



ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA WORKERS' COMPENSATION SELF-INSURERS FUND

TO: Contact Persons, ACCA Workers' Compensation Self-Insurers Fund (WCSIF) Members

FROM: Sonny Brasfield, ACCA, Executive Director

DATE: August 29, 2018

RE: 2018-19 Renewals for WCSIF Members

It is time again to prepare for a new year in the Association's Workers' Compensation Self-Insurers Fund. Enclosed you will find your estimated *Premium-Contribution Statement* for 2018-19. This estimate is, in most cases, based on either payroll estimates provided by your office or the most recent audited payroll from your county. Any changes in your employment pattern during the 2018-19 fiscal year will be recognized during the audit process after the close of the fiscal year and your costs will be adjusted accordingly. Please note that our mailing address has changed, so please send all renewal payments and related documentation by October 1, 2018 to: ACCA WCSIF, 104 N. Jackson Street, Montgomery, AL 36104.

The Fund's Board of Trustees also approved a \$1,000,000 investment earnings refund to members, which will be distributed following the receipt of the 2018-19 premium-contributions from all Fund Members.

The overall rates for the Fund increased slightly this year and reflect growth in overall payroll and some unfavorable loss numbers. It is vitally important that each employee continue to be actively involved in efforts to reduce and avoid accident events. We are depending on your active role in promoting safety efforts at the county level.

Speaking of safety, the end of the 2017-18 Safety Incentive Discount Program (SIDP) is coming to a close. All participating County Fund Members need to make sure the SIDP Application (Guidelines - Appendix A) and required-documentation are in the ACCA Office no later than September 30.

Also enclosed is the WCSIF "Member Contact Sheet" which needs to be completed in its entirety and returned as soon as possible. Having current contact information is very important to the Fund.

If you have any questions about the enclosed 2018-19 Renewal documents or want to discuss any other matters, please contact me anytime.

We appreciate your participation in and commitment to the Fund and to the other members who have made this program so very successful.

Enclosures



Association of County Commissions of Alabama

Workers' Compensation Self – Insurers' Fund

WORKERS' COMPENSATION INFORMATION PAGE

1. PARTICIPANT:

Baldwin County Commission
312 Courthouse Square, Ste 11
Bay Minette, AL 36507-0000

ACCOUNT NUMBER: [REDACTED]

CONTRACT PERIOD: 10-01-2018 to 10-01-2019

DATE PREPARED: 8/28/18

Estimated Billing

2.	Code	Sub	Classification of Operations	Payroll & Production	Rate	Estimated Annual Contribution
	5506	00	St/Rd Constr/Pav - Incl Drivers	3,977,824.79	5.94	\$236,282.79
	6217	00	Excavation - Incl Drivers	.00	6.89	\$0.00
	7380	00	Drivers, Chauffeurs	1,312,915.65	5.17	\$67,877.74
	7720	00	Sheriff's Depart/Correction Offi	989,933.15	3.90	\$38,607.39
	8380	00	County Shop/Auto & Truck Repair	466,548.08	4.38	\$20,434.81
	8810	00	Clerical Office Employees - NOC	10,984,491.88	.19	\$20,870.53
	8820	00	Attorneys - All Employees	.00	.16	\$0.00
	8831	00	Hospital - Vet & Drivers	.00	1.63	\$0.00
	8832	00	Coroner	16,423.44	.43	\$70.62
	8835	00	Public Health	.00	3.32	\$0.00
	9015	00	Building Custodian	972,079.96	4.25	\$41,313.40
	9102	00	Parks - Incl Drivers	648,577.62	3.04	\$19,716.76
	9403	00	Garbage Collectors - Incl Driver	2,980,577.67	7.70	\$229,504.48
	9410	00	County Employees - Incl Drivers	4,948,533.37	2.06	\$101,939.79
Total Manual Contribution						\$776,618.31
Total Fund Adjustments/Discounts						\$50,458.45-
Total Limited Normal Contribution						\$726,159.86
Amount Due – Fund						\$726,159.86
Experience Modification						1.14

If Paid on Time		Save These Penalties		After 11-01-18	After 12-01-18
10-01-18	10-31-18	2% added	11-01-18 & 8% added	12-01-18 PAY	PAY
\$726,159.86		\$14,523.20	\$58,092.79	\$740,683.06	\$784,252.65

Adopted February 24, 1994 by the Board of Trustees of the ACCA Worker's Compensation Fund:

If full payment is not received on or before October 31, the non-paying entity shall be assessed two percent (2%) of the unpaid balance on November 1 and an additional eight percent (8%) of the unpaid balance on December 1.

If payment is not received by December 10, a notice of cancellation will be sent by the service company, with cancellation effective

If payment is not received by December 31, a final 10-day notice of cancellation will be sent, to be effective January 10.

Make check payable to: A.C.C.A.W.C.S.I.F.

Mail payment to:

Association of County Commissions of Alabama
104 N. Jackson Street
Montgomery, Alabama 36104



**ASSOCIATION OF COUNTY COMMISSIONS OF ALABAMA
WORKERS' COMPENSATION SELF-INSURERS FUND
Member Contact Sheet**

Member: _____

Workers' Compensation Contact Person

The Workers' Compensation Contact Person is the only appointed person who will receive invoices, renewals and Fund-related information for the member. Please provide the name, title, email and mailing addresses, and telephone number for the person in your office who has been designated to serve as your Workers' Compensation Contact Person.

Contact Name: _____ Title: _____

Mailing Address: _____ Email: _____

_____ Phone: _____

Annual Audit Contact Person

The Workers' Compensation Annual Audit Contact Person is responsible for receiving, completing and returning the annual audit packet before the deadline. Please provide the name, title, email and mailing addresses, and telephone number for the person in your office who should receive the audit packet. (Note: This person does not have to serve as your Workers' Compensation Contact Person.)

Contact Name: _____ Title: _____

Mailing Address: _____ Email: _____

_____ Phone: _____

Safety Coordinator (County Fund Members Only)

County Fund Members should appoint a County Safety Coordinator. This person oversees a safety program, insuring compliance with safety rules and regulations; establishes a county-wide Safety Committee; presides, maintains and reports on Safety Committee meetings; assists with participation of all Safety-Sensitive Departments and the Commission in safety training, self-inspections, and reporting and reviewing of all employee accidents; serves as the main point of contact for the ACCA SIDP program; and works with ACCA and the Fund's Third Party Administrator as needed to maintain a successful safety program. Please provide the name, title, email and mailing addresses, and telephone number for the person in your office who has been designated to serve as your County Safety Coordinator. A *Safety Coordinator Resolution* is required and available through ACCA.

Contact Name: _____ Title: _____

Mailing Address: _____ Email: _____

_____ Phone: _____

NOTE: Changes to your County's Workers' Compensation Contact Person, Audit Contact Person or Safety Coordinator must be made in writing to the Fund's Third Party Administrator no less than 10 days before the effective date of the change.

Completed by: _____ **Date:** _____