



PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$10,000 submitted to the Office of State Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:	DPFR/Bureau of Insurance			
Department Contract Administrator or Grant Coordinator:	Vanessa Sullivan			
(If applicable) Department Reference #:				
Agency Department Code:		Advantage CT / RQS #:	20260903 0552	
Amount: (Contract/Amendment/Grant)	\$75,000			
CONTRACT	Proposed/Original Start Date:	9/22/2026	Proposed/Most Recent End Date:	6/30/2027
AMENDMENT	New Effective Date:		New End Date (if Applicable):	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:	Milliman, Inc. 17335 Golf Parkway, Suite 100 Brookfield, WI 53045			
Brief Description of Goods/Services/Grant:	Unum Life Insurance Company of America long-term-care reinsurance transaction actuarial review			

PART II: JUSTIFICATION FOR VENDOR SELECTION

Check the box below for the justification(s) that applies to this request. (Check all that apply.)

☐	A. Competitive Process	☐	G. Grant
☐	B. Amendment	☐	H. State Statute/Agency Directed
☒	C. Single Source/Unique Vendor	☐	I. Federal Agency Directed
☐	D. Proprietary/Copyright/Patents	☐	J. Willing and Qualified
☐	E. Emergency	☐	K. Client Choice
☐	F. Higher Education Cooperative Project	☐	L. Other Authorization

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Maine Bureau of Insurance must, by law, review certain material transactions of Maine domestic insurance companies. For complex transactions, actuarial assistance and subject matter expertise may be required to fulfill our statutory obligations.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number if applicable.

Milliman, Inc. has extensive experience with the company and block of business being reviewed. They have created proprietary actuarial models that no other firm possesses, which will be utilized in this work.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The costs were deemed reasonable based on detailed review and discussion by the Contract Administrator and Acting Superintendent.

4. Describe the plan for future competition for the goods or services.

N/A - These services relate to a specific transaction, rather than recurring work.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes, MJRP funds (023) – If Yes, please attach the approved Business Case(s).

☐ Yes, ARPA funds (025) or (026) – If Yes, please be aware of the requirements from awarding federal agencies.

☒ No – If No, proceed to Part V.

PART V: CONFLICTS OF INTEREST (COI); CONTRACT WITH THE STATE

Maine law contains Conflict of Interest statutes directed to State Departments, State Officers, and Employees Generally under MRS [Title 5, §18](#) and [§18-A](#), in harmony with MRS [Title 17, §3104](#).

☒ The requesting department's signatory affirms, understands, and acknowledges Maine's Conflict of Interest statutes and, in accordance with those statutes and to the best of their knowledge, has determined that no conflict of interest exists at the time of this contract, renewal, or amendment.

PART VI: APPROVALS

Governor/Department Commissioner or Designee

1. The signature below indicates approval of this procurement request.

Signature of requesting
Department's Commissioner
(or designee):*Joan Cohen*

Typed Name: Joan F. Cohen

Date: Sep 22, 2026

2. Additional signature required **ONLY if box E (Emergency) is selected in PART II**. The signature below indicates approval by the Department's Commissioner, or the designee specifically authorized to approve emergency procurement requests.Signature of requesting
Department's Commissioner
(or designee):

Typed Name:

Date:

****OSPS Section Only****Signature of DAFS
Procurement Official:

DocuSigned by:

Thomas Paquette

249602C7B71A40A...

Typed Name: Thomas Paquette

Date: 9/23/2026

frm_2026_0904_pjf_unum_vjs

Final Audit Report

2026-09-22

Created:	2026-09-22
By:	William Bourne (William.A.Bourne@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAT0a3CSihTXdEojlu0eltjGB0SE56TLAe

"frm_2026_0904_pjf_unum_vjs" History

-  Document created by William Bourne (William.A.Bourne@maine.gov)
2026-09-22 - 3:34:50 PM GMT
-  Document emailed to commissionersoffice.pfr@maine.gov for signature
2026-09-22 - 3:35:20 PM GMT
-  Email viewed by commissionersoffice.pfr@maine.gov
2026-09-22 - 3:38:08 PM GMT
-  Document signing delegated to Joan Cohen (joan.cohen@maine.gov) by commissionersoffice.pfr@maine.gov
2026-09-22 - 3:38:21 PM GMT
-  Document emailed to Joan Cohen (joan.cohen@maine.gov) for signature
2026-09-22 - 3:38:21 PM GMT
-  Email viewed by Joan Cohen (joan.cohen@maine.gov)
2026-09-22 - 8:18:47 PM GMT
-  Document e-signed by Joan Cohen (joan.cohen@maine.gov)
Signature Date: 2026-09-22 - 8:19:14 PM GMT - Time Source: server - Signature Appearance Selected: IMAGE
-  Agreement completed.
2026-09-22 - 8:19:14 PM GMT