

AGENDA ITEM 1 D
Consent Item

MEMORANDUM

DATE: November 2, 2017
TO: El Dorado County Transit Authority
FROM: Maria Harris, Human Resources Manager/Admin Services
SUBJECT: Self Insurers Annual Report for Fiscal Year 2016/17

REQUESTED ACTION:

BY MOTION,

**Receive and File El Dorado County Transit Authority
Self Insurers Annual Report Fiscal Year 2016/17**

BACKGROUND

On July 1, 2002 the El Dorado County Transit Authority (El Dorado Transit) moved the agency's worker compensation insurance coverage from the Association of Bay Area Governments (ABAG) Workers Compensation Insurance Pool (A Group Insurance Pool) into the Special Districts Risk Management Authority (SDRMA) Workers Compensation Insurance Pool (Self Insurance Program). The change in coverage resulted in improved claims management and cost saving.

El Dorado Transit contracts with a third party administrator, York Risk Services Group, Inc. (York) formally known as Gregory B. Bragg & Associates, Inc., to efficiently and effectively administer these open claims. As of June 30, 2017 none of the original claims remain open. Twelve (12) claims have been settled by the administrator.

DISCUSSION

Labor Code Section 3702.6(b) requires; *"Each public self insurer to advise its governing board within ninety (90) days after submission of the self insurer's annual report of the total liabilities reported and whether current funding of those liabilities is in compliance with the requirements of Government Accounting Standards Board Publication No. 10."* The action requested will meet these requirements.

York provides monthly statements with an estimated future liability using the probability of the future claims and estimated amount of the claims based on the injury. The estimated future liability reported by York at June 30, 2017 (medical) is \$0 as noted on the attached Self Insurers Annual Report for Fiscal Year (FY) 2016/17.

The self-insurance liability is adjusted annually and reported in El Dorado Transit financial statements. The liability was adjusted to \$0 (including expenses) on the financial statements for the period ending June 30, 2017. This represents a \$8,550 decrease over the estimated liability of \$8,550 at June 30, 2016.

Fiscal Year 2015/16 and 2016/17 posted actual expenses paid for the claims of \$153,546 and \$5,477 respectively.

El Dorado Transit holds a separate bank account for claims distribution with a balance of \$18,286 at June 30, 2017. Generally funds are transferred to this account if the balance is \$20,000 or less. El Dorado Transit does not have any open claims at this time, although there is the potential of liability through future medical awards.

There are currently two (2) claims that have been closed administratively but have the potential for re-opening if there is future medical.

FISCAL IMPACT

Annual York Contract: \$300.00

Future Liability as reported on audited financial statements at June 30, 2016 \$9,833

Future Liability as reported on audited financial statements at June 30, 2017 \$0



Public Self Insurers ER Annual Report

For Fiscal Year 2016-17

September 20, 2017
El Dorado County Transit Authority
6565 Commerce Way
Diamond Springs, CA 95619 9454

Form AR-2 (1-2016)

State of California

Employer

General Information:

Certificate Number	7874	Period Of Report	Annual
(Period) From	07/01/2016	(Period) To	06/30/2017

Master Certificate Holder:

Name	El Dorado County Transit Authority		
Address 1	6565 Commerce Way		
Address 2		FTIN	68-0316621
City	Diamond Springs	State	CA Zip 95619 9454
State of Incorporation			

State of California

During the reporting period of this report, has there been any of the following with respect to the Master Certificate Holder for any affiliate?

None

Any additions to the Self Insurance Program?

None

Employment and wages paid in current fiscal year:

Number of Employees 0

Total Wages and Salaries Paid \$0

Addressed Correspondence For Related Self-Insurance Matters:

Company Name El Dorado County Transit Authority

Name Maria Harris

Title Human Resources Manager

Phone (530) 642-5383

Fax (530) 622-2877

Email Address mharris@eldoradotransit.com

Address 1 6565 Commerce Way

Address 2

City Diamond

State CA **Zip** 95619

Web Site

TPA Adjusting Locations:

Has there been a change in TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Have you added any new TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Record Storage:

Are there open and closed claims stored at a location other than the adjusting location? No

Insurance Coverage:

1) During this reporting period, does your company maintain a standard workers' compensation insurance policy to cover any of your California liabilities? Yes

	Insurance Company Name	Policy Number	Policy Issue Date
1)	Special Districts Risks Management Authority	WCP-SDRMA-201718	07/01/2016
	Retention Limit 0		

2) During this reporting period, does your company have a specific excess workers' compensation policy in force to cover any of your California liabilities? No

3) Do you carry an aggregate(stop loss) workers' compensation insurance policy? No

State of California

Certification By Company Officer:

Company Name El Dorado County Transit Authority

Name Maria Harris

Title Human Resources Manager

Phone (530) 642-5383

Fax (530) 622-2877

Email Address mharris@eldoradotransit.com

Address 1 6565 Commerce Way

Address 2

City Diamond

State CA **Zip** 95619

Name of Person Legally Responsible for this Electronic Signature:

Maria Harris (Date/Time of Signature) - 09/19/2017 08:40

State of California

Report Location Number:

Identification of Location

Certificate Holder

7874-06-132

YORK RISK SERVICES GROUP, INC. at STOCKTON

EL DORADO COUNTY TRANSIT AUTHORITY

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2016	To Date-	06/30/2017
Date	#	Incurred Liability		Paid To Date		Future Liability	
		Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2017 reported prior to 2012/13	0	\$0	\$0	\$0	\$0	\$0	\$0
2) Open and closed Liabilities							
A) All Cases reported in 2012/13	0	\$0	\$0	\$0	\$0	\$0	\$0
2012/13 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
B) All Cases reported in 2013/14	0	\$0	\$0	\$0	\$0	\$0	\$0
2013/14 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
C) All Cases reported in 2014/15	0	\$0	\$0	\$0	\$0	\$0	\$0
2014/15 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
D) All Cases reported in 2015/16	0	\$0	\$0	\$0	\$0	\$0	\$0
2015/16 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
E) All Cases reported in 2016/17	0	\$0	\$0	\$0	\$0	\$0	\$0
2016/17 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0

	\$ Indemnity	\$ Medical
SUBTOTAL	\$0	\$0
TOTAL	\$0	

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2016/17 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

	\$ Indemnity	\$ Medical
	\$0	\$5,477

5) Number of MEDICAL-ONLY Cases Reported in 2016/17

0

6) Number of INDEMNITY Cases Reported in 2016/17

0

7) Total of 5 and 6 (Also entered in 2E above)

0

8) Total Number of open Indemnity Cases (All Years)

0

9) Number of Fatality Cases Reported In 2016/17

0

10) (a) Number of FY 2016/17 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2016/17

0

10) (a) Number of non-FY 2016/17 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2016/17

0

11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

\$0

12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

\$0

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: CAOpenIndemList with 4850 - 3524a.pdf

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Indemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

Instructions To Claims Administrator For Specific Excess Insurance

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0". \$

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Certification

Administrating Agency's Certificate Number 132

Or Self Administered

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report to be prepared and I have examined this liabilities report of this self insurer's worker's compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the worker's compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of worker's compensation claims made in this report reflect the administrator's best judgement as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Agency Name	YORK RISK SERVICES GROUP, INC.		
Name	JEFF PONTA		
Phone	(919) 960-0965	Fax	
Email Address	JEFF.PONTA@YORKRSG.COM		
Address 1	3121 MARCH LANE, STE 250		
Address 2			
City	STOCKTON	State	CA Zip 95219

Name of Person Legally Responsible for this Electronic Signature:

Kathy Wainscott (Date/Time of Signature) - 09/20/2017 10:59