates your firm from other investment consulting firms _____

How does your firm define and measure the success of retirement plan consulting relationships? _____

List the federal, state and other regulatory agencies with which your firm is licensed or registered, and the types of licenses held _____

Indicate which employees are not registered or licensed, and why _____

During current or prior employment, have any individuals from your firm ever been disciplined by any government regulator for unethical or improper conduct, or been sued by a client who was not happy with the work performed? _____

Has your firm or any advisor during current or prior employment with your firm, been found guilty of any violation or paid any fines because of violations of securities regulations or ERISA? _____

Is your firm bonded or insured? If so, to what amount? _____

Does your firm work with client plans on an advisory basis? Yes No

If applicable, please provide a copy of both parts of your firm's most recent SEC Form ADV.

Does your firm work with clients on a commission basis? Yes No

Provide a current list of representative clients, including not-for-profit clients _____

List four reference clients similar to our organization in terms of size _____

Your service team

Describe your service model for our plan (staff, responsibilities, interactions with our plan, frequency of in-person meetings, frequency of conference calls, team dynamics) _____

Primary contact for our relationship

Name _____ Phone _____ Email _____

Overall experience with employer-sponsored retirement plans _____

Commitment to the retirement plan's business _____

Education, honors, designations and other credentials _____

Regular activities to stay current on market and regulatory developments _____

Areas of expertise_____

Years with the firm_____

Role at the firm_____

Number of plans supported_____ Average size of plans supported_____

Will the primary contact be the only person with whom we will be working? Yes No If no, please list name(s),
contact information and profile information for each person.

Contact name_____ Title_____ City, State_____

Phone_____ Email_____

Overall experience with employer-sponsored retirement plans_____

Education, honors, designations and other credentials_____

Areas of expertise_____

Years with the firm_____

Role at the firm_____

Number of plans supported_____ Average size of plans supported_____ Number of plans lost this year_____

Investment services

Describe your firm's approach to plan investment consulting_____

What investment policy statement support do you offer?_____

What tools does your firm use to evaluate funds and managers?_____

Which of these tools are proprietary to your firm, developed in-house or specifically for your firm?_____

Describe your investment research resources and capabilities

How are investment benchmarks determined?_____

Is your investment research proprietary or from a third party? _____

Do you hold performance review meetings with clients and what reports do they receive? _____

Do you have an investment watch list and what is your termination recommendation process? _____

What actions do you take when investments are not performing? _____

Provide a sample of a written recommendation provided to a client _____

Will your firm offer investment advice to our plan? Yes No Please explain _____

Employee services

What are the types of services your firm provides to retirement plan participants? _____

Do you offer advice/education? Yes No Do you offer model allocations? Yes No

What resources have you dedicated to employees? _____

Provide two specific examples of ways in which your firm has made a positive impact on retirement plans you support over the past 24 months (for example: increased participation, increased deferrals, enhanced services, lowered fees)

Provider/vendor services

Describe your vendor benchmark service and process _____

Describe your service provider search RFP service and process _____

In the past 36 months, how many TPA/Recordkeeper/Trustee searches have you conducted for the DC and DB plans your firm supports? _____

How many of these resulted in a change in TPA/Recordkeeper/Trustee? _____

List the top three TPAs/Recordkeepers/Trustees that you have recommended _____

With how many different service providers does your firm work to support current clients? _____

What experience do you have with our current service provider? _____

Are there any relevant issues we should be aware of or focused on? _____

What plan design change initiatives have you proposed with your clients in the past 24 months? _____

Fiduciary status and compliance

Do you intend to act as a fiduciary for the plan and/or its participants? Yes No

What compliance resources does your firm provide? _____

Do you offer committee training, education and support? Yes No

Characterize your fiduciary responsibility to our plan participants _____

Explain potential conflicts of interest that may arise with the proposed advisory relationship _____

Does your firm have a written policy for addressing conflicts of interest? Yes No

Please explain _____

Have any of your clients been the subject of an investigation by the Department of Labor? Yes No

Please explain _____

Fees

How is your firm compensated for its services? _____

What percentage of your firm's revenue is derived from

Commission relationships? _____

Advisory relationships? _____

Does your firm receive any form of compensation or benefits from companies or individuals whose products or services you may refer or recommend? Yes No

Please explain _____

Describe any and all fees for your services to our plan under this proposal _____

Are you willing to guarantee your fees for a specific period of time? Yes No

Does your firm provide a written agreement or a letter of engagement detailing services provided to our plan?
Yes No If so, please include a sample

What is your ability to offset fees with 12b-1 fees, finders' fees or other fees embedded within the plans' investments?

Technology

Describe the technologies available to your firm, excluding our provider's technology _____

Which of these technologies is proprietary to your firm, built in-house or specifically for your firm? _____

What applications do you run that would be beneficial to our plan? _____

Which of these applications are proprietary to your firm? _____

Briefly describe your security and business continuity

The succession plan for the primary contact who will be working with our plan _____

The succession plan of your firm _____

Your firm's data security measures _____

Your firm's disaster recovery plans _____

Response Submission Deadline:

Responses to this RFI must be submitted no later than 11:59 PM Pacific Daylight Time, on March 31, 2025, RFI submissions will be accepted as email attachments only. All responses must be sent to Tyler.Whitezell@kernmedical.com, with "KCHA Defined Contribution Plan RFI Response" in the subject line.

An email confirmation of receipt from KCHA will be sent within a one-week period to the designated point of contact.

Point of Contact for Inquiries and Submissions:

Written inquiries regarding this request may be directed to:

Attn: Chief Operating Officer
Kern County Hospital Authority
c/o Kern Medical Center
1700 Mount Vernon Avenue
Bakersfield, CA 93306

Or electronically with "KCHA Defined Contribution Plan RFI Response" in the subject line to:
Tyler.Whitezell@kernmedical.com