
TASB RISK MANAGEMENT FUND
Workers' Compensation Administrative Services Only (ASO)
Contribution & Coverage Summary

Denton ISD
CD# 061901

Participation Period: July 1, 2012 12:01 a.m. through July 1, 2013 12:01 a.m.

STOP LOSS COVERAGE

A stop loss policy will be issued by the Stop-Loss Carrier to the Program Participant and the Participant will be governed by the terms and conditions of the policy. The Fund shall have no responsibility beyond securing a quote for stop loss coverage, binding coverage upon Participant's written instructions, billing and remitting stop loss premiums. Stop-loss premiums will be determined by the Stop-Loss Carrier and are not guaranteed by the Fund. The original policy will be mailed to the Participant under separate cover.

POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE

Included - Participation Required

PROGRAM ADMINISTRATION FEES

General Administration Services

\$9,600 Annually

CLAIMS ADMINISTRATION FEES

Indemnity Claim

\$650 per claim

Injury where the employee has experienced more than seven days of compensable lost time, reduced wages for more than one week, incurred substantial medical treatment, compensability is questionable, involves subrogation or has reported an occupational illness, even if the employee has not missed any time from work.

Medical Claim

\$110 per claim

Injury requiring minor medical treatment and no more than seven days of compensable lost time.

Record Only Claim

\$20 per claim

Injury or incident requiring no medical treatment or lost time.

Catastrophic Claims

Duration of Claims Handling Activity

No extra charge, treated as indemnity claim
Life of participation in the Fund's WC program

FEES ALLOCATED TO CLAIM FILE

Claim Fees

DWC BRCs, CCHs and SOAHs

Prevailing judicial rates

Medical Dispute Resolution (MDR)

Included

DWC Proposed Employer Violations Negotiation

Prevailing judicial rates

DWC Representation

Included

Litigation Management

Included

DWC/CMS Electronic Reporting

Included

Stop Loss Filing/Reporting

Included

All DWC Forms

Included

Subrogation

Included; 33% + expense if attorney assigned

External Investigations

At cost



Legal Fees (regulated by DWC) per attorney rates

Cost Containment Fees

Pre-authorizations (RN) \$80 per pre-authorization
Pre-Authorizations (Physician) \$80 per pre-authorization + time & expense
External Case Management (ECM) \$80/hour
ECM Travel & Waiting Time First two hours at fee, \$40/hour thereafter
Bill Review \$6.50 per bill
Peer Review by Physician Advisor Time & expense

Miscellaneous Administration Fees

Internal Investigation Included
Photocopying/Fax Included
Photographs Included
Phone Charges Included
Checking and Banking Fees (Check Writing) Included
*On-line Data access (view only) w/training Included
Claims Liaison and Quality Control Service Included
Non-standard Customized Reports \$100 per report/\$75 maintenance and/or adjustments

**Program Participant is responsible for required hardware, communication software, and long distance charges to connect.*

1. Loss Prevention Services

As a member of the TASB Risk Management Fund Property/Casualty program, Denton ISD will also receive the following Loss Prevention Services for the Workers' Compensation program at no additional charge.

The following services are offered as the following package:

- | | |
|---|---|
| 1. District Safety Consultations/Surveys/Training | Included |
| 2. Loss Prevention Manual Online (TASB has copyright) | Included |
| 3. Loss Prevention Safety Kit Online | Included |
| 4. Use of Loss Prevention Video and Resource Library | Included |
| 5. Basic Loss Prevention Reports Online | Included |
| Total Cost for Loss Prevention Services | Included in Program Administration Fee |

If Denton ISD chooses to not participate in the Fund's Property/Casualty program in the future, these services are still available for a fee of \$75.00 per hour.

Additional Options:

| | |
|---|--|
| Specialized Loss Prevention Reports | \$100 per report/\$75 maintenance and/or adjustments |
| Employee Safety Handbooks | At Cost |
| Total Cost for Additional Options: | Based on Districts' Needs |

SEASONAL BENEFIT ADJUSTMENTS

Adjustments are made during the summer break; self-insured Program Participants can decide to adjust weekly workers' compensation temporary income benefits to zero during specific holidays. The Program Participant elects to stop/reduce weekly benefits during the selected breaks:

Spring Break Yes No Thanksgiving Break Yes No Winter Break Yes No

Term of Agreement/Renewal:

The term of this Agreement is for one year, and it automatically renews for successive one-year terms, unless terminated in accordance with the provisions of the Interlocal Participation Agreement (copy attached). Please make sure to read and comply with the termination provisions of the Agreement.

Coordinator:

The Program Participant is required to designate a Program Coordinator that has express authority to represent and bind the Program Participant in all Workers' Compensation program matters as outlined in the Interlocal Participation Agreement. If a Coordinator, and their contact information, is not provided below, the currently designated Coordinator, along with the current contact information, will remain in effect.

| | | | |
|---------------------|-----------------|--------------------------------|--|
| _____ | | _____ | |
| Name of Coordinator | | Coordinator title | |
| _____ | | _____ | |
| Coordinator address | | City, state, and zip | |
| _____ | | _____ | |
| Coordinator phone | Coordinator fax | Internet and/or E-mail address | |

Program Participant:

I hereby certify that the information contained herein is correct.

I affirm that I am duly authorized to sign this Contribution & Coverage Summary. The named Fund member agrees to participate for the above stated Participation Period unless participation is sooner terminated in accordance with the provisions in the Interlocal Participation Agreement. Furthermore, I certify that I have read and understand this Contribution & Coverage Summary and the Interlocal Participation Agreement.

| | | | |
|------------------------|--|-------|--|
| _____ | | _____ | |
| Authorized signature | | Date | |
| _____ | | | |
| Printed name and title | | | |

TASB Risk Management Fund

| | | | |
|--------------------------|--|-------|--|
| _____ | | _____ | |
| James B. Crow, Secretary | | Date | |

