

Baldwin County Commission

Legislation Details (With Text)

22-0	032	Version:	1			
Con	sent			Status:	Passed	
9/20	/2021			In control:	Baldwin County Comr	nission Regular
10/5	/2021			Final action	n: 10/5/2021	
Association of County Commissions of Alabama (ACCA) Workers' Compensation Self Insurers' Fund - Continuance of Coverage						
1. A	1. ACCA Workers' Compensation Invoice					
Ver.	Action By	,			Action	Result
1	Baldwin County Commission Regular		sion	Approved		
	5/2021	ılar Meeti	ng			
	Con: 9/20 10/5 Asso Cont 1. A(<u>Ver.</u> 1 e: B(: 10/	Continuance of 1. ACCA Work Ver. Action By 1 Baldwin Regular e: BCC Regu 1. Content 1. ACCA Work 1. ACCA Regular 1. ACCA REG REGULAR 1. ACCA RE	Consent 9/20/2021 10/5/2021 Association of County Co Continuance of Coverage 1. ACCA Workers' Comp Ver. Action By 1 Baldwin County Co Regular 2: BCC Regular Meeti 3: 10/5/2021	Consent 9/20/2021 10/5/2021 Association of County Commis Continuance of Coverage 1. ACCA Workers' Compensati Ver. Action By 1 Baldwin County Commiss Regular a: BCC Regular Meeting a: 10/5/2021	Consent Status: 9/20/2021 In control: 10/5/2021 Final action Association of County Commissions of Alaba Continuance of Coverage 1. ACCA Workers' Compensation Invoice Ver. Action By 1 Baldwin County Commission Regular e: BCC Regular Meeting e: 10/5/2021	Consent Status: Passed 9/20/2021 In control: Baldwin County Commissions 10/5/2021 Final action: 10/5/2021 Association of County Commissions of Alabama (ACCA) Workers' Com Continuance of Coverage 1. ACCA Workers' Compensation Invoice Ver. Action 1 Baldwin County Commission Approved 2: BCC Regular Meeting

ITEM TITLE

Association of County Commissions of Alabama (ACCA) Workers' Compensation Self Insurers' Fund - Continuance of Coverage

STAFF RECOMMENDATION

Related to the Association of County Commissions of Alabama Workers' Compensation Self-Insurers' Fund (ACCA WCSIF), take the following actions:

1) Authorize payment to the Association of County Commissions of Alabama Workers' Compensation Self Insurers' Fund in the amount of \$701,935.80 from applicable and various Baldwin County Commission departments, related to the continued provision of workers' compensation coverage to the Baldwin County Commission for the period of October 1, 2021, to October 1, 2022; and

2) Authorize the Chairman to execute any related correspondence and/or instruments; and

3) Authorize the Clerk/Treasurer to make an interim payment before October 31, 2021, to the Association of County Commissions of Alabama Workers' Compensation Self Insurers' Fund (ACCA WCSIF) in the amount of \$701,935.80.

BACKGROUND INFORMATION

Previous Commission action/date: 10/20/2020

Background: The Commission approved payment to the ACCA related to the continuance of the workers' compensation coverage for the Commission for the period October 1, 2020, to October 1, 2021; the payment was paid to the ACCA in the amount of \$743,781.04. This represents a decrease of \$7,798.47 from the Fiscal Year 2020 premium contribution of \$751,579.51. The approval allowed the Chairman to sign related correspondence and/or instruments and the Clerk/Treasurer to make the interim payment of \$743,781.04, before October 31, 2020, so the workers' compensation coverage did not lapse.

FINANCIAL IMPACT

Total cost of recommendation: 701,935.80

Budget line item(s) to be used: Various Baldwin County Commission Departments Object Code 51250

If this is not a budgeted expenditure, does the recommendation create a need for funding? N/A

LEGAL IMPACT

Is legal review necessary for this staff recommendation and related documents? N/A

Reviewed/approved by: N/A

Additional comments: N/A

ADVERTISING REQUIREMENTS

Is advertising required for this recommendation? N/A

If the proof of publication affidavit is not attached, list the reason: N/A

FOLLOW UP IMPLEMENTATION

For time-sensitive follow up, select deadline date for follow up: Must be submitted and paid by 10/31/2021

Individual(s) responsible for follow up: Christie Davis and Eva Cutsinger, Finance Payable to ACCA WCSIF:

CRS Inc Post Office Box 589 Montgomery, Alabama 36101 Action required (list contact persons/addresses if documents are to be mailed or emailed): $N\!/\!A$

Additional instructions/notes: N/A