



## Denton ISD

### Contribution & Coverage Summary (CCS) Participation Period: 7/1/2022 through 6/30/2023

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

Coverage	Limit	Deductible	Contribution
Workers' Comp Aggregate Deductible	Statutory	\$644,219	\$219,034
Total Contribution			\$219,034

**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.



## Denton ISD

### Workers' Compensation – Aggregate Deductible

Participation Period: 7/1/2022 through 6/30/2023

**Total Workers' Compensation – Aggregate Deductible Contribution: \$219,034**

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

Classification	Estimated Payroll	Net Annual Rate	Estimated Contribution
7380 - BUS DRIVERS	\$3,808,459	0.00399794	\$15,226
7720 - POLICE OFFICER	\$0	0.00498100	\$0
8810 - CLERICAL OFFICE EMPLOYEES	\$11,926,897	0.00026218	\$3,127
8868 - PROFESSIONAL/ADMINISTRATON	\$214,474,587	0.00070784	\$151,813
9101 - ALL OTHERS	\$9,320,270	0.00524320	\$48,868
Total	\$239,530,213		\$219,034

Estimated Contribution	\$219,034
Estimated Claims Liability	\$644,219
Estimated Maximum Program Cost	\$863,253

### Workers' Compensation – Aggregate Deductible Conditions

**Claims Liability:** Fund Member agrees to reimburse the Fund for amounts paid for workers' compensation claims with injury dates within the Participation Period up to the Claims Liability amount (Aggregate Deductible). The Fund will pay claims in excess of the Claim Liability amount.

**Benefit Limits:** Workers' Compensation benefits paid to Fund Member's employees under this Agreement 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 Agreement 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 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 CCS Participation Period, the Fund Member agrees that it will timely report those claims solely to the Fund. The report of Workers' Compensation claims to any other entity, regardless of reporting sequence, will waive all Fund liability under this agreement for those claims. Any fines levied against the Fund for Fund Member's failure to comply with the rules and regulations of the Act will be the sole responsibility of the Fund Member.



## 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 Risk Management Fund-Workers' Compensation	Chris Bomberger	Exec Dir of Benefits and Child Nutrition	cbomberger@dentonisd.org
TASB Risk Management Fund-Unemployment Compensation	Chris Bomberger	Exec Dir of Benefits and Child Nutrition	cbomberger@dentonisd.org
TASB RMF-Property	Chris Bomberger	Exec Dir of Benefits and Child Nutrition	cbomberger@dentonisd.org
TASB RMF-Auto	Chris Bomberger	Exec Dir of Benefits and Child Nutrition	cbomberger@dentonisd.org
TASB RMF-Liability	Chris Bomberger	Exec Dir of Benefits and Child Nutrition	cbomberger@dentonisd.org

### 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 Conditions

**Coverage:** Coverage terms and limits provided are as set out in this CCS and the Fund's corresponding Coverage Agreements for this Participation Period.

**Claims Reporting:** Fund Member will provide to the Fund timely notice of all claims as required in the Interlocal Participation Agreement, the applicable Fund Coverage Agreement, or this CCS.

**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 shall determine the contribution for each program and how each contribution is applied. Termination under this Agreement of any program shall not affect the remaining programs.

**Termination:** This CCS may be terminated by either party with termination to be effective on any successive renewal date by giving written notice to the other party no later than 30 days prior to automatic renewal in accordance with Termination provisions in the Interlocal Participation Agreement. If this CCS is not terminated, the renewal of the CCS becomes effective on the automatic renewal date and the member shall be bound by the terms of the renewal CCS.

### 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title