



Interoffice Memorandum

**APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS**

DEC 16 2014 KH/BS

DATE: November 21, 2014

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: John L. Petrelli, Manager, Risk Management Division *John L. Petrelli*

SUBJECT: Approval of Payment- Quarterly Self-Insurance Assessment

AGENDA ITEM

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 (SDTF) and the Workers' Compensation Administration Trust Fund (WCATF). 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. These assessments were originally included with the renewal of the County's commercial insurance program but have been broken out as a separate approval item for each in processing and tracking payment.

RECOMMENDATION:

Approval to pay three quarterly payments of \$89,818.58 and a final quarterly payment of \$89,818.60 for a total of \$359,274.34 to the Florida Department of Financial Services for self-insurer assessments. 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

c: Eric Gassman, Chief Accountability Officer

Florida Department of Financial Services

Division of Workers' Compensation

WC Assessments Unit

PO Box 7300

Tallahassee, FL. 32399-7300

Ph: (850)413-1646, Fax: (850) 413-1971

FEIN

59-6000773

Orange Co Bd of CC
 Attn: Ms Susan Martin
 Fiscal Advisor
 109 E Church Street Suite 200
 Orlando, FL. 32801

11/20/2014

From 10/01/2013	To 09/30/2014	SELF-INSURER ASSESSMENT COMPUTATIONS	
COMPUTATION OF NET PREMIUM			
Gross Premium		\$	<u>13,097,083.00</u>
Drug Free Credit	365 Days =	\$ -	<u>654,854.15</u>
Safety Credit	365 Days =	\$ -	<u>248,844.58</u>
Adjusted Gross Premium		\$	<u>12,193,384.27</u>
Experience Modification		X	<u>1.11</u>
Modified Premium		\$	<u>13,534,656.54</u>
Construction Credit		\$ -	<u>0.00</u>
Airplane Seat (\$100 per seat)		\$ +	<u>0.00</u>
Plus/minus flat adjustment of		%	<u>0.00</u>
TOTAL ADJUSTED PREMIUM:		\$	<u>13,534,656.54</u>

Less Premium Discounts:

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ <u>0</u>
Next \$ 190,000(<u>190,000.00</u>)	9.10%	\$ <u>17,290.00</u>
Next \$ 1,550,000(<u>1,550,000.00</u>)	11.30%	\$ <u>175,150.00</u>
Over \$ 1,750,000(<u>11,784,656.50</u>)	12.30%	\$ <u>1,449,512.75</u>
Total Discount		- \$ <u>1,641,952.75</u>
Expense Constant		+ \$ <u>200.00</u>
Terrorism Risk Insurance Act Surcharge <small>Payroll/\$100 X TRIA Rate</small>		
\$ <u>381,483,518.00</u>	2.00 %	\$ <u>76,296.70</u>
NET PREMIUM:		\$ <u>11,969,200.49</u>

COMPUTATION OF ASSESSMENTS

1. Assessment Due (Assessment Rate X Net Premium)		
ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT	
1.68% \$ <u>201,082.57</u>	1.43% \$ <u>171,159.57</u>	
2. Paid in Advance (Credit)		
\$ <u>190,420.51</u>	\$ <u>162,084.12</u>	
3. Adjustment :		
\$ <u>0.00</u>	\$ <u>0.00</u>	
4. Balance (Over Or Underpayment): [(1) - (2) + (3)]		
\$ <u>10,662.06</u>	\$ <u>9,075.45</u>	

cc: Preferred Governmental Claims

COMPUTATION OF NET PREMIUM

From 10/01/2014	To 09/30/2015	SELF-INSURER ASSESSMENT COMPUTATIONS	
COMPUTATION OF NET PREMIUM			
Gross Premium		\$	<u>13,322,027.00</u>
Drug Free Credit	365 Days =	\$ -	<u>666,101.35</u>
Safety Credit	365 Days =	\$ -	<u>253,118.51</u>
Adjusted Gross Premium		\$	<u>12,402,807.14</u>
Experience Modification		X	<u>1.09</u>
Modified Premium		\$	<u>13,519,059.78</u>
Construction Credit		\$ -	<u>0.00</u>
Airplane Seat (\$100 per seat)		\$ +	<u>0.00</u>
Plus/minus flat adjustment of		%	<u>0.00</u>
TOTAL ADJUSTED PREMIUM:		\$	<u>13,519,059.78</u>

Less Premium Discounts:

Premium	Discount Rate	Amount of Discount
First \$ 10,000		\$ <u>0</u>
Next \$ 190,000(<u>190,000.00</u>)	9.10%	\$ <u>17,290.00</u>
Next \$ 1,550,000(<u>1,550,000.00</u>)	11.30%	\$ <u>175,150.00</u>
Over \$ 1,750,000(<u>11,769,059.80</u>)	12.30%	\$ <u>1,447,594.35</u>
Total Discount		- \$ <u>1,640,034.35</u>
Expense Constant		+ \$ <u>200.00</u>
Terrorism Risk Insurance Act Surcharge <small>Payroll/\$100 X TRIA Rate</small>		
\$ <u>381,483,518.00</u>	2.00 %	\$ <u>76,296.70</u>
NET PREMIUM:		\$ <u>11,955,522.13</u>

COMPUTATION OF ASSESSMENTS

5. Advanced Assessment(Assessment Rate X Net Premium)		
ADMIN. ASSESSMENT	SP. DISABILITY ASSESSMENT	
1.61% \$ <u>192,483.91</u>	1.23% \$ <u>147,052.92</u>	
6. Adjustment 1:		
\$ <u>0.00</u>	\$ <u>0.00</u>	
7. Adjustment 2:		
\$ <u>0.00</u>	\$ <u>0.00</u>	
8. Total Advanced Billing: [(4) + (5) + (6) + (7)]		
\$ <u>203,145.97</u>	\$ <u>156,128.37</u>	

Total Assessments: \$ 359,274.34

PLEASE ATTACH A COPY OF APPLICABLE INVOICE WHEN SUBMITTING EACH QUARTERLY PAYMENT

Florida Department of Financial Services

Division of Workers' Compensation
 WC Assessments Unit
 PO Box 7300
 Tallahassee, FL. 32399-7300
 Ph: (850)413-1646 Fax: (850) 413-1971

Self-Insurer Assessment Invoice

Orange Co Bd of CC
 Attn: Ms Susan Martin
 109 E Church Street Suite 200
 Orlando, FL. 32801

Revision of
 / / : : AM

FEIN Number	Current Assessment Period	Date of Invoice
59-6000773	10/01/2013 09/30/2014	01/01/2015
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$359,274.34	10/01/2014 09/30/2015	01/31/2015

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
1	10/01/2014	12/31/2014	\$50,786.49	\$39,032.09	\$89,818.58

If the payment is remitted by Deadline Date For This Payment, please pay last amount shown in total column. Otherwise, the s.440.51(2) FS late penalty (10% of WCATF assessment) must be included in your assessment payment.

Late Penalty Included This Payment (TYCL 5433): Enter "0" if not applicable: _____

TOTAL AMOUNT REMITTED: _____

cc: Preferred Governmental Claims

RETURN ONE COPY OF INVOICE WITH REMITTANCE

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FEIN Number	Current Assessment Period	Date of Invoice
59-6000773	10/01/2013 09/30/2014	04/01/2015
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$359,274.34	10/01/2014 09/30/2015	05/01/2015

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
2	01/01/2015	03/31/2015	\$50,786.49	\$39,032.09	\$89,818.58

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FEIN Number	Current Assessment Period	Date of Invoice
59-6000773	10/01/2013 09/30/2014	07/01/2015
Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$359,274.34	10/01/2014 09/30/2015	07/31/2015

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
3	04/01/2015	06/30/2015	\$50,786.49	\$39,032.09	\$89,818.58

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Total Annual Advanced Billing	Advanced Assessment Period	Deadline Date For This Payment
\$359,274.34	10/01/2014 09/30/2015	10/31/2015

INSTALLMENT QUARTER	PERIOD COVERED		QUARTERLY ASSESSMENT AMOUNT		TOTAL ASSESSMENT AMOUNT
	FROM	TO	ADMINISTRATION (WCATF) TYCL 5460	SPECIAL DISABILITY (SDTF) TYCL 5463	
4	07/01/2015	09/30/2015	\$50,786.50	\$39,032.10	\$89,818.60

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