CONTRIBUTION & COVERAGE SUMMARY

Coverage Year: 2007/2008

Name of Participant:	Denton ISD	Participant #:	134
Line of Coverage:	Workers' Compensation - Administrative Services Only		
Participation Period:	12:01 a.m. January 1, 2007 through 12:01 a.m. January 1,	2008	

1	1. Midwest Employers Options						
		□ Option 1	D Option 2	D Option 3	□ Option 4	□ Option 5	□ Option 6
	STOP-LOSS	Midwest	Midwest	Midwest	Midwest	Midwest	Midwest
	CARRIER	Employers	Employers	Employers	Employers	Employers	Employers
	Company Best Rating	A XII					
	2006/2007	\$111,695,558	\$111,695,558	\$111,695,558	\$111,695,558	\$111,695,558	\$111,695,558
	ESTIMATED						
	TOTAL						
	PAYROLL						
	Rate per \$100 of	.0549		.0476		.042	
	Payroll						
	WORKERS	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
	COMPENSATION						
	LIMIT						
	SPECIFIC	\$350,000	\$350,000	\$400,000	\$400,000	\$450,000	\$450,000
	RETENTION						
	AGGREGATE	None	\$1,000,000	None	\$1,000,000	None	\$1,000,000
	RETENTION						
	CASH FLOW	\$180,000 1 st					
	PROTECTION	year,	year,	year,	year,	year,	year,
	LIMIT	\$120,000 2 nd					
		year, \$100,000 3 rd					
		year	\$100,000 S year				
	ANNUAL	\$61,321	\$66,285.	\$53,167.	\$58,115.	\$46,912.	\$51,988.
	ESTIMATED	ψ01,521	φ00,20J.	φ55,107.	φ50,115.	φτ0,912.	φ.51,200.
	PREMIUM						

2. <u>Stop-Loss Coverage</u>

The 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 said policy. The Fund shall have no responsibility beyond securing stop loss coverage and billing and remitting stop loss premiums. The original policy will be mailed to the Participant under separate cover.

\$7,500. Annually

3. <u>Program Administration fees</u>

An annual fee of \$7,500 will be charged for general administration services, which includes an annual actuarial review.

4. <u>Claims Administration Fees</u>

Indemnity Claim

Indemnity is classified as an 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

Medical is classified as an injury requiring MINOR medical treatment and no more than seven days of lost time.

\$580. per claim

\$ 98. per claim

Record Only Claim

\$ 20. per claim

Record Only is classified as an Injury or incident requiring no medical treatment or lost time

Catastrophic Claims Duration of Claims handling activity DWC Pre-Hearing and BRC's DWC CCH's and SOAH's Medical Dispute Resolution (MDR) Negotiation of DWC proposed employer violations DWC Representation Litigation Management DWC Electronic Reporting All DWC Forms Subrogation	No extra charge, treated as indemnity claim Life of participation in the Fund's WC program Included allocated to file at prevailing judicial rates Included Included Included Included Included Included
All DWC Forms Subrogation	Included Allocated to file at cost +25% recovered,+expense
Transcriptions/Translations	Allocated to file at cost

5. <u>Cost Containment Fees</u> (Allocated to claim file)

Preferred Provider Organization	Direct Provider Contract to be determined
Preauthorizations	\$80/ per preauthorization
Large Case Management	\$80 per hour
Medical Fee Guideline Review	\$5.00 per bill
Optional Medical Fee for Direct Provider Contract	\$1.35 per bill
Travel & Waiting Time	First two hours @ professional fee, then \$40/hour
Peer Review by Physician Advisor	Time & Expense
Vocational Rehabilitation	Time & Expense, not to exceed \$75 per hour
Peer Review (on Preauth)	Time & Expense
Legal Fees	Per attorney fees

Other Administration Fees

Other Mullimstration rees	
Field Investigation	Included
Photocopying/Fax	Included
Photographs	Included
Phone Charges	Included
Checking and Banking Fees (Check Writing)	Included
Set-up Fee for New Accounts	Included
*On-line Data access (view only) with training	Included
Claims Liaison and Quality Control Service	Included
* District is responsible for required hardware, co	ommunication software, and long distance charges to connect.

6. Claim handling fees after termination

Claims incurred during the District's participation in the Administrative Services Only (ASO) program will be administered for the duration of the District's participation in the Fund's workers' compensation program. In the event of termination in accordance with the Interlocal Participation Agreement(IPA), the District may transfer Workers' Compensation claims to a new claims administrator upon execution of an agreement with the Fund. If the District prefers to have the Fund administer open claims after termination, a claims handling fee of \$50.00 per month, per open claim, will be charged for the continued claims administration services.

7. Loss Prevention Services

Loss prevention services are available based on the following fees:		
District Loss Prevention Consultations	\$75/hour	
Loss Prevention Manual (TASB has copyright)	Included	
Employee Safety Handbooks	\$0.50 per book	
Custom Employee Safety Handbooks	At Cost	
Loss Prevention Safety Kit	Included	
Use of Loss Prevention Video and Resource Library	Included	
Basic Loss Prevention Reports (Quarterly & Annual)	Included	
Specialized Loss Prevention Reports	\$100 per report/\$50 maintenance and/or adjustments	
Loss Prevention Packages Available Upon Request		

8. <u>Fee Changes</u>

Fees are subject to change due to regulatory requirements and/or vendor changes. The Fund will provide 30 days written notice prior to the implementation of a change in fees.

I hereby certify that the information contained herein is correct and the payroll estimates shown are based on anticipated payroll for all District employees. I understand the District is required to appoint a workers' compensation Coordinator that has express authority to represent and bind the District in all workers' compensation program matters as outlined in the Interlocal Participation Agreement (Agreement), in the section titled "General Provisions."

I hereby appoint the workers' compensation Coordinator as follows:

Name of appointed Coordinator		Coordinator title		
Coordinator address		City, state, and zip		
() () Coordinator phone	Coordinator fax	Internet and/or E-mail address		

Through the execution of my signature below, I hereby warrant that I am duly authorized to sign this Contribution and Coverage Summary and affirm the named Fund Member's participation for the time period shown above unless program participation is sooner terminated in accordance with the provisions in the Agreement. Furthermore, I certify that I have read and understand the entire Agreement.

Program Participant:

Denton ISD

District name

Authorized signature

Printed name and title

Date

TASB Risk Management Fund:

By:

James B. Crow, Secretary

Date