

TASB RISK MANAGEMENT FUND
1-800-4-TASB-RM

CONTRIBUTION & COVERAGE SUMMARY

Coverage Year: 2011-12

Name of Participant: **Denton ISD** Participant #: 134
Line of Coverage: **Workers' Compensation - Administrative Services Only**
Participation Period: **12:01 a.m. July 1, 2011 through 12:01 a.m. July 1, 2013**
Only Program Administration and Claims Administration Fees are guaranteed from July 1, 2011 to July 1, 2013. All other Fees are guaranteed for one year.

1. Estimated Payroll

Estimated 2011/2012 Payroll by Classification	
7380-Bus Drivers	\$3,067,355
8868-Professional/Admin	\$155,358,944
8810-Clerical	\$5,727,330
9101-All Others	\$2,366,097
Total	\$166,519,727

2. Stop Loss Coverage

Fund shall not have any responsibility under this Agreement to obtain excess or stop loss coverage for Fund Participant.

3. Program Administration fees

\$9,600 Annually

An annual fee will be charged for general administration services, which includes an annual actuarial review.

4. Claims Administration Fees

Indemnity Claim

\$650 per 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

\$110 per claim

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

Record Only Claim

\$20 per claim

Record Only is classified as an Injury or incident requiring no medical treatment or lost time than seven days of compensable lost time.

Allocated to Claim File:

Catastrophic Claims	No extra charge, treated as indemnity claim
Duration of Claims handling activity	Life of participation in the Fund's WC program
DWC Pre-Hearing and BRC's	allocated to file at prevailing judicial rates
DWC CCH's and SOAH's	allocated to file at prevailing judicial rates
Medical Dispute Resolution (MDR)	Included
Negotiation of DWC proposed employer violations	allocated to file at prevailing judicial rates
DWC Representation	Included
Litigation Management	Included
DWC Electronic Reporting	Included
All DWC Forms	Included
Subrogation	Included if no attorney assigned; allocated to file at 33 1/3% + expense if attorney assigned

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5. Cost Containment Fees (Allocated to claim file)

Preauthorization's	\$80 per preauthorization
Large Case Management	\$80 per hour
Medical Fee Guideline Review	\$6.50 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 \$80 per hour
Peer Review (on Pre-auth)	Time & Expense
Legal Fees	Per attorney fees

Other Administration Fees

Field Investigation	Included
Photocopying/Fax	Included
Photographs	Included
Phone Charges	Included
Checking and Banking Fees (Check Writing)	Included
*On-line Data access (view only) with training	Included
Claims Liaison and Quality Control Service	Included

* District is responsible for required hardware, communication 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

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

8. Fee Changes

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.

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9. Seasonal Benefit Adjustments

As a self-insured district, the decision to adjust weekly workers' compensation temporary income benefits to zero during specific holidays such as Thanksgiving, winter break, and spring break may be decided by your district. Please complete the following:

The district elects the following changes to temporary income benefits:

Stop/reduce weekly benefits for:

- a. Spring Break Yes No
- b. Winter Break Yes No
- c. Thanksgiving Break Yes No

Should your district elect to stop benefits during any of the holiday breaks, it will be the district's responsibility to notify the Fund of the actual holiday dates.

10. The Fund acknowledges that the Member does participate in the Political Subdivision Workers' Compensation Alliance (the Alliance).

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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
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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

