



## 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:	Maine Commission for Community Service dba Volunteer Maine, Maine Department of Education		
Department Contract Administrator or Grant Coordinator:	Maureen Kendzierski		
(If applicable) Department Reference #:			
Agency Department Code:		Advantage CT / RQS # :	20250728*0132
Amount: (Contract/Amendment/Grant)	\$30,505.14		
CONTRACT	Proposed/Original Start Date:	<b>9/1/2025</b>	Proposed/Most Recent End Date: 8/31/2026
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:	Special Markets Insurance Consultants, Inc. dba SMIC 1055 Main St. Suite 101 Stevens Point, WI 54481		
Brief Description of Goods/Services/Grant:	Monthly premium costs to insure enrolled members of the Maine Service Fellows program		

PART II: JUSTIFICATION FOR VENDOR SELECTION			
Check the box below for the justification(s) that applies to this request. (Check all that apply.)			
<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input checked="" type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice

<input type="checkbox"/>	F. Higher Education Cooperative Project	<input type="checkbox"/>	L. Other Authorization
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Please respond to ALL of the questions in the following sections.

<b>PART III: SUPPLEMENTAL INFORMATION</b>
<p>1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.</p>
<p>This contract will cover the monthly premium costs necessary to insure enrolled members of the Maine Service Fellows program. Volunteer Maine is obligated by L.D. 1010 to provide health insurance to MSF members for the duration of their service term.</p> <p>Corps member healthcare is the product of a multi-agency effort aimed at providing coverage at a reasonable rate that meets the requirements of the program. The agencies Volunteer Maine partners with for this coverage period are The Corps Network, Willis Tower Watson, Special Markets Insurance Consultants Inc, and Cigna</p>
<p>2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the solicitation (RFP/RFA/RFQ) number and the date of award notification, if applicable.</p>
<p>The collaboration of multiple organizations offers a unique blend of expertise. The Corps Network is a national membership organization that provides various services to its member corps, including sponsorship of The Corps Network Healthcare Insurance Plan. The Corps Network ensures that insurance coverage maintains compliance with federal regulations. Willis provides ongoing management of the insurance program, including monitoring federal healthcare initiatives and negotiating rates. Special Markets Insurance Consultants handles the administrative elements of the insurance coverage, is an approved vendor, and is the agency responsible for billing.</p> <p>Limited-term health insurance for temporary service members is a small specialty sector, and SMIC is the only group our team could find that will work within MSF’s limited budget in addition to its legal requirements to deliver health insurance to enrolled members. SMIC also has experience working with State of Maine-affiliated service programs such as Maine Conservation Corps. The Corps Network is able to leverage the large numbers of service members across the United States in order to provide large group rates to small member groups, such as the Maine Service Fellows. Rates through TCN leverage the relative youth and health of service members as well as the large pool of insured members to provide insurance that supports affordable co-pays and out-of-pocket expenses for members.</p>
<p>3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.</p>
<p>To establish a rate for each program year the broker, Willis Tower Watson, negotiates with insurers for an appropriate figure that would cover expected claims, administrative costs, reserves, and risk margin. They developed a proprietary methodology of underwriting that they use to bolster their argument with insurers. It has traditionally resulted in a lower expected claims figure built into the rate (lower than carrier underwriting models calculate).</p> <p>Willis also requests bids from alternative carriers when appropriate, to assure the claims and administrative costs are competitive with the market and available data.</p>
<p>4. Describe the plan for future competition for the goods or services.</p>

**PART III: SUPPLEMENTAL INFORMATION**

When exploring future vendors for providing health insurance to MSF members, we will prioritize cost-efficiency and the vendor's ability to accommodate the budget and legal requirements of Maine Service Fellows.

**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) – 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 signatory understands and acknowledges Maine's Conflict of Interest statutes.

**PART VI: APPROVALS**

The signature below indicates approval of this procurement request.

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



Typed Name:

Samantha Horn

Date:

24/09/2025

**PART VII: EMERGENCY – Required only if selecting E. Emergency Justification**

The signature below indicates approval by the Commissioner or designee of this procurement request.

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

Typed Name:

Date:

Signature of DAFS  
Procurement Official:

Signed by:

**Sterling Doiron**

4C597C52D586437...

Typed Name:	Sterling Doiron	Date:	10/21/2025


# Procurement Justification Form (PJF) SMIC 2025-2026 Corps Network Health Ins


Final Audit Report


2025-09-24


Created:	2025-09-16
By:	Maureen.Kendzierski@maine.gov Maureen.Kendzierski@maine.gov (Maureen.Kendzierski@maine.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAMzHClmGzcavJUED1-p2nT3o4dw7haoxk


## "Procurement Justification Form (PJF) SMIC 2025-2026 Corps Network Health Ins" History

 Document created by Maureen.Kendzierski@maine.gov Maureen.Kendzierski@maine.gov  
(Maureen.Kendzierski@maine.gov)  
2025-09-16 - 4:49:39 PM GMT

 Document emailed to Samantha Horn (Samantha.Horn@maine.gov) for signature  
2025-09-16 - 4:49:43 PM GMT

 Email viewed by Samantha Horn (Samantha.Horn@maine.gov)  
2025-09-24 - 2:45:02 PM GMT

 Document e-signed by Samantha Horn (Samantha.Horn@maine.gov)  
Signature Date: 2025-09-24 - 2:47:31 PM GMT - Time Source: server

 Agreement completed.  
2025-09-24 - 2:47:31 PM GMT

### Certificate Of Completion

Envelope Id: C5D6A806-599C-4CB7-B289-C35EAEA9A934	Status: Completed
Subject: Complete with Docusign: Procurement Justification Form (PJF) SMIC 2025-2026 Corps Network Healt...	
Source Envelope:	
Document Pages: 5	Signatures: 1
Certificate Pages: 1	Initials: 0
AutoNav: Disabled	Envelope Originator:
Envelopeld Stamping: Disabled	Sterling Doiron
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	77 State House Station
	111 Sewall Street
	Augusta, ME 04333
	Sterling.Doiron@maine.gov
	IP Address: 198.182.163.121

### Record Tracking

Status: Original 10/21/2025   14:25	Holder: Sterling Doiron Sterling.Doiron@maine.gov	Location: DocuSign
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### Signer Events

Sterling Doiron  
Sterling.Doiron@maine.gov  
Sterling Doiron  
Security Level: Email, Account Authentication (None)

### Signature

Signed by:  
**Sterling Doiron**  
4C537C52B586437...  
Signature Adoption: Pre-selected Style  
Using IP Address: 198.182.163.121

### Timestamp

Sent: 10/21/2025 | 14:25  
Viewed: 10/21/2025 | 14:25  
Signed: 10/21/2025 | 14:26  
Freeform Signing

**Electronic Record and Signature Disclosure:**  
Not Offered via Docusign

### In Person Signer Events

### Signature

### Timestamp

### Editor Delivery Events

### Status

### Timestamp

### Agent Delivery Events

### Status

### Timestamp

### Intermediary Delivery Events

### Status

### Timestamp

### Certified Delivery Events

### Status

### Timestamp

### Carbon Copy Events

### Status

### Timestamp

### Witness Events

### Signature

### Timestamp

### Notary Events

### Signature

### Timestamp

### Envelope Summary Events

### Status

### Timestamps

Envelope Sent	Hashed/Encrypted	10/21/2025   14:25
Certified Delivered	Security Checked	10/21/2025   14:25
Signing Complete	Security Checked	10/21/2025   14:26
Completed	Security Checked	10/21/2025   14:26

### Payment Events

### Status

### Timestamps