

COLUSA UNIFIED SCHOOL DISTRICT

745 Tenth Street
Colusa, CA 95932
(530) 458-7791 FAX (530) 458-4030

AGENDA

Board of Trustees Special Meeting

DISTRICT OFFICE – ROOM 6

January 22, 2019

7:15 a.m.

***PUBLIC COPY OF BOARD PACKET IS AVAILABLE FOR INSPECTION
AT THE CUSD DISTRICT OFFICE LOCATED AT 745 TENTH ST., COLUSA***

All meetings of the Governing Board are open to the general public, with the exception of the Closed Sessions, which are held to consider those items specifically exempt under the Ralph M. Brown Act. Anyone planning to attend a meeting who has a disability and needs special assistance should call the Superintendent's Office, 458-7791, at least 3 days in advance to make special arrangements.

Spanish translation is available at Regular Session Board Meetings. To arrange for translation services, please call the Superintendent's Office, 458-7791, at least 3 days in advance. [Se ofrece traducción en Español para la junta regular de la mesa directiva. Para solicitar servicios de traducción al español, por favor llame a la Oficina del Superintendente, al 458-7791, con 3 días de anticipación por lo menos.]

7:15 A.M. OPEN SESSION

A. Call to Order

B. Pledge of Allegiance

C. Hearing of Public for items on the Agenda

The Board encourages public comment concerning any item of importance and will recognize requests to speak before the item is discussed or voted upon. To assure your right to address any action item, please notify the Superintendent's Office of your desire to speak by noon of the day prior to the Board Meeting. Those requesting to address the Board in advance will be granted up to five minutes to speak. Others will be limited to a total of three minutes.

D. Discussion/Action Item:

1. Action – Adopt Resolution # 2018-19.10: Execute All Documents Required for Director of Industrial Relations, State of California Application for Certificate.
2. Action – Adopt Resolution #2018-19.11: Authorization to participate in Tri-County Schools Insurance Group (TCSIG) Workers' Compensation Program, Master Certificate #5822.

E. Adjournment of the Meeting

Discussion to join (or not) the Tri-County Schools Insurance Group pooled Workers' Compensation Program (Business Services).

Recommended Motion:

Staff recommends to Governing Board adopting Resolution No. 2018-19.10 authorizing Dwayne Newman to execute all documents required to complete the Director of Industrial Relations, State of California, application for certificate.

Staff recommends to Governing Board adopting Resolution No. 2018-19.11 authorizing the Colusa Unified School District to participate in the TCSIG Workers' Compensation Program.

Rationale:

Colusa Unified School District has actively participated in TCSIG for insurance coverage ranging from liability, property, health, dental, vision and group life. In an effort to meet member's needs and utilize similar resources and risk-sharing as the many other successful programs, TCSIG has created a pooled Workers' Compensation Program that is now being offered to all TCSIG members. As confirmed at the presentation at the previous meeting, TCSIG's workers' compensation program will meet or exceed the services provided by the previous carrier.

TCSIG has created a Memorandum of Coverage and Master Program Document outlining the coverage and administrative process.

TCSIG also commissioned a feasibility study for the new program, which includes estimates for Colusa Unified School District to participate in this newly offered line of coverage based on 2018/2019 current payroll data.

The district took the opportunity to go to a rate of \$1.58 per \$100 worth of payroll for the 2019/2020 and the 2020/2021 plan years.

In order to join the TCSIG Worker's Compensation program, the attached resolutions will need to be approved by this board.

DISCUSSION AND ANALYSIS:

After a review and analysis of Colusa Unified School District's current workers' compensation insurance, staff believes joining the TCSIG workers' compensation program will benefit the District by providing lower premiums/contributions than existing program while providing a higher level of ownership, control, and transparency of the service offerings and program.

Financial Impact:

The rate from Tri-County Schools Insurance Group nets the district a savings in excess of \$70,000.00 in fiscal 2019.20 based on the estimated total amount of 2018.19 payroll.

State of California
Department of Industrial Relations
Office of Self-Insurance Plans
11050 Olson Drive, Suite 230
Rancho Cordova, Ca. 95670
Phone (916) 464-7000
Fax (916) 464-7007



State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS

**APPLICATION FOR CERTIFICATE OF CONSENT
TO SELF-INSURE AS A PUBLIC AGENCY EMPLOYER SELF-INSURER**
All questions must be answered. If not applicable, enter "N/A".

To the Director of the Department of Industrial Relations: The public agency employer identified below submits the following information to obtain a Certificate of Consent to Self-Insure the payment of workers' compensation under California Labor Code Section 3700.

LEGAL NAME OF APPLICANT (Show exactly as on Charter or other official documents):

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Federal Tax ID # of Group: _____

CONTACT - Who Should Correspondence Regarding This Applicant Be Addressed To:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: _____ E-Mail: _____

TYPE OF PUBLIC ENTITY (Check one):

City and/or County School District Police and/or Fire District Hospital District

Joint Powers Authority Other (describe): _____

TYPE OF APPLICATION (Check one):

New Application Reapplication (Merger/Unification) Reapplication (Name Change)

Other (describe): _____

Date Self-Insurance Program will begin: _____

CURRENT WORKERS' COMPENSATION PROGRAM

Currently Insured with State Fund Policy # _____ Expiration Date: _____

Currently Self Insured, Certificate # _____

Other (describe): _____

CLAIMS ADMINISTRATION

Who will be administering your agency's workers' compensation claims? (Check one)

JPA will administer

Third Party Administrator, TPA Certificate # _____

Public entity will self-administer

Insurance Carrier will administer

Name of Third Party Administrator:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: _____ E-Mail: _____

of claims reporting locations to be used to handle Agency's claims: _____

Does applicant currently have a California Certificate of Consent to Self-Insure? Yes No

If yes, what is the current Certificate Number: _____

Total Number of Affiliate's California employees to be covered by Group: _____

AGENCY EMPLOYER

Current # of Agency Employees: _____ # of Public Safety Employees (police//fire): _____

If school District, # of certificated employees: _____

Will all Agency employees be covered by this self-insurance plan? Yes No

If 'No', explain who is not covered and how workers' compensation coverage will be provided to the excluded employees:

JOINT POWERS AUTHORITY

Will applicant be a member of a JPA for workers' compensation ?

Yes No (If 'yes', complete the following)

Effective date of JPA Membership: _____ JPA Certificate # _____

Name of JPA: _____

AGENCY SAFETY PROGRAM

Does the Agency have a written Injury and Illness Prevention Program (IIPP)? Yes No

Individual responsible for Agency workplace safety and IIPP program:

Name: _____ Title: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip + 4: _____ - _____

Phone: _____ E-Mail: _____

SUPPLEMENTAL COVERAGE

1.) Will your program be supplemented by any insurance or pooled coverage under a **STANDARD** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

2.) Will your program be supplemented by any insurance or pooled coverage under a **SPECIFIC EXCESS** workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

Retention Limits: _____

3.) Will your program be supplemented by any insurance or pooled coverage under an **AGGREGATE EXCESS** (stop loss) specific excess workers' compensation insurance policy? Yes No (If 'Yes', complete the following):

Name of Excess Pool/Carrier: _____

Policy #: _____ Effective Date of Coverage: _____

Retention Limits: _____

RESOLUTION FROM GOVERNING BOARD

Attach a properly executed Governing Board Resolution. See attached sample resolution on page 5.

CERTIFICATION

The undersigned on behalf of the applicant hereby applies for a Certificate of Consent to Self-Insure the payment of workers' compensation liabilities pursuant to Labor Code Section 3700. The above information is submitted for the purpose of procuring said Certificate from the Director of Industrial Relations, State of California. If the Certificate is issued, the applicant agrees to comply with applicable California statutes and regulations pertaining to the payment of compensation that may become due to the applicant's employees covered by the Certificate.

X _____ DATE: _____
SIGNED: Authorized Official / Representative

Printed Name

Title

Agency Name

RESOLUTION NO.: _____ DATED: _____

**A RESOLUTION AUTHORIZING APPLICATION
TO THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA
FOR A CERTIFICATE OF CONSENT TO SELF-INSURE
WORKERS' COMPENSATION LIABILITIES**

At a meeting of the _____
(Enter Name of the Board)

of the _____
(Enter Name of Public Agency, District, Etc.)

a _____ organized and existing under the
(Enter Type of Agency, i.e., County, City, School District, etc.)

laws of the State of California, held on the _____ day of _____, 20____,

the following resolution was adopted:

RESOLVED, that the above named public agency is authorized and empowered to make application to the Director of Industrial Relations, State of California, for a Certificate of Consent to Self-Insure workers' compensation liabilities and representatives of Agency are authorized to execute any and all documents required for such application.

IN WITNESS WHEREOF: I HAVE SIGNED AND AFFIXED THE AGENCY SEAL.

X _____ DATE: _____
SIGNED: Board Secretary or Chair

Printed Name

Title

Agency Name

Affix Seal Here

**TRI-COUNTY SCHOOLS INSURANCE GROUP
WORKERS' COMPENSATION PROGRAM PARTICIPATION**

Resolution No. 2018-19.11

**RESOLUTION OF THE DISTRICT OF
COLUSA UNIFIED SCHOOL DISTRICT
AUTHORIZING PARTICIPATION IN
TRI-COUNTY SCHOOLS INSURANCE GROUP
WORKERS' COMPENSATION PROGRAM**

WHEREAS, the Tri-County Schools Insurance Group (TCSIG) provides risk-sharing, pooled liability, property, health, dental, vision, and group life coverage to its public entity members as well as other ancillary coverages and services; and

WHEREAS, the TCSIG Board of Directors has taken action to form a new pooled workers' compensation program, master certificate number 5822, for the benefit of its members; and

WHEREAS, the Colusa Unified School District has decided to join and become a member of the TCSIG Workers' Compensation Program;

NOW, THEREFORE, BE IT RESOLVED by the Colusa Unified School District Board of Trustees as follows:

1. The Colusa Unified School District Governing Board hereby approves and authorizes participation in the TCSIG Workers' Compensation Program.
2. The Superintendent of Colusa Unified School District is also authorized to execute any other document(s) that may be necessary or appropriate to enter into and implement the Agreement on behalf of the Colusa Unified School District.
3. The Colusa Unified School District consents to be governed and abide by the Master Program Documents, the Memoranda of Coverage, and other documents and policies as adopted by the Tri-County Schools Insurance Group Board, Master Certificate Number 5822.

This Resolution was passed and adopted by the Colusa Unified School District's Governing Board at its Special meeting on Tuesday, January 22, 2019 by the following vote:

AYES: _____
NOES: _____
ABSENT: _____

Board President

Board Clerk