



## **Agenda Commentary**

**Item Title/ Subject:** Oklahoma Municipal Assurance Group – Workers Compensation


**Staff Source:** City Clerk, Lisa Anders

**History/Background Information:** The City's Workers Compensation insurance carrier is Oklahoma Municipal Assurance Group. The workers' compensation refund program allows members to receive a premium refund from the unused loss funds at the completion of three years.

**Item/Subject Summary:** OMAG offers two options for the refund. The refund can be applied to the premiums for the renewal for the 2011-2012 premiums. The second option is to put the balance in an Escrow Credit and not apply it to the 2011-2012 premiums.

**Price/Cost:** None

**Recommendation:** Staff recommends applying the refund to the 2011-2012 Workers Compensation premiums.



May 6, 2011

Ms. Lisa Anders  
City Clerk  
City of Clinton  
P.O. Box 1177  
Clinton, OK 73601-1353

**Re: 2011-2012 Workers' Compensation Plan Renewal**

Dear Ms. Anders:

Enclosed please find your 2011-2012 Workers' Compensation Plan renewal proposal and accompanying forms for your submittal. As you know, our workers' compensation refund program allows our members to receive a premium refund (unused loss funds) after three years.

Please review the Invoice for the 2011-2012 renewal noting the stated Fee, any Interest or Other Premium Credits and the Loss Fund amount.

*The Workers' Compensation Plan Renewal is a two-step process:*

***Step 1) The "Renewal Participation Agreement" must be completed, signed and returned to OMAG by June 15, 2011; and***

***Step 2) Premium Payment may be sent with the Agreement or follow later to comply with budget requirements if necessary; however, premium is due no later than July 15<sup>th</sup>.***

Workers' Compensation Plan refunds from fiscal year 2008-2009 will be announced this fall. Your refunds can be used to reduce current year premiums or be invested in escrow for future use.

Please call if you have any questions at 1-800-234-9461.

Sincerely,



Chuck Smith  
Director of Plan Services

Enclosures: 1. Renewal Agreement  
23. Invoice

4130 N. Lincoln Blvd.  
Oklahoma City, OK  
73105-5209  
405-525-6624  
1-800-234-9461  
fax: 405-525-5888  
[www.omag.org](http://www.omag.org)

# INVOICE

Mail Payment to:

**Oklahoma Municipal Assurance Group**

4130 N. Lincoln Blvd.  
Oklahoma City, OK 73105-5218



TO: Ms. Lisa Anders  
City of Clinton  
P.O. Box 1177  
Clinton, OK 73601-1353

May 6, 2011

Premium for the Participation in the OMAG Workers' Compensation Plan for the Period of July 1, 2011 to June 30, 2012	\$153,012.00
Interest Credit to March 31, 2011	( \$2,296.74 )
Other Premium Credit	( \$0.00 )
<b>AMOUNT DUE:</b>	<b>\$150,715.26</b>

**LOSS FUND: \$68,540.00**

**This Payment is due by July 15, 2011**

**Mail payment to address shown above.**

NOTE: Unless a due date is stated above, this invoice is due and payable on or before the first day of the agreement period

**OKLAHOMA MUNICIPAL ASSURANCE GROUP  
LOSS RETENTION PLAN**

**2011-2012 Renewal Participation Agreement for City/Town of CLINTON**

The premium for participation in the *Oklahoma Municipal Assurance Group (OMAG) Workers' Compensation Plan* for the period July 1, 2011 through June 30, 2012 and the Loss Fund for this same period as stated on the Invoice are accepted as an amendment to our original agreement with OMAG for continued participation in the Workers' Compensation Plan; and

A. INTEREST CREDIT \_\_\_\_\_ \$ 2,296.74

*(If any, has been applied to reduce the 2011-2012 premium for renewal participation.)*

B. OTHER PREMIUM CREDIT \_\_\_\_\_ \$ 0.00

*(If any, has been applied to reduce the 2011-2012 premium for renewal participation.)*

C. ESCROW \_\_\_\_\_ \$ 0.00

**(Select and initial the appropriate box below and fill in the dollar amount to be applied to premium, if one appears.)**

1. We will use \$ \_\_\_\_\_ of our Escrow Credit to reduce our 2011-2012 premium for renewal of participation **(NOTE: COPY OF MINUTES REQUIRED)**, OR

2. We will not use any of our Escrow Credit to reduce our 2011-2012 premium for renewal of participation.

5-13-11  
Date

*Steve Hewitt*  
Signature of Authorized Representative

STEVE HEWITT - CITY ADMIN.  
Printed Name and Title

**NOTE: THIS AGREEMENT MUST BE SIGNED AND RETURNED TO OMAG BY JUNE 15, 2011 TO RENEW JULY 1<sup>ST</sup>.**

(Mail this Agreement, with or without the payment, to OMAG by June 15<sup>th</sup> at address shown below.)  
*If payment is mailed after June 15<sup>th</sup>, it must be received at OMAG by July 15<sup>th</sup>.*

**Oklahoma Municipal Assurance Group  
4130 North Lincoln Boulevard  
Oklahoma City, OK 73105**

