### May 30, 2014

To:

**Mayor Bemrich and City Council** 

From:

**David Fierke, City Manager** 

Subject:

**Workers Compensation Renewal – Iowa** 

**Municipalities Workers Compensation Association** 

**ACTION:** 

For vote Monday, June 9, 2014

### **Brief History**

On June 10, 2013 the City Council approved a workers compensation invoice from Iowa Municipalities Workers Compensation Association (iMWCA) for FY14 in the amount of \$124,601. This was the first year the City used (iMWCA). Prior to that, Travelers Life Insurance provided the workers compensation coverage.

### **Analysis of Issue**

The FY15 renewal for workers compensation is \$176,485. Several factors contributed to the increased amount. Workers compensation premiums are mainly affected by payroll amounts and mod rates. Payroll amounts are estimated and then audited each year to get exact numbers. The actual payroll amount was approximately \$600K iMWCA's estimate was based off of greater than the original iMWCA estimate. approximately 10 months of FY13 data. Annual raises, step increases, and overtime would also affect estimates. Mod ratings are determined by the frequency and severity of claims. The mod rate went from .85 in FY14 to 1.03 in FY15 due to the severity of one large claim. Our frequency rate was comparable to the prior year.

### **Budget Impact**

The Trust and Agency budget will be negatively impacted by \$16,285. The water, sewer, and sanitation budgets will be negatively impacted by a collective \$15,200. Adequate cash reserves are available to cover the overage. Because workers compensation insurance paid the salary of the large claim for approximately 4 1/2 months, the overall cost increase is mitigated by the FY14 salary expense reduction.

Signed

Jeff Nemmers

City Clerk/Finance Director

David R. Fierke City Manager

Approved

#### **IMWCA**

### IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

500 SW 7TH STREET, SUITE 101 DES MOINES, IA 50309-4506 PHONE: 515-244-2708



PAGE:

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Mbr No: Member Name:

0825 Fort Dodge, City of

Fort Dodge, City of 819 1st Avenue S

Fort Dodge IA 50501

PURCHASE O	RDER NO.	CUSTOMER ID	SALES ID	CA, P.O. Box 310009 SHIPPING METHOD	Des Moines IA PAYMENT TERM	50331 IS	-0009 REQ'D SHIP DATE	MASTER NUMBER	
QUANTITY		FORTD001 AC	G0268	DESCRIPTION		UOM	DISCOUNT	UNIT PRICE	EXTENDED PRICE
1.00	DEPOSIT			- Work Comp Premium oice is 25% of total		. The		44,122.00	\$44,122.00
			of \$1890	will be invoiced in 9. If full payment remium is \$176485.			5	GA.	176,48500

This invoice is due on July 1, 2014.

A FINANCE CHARGE of 1.5% (APR 18%) will be added to balances over 30 days past the due date.

When you provide a check as payment, you authorize IMWCA either to use the information from your check to make a one-time electronic fund transfer from your account of the payment as a check transaction. For inquiries please call 515-244-7282.

Subtotal Bond Credit Misc Total

\$44,122.00 \$0.00 \$0.00 \$44,122.00 \$44,122.00 Workers Compensation 2014-2015 Premium Year July 1, 2014-June 30, 2015

FY15 Actual			
Vendor: #001595			
IMWCA			
Insurance Type	Account No.	Amount	nt
Worker's Comp	112.20.34097.232	8	48,685.52
Worker's Comp	112.30.34097.232	89	1,217.14
Worker's Comp	112.40.34097.232	69	24,342.76
Worker's Comp	112.50.34097.232	8	10,954.24
Worker's Comp	112.60.34097.232	8	6,085.69
Worker's Comp - Water Fund	600.80.21097.232	8	24,342.76
Worker's Comp - Sewer Fund	610.80.30097.232	<del>69</del>	30,428.45
Worker's Comp - Sanitation	670.80.23097.232	\$	30,428.45
TOTAL		\$	176,485.00



MAY 23 2014

2014-2015
Workers' Compensation
Coverage Documents
Packet



Information Page of the Coverage Memorandum (includes endorsements, if applicable)

Estimated Premium Schedule for 2014-2015

Experience Modification Factor Worksheet (if applicable)

### THE ENCLOSED INVOICE

IS DUE ON OR BEFORE JULY 1, 2014

## PLEASE RETURN PAYMENT IN THE ENCLOSED SELF-ADDRESSED ENVELOPE



### Fort Dodge (0825)

Information Page of the Coverage Memorandum as of 5/7/2014

Policy Period: 07/01/2014 to 07/01/2015

1. Participant: Fort Dodge

819 1st Avenue S

Policy Number: 0825-1415

FEIN:

Fort Dodge, IA 50501-4739

2. Workers' Compensation Coverage

This Workers' Compensation Coverage Memorandum is effective from 12:01 AM on July 1, 2014 to 12:01 AM on July 1, 2015.

3.

A. Workers' Compensation Coverage: This section of the Coverage Memorandum applies to the Workers' Compensation Law of Iowa.

B. Employers' Liability Coverage: Part Two of this Memorandum applies to work in Iowa. The limits of the Assocation's liability under Part Two are:

Bodily Injury by Accident: \$1,000,000 each accident Bodily Injury by Disease: \$1,000,000 memorandum limit \$1,000,000 each employee

C. Other States' Coverage: Part Three of this Memorandum applies to the sates, if any, listed here: All states except NV, ND, OH, WA, WV, WY.

D. This Memorandum includes a Voluntary Compensation and Employers' Liability Coverage Endorsement and Schedule as well as a Longshoremen's and Harbor Workers' Compensation Act Coverage Endorsement and Schedule.

- The Estimated Premium Schedule attached hereto and by this reference made a part hereof, is based on the association's manuals of rules, classifications, 4. rates and rating plans. This initial calculation is subject to verification and change by audit.
- 5. Volunteers other than those shown on the Estimated Premium Schedule are not covered by the provisions of the Workers' Compensation Coverage Memorandum.

Signed at Des Moines, Iowa, this 7th day of May, 2014.



# Fort Dodge (0825)

Estimated Premium Schedule as of 5/7/2014 Policy Period: 07/01/2014 to 07/01/2015

# Workers' Compensation Coverage

Class Code	Description	Rate	Payroll	Premium
3724	Millwright NOC	7.63	56,975	4,347
5506	Street or Road Paving	10.92	521,278	56,924
7403	Aviation - All other employees & drivers	6.38	194,793	12,428
7520	Waterworks Operations & Driver	4.93	1,053,910	51,958
7720	Police Officers & Drivers	4.43	23,400	1,037
7720V	Reserve Peace Officers & Drive	4.43	17,208	762
8380	Automobile - All Others	4.37	108,994	4,763
8810	Clerical Office Employees - NO	0.31	1,745,753	5,412
8810V	Elected or Appointed Officials	0.31	48,600	151
9015	Building Maintenance - Operation	4.76	62,690	2,984
9060	Clubs - Country	1.88	149,510	2,811
9082	Restaurant-NOC	1.95	80,601	1,572
9101	Public Library/Museums - Maint	8.13	31,952	2,598
9102	Parks NOC - All Employees	5.82	412,517	24,008
9403	Garbage Collection & Drivers	11.27	277,790	31,307
9410	Municipal Employees	4.19	740,868	31,042
Totals:			5,526,839	234,104

Your livivyCA Discount for Workers' Comp	Chadion	COVC	ago.		
Longevity Credit:	\$0	0%	8%n	ax.	
Loss Control Compliance Credit:	\$0	0%	0%n	ax.	
Loss Experience Credit:	\$0	0%	6 18% max. 6 14% max.		
Large Premium Credit:	\$33758	14%			
Total Discount:	\$33758	14%	40% n	iax.	
Pı	ıre Premiu	m:	234,104 x 1.03		
Experience Modific	ation Fact	or.			
		01.	x 1		
Modifi	ed Premiu		x 1 241,	.03	
Modifi IMWCA Disco	ed Premiu	m:		.03 127	
IMWCA Disco	ed Premiu	m: nt:	241,	.03 127 258	
IMWCA Disco Discount	ed Premiu ount Amou	m: nt: m:	241,1 - 33,7 207,3	.03 127 258	

**Total Estimated Coverage Premium:** 

\$176,485

Discretionary Credit: x 0.85 Net Premium: 176,485

This is not an invoice.

### **IMWCA**

## IOWA MUNICIPALITIES WORKERS' COMPENSATION ASSOCIATION

500 SW 7TH STREET, SUITE 101 DES MOINES, IA 50309-4506 PHONE: 515-244-2708



DATE

6/1/2014

PAGE:

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Mbr No: Member Name:

0825 Fort Dodge, City of

Fort Dodge, City of 819 1st Avenue S

Fort Dodge IA 50501

PURCHASE ORDER NO. CUSTOMER ID		CUSTOMER ID	to: IMWCA P.O. Box 310009 Des Moines. SALES ID SHIPPING METHOD PAYMENT T	TA 5033 ERMS	1-0009 REQ'D SHIP DATE	MASTER NUMBER	
QUANTITY		FORTD001 AG0268 ITEM NUMBER	DESCRIPTION	UOM	DISCOUNT	UNIT PRICE	EXTENDED PRICE
1.00	DEPOSIT		Deposit - Work Comp Premium 14-15 This invoice is 25% of total annual premium balance will be invoiced in 7 monthly insof \$18909. If full payment is remitted, annual premium is \$176485.	stallment		44,122.00	\$44,122.00

This invoice is due on July 1, 2014.

A FINANCE CHARGE of 1.5% (APR 10%) will be added to balances over 30 days past the due date.

When you provide a check as payment, you authorize IMWCA either to use the information from your check to make a one-time electronic fund transfer from your account hand to be payment as a check transaction. For inquiries please call 515-244-7282.

 Subtotal
 \$44,122.00

 Bond Credit
 \$0.00

 Misc
 \$0.00

 Total
 \$44,122.00