



Contra Costa County Schools Insurance Group (CCCSIG)
JPA / Workers' Compensation Membership – General Information

SECTION 1: Timeframe for Membership Consideration

- 1.1 Submit application documents to CCCSIG Executive Director (outlined in Section 2) which will be reviewed by the Membership Review Subcommittee
- 1.2 Applicants will be notified within 75 days of acceptance or denial; accepted applicants are considered final by the Executive Committee
- 1.3 Applicant accepts all terms and conditions of membership 45 days prior to membership and submits executed acceptance documents (outlined in Section 4).
- 1.4 Applicant submits names of Board, alternate and committee appointees (Section 4.2) 30 days prior to membership
- 1.5 Membership begins as early as July 1st or acceptable date thereafter

SECTION 2: Requirements for Membership Consideration

Participation in all programs outlined in Section 3 are requirements of membership.

Applicant shall submit to the CCCSIG Executive Director:

- 2.1 a formal letter of membership interest and completed application, including all requested documentation noted in application
- 2.2 a non-refundable application fee of \$700.00

SECTION 3: Membership Review Subcommittee will Review Applicants:

- 3.1 Workers' Compensation detailed loss runs and an actuarial study to determine applicant's affect on current membership¹
- 3.2 *Return-to-Work* policy or guidelines, if applicable, and prepare recommendations for new or additional return-to-work requirements²
- 3.3 *Pre-Employment Screening* program, if applicable, and prepare recommendations for new or additional pre-employment screening requirements²
- 3.4 *Health & Safety Prevention/Education* program participation and commitment, culture to encourage employee health and safety services and prepare any recommendations for new or additional health and safety activities and/or program requirements, as necessary
- 3.5 most recent claims audit
- 3.6 audited financials and payroll for the past three (3) fiscal years
- 3.7 existing open claims to determine cost of administration services, if applicable and conversion plan

¹ Applicant will be subject to an actuarial study performed by a CCCSIG selected actuary at the applicant's expense.

² Development costs for these programs will apply



SECTION 3: Membership Review Subcommittee (*continued*)

3.8 inclusion of non-refundable application fee

The Membership Review Subcommittee submits membership recommendations to the Executive Committee for acceptance or denial, including all eligibility terms and conditions defined for the applicant. The Executive Director will notify applicant within 75 days of results by e-mail and hard copy upon Executive Committee decision.

Upon membership acceptance, and if applicable, the applicant agrees to furnish development fees for cost containment, “Early Return to Work” and “Occupation –Specific-Pre-Employment Strength Testing” programs as specified in the membership requirements (JPAA).

SECTION 4: Membership Eligibility Terms and Conditions for Acceptance Effective July 1st or acceptable date thereafter.

Applicant, upon acceptance of the terms and conditions of membership outlined below will submit the following 45 days prior to membership:

- 4.1** Executed CCCSIG JPA Agreement, associated development fees and transition plan for claims administration take over, if applicable
- 4.2** Formal Resolution adopted by applicant’s governing board effective for a period of three (3) complete fiscal years (July 1 – June 30)

30 days prior to membership the applicant will designate:

- 4.3** Superintendent-appointed Board member and alternate to the CCCSIG Board of Directors (cabinet level)
- 4.4** CCCSIG Health & Safety Committee representative
- 4.5** Wellness Coordinator
- 4.6** Workers’ Compensation Claims Coordinator

Membership begins as early as July 1st or acceptable date thereafter.



**Contra Costa County Schools Insurance Group
JPA / Workers' Compensation Membership Application**

1. District _____
2. Address (include County) _____
3. Primary Contact _____ Title _____
Phone _____ E-Mail _____ Fax _____
4. Requested date of CCCSIG membership: _____

5. Current Workers' Compensation Claims Administration
 Self-Insured Self-Administered JPA TPA Insurance Company

If Self-Insured, provide a copy of the districts Self Insured Certificate

If JPA, TPA or Insurance Company, provide contact information:

Primary Contact _____ Title _____
 Phone _____ E-Mail _____ Fax _____

Workers' Compensation Exposure – Total Payroll for All Employees (full time, part time, temporary)¹

Coverage Years	Current District Carrier/TPA	Number of Employees	Total Payroll
Upcoming FY (Estimated)	_____	_____	_____
Current FY (Best Estimate)	_____	_____	_____
Year 1 FY (Actual)	_____	_____	_____
Year 2 FY (Actual)	_____	_____	_____
Year 3 FY (Actual)	_____	_____	_____

6. Excess Coverage _____ Current Excess Retention Level _____
7. Would existing open claims be moved to CCCSIG for claims administration? Yes No

If yes, provide a breakdown of open claim inventory, name of claims software and whether or not claims files are electronic or paper. CCCSIG may require a claims audit and any other information to adequately evaluate the cost for CCCSIG to take-over administration of existing claims.

8. Does the District provide the following?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	New Employee Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Pre-Employment Screening (provide)
<input type="checkbox"/>	<input type="checkbox"/>	Telephonic Workers' Compensation Claim Reporting	<input type="checkbox"/>	<input type="checkbox"/>	Health & Safety Prevention/Education Programs (provide)
<input type="checkbox"/>	<input type="checkbox"/>	Formal Return – to – Work Program (RTW)	<input type="checkbox"/>	<input type="checkbox"/>	RTW Policy or Guidelines (provide)
<input type="checkbox"/>	<input type="checkbox"/>	Written Injury & Illness Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>	Safety Committee Meetings

9. Number of Labor Code 132a and Labor Code 4553 claims filed against the District in the last 5 years. _____
(write in the number of claims, zero or unknown in the blank)

10. Please return this application along with the following:
 - a. Workers' Compensation summary loss runs (open /closed claims) for the past seven (7) years, valued within the past sixty (60) days, by fiscal year and site with total paid, reserved and incurred. Detail large loss run on any losses with a value greater than \$250,000. Applicant will be subject to an actuarial study performed by a CCCSIG actuary at the applicant's expense.
 - b. Most recent Claims Audit and Audited financials and payroll for the past three (3) fiscal years
 - c. Non-refundable application fee of \$700.00 payable to "CCCSIG"

¹ Total payroll includes gross wages, salaries, bonuses, vacation, holiday and sick pay, overtime payments and all substitutes for money earned during the policy period by employees and officers of your District and other person for whom voluntary coverage is provided under the policy.