



Agenda Commentary

Item Title/ Subject: 2009-2010 Worker's Compensation Plan Refund

Staff Source: City Clerk Lisa Anders

Date: October 11, 2012

History/Background Information: As a result of favorable worker's compensation claims activity, the Board of Trustees of the Oklahoma Municipal Assurance Group has authorized the refund of the unused portion of the Loss Fund of the City of Clinton in the amount of \$47,784.03.

Subject Summary: Selection of method of refund of 2009-2010 Workers Compensation Loss Run

Recommendation: apply the full amount as credit toward the current Workers Compensation payment for 2012-2013 premiums.

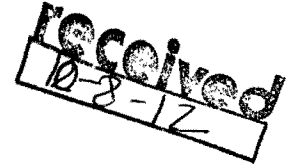
Price/Cost:



Oklahoma Municipal Assurance Group

3650 S. Boulevard • Edmond, OK 73013-5581 • 405/657-1400 • 800/234-9461 • fax: 405/657-1401 • www.omag.org

October 2, 2012



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

Re: Refunds from the 2009-2010 Workers' Compensation Plan Year

Dear Ms. Anders:

CONGRATULATIONS! Your municipality will receive a return from the loss fund that you deposited with the Oklahoma Municipal Assurance Group (OMAG) for the **2009-2010 Workers' Compensation Plan Year**. The refund is the result of your favorable claims activity for that plan year.

Refunds totaling \$ 1,509,805.78 are being returned to 169 eligible plan members.

In the first 29 years of this Plan, the participants have received over \$47 million in interest earnings and refunds.

We hope you will share this good news with your organization, citizens and neighboring municipalities. Enclosed is your 2009-2010 Workers' Compensation Plan Refund Voucher Agreement to be completed and returned to us. You may choose to invest your refund by putting it in an Escrow Account with OMAG, or apply it to the current 2012-2013 premium if you are making quarterly payments this year, or receive a check.

To receive your refund, you will need to mark your choice on the back of the Refund Voucher Agreement (choose a, b or c), and sign and return this form to the OMAG office.***

***** NOTE: If we do not receive notification of your selection prior to December 31, your refund will automatically be transferred to your escrow account. *****

Congratulations, again! Keep up the good work.

Sincerely,

Chuck Smith
Director of Plan Services

Encl

Oklahoma Municipal Assurance Group

An Interlocal Cooperation Act Agency of Cities and Towns Providing:
Municipal Liability Protection Plan • Workers' Compensation Plan • Municipal Property Protection Plan

2009-2010 WORKERS' COMPENSATION PLAN REFUND VOUCHER AGREEMENT

This Agreement made and entered into this 2nd day of October, 2012, shall remain in full force and effect between the **City of Clinton**, hereinafter referred to as the "Member," and the Oklahoma Municipal Assurance Group, hereinafter referred to as the "Group," witnesseth:

WHEREAS, as a result of favorable workers' compensation claims activity on the part of the member, the Board of Trustees of the Group has authorized the refund of the unused portion of your 2009-2010 Loss Fund in the amount of **\$47,784.03**; and

WHEREAS, the Group Workers' Compensation Plan was created pursuant to 74 O.S. § 1001 et seq., thereby enabling cities and towns to cooperate with others on the basis of mutual advantage and to exercise and enjoy all of their powers, privileges and authority to the extent that laws of the state permit such joint exercise or enjoyment; and

WHEREAS, the Member by adopting and subscribing to the said Workers' Compensation Plan for the Fiscal Year ending June 30, 2010, hereinafter referred to as the "Fiscal Year," made payment of an annual fee to the Group for statutory benefits under 85 O.S. § 1 et seq., the Workers' Compensation Act of the State of Oklahoma; and

WHEREAS, the Board of Trustees of the Group has authorized the distribution of the whole or part of said annual fee paid by the Member to the Group and identified as the Member's Loss Fund for the Fiscal Year; and

WHEREAS, the Member hereby makes application for a distribution of the whole or part of the Loss Fund it paid to the Group for the Fiscal Year subject to the following terms and conditions.

NOW, THEREFORE, the Member does hereby declare and agree as considered under this Agreement:

1. The Member hereby acknowledges, affirms, and states, upon acceptance of the amount stated above as a conditional distribution of a whole or part of its Loss Fund paid to the Group for the Fiscal Year; that it may be liable for a whole or part of said amount to the Group for benefits payable under 85 O.S. § 1 et seq. contingent upon notification to the Group by the CompSource Oklahoma that benefits are due and payable for claims against the Member made for the Fiscal Year.
2. Upon notice by the CompSource Oklahoma to the Group as described herein, the Member shall make payment of the distribution described herein to the Group within sixty (60) days receipt of written notice from the Group.

(over)



3. In the event the Member fails to make payment to the Group as set forth in par. 2 herein, Member agrees and authorizes the Group to debit the amount due for benefits from either the Member's Loss Fund, Escrow or Rate Stabilization Reserve Account.
4. This refund can be processed in one of three different ways. You may select one of the following options:

**** NOTE: If we do not receive notification of your selection prior to December 31, 2012 your refund will automatically be transferred to your escrow account. ****

PLEASE INITIAL YOUR SELECTION

- _____ a. We wish to place the full amount in Escrow with the Group to be used at any time at our request. We understand that we will receive interest earnings on any amounts so held.
- _____ b. We wish to apply the full amount as credit toward the current quarterly payments for the 2012-2013 Workers' Compensation Premium. *(Only choose this option if your city or town's annual premium is greater than \$5,000 or you are currently making quarterly payments for the 2012-2013 Plan.)*
- _____ c. Please issue a refund check for the entire amount.

This Agreement shall be construed and enforced according to the laws of the State of Oklahoma.

In witness whereof, signed as designated below.

Mayor



For the Oklahoma Municipal Assurance Group

Attested: City/Town Clerk

October 2, 2012

Date

Date

(Select and initial your refund option above. **Return with original signatures of Mayor and Clerk to the Oklahoma Municipal Assurance Group, 3650 South Boulevard, Edmond, OK 73013-5581).**