

Interoffice Memorandum

DATE:

October 12, 2020

TO:

Mayor Jerry L. Demings

-AND-

Board of County Commissioners

FROM:

Spred John L. Petrelli, Director of Risk Management & Professional Standards

SUBJECT:

Approval of Payment- Quarterly Self-Insurance Assessments

Since October 1, 2003, the County has been certified by the state of Florida as a workers' compensation self-insurer. As a certified self-insurer, the County is subject to annual assessments by the Special Disability Trust Fund and the Workers' Compensation Administration Trust Fund. Each year the legislature specifies the rate of assessment for each fund. The assessments are based on various factors, including payroll and loss experience that are reported annually by Risk Management to the State of Florida.

ACTION REQUESTED:

Approval to pay quarterly assessments to the Florida Department of Financial Services for self-insurer assessments in an amount not to exceed \$111,607.58. These payments will satisfy the County's obligations to the state of Florida pursuant to Sections 440.49(9) and 440.51, Florida Statutes.

JLP/sm

APPROVED BY ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS

Florida Division of Workers' Compensation **START**

CALCULATED ON: 10/09/2020

BCC Mtg. Date: November 10, 2020

SELF-INSURER ASSESSMENT COMPUTATIONS

ISI Name: Orange Co Bd of CC

59-6000773 **REVISION OF CALCULATION**

FEIN:

Report Ran By: Susan Martin **Date of Report: 10/12/2020**

_	FROM: 10/01/2019		TO: 09/30/2020			FROM: 10/01/2020		TO: 09/30/2021	
Gross Premium			\$	12,961,633.00	Gross Premium		\$	12,427,301.00	
Drug Free Credit	366	Days =	\$	648,081.65	Drug Free Credit	365 Days =	\$ <u>-</u>	621,365.05	
Safety Credit	366	Days =	\$	246,271.03	Safety Credit	365 Days =	\$	236,118.72	
Adjusted Gross Premium			\$	12,067,280.32	Adjusted Gross Prem	ium	\$	11,569,817.23	
Experience Modification			X	1.06	Experience Modificati	on	x	0.90	
Modified Premium			\$	12,791,317.14	Modified Premium		\$	10,412,835.51	
Construction Credit			\$	0.00	Construction Credit		\$	0.00	
Airplane Surcharge			\$	+ 0.00	Airplane Surcharge		\$ +	0.00	
Plus/Minus Flat Adjustme	nt		%	0.00	Plus/Minus Flat Adjus	tment	%	0.00	
TOTAL ADJUSTED PREM	IIUM:		\$	12,791,317.14	TOTAL ADJUSTED P	REMIUM:	\$	10,412,835.51	
Less Premium Discounts:					Less Premium Discoւ	inte:			
Premium	Discount			Amount of	Premium	Discount		Amount of	
Termum	Rate			Discount	T TOTTINGTH	Rate		Discount	
First \$ 10,000.00			\$	0.00	First \$ 10,000.00		\$	0.00	
Next \$ 190,000.00 (190,000.00	9.10 %	\$	17,290.00	Next \$ 190,000.00	(190,000.00) 9.10%	.\$	17,290.00	
Next \$ 1,550,000.00 (1,550,000.00	11.30%	\$	175,150.00	Next \$ 1,550,000.00	(1,550,000.00) 11.30 %	\$	175,150.00	
Over \$ 1,750,000.00 (11,041,317.14	12.30%	\$	1,358,082.01	Over \$ 1,750,000.00	(8,662,835.51)12.30%	\$	1,065,528.77	
Total Discount		_	\$	_ 1,550,522.01	Total Discount		\$	1,257,968.77	
Expense Constant			\$	+ 160.00	Expense Constant		\$ +	160.00	
Terrorism Risk Insurance Program Reauthorization Act					Terrorism Risk Insurance Program Reauthorization Act				
Payroll/\$100 X TRIPRA					Payroll/\$100 X TRIPRA				
\$ 474,827,318.00		1.00 %	\$	47,482.73	\$ 474,827,318	1.00 %	\$	47,482.73	
	NET PREMIUI	VI:	\$	11,288,437.86		NET PREMIUM:	\$	9,202,509.47	
COMPUTATION OF ASSESSMENTS					COMPUTA	TION OF ASSESSMENT	S		
1. Assessment Due (Assessment Rate X Net Premium)					4. Advanced Assessment(Assessment Rate X Net Premium)				
,	WCATF			SDTF		WCATF		SDTF	
0.90% \$	101,595.94	0.42% \$		47,411.44	0.79 % \$	72,699.82 0.40 %	\$	36,810.04	
2. Original Advanced Assessment:					5. Over or Underpa	yment:			
\$	100,165.68	\$	_	46,743.98	\$	0.00	\$	0.00	
3. Balance(Over Or Underpayment): [(1) - (2)]					6. Total Advanced Billing: [(3) + (4) + (5)]				
\$	1,430.26	, <u>\-</u> , <u>*</u>	ı	667.46	\$	74,130.08	\$	37,477.50	
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