

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

**CONTRIBUTION & COVERAGE SUMMARY**

**Coverage Year: 2008/2009**

Name of Participant: **Denton ISD**  
Line of Coverage: **Workers' Compensation - Administrative Services Only**  
Participation Period: **12:01 a.m. July 1, 2008 through 12:01 a.m. July 1, 2009**

Participant #: 134

**1. Midwest Employers Options**

	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4
<b>STOP-LOSS CARRIER</b>	Midwest Employers	Midwest Employers	Midwest Employers	Midwest Employers
<b>Company Best Rating</b>	A XII	A XII	A XII	A XII
<b>2008/2009 ESTIMATED TOTAL PAYROLL</b>	\$156,540,259	\$156,540,259	\$156,540,259	\$156,540,259
<b>Rate per \$100 of Payroll</b>	.0260	.0260	.0233	.0233
<b>WORKERS COMPENSATION LIMIT</b>	Statutory	Statutory	Statutory	Statutory
<b>SPECIFIC RETENTION</b>	\$450,000	\$450,000	\$500,000	\$500,000
<b>AGGREGATE RETENTION</b>	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
<b>CASH FLOW PROTECTION LIMIT</b>	180,000 first year, 120,000 2 <sup>nd</sup> year, \$100,000 3 <sup>rd</sup> year	180,000 first year, 120,000 2 <sup>nd</sup> year, \$100,000 3 <sup>rd</sup> year	180,000 first year, 120,000 2 <sup>nd</sup> year, \$100,000 3 <sup>rd</sup> year	180,000 first year, 120,000 2 <sup>nd</sup> year, \$100,000 3 <sup>rd</sup> year
<b>ANNUAL ESTIMATED PREMIUM</b>	\$65,657	\$131,314*	\$58,839	\$117,678*

\*Two Year Term

**2. Stop-Loss Coverage**

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.

**3. Program Administration fees**

**\$9,600. Annually**

An annual fee of \$9,600 will be charged for general administration services, which includes an annual actuarial review.

**4. Claims Administration Fees**

**Indemnity Claim**

**\$598. 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**

**\$ 98. per claim**

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

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### Record Only Claim

**\$ 20. per claim**

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

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	Included
DWC CCH's and SOAH's	allocated to file at prevailing judicial rates
Medical Dispute Resolution (MDR)	Included
Negotiation of DWC proposed employer violations	Included
DWC Representation	Included
Litigation Management	Included
DWC Electronic Reporting	Included
All DWC Forms	Included
Subrogation	Allocated to file at cost 33 1/3+expense if attorney is assigned
Transcriptions/Translations	Allocated to file at cost

### 5. Cost Containment Fees (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
<input type="checkbox"/> Optional Medical Fee for Direct Provider Contract	\$1.50 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 \$75 per hour
Peer Review (on Preauth)	Time & Expense
Legal Fees	Per attorney fees

### **OTHER SERVICES**

Field Investigation	Included
Photocopying/Fax	Included
Photographs	Included
Transcriptions	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, 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

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

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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
<b>Loss Prevention Packages Available Upon Request</b>	

### 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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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