



Complete and submit this form, along with any supplemental documentation, to the Office of the President by 5:00pm on the seventh day prior to the Board meeting.

Date of Board Meeting: July 16, 2024

**Subject:** Approve the proposal submitted by the Texas Association of School Boards (TASB) of \$67,810.00 annually for the College's Workers Compensation Insurance.


**Recommendation:** Approve the proposal submitted by the Texas Association of School Boards (TASB) of \$67,810.00 annually for the College's Workers Compensation Insurance.

**Background and Rationale:** The Texas Association of School Boards has submitted this renewal proposal to provide the College's Worker's Compensation insurance. They assist the College with ideas and grants that help us reduce workplace injuries. The current proposal represents an approximate decrease of \$1,500.00 over last year's premium. It is our recommendation that we accept their offer and have them remain as the College's provider of Worker's Compensation Insurance. The proposed amount is based on estimated payroll and could vary slightly but the rate is fixed. Under section 791 of the Texas Government Code, districts may contract with one another and other agencies of the State for the purpose of increasing their efficiency and effectiveness.

**Cost and Budgetary Support:** \$67,810.00  
Current Unrestricted Operating Budget 2024 - 2025

**Strategic Priority Alignment:**  Student Success  Community Impact  
 Resource Optimization  Institutional Excellence

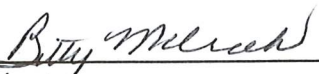
**Resource Person(s):**  
Gus Wessels Jr. , Dean of Business Services  
Rachel Bahnsen, Dean of Human Resources  
Philip Wuthrich, Director of Purchasing

Signatures:   
\_\_\_\_\_  
Originator

6-28-24  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Cabinet-Level Supervisor

6-28-24  
\_\_\_\_\_  
Date

**President's Approval:**  
  
\_\_\_\_\_  
President

6-28-24  
\_\_\_\_\_  
Date



### Wharton County Junior College

### Contribution & Coverage Summary (CCS) Participation Period: 9/1/2024 through 8/31/2025

The following is a summary of coverages, limits, deductibles, and contribution amounts. More information about coverage, limits, deductibles, terms, and conditions are found on the following pages and are part of this CCS. Please review all pages of this CCS document and associated Fund Coverage Agreements.

This is not a declarations page. The Fund is not insurance but a self-insured risk pool through which members agree to share risk and actively participate in their contractual obligations as a member of the Fund.

Coverage	Limit	Deductible	Contribution
Violent Acts	\$250,000	\$0	No Cost
Workers' Comp Fully Funded	Statutory	Statutory	\$67,810
<b>Total Contribution</b>			<b>\$67,810</b>

**THIS IS NOT AN INVOICE.** The TASB Risk Management Fund will issue an invoice when coverage is accepted by the Member. Total Contribution is an estimate and is subject to exposure audit.



## Wharton County Junior College

### Workers' Compensation – Fully Funded

**Participation Period: 9/1/2024 through 8/31/2025**

**Total Workers' Compensation – Fully Funded Contribution: \$67,810**

The following is a summary of estimated payrolls and contribution for Workers' Compensation coverage. The amounts shown are subject to audit at the end of the Participation Period.

Classification	Estimated Payroll	Net Annual Rate	Estimated Contribution
7380 - BUS DRIVERS	\$0	0.01417000	\$0
7720 - POLICE OFFICER	\$0	0.01765500	\$0
8810 - CLERICAL OFFICE EMPLOYEES	\$3,261,177	0.00092911	\$3,030
8868 - PROFESSIONAL/ADMINISTRATON	\$18,247,130	0.00250883	\$45,779
9101 - ALL OTHERS	\$1,022,460	0.01858361	\$19,001
<b>Total</b>	<b>\$22,530,767</b>		<b>\$67,810</b>

<b>Estimated Contribution</b>	<b>\$67,810</b>
-------------------------------	-----------------

### Workers' Compensation – Fully Funded Provisions

**Benefit Limits:** Workers' Compensation benefits paid to Fund Member's employees under this CCS will be as defined in the Texas Workers' Compensation Act (the Act). The Fund is responsible for claims payments as reflected in this CCS. This CCS does not cover the defense of any suit or claim against a Fund Member except a workers' compensation claim by an eligible employee or former employee of the Fund Member for the payment of statutory workers' compensation benefits.

**Cooperation:** The Fund Member designates the TASB Risk Management Fund as the Workers' Compensation claim administrator of record for all purposes. Fund Member agrees to use the Fund's contractors for services related to the administration of claims and to follow the Fund's election under Section 504.053 of the Labor Code to direct care through the Political Subdivision Workers' Compensation Alliance.

**Claims Reporting:** For Workers' Compensation claims arising during the Participation Period, the Fund Member agrees to report those claims timely and solely to the Fund. The report of Workers' Compensation claims to any other entity will waive all Fund liability under this CCS for those claims, regardless of reporting sequence. Any fines levied against the Fund for the Fund Member's failure to comply with the rules and regulations of the Act will be the Fund Member's sole responsibility.

**Seasonal Benefits Adjustments:** The Fund adjusts weekly workers' compensation Temporary Income Benefits (TIBS) to zero during specific holiday periods. Benefit adjustments are always made during the summer, Thanksgiving, spring, and winter breaks. Other extended holiday periods may also trigger benefit adjustments.



## Program Coordinators

The Fund Member is required to designate a Program Coordinator (Coordinator) with express authority to represent and bind the Fund Member in all program matters. Below are the current Coordinators associated with the Fund Member. If a Coordinator's name and e-mail address are not listed or the Coordinator identified needs to be updated, please provide updated information to the Fund as soon as possible or include updates on this document.

### Current Program Coordinators

Program	Name	Title	E-mail
TASB RMF-Auto	Philip Wuthrich	Director of Purchasing	philipw@wcjc.edu
TASB RMF-Workers' Compensation	Rachel Bahnsen	Dir. of Human Resources	bahnsenr@wcjc.edu
TASB RMF-Liability	Philip Wuthrich	Director of Purchasing	philipw@wcjc.edu

### Program Coordinator Updates

Program	Name	Title	E-mail

If accepting this proposal electronically, you may scan and email this page to [tasbrmf@tasbrmf.org](mailto:tasbrmf@tasbrmf.org) to provide Program Coordinator updates.



## Contribution & Coverage Summary General Provisions

**Coverage:** This CCS and the Fund's corresponding Coverage Agreements for this Participation Period outline the coverage terms and limits.

**Claims Reporting:** The Fund Member will provide to the Fund timely notice of all claims as required in the Interlocal Participation Agreement, the applicable Fund Coverage Agreement, and this CCS. The lack of timely notice may result in a loss of coverage.

**Definitions:** Any terms not defined in this CCS will use the definition for that term from the corresponding Fund Coverage Agreement.

**Payment:** The Fund Member agrees to pay contributions based on a plan developed by the Fund. All contributions are payable upon receipt of an invoice from the Fund. The Fund will determine the contribution for each program and how each contribution is applied.

**Termination:** In addition to any CCS-specific provisions, the Interlocal Participation Agreement outlines the termination-related provisions that govern this CCS. These provisions include that this CCS may be terminated by either party, with termination effective at the end of the Participation Period, by giving written notice to the other party no later than 30 days before the end of the Participation Period. If the Fund Member ceases to be an Active or Associate member of the Texas Association of School Boards, Inc., this CCS will terminate at the end of the Participation Period, and the Fund will not offer a renewal CCS. If neither party terminates this CCS, any renewal CCS offered by the Fund becomes effective based on the terms of the renewal CCS and will bind the Fund Member.

### Fund Member Authorization:

I approve this Contribution and Coverage Summary (CCS) and certify that this information is correct. I affirm that I am duly authorized to approve this CCS and that I have read and agree to this CCS and the Interlocal Participation Agreement.

\_\_\_\_\_  
Authorized Signature

**July 17, 2024**  
\_\_\_\_\_  
Date

**Betty A. McCrohan,**  
\_\_\_\_\_  
Printed Name

**President**  
\_\_\_\_\_  
Title