

AGENDA ITEM 1 E  
Consent Item

**MEMORANDUM**

**DATE:** October 4, 2018  
**TO:** El Dorado County Transit Authority  
**FROM:** Maria Harris, Human Resources Manager  
**SUBJECT:** Self Insurers Annual Report for Fiscal Year 2017/18

**REQUESTED ACTION:**

**BY MOTION,**

**Receive and File El Dorado County Transit Authority  
Self Insurers Annual Report Fiscal Year 2017/18**

**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, 2018 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, 2018 (medical) is zero (0) as noted on the attached Self Insurers Annual Report for Fiscal Year (FY) 2017/18

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, 2018. This represents no change from the estimated liability of \$0 at June 30, 2017.

Fiscal Year 2016/17 and 2017/18 posted actual expenses paid for the claims of \$5,477 and \$0 respectively.

El Dorado Transit holds a separate bank account for claims distribution with a balance of \$17,791 at June 30, 2018. 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, 2017   \$0

Future Liability as reported on audited financial statements at June 30, 2018   \$0



# Public Self Insurers ER Annual Report

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For Fiscal Year 2017-18

September 13, 2018  
El Dorado County Transit Authority  
6565 Commerce Way  
Diamond Springs, CA 95619 9454

**FORM AR-2 (1-2016)**

State of California

**Employer**

General Information:

<b>Certificate Number</b>	7874	<b>Period Of Report</b>	Annual
<b>(Period) From</b>	07/01/2017	<b>(Period) To</b>	06/30/2018

Master Certificate Holder:

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

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

	<b>Insurance Company Name</b>	<b>Policy Number</b>	<b>Policy Issue Date</b>
1)	Special Districts Risk Management Authority	WCP-SDRMA-201718	07/01/2017
	<b>Retention Limit</b>		

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

Certification By Authorized Representative:

**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 ) - 09/13/2018 15:23

State of California

Report Location Number:

Identification of Location

Certificate Holder

7874-06-132 A

YORK RISK SERVICES GROUP, INC. at STOCKTON

El Dorado County Transit Authority

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2017	To Date-	06/30/2018
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2018 reported prior to 2013/14	0	\$0	\$0	\$0	\$0	\$0	\$0
2) Open and closed Liabilities							
A) All Cases reported in 2013/14	0	\$0	\$0	\$0	\$0	\$0	\$0
2013/14 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
B) All Cases reported in 2014/15	0	\$0	\$0	\$0	\$0	\$0	\$0
2014/15 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
C) All Cases reported in 2015/16	0	\$0	\$0	\$0	\$0	\$0	\$0
2015/16 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
D) All Cases reported in 2016/17	0	\$0	\$0	\$0	\$0	\$0	\$0
2016/17 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0
E) All Cases reported in 2017/18	0	\$0	\$0	\$0	\$0	\$0	\$0
2017/18 Cases open	0	\$0	\$0	\$0	\$0	\$0	\$0

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

TOTAL	\$0
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3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2017/18 (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	\$0

5) Number of MEDICAL-ONLY Cases Reported in 2017/18

0
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6) Number of INDEMNITY Cases Reported in 2017/18

0
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7) Total of 5 and 6 (Also entered in 2E above)

0
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8) Total Number of open Indemnity Cases (All Years)

0
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9) Number of Fatality Cases Reported In 2017/18

0
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10) (a) Number of FY 2017/18 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2017/18

0
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10) (a) Number of non-FY 2017/18 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2017/18

0
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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
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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 3524 no claims 17-18.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". \$

**Files Uploaded**

**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** (209) 956-2119 **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 ) - 09/12/2018 14:50