

California Association for Park and Recreation Indemnity

Board of Directors

President, Lindsay Woods

Vice President, Dean Wetter

Secretary, Colin Miller

Directors

Ms. Lorena Cervantes

Mr. Jim Friedl

Mr. Larry Mazzuca

Mr. Mathew Fuzie

REGULAR MEETING OF THE BOARD OF DIRECTORS

10:00 a.m. – Wednesday, July 24, 2019

CAPRI Office
6341 Auburn Blvd., Suite A
Citrus Heights, CA 95621
(916) 722-5550

*Note: Agenda posting and meeting are done in accordance with Ralph M. Brown Act
Government Code § 54954.2 and 54953*

Agenda
Regular Meeting of the Board of Directors
July 24, 2019

1. CALL TO ORDER

2. INTRODUCTIONS

3. PUBLIC COMMENTS

This time is reserved for members of the public to address the Board relative to matters of the CAPRI not on the agenda. No action may be taken on non-agenda items unless authorized by law.

Welcome to our Board of Directors Meeting. The Board encourages public participation. If you desire to address the Board on any CAPRI related matter or item on the Agenda, you are asked to please fill out one of the speaker forms in the back of the meeting room and turn it in to the Executive Director. When called upon, please come forward, and state your name and address before addressing the Board. Please limit your comments to 3 minutes per speaker.

Please note that if you address the Board on items NOT on the Agenda, the Brown Act does not allow discussion of such items. Therefore, the Board may only do the following: refer the matter to staff, ask for additional information, request a report back, or give a very limited factual response.

4. CLOSED SESSION CLAIMS

Pursuant to Government Code Section 54957.1, the Board must report in open session any action taken, or lack thereof, taken in closed session.

4.1 Liability & Property – Existing Litigation Pursuant to Government Code section § 54956.9(d)(1)

- Risse v. Fulton-El Camino Recreation & Park District
- Scott v. Fair Oaks Recreation & Park District
- Shenson v. Pleasant Hill Recreation & Park District
- Claims resolved over \$5,000.00 since last Board meeting

4.2 Anticipated Litigation Pursuant to Government Code section § 54956.9(d)(2) (significant exposure to litigation)

- Two (2) potential cases

4.3 Worker's Compensation – Existing Litigation Pursuant to Government Code section § 54956.9(d)(1)

- Cruz v. Livermore Area Recreation & Park District
- Freitas v. Durham Recreation & Park District

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- 5. **REPORT FROM CLOSED SESSION**
Pursuant to Government Code Section 54957.1, the Board must report in open session any action taken, or lack thereof, taken in closed session.

- 6. **CONSENT ITEMS**
The following items are expected to be routine and non-controversial and will be acted upon by the Board at one time without discussion, unless a Board member requests that an item be removed from the consent agenda and held for discussion.
 - 6.1 **Approval of CAPRI Board Minutes**
 - June 13, 2019 6
 - 6.2 **LAIF Regular Monthly Statement**
 - June 2019 11

- 7. **PULLED CONSENT ITEMS**

- 8. **DISCUSSION/ACTION ITEMS**
The CAPRI Board of Directors will review and discuss taking appropriate action or inaction with respect to the following matters:
 - 8.1 **WC Program Review & Update** 12
 - The Board shall review and discuss the performance of the CAPRI Workers' Compensation program including evaluating recent trends, MPN participation, and the draft Workers' Compensation Claims Kit to be disseminated to the membership.
 - 8.2 **MPN Participation Review** 32
 - The Board shall review and discuss the current MPN Program participation and consider two requests for exemption as well as the remaining non-participating members.
 - 8.3 **CAPRI Workers' Compensation Claims Management Manual Review** 36
 - The Board shall review and discuss the proposed Workers' Compensation Claims Management Manual to be utilized in order to assist the membership with implementation of new services provided by CAPRI.
 - 8.4 **NPA Return-To-Work Services Program Review** 70
 - The Board shall review and discuss the performance of the Return to Work program available to the CAPRI membership.
 - 8.5 **WC Premium Allocation Formula Review** 83

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	➤ The Board shall review and discuss the CAPRI Workers' Compensation Premium Allocation Formula and provide Staff with direction as to any desired changes for the FY20-21.	
8.6	Member Notice of Intent to Withdraw from WC Program	84
	➤ The Board shall review and consider the Notice of Intent to Withdraw submitted by Auburn Area Recreation and Park District and provide Staff with direction as to how to proceed.	
8.7	ADA Compliance Assessment Program Proposal Review	86
	➤ The Board shall discuss and review the status of discussions with ADA accessibility consultant, DAC, as it relates to an ADA Compliance assessment program and provide Staff with further direction as to how to proceed.	
8.8	Consideration of Contract Extension with Gilbert & Associates	87
	➤ The Board shall discuss and consider authorizing the Executive Director to execute a contract with Gilbert & Associates for the provision of accounting services.	
8.9	Resolution No. 2-2019 – Name Update	91
	➤ Per the request of LAIF, the Board shall discuss and consider adopting a formal resolution confirming the change of organization name in or about late 2006.	
8.10	Proposed 2019-2020 Budget Review	94
	➤ The Board shall review, discuss, and adopt the 2019-2020 Budget for CAPRI.	
9.	SPECIAL REPORTS	
	<i>CAPRI consultants will report on the following topics:</i>	
9.1	Investment Status Reports – Public Financial Management	98
9.2	Insurance Market Update – Alliant Insurance Services	135
10.	EXECUTIVE DIRECTOR/STAFF REPORTS	
	<i>The Executive Director and Staff will report on the following topics:</i>	
10.1	District Visits Update	136
10.2	CAPRI Office Update	141
10.3	CAPRI BOD Meeting Locations	142
10.4	CAPRI FY 19-20 Final Premium Allocations	143
10.5	New Member GMs Update	147
10.6	News Articles of Note	148

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11. BOARD MEMBER REPORTS

11.1. Board Member Comments

12. FUTURE AGENDA ITEMS

This section is reserved for items identified by Board members and Staff as matters for future Board business.

TARGET DATE – SEPTEMBER/NOVEMBER 2019

12.1 2020/2021 WC Allocation Formula

12.2 New CAPRI Board Member Orientation Packet

12.3 Board Manual Review

12.4 Liability Claims Manual Review

12.5 Property Claims Manual Review

12.6 CAPRI Bylaws Revisions

13. ANNOUNCEMENTS

The next CAPRI Board of Directors meeting will be held September 18, 2019 at 10:00a.m. at the Arden Park Community Center at 1000 La Sierra Drive, Sacramento, CA 95864.

14. ADJOURNMENT

Compliance with the Americans with Disabilities Act

If you need special assistance to participate in this meeting, you should contact CAPRI at (916) 722-5550. Notification at least 72 hours prior will enable CAPRI to make reasonable arrangements to ensure accessibility to this meeting.

BOARD OF DIRECTORS SPECIAL TELEPHONIC MEETING

June 13, 2019

MINUTES

1. CALL TO ORDER:

The June 13, 2019 Board of Directors meeting was called to order at 10:01am.

Members Present: President Woods, Vice President Wetter, Secretary Colin Miller, Director Mathew Fuzie, Director Jim Friedl, Director Larry Mazzuca, and Director Lorena Cervantes.

CAPRI Staff: Mr. Matthew Duarte, Mr. Kirk Andre and Ms. Bebe Pearson

Absent: None.

Others Present: Mr. Byrne Conley (Gibbons & Conley) and Mr. Doug Wozniak (Alliant Insurance)

2. INTRODUCTIONS:

None.

3. PUBLIC COMMENTS:

None.

4. CLOSED SESSION:

No Closed Session items.

5. REPORT FROM CLOSED SESSION:

N/A

6. CONSENT AGENDA:

6.1 CAPRI Board Minutes

MOTION:

Director Friedl made a motion to approve the consent items #6.1 – Board Minutes, May 22, 2019. Director Cervantes seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

7. PULLED CONSENT ITEMS:

None.

8. DISCUSSION/ACTION ITEMS:

8.1 WC Premium Allocation Formula 2019 – 2020

The Board of Directors reviewed the proposed WC Premium Allocations and also evaluated whether a cap on year-to-year decreases would best serve the membership. The Board discussed the need to further review the allocation formula at a later meeting.

(1) MOTION:

Director Miller made a motion to direct staff to fund the Workers' Compensation program at the 70% confidence level with a SIR of \$350,000 for the fiscal year 2019 – 2020. Director Mazzuca seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

(2) MOTION:

Director Fuzie made a motion to direct staff to impose a cap on Experience Modification Factor decreases at 35%. Director Wetter seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

8.2 Liability/Property Premium Allocation Formula 2019 – 2020

The Board of Directors reviewed the proposed WC excess premium increases and its impact on the pool at large. The Board of Directors identified a GL Program funding target at the 70% Confidence level with a SIR at \$750,000 as appropriate for the upcoming fiscal year. The Board also identified the possibility of a \$50,000 member deductible for wildfires in the light of the likely \$1,000,000 per occurrence Wildfire deductible imposed by excess.

(1) MOTION:

Director Friedl made a motion to direct staff to fund the General Liability program at the 70% confidence level with an SIR of \$750,000 for the fiscal year 2019 – 2020. Director Mazzuca seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

(2) MOTION:

Director Friedl made a motion to direct staff to fund the Property program at the 70% confidence level with an SIR of \$150,000 for the fiscal year 2019 – 2020. Director Mazzuca seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

(3) MOTION:

Director Friedl made a motion to direct staff to incorporate a \$50,000 member deductible for wildfires and flood in the Property Memorandum of Coverage fiscal year 2019 – 2020. Director Mazzuca seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

8.3 WC Program Excess Insurance Renewal

The Board reviewed and discussed CAPRI's WC Excess Insurance renewal options from CSAC-EIA. The amount of the quote increased approximately 20% from the prior year and is attributable to CAPRI's loss history and the increased total payroll of the membership.

(1) MOTION:

Vice President Wetter made a motion to renew the WC Program Excess Insurance policy with CSAC for the fiscal year 2019 – 2020 at a total cost of approximately \$920,000. Director Fuzie seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie
Nays: None
Abstain: None

8.4 GL/Property Excess Insurance Renewal

The Board reviewed and discussed the proposed renewal for General Liability and Property Excess insurance. The current estimated premium for General Liability at a SIR of \$750,000 is between \$779,000 and \$853,000. This represents anywhere between a 40-50% increase from the prior year.

Director Friedl made a motion to renew the General Liability Program Excess Insurance policy with CSAC for the FY19-20 at a total cost of approximately \$853,000 and to renew the Property Program Excess Insurance policy with APIP for the fiscal year 2019 – 2020 at a total cost of approximately \$1,895,719.89. Director Mazzuca seconded the motion.

Ayes: Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie
Nays: Woods
Abstain: None

8.5 Crime Insurance Renewal

The Board reviewed this year's proposed renewal for Government Crime Insurance from AIG that is largely unchanged from prior years including a \$5,000 deductible and limits up to \$1,000,000 the estimated quote is \$17,654.

MOTION:

Director Mazzuca made a motion to renew the Government Crime Insurance policy with AIG for the fiscal year 2019 – 2020 at a total cost not to exceed \$17,654. Vice President Wetter seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie
Nays: None
Abstain: None

8.6 Identity Fraud Expense Reimbursement Insurance Renewal

The Board reviewed this year's proposed renewal for ID Fraud reimbursement Insurance from Travelers including a \$0 deductible and limits up to \$25,000 per occurrence. The quote for this term amounts to \$4,932.14.

MOTION:

Director Mazzuca made a motion to renew the Identity Fraud Expense Reimbursement Insurance Policy with Travelers for the fiscal year 2019 – 2020 at a total cost not to exceed \$4,932.14. Secretary Miller seconded the motion.

Ayes: Woods, Wetter, Miller, Friedl, Cervantes, Mazzuca, and Fuzie

Nays: None

Abstain: None

9. SPECIAL REPORTS:

None

10. EXECUTIVE DIRECTOR/STAFF REPORTS:

None

11. BOARD MEMBER REPORTS:

None

12. FUTURE AGENDA ITEMS:

The Board of Directors and Staff had no additional comments or questions.

13. ANNOUNCEMENTS:

The next CAPRI Board of Directors meeting will be held on July 24, 2019 at 10:00 a.m. at the CAPRI Offices in Citrus Heights, CA.

14. ADJOURNMENT

The Board adjourned the meeting at 11:22 a.m.

Colin Miller
CAPRI Board of Directors Secretary



BETTY T. YEE

California State Controller

LOCAL AGENCY INVESTMENT FUND
REMITTANCE ADVICE

Agency Name	CA ASSOC FOR PARK & REC II
Account Number	35-3

As of 07/15/2019, your Local Agency Investment Fund account has been directly credited with the interest earned on your deposits for the quarter ending 06/30/2019.

Earnings Ratio		.00007028813234525
Interest Rate		2.57%
Dollar Day Total	\$	32,735,377.14
Quarter End Principal Balance	\$	188,865.82
Quarterly Interest Earned	\$	2,300.91

Agenda Item 8.1**DISCUSSION/ACTION ITEMS****SUBJECT: WC Program Review & Update**

BACKGROUND AND STATUS:

Dori Zumwalt of York Risk Services will be at the Board Meeting to present on the performance of the CAPRI Workers' Compensation program. This will include an evaluation of current trends, a review of recent claims history, and a discussion about the upcoming transition to Nurse Triage services.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

- 2019 Trending Report
- Summary of WC Claims by Fiscal Year
- Proposed Flowchart of Claims Management following workplace injury
- CAPRI WC Claims Management Policy

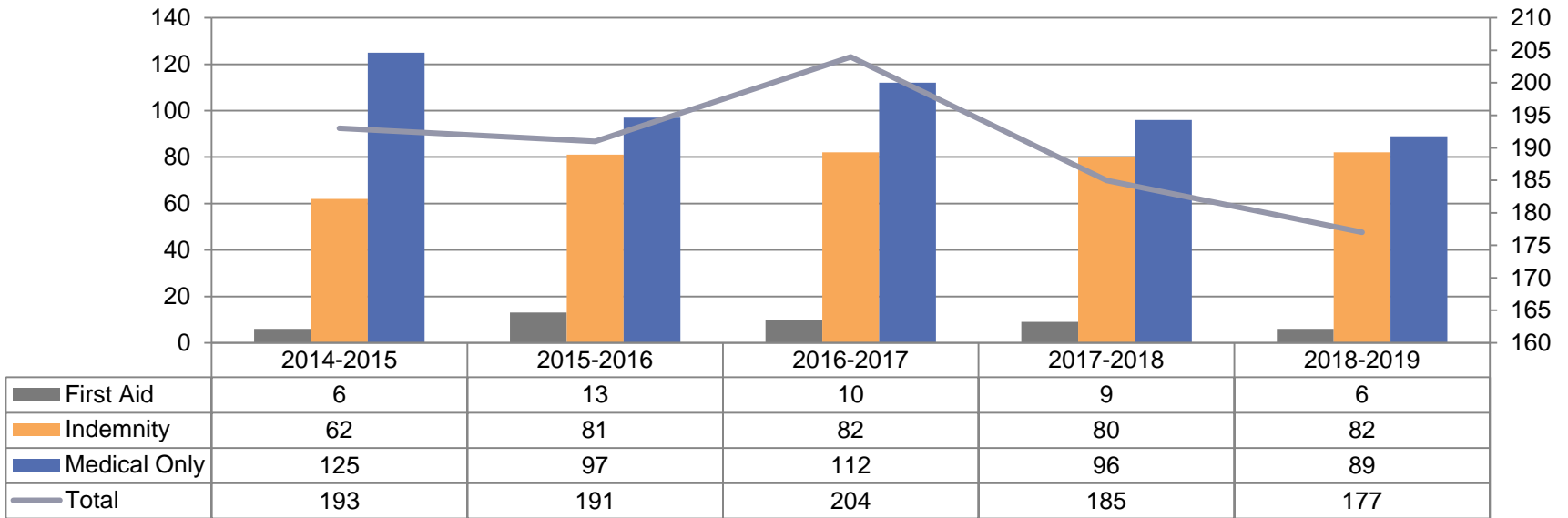


Workers' Compensation Trending Report for CAPRI

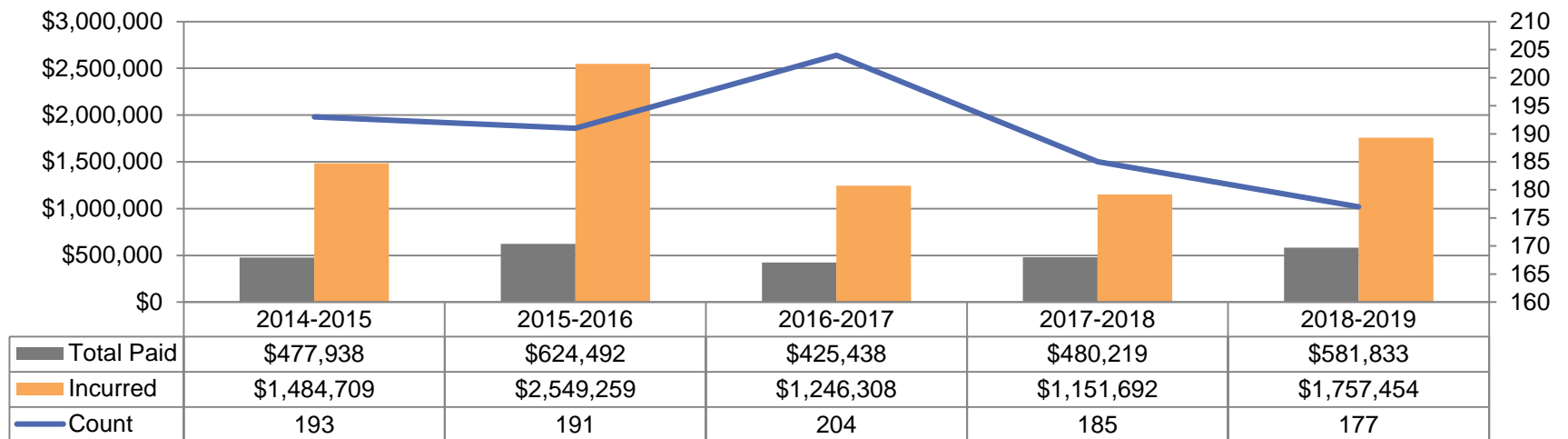
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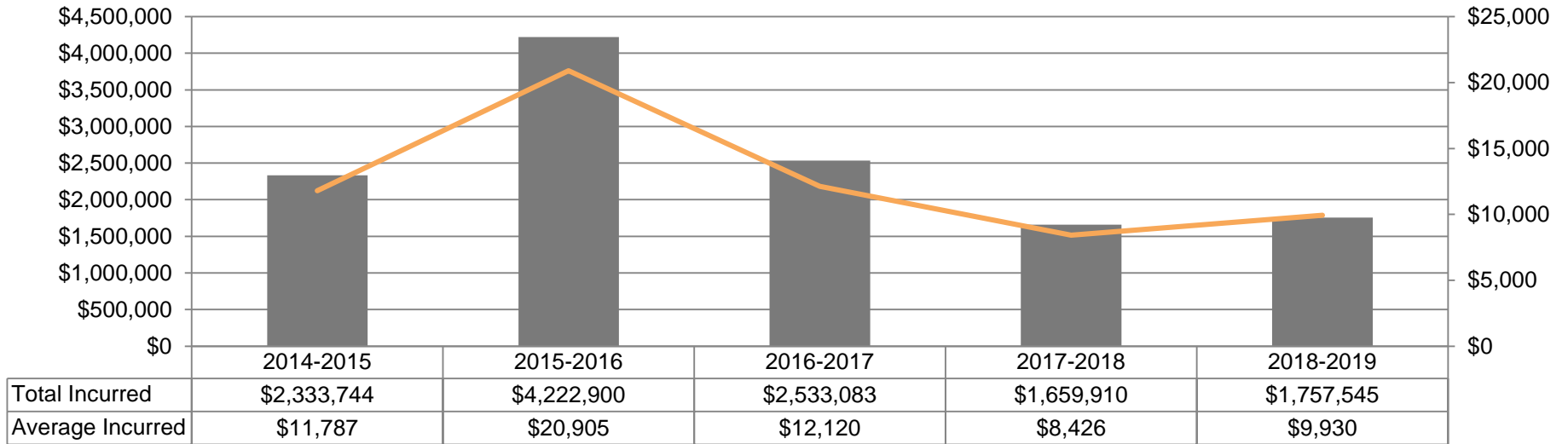
Claim by Type by Fiscal Year



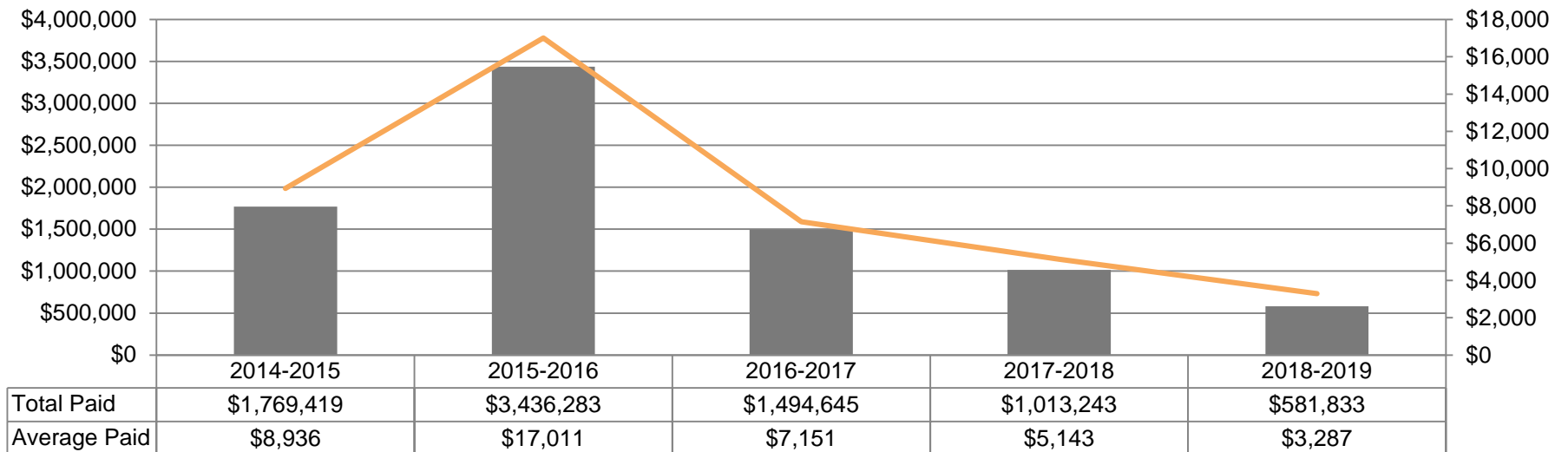
Total Paid and Incurred by Fiscal Year for Injuries within the Fiscal Year



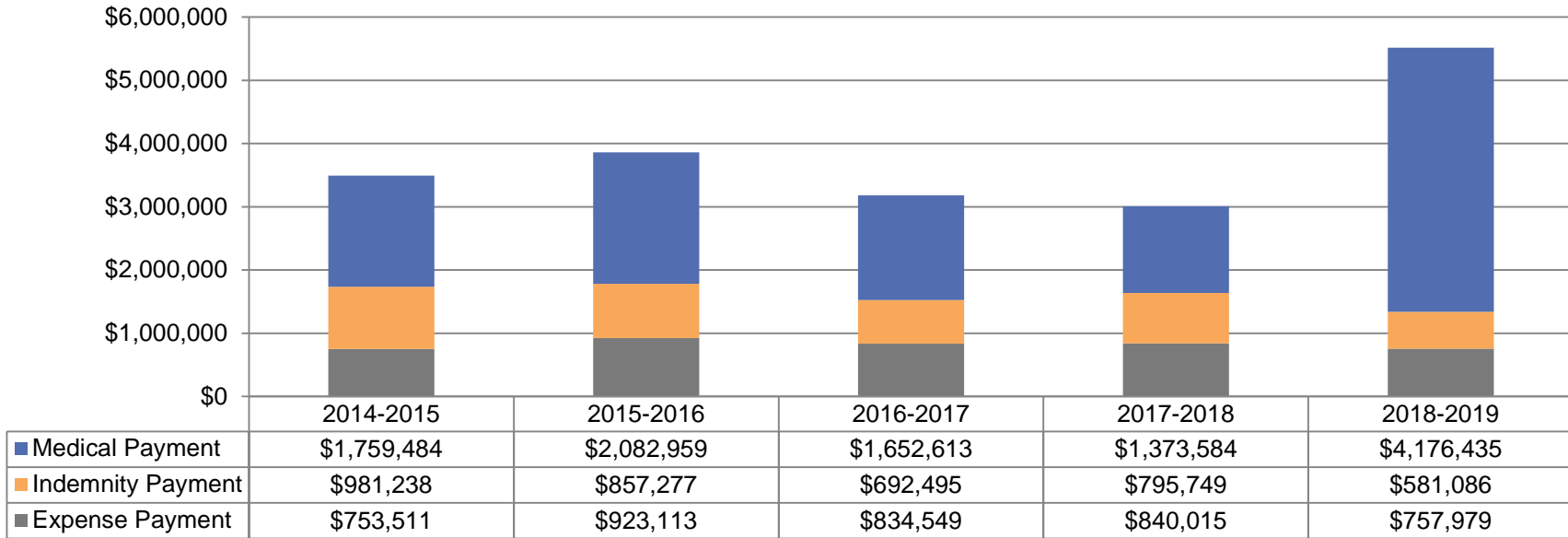
Total and Average Incurred Cost of Claim by Fiscal Year



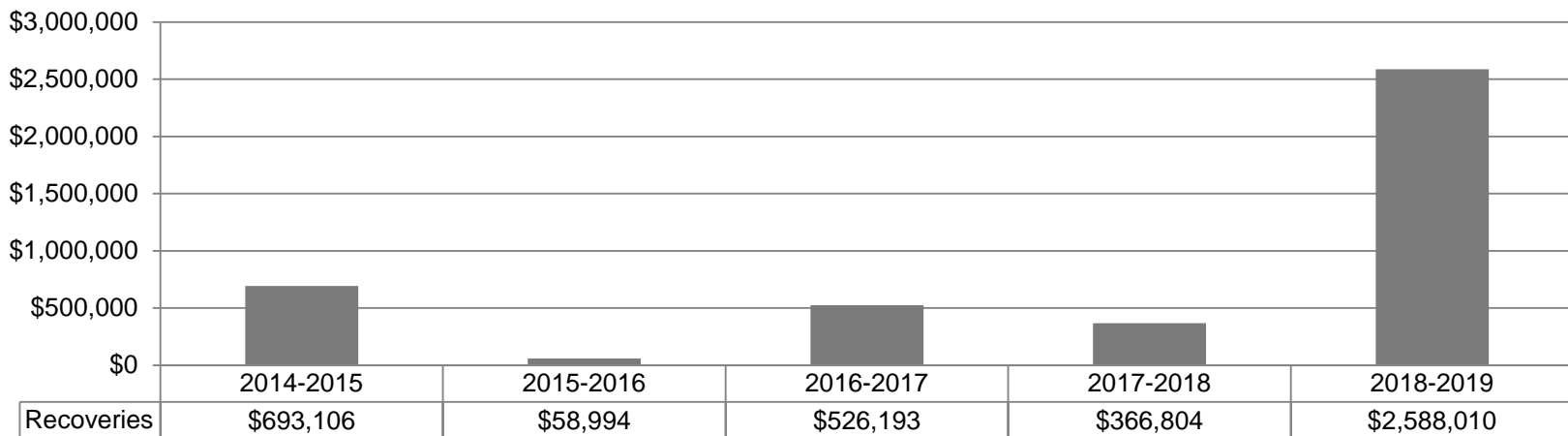
Total and Average Paid Cost of Claim by Fiscal Year



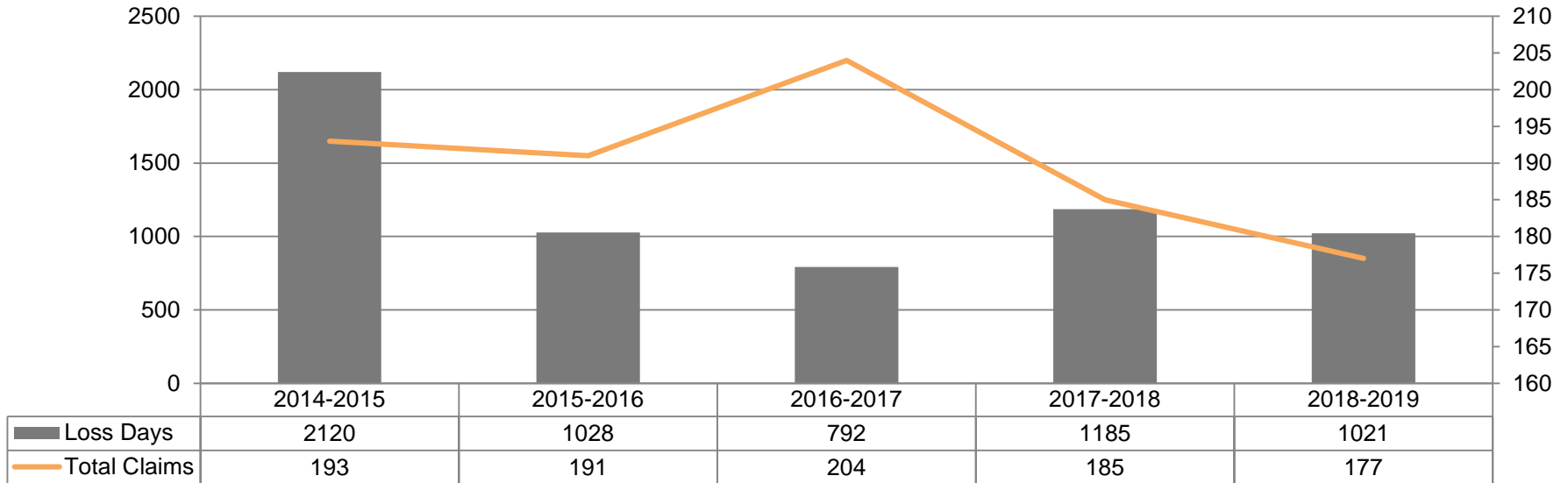
Total Paid by Fiscal Year Regardless of Injury Date



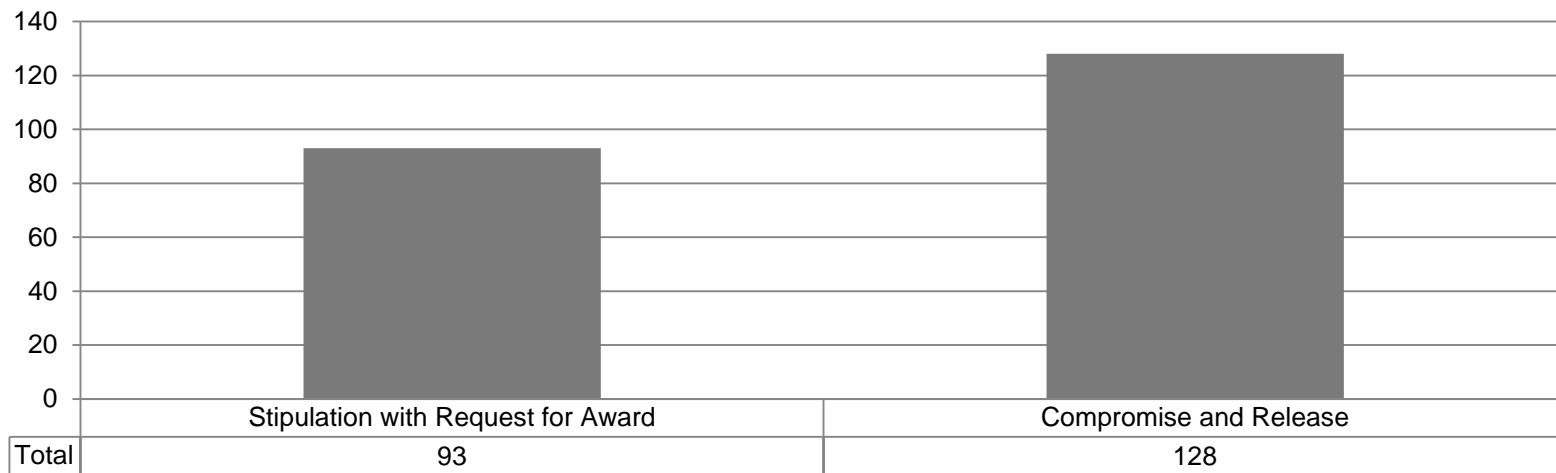
Recoveries Received During Fiscal Year Regardless of Injury Date



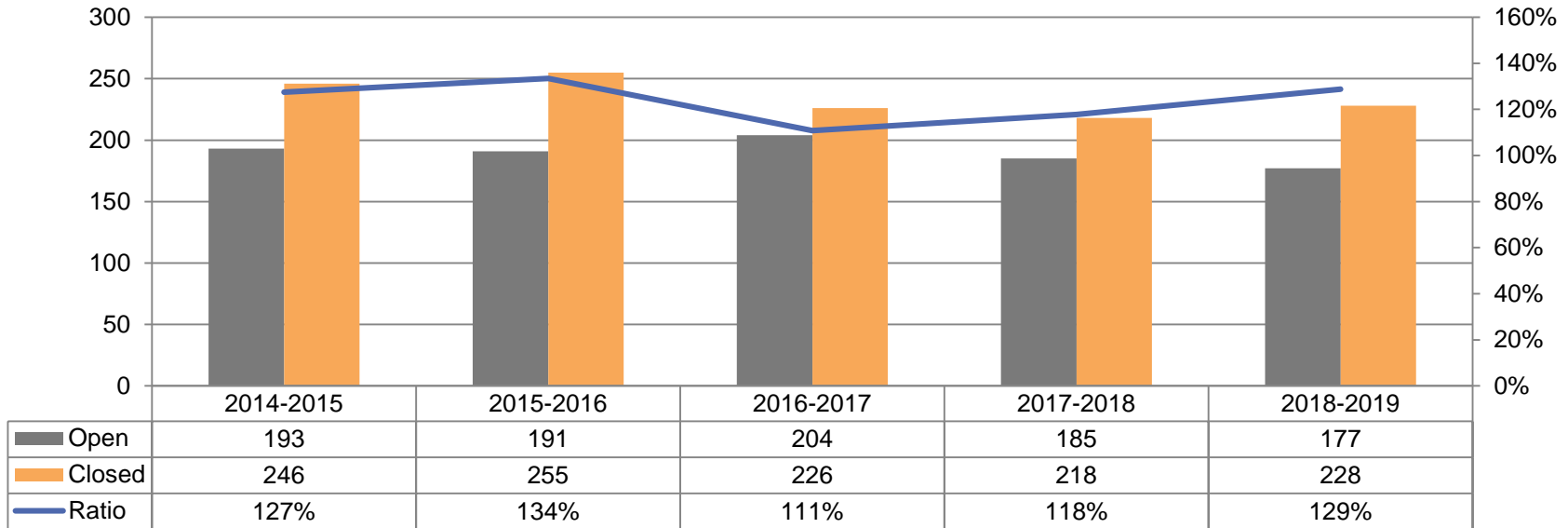
Loss Days by Fiscal Year for Injuries within the Fiscal Year



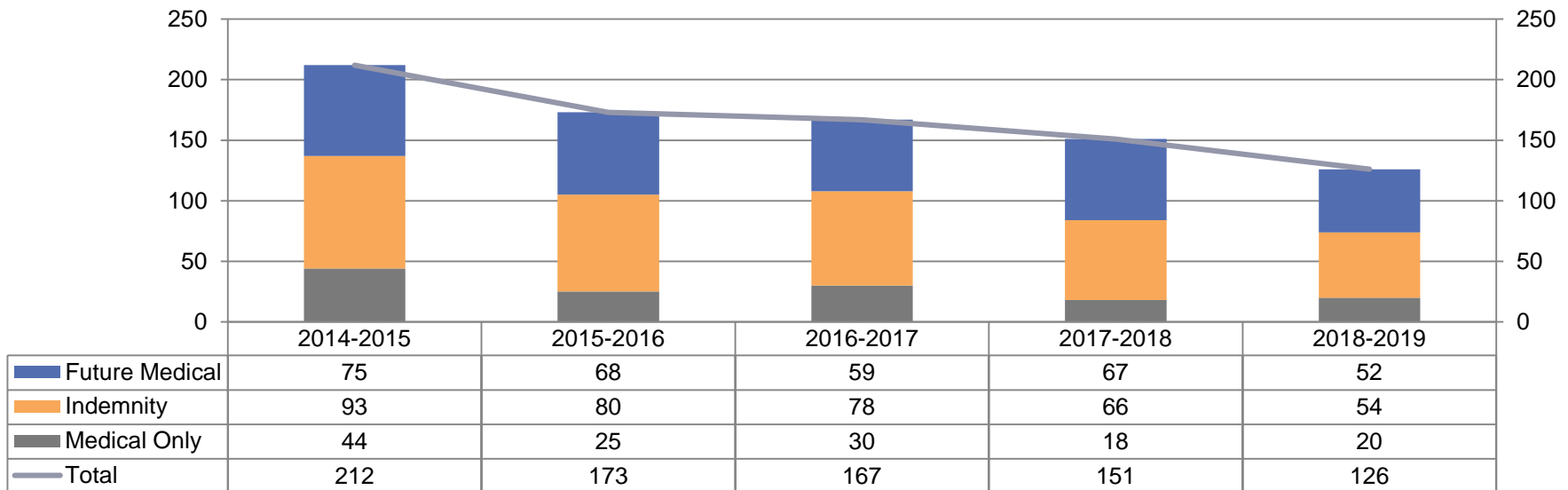
Total Settlements Fiscal Year 2014-2019



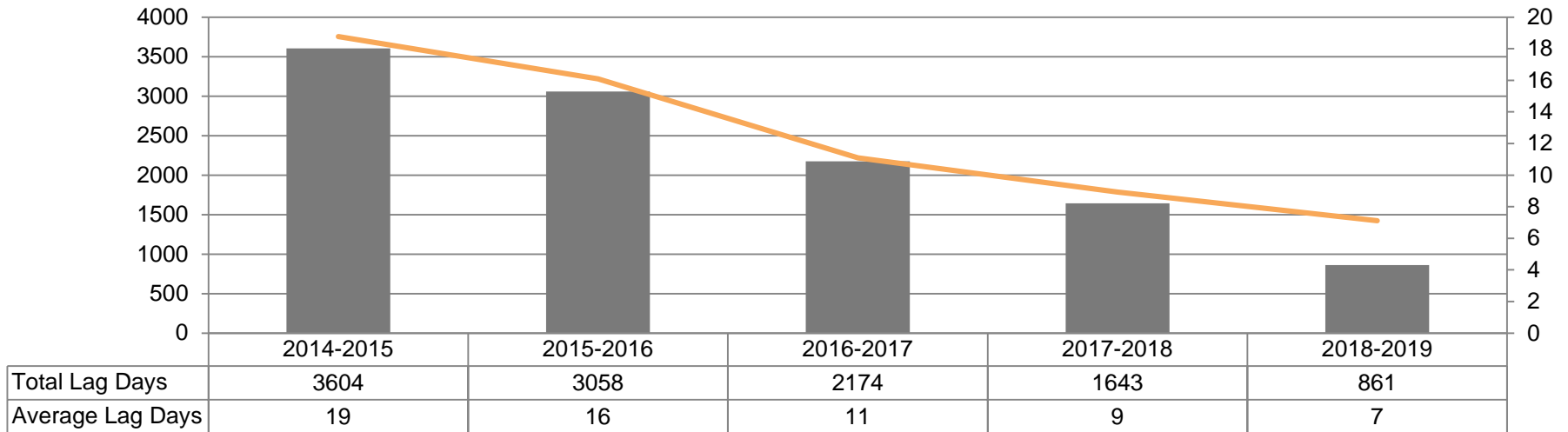
Closing Ratio by Fiscal Year



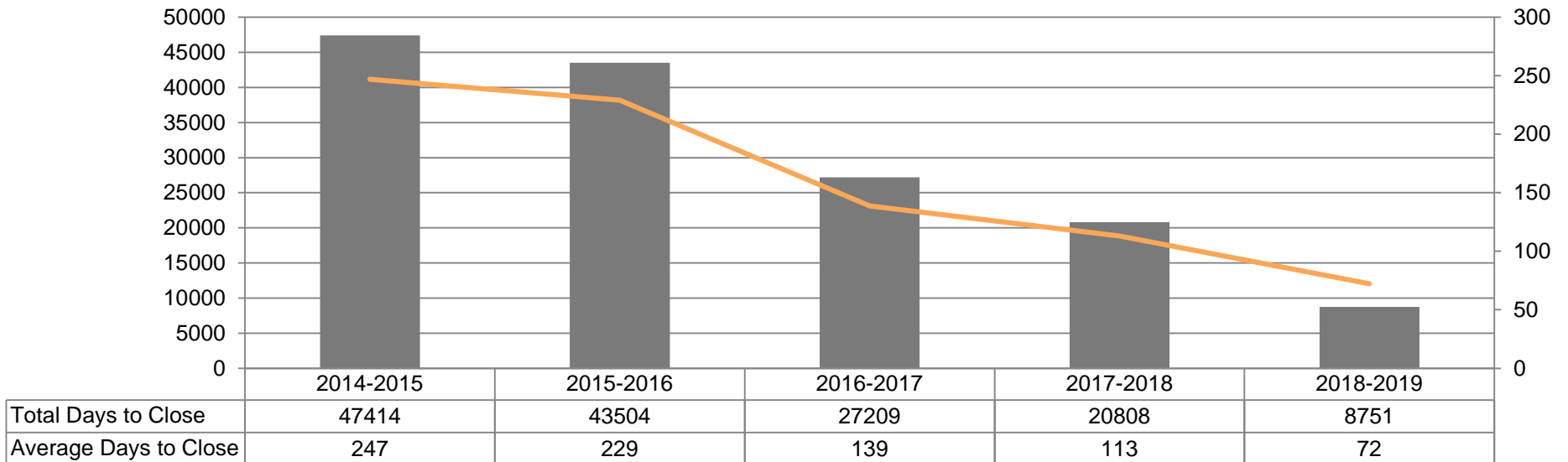
Total Ending Open Inventory by Fiscal Year



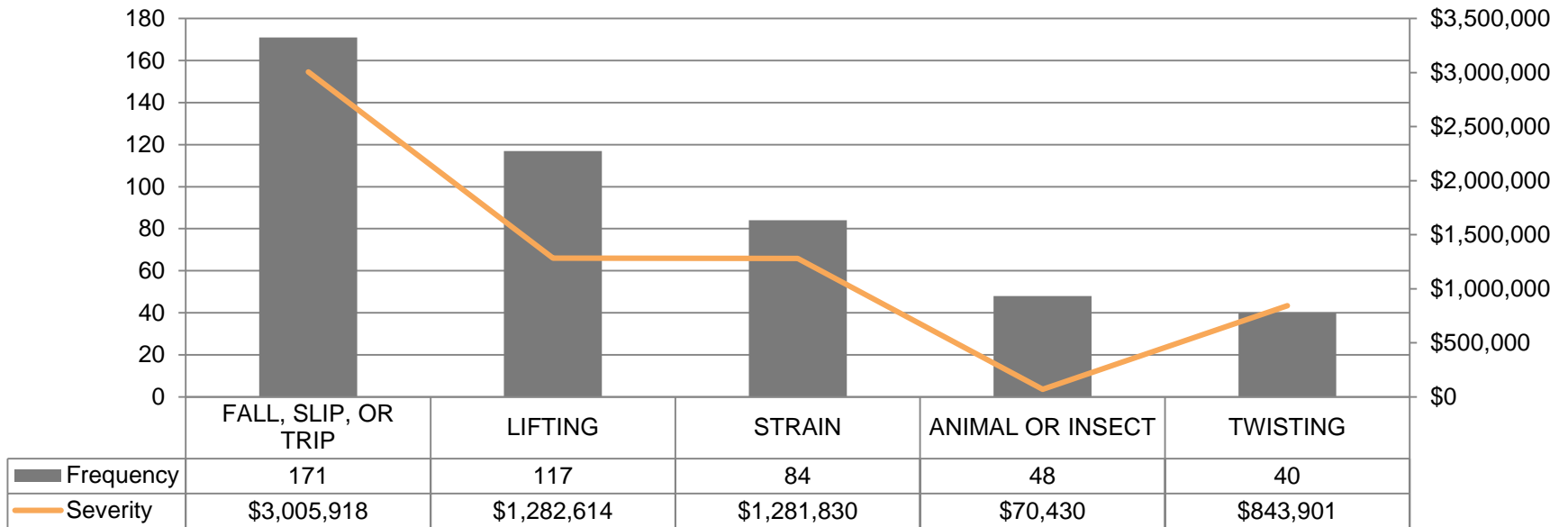
Total and Average Lag Time for Claim Reporting to York by Fiscal Year



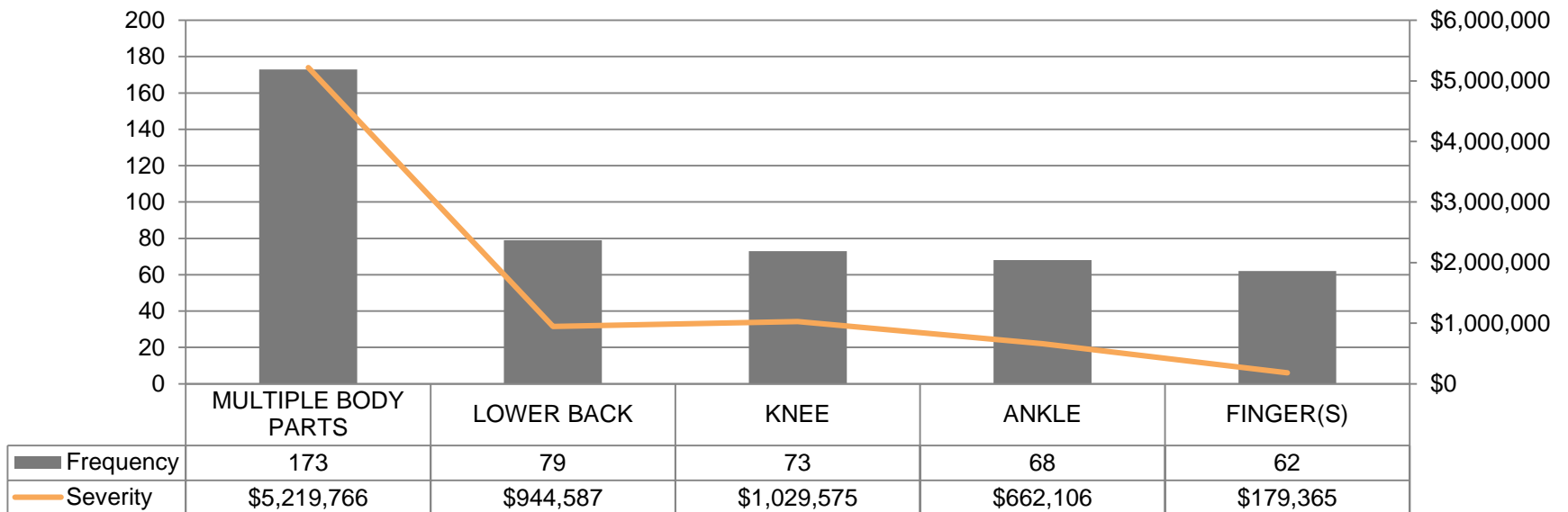
Total and Average Days to Closed by Fiscal Year



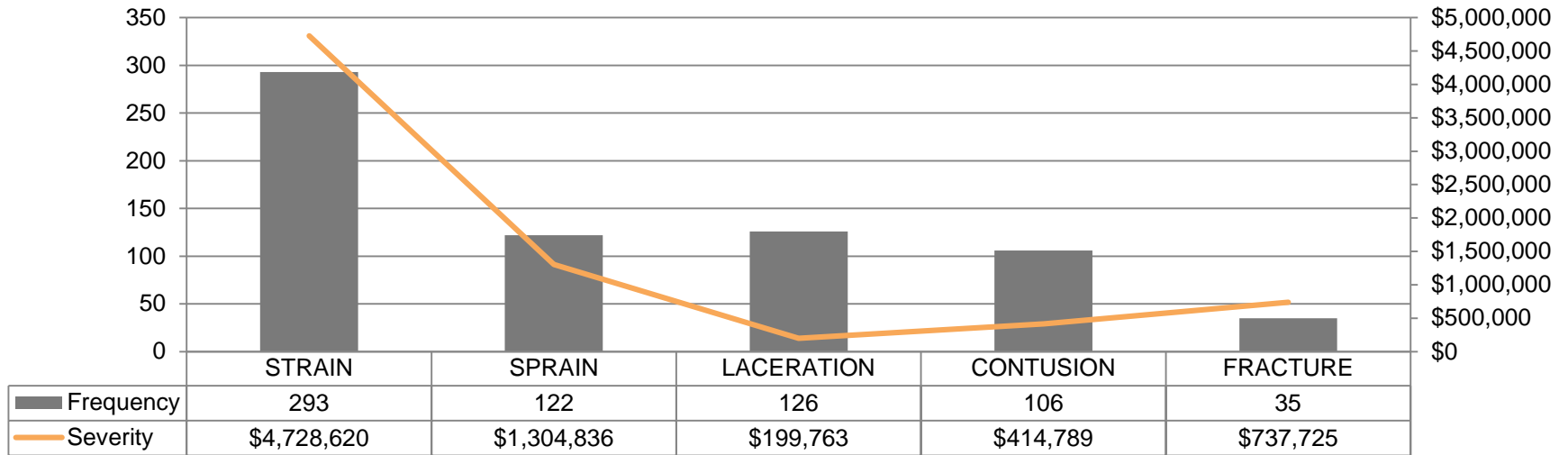
Top 5 Cause of Injury Fiscal Year 2014-2019



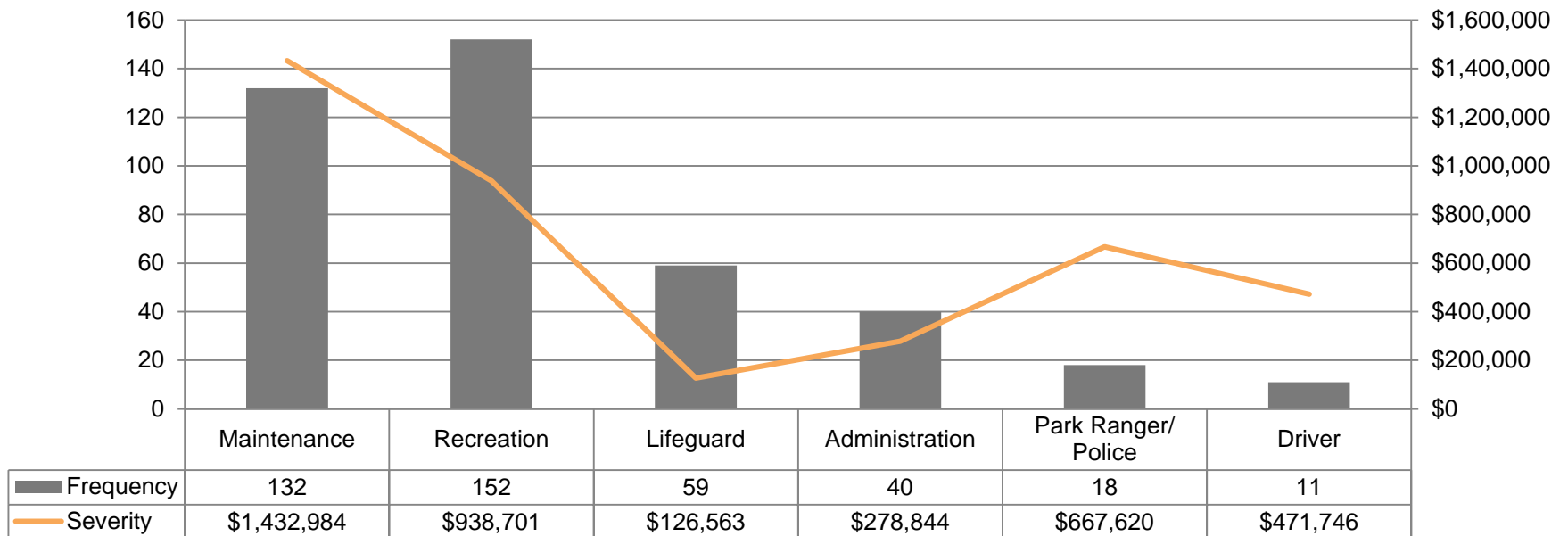
Top 5 Part of Body Injured Fiscal Year 2014-2019



Top 5 Nature of Injury Fiscal Year 2014-2019



Top 6 Occupation of Injury Fiscal Year 2014-2019



Top 20 Claims Fiscal Year 2014-2019

Claim Number	District	Description	Injury Date	Status	Paid	Incurred
CWDF-556658	Rancho Simi	Fell off the snack shack roof and injured multiple body parts	2/24/2016	C	\$957,774	\$957,774
CWDF-556556	Rancho Simi	Injured back after shoveling dirt	8/25/2015	O	\$285,197	\$530,998
CWDE-556373	Cordova	Cumulative trauma injury to hips, back, bilateral upper extremities as a result of job duties	7/21/2014	O	\$208,867	\$461,459
CWDE-556485	Livermore Area	Fell while cleaning a chair injuring left arm, elbow, wrist, shoulder and back	4/6/2015	O	\$159,461	\$246,325
CWDG-556802	Pleasant Valley	Injury to chest and knee from motor vehicle accident	9/8/2016	O	\$110,386	\$216,274
CWDF-556718	Jurupa Area	Twisted ankle while walking in muddy grass	3/11/2016	C	\$211,138	\$211,138
CWDE-556333	Fair Oaks	Injured neck and back following a heavy day of digging, walking, and carrying barricades	7/10/2014	C	\$208,227	\$208,227
CWDF-556636	North of the River	Injured shoulder from lifting food trays	8/1/2015	O	\$113,887	\$187,055
CWDG-556967	Livermore Area	Right shoulder injured while lifting the spraying hose over tall grass	6/26/2017	O	\$34,986	\$186,866
CWDF-556563	Livermore Area	Injured knee while repairing sprinkler	8/31/2015	C	\$180,409	\$180,409

Top 20 Claims Fiscal Year 2014-2019

Claim Number	District	Description	Injury Date	Status	Paid	Incurred
CWDE-556454	Rancho Simi	Injured right thumb and wrist while using a sledge hammer to break off concrete on a pressure valve in order to salvage parts from an old unit	12/22/2014	O	\$81,848	\$172,036
CWDF-556616	Rancho Simi	Wrist strain from staining and moving wood planks	12/10/2015	C	\$159,592	\$159,592
CWDH-557057	Fulton-El Camino	Injury to head, cervical and thoracic spine as a result from a motor vehicle accident while transporting an inmate to the hospital	10/18/2017	O	\$45,947	\$154,587
CWDH-557084	Desert	Injury to low back, neck, and right shoulder after being rear-ended	11/30/2017	O	\$89,908	\$152,479
CWDG-556976	Fulton-El Camino	Injury to neck and low back after motor vehicle accident while In full response mode (lights and siren on)	6/27/2017	O	\$19,097	\$152,401
CWDI-557356	Hesperia	Hip fracture when tripped on a golf cart charger cord	3/20/2019	O	\$53,183	\$152,125
CWCD-556641	Pleasant Valley	Tripped on broken step while moving boxes and injured left knee	2/1/2016	C	\$151,968	\$151,968
CWDH-557164	Pleasant Valley	Right shoulder and neck pain after lifting a full 5 gallon bucket	5/16/2018	O	\$59,632	\$151,882
CWDG-556910	North of the River	Injury to left hand, bilateral shoulders and thoracic spine when client fell onto employee while getting out of the van	4/3/2017	O	\$41,685	\$151,499
CWDG-556919	North of the River	Injury to right shoulder and low back while pushing client onto transportation van	4/17/2017	O	\$73,702	\$146,094

Average Paid and Incurred cost by District Fiscal Year 2014-2019

District	Frequency	Paid	Average Paid	Incurred	Average Incurred
Ambrose Recreation & Park	2	\$58,096	\$29,048	\$58,096	\$29,048
Arcade Creek Recreation & Park	9	\$126,752	\$14,084	\$126,752	\$14,084
Arden Manor Recreation & Park	1	\$27,754	\$27,754	\$27,754	\$27,754
Arden Park Recreation & Park	3	\$4,074	\$1,358	\$4,074	\$1,358
Auburn Area Recreation & Park	29	\$80,790	\$2,786	\$154,463	\$5,326
Bear Mountain Recreation & Park	1	\$5,127	\$5,127	\$5,127	\$5,127
Beaumont-Cherry Valley Rec	5	\$5,614	\$1,123	\$5,614	\$1,123
Belvedere-Tiburon Joint Rec	3	\$6,575	\$2,192	\$6,575	\$2,192
Carmichael Recreation & Park	17	\$91,332	\$5,372	\$94,448	\$5,556
Coalinga-Huron Recreation & Park	2	\$1,016	\$508	\$1,016	\$508

Average Paid and Incurred cost by District Fiscal Year 2014-2019

District	Frequency	Paid	Average Paid	Incurred	Average Incurred
Cordova Recreation & Park	24	\$336,037	\$14,002	\$617,862	\$25,744
Desert Recreation District	48	\$232,316	\$4,840	\$466,529	\$9,719
Durham Recreation & Park	3	\$36,121	\$12,040	\$111,206	\$37,069
Fair Oaks Recreation & Park	12	\$344,067	\$28,672	\$344,067	\$28,672
Feather River Recreation & Park	1	\$2,191	\$2,191	\$2,191	\$2,191
Fulton-El Camino Rec & Park	31	\$153,042	\$4,937	\$428,407	\$13,820
Greater Vallejo Rec & Park	57	\$186,432	\$3,271	\$195,244	\$3,425
Hayward Area Recreation & Park	128	\$1,077,029	\$8,414	\$1,671,026	\$13,055
Hesperia Recreation & Park	27	\$169,149	\$6,265	\$340,810	\$12,623
Highlands Recreation & Park	7	\$6,584	\$941	\$6,584	\$941

Average Paid and Incurred cost by District Fiscal Year 2014-2019

District	Frequency	Paid	Average Paid	Incurred	Average Incurred
Isla Vista Recreation & Park	5	\$17,240	\$3,448	\$17,240	\$3,448
Jurupa Area Recreation & Park	6	\$219,745	\$36,624	\$219,745	\$36,624
Ladera Recreation & Park	1	\$794	\$794	\$794	\$794
Lake Cuyamaca Recreation & Park	4	\$27,252	\$6,813	\$27,252	\$6,813
Livermore Area Recreation & Park	85	\$728,872	\$8,575	\$1,157,781	\$13,621
McFarland Recreation & Park	6	\$77,447	\$12,908	\$161,462	\$26,910
Mendocino Coast Rec & Park	26	\$63,619	\$2,447	\$68,109	\$2,620
Mission Oaks Recreation & Park	10	\$59,660	\$5,966	\$59,660	\$5,966
Monte Rio Rec & Park	1	\$15,930	\$15,930	\$15,930	\$15,930
Mt. Shasta Rec & Parks	1	\$1,889	\$1,889	\$1,889	\$1,889

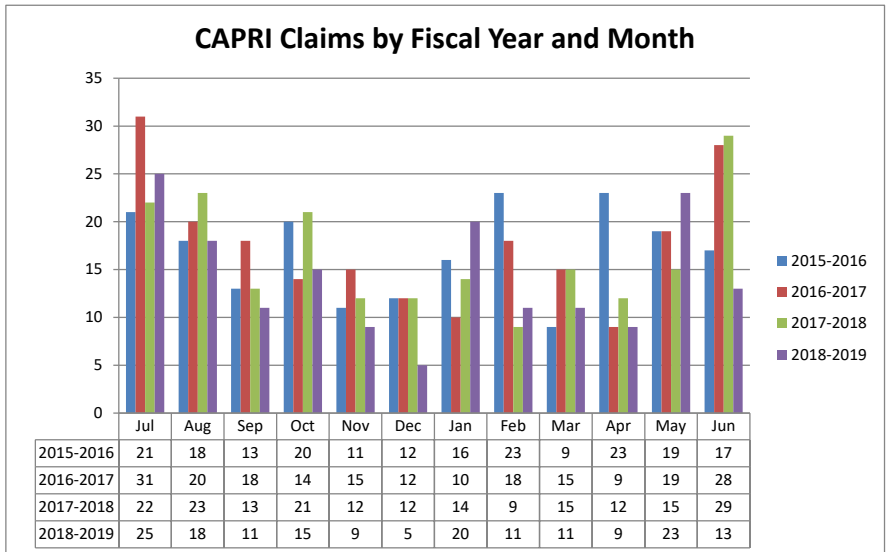
Average Paid and Incurred cost by District Fiscal Year 2014-2019

District	Frequency	Paid	Average Paid	Incurred	Average Incurred
North Highlands Rec & Park	10	\$10,543	\$1,054	\$10,543	\$1,054
North of the River Recreation	60	\$647,126	\$10,785	\$1,295,143	\$21,586
Orangevale Recreation & Park	7	\$13,195	\$1,885	\$20,107	\$2,872
Paradise Recreation & Park	18	\$129,406	\$7,189	\$129,406	\$7,189
Pleasant Hill Recreation & Park	14	\$51,155	\$3,654	\$51,155	\$3,654
Pleasant Valley Rec & Park	18	\$402,816	\$22,379	\$688,651	\$38,258
Rancho Simi Recreation & Park	112	\$2,105,347	\$18,798	\$2,709,417	\$24,191
Rio Linda/Elverta Rec& Park	2	\$12,989	\$6,495	\$12,989	\$6,495
Russian River Recreation & Park	2	\$44,198	\$22,099	\$49,289	\$24,645
Shafter Recreation & Park	1	\$3,830	\$3,830	\$3,830	\$3,830

Average Paid and Incurred cost by District Fiscal Year 2014-2019

District	Frequency	Paid	Average Paid	Incurred	Average Incurred
Soledad Mission Recreation	2	\$3,575	\$1,787	\$3,575	\$1,787
Southgate Recreation & Park	45	\$224,500	\$4,989	\$323,636	\$7,192
Strawberry Recreation & Park	1	\$934	\$934	\$934	\$934
Sunrise Recreation and Park	66	\$161,545	\$2,448	\$214,483	\$3,250
Tehachapi Valley Rec & Park	4	\$17,018	\$4,255	\$17,018	\$4,255
Truckee-Donner Recreation & Park	34	\$153,113	\$4,503	\$223,185	\$6,564
Tuolumne Park & Recreation	1	\$4,740	\$4,740	\$4,740	\$4,740
Valley-Wide Recreation & Park	15	\$39,537	\$2,636	\$89,291	\$5,953
Wasco Recreation & Park	3	\$3,917	\$1,306	\$3,917	\$1,306
Weed Rec & Park District	2	\$56,407	\$28,203	\$125,765	\$62,883
West Side Recreation & Park	11	\$46,987	\$4,272	\$132,404	\$12,037

Row Labels	Count of Claim Number
2016	202
Jul	21
Aug	18
Sep	13
Oct	20
Nov	11
Dec	12
Jan	16
Feb	23
Mar	9
Apr	23
May	19
Jun	17
2017	209
Jul	31
Aug	20
Sep	18
Oct	14
Nov	15
Dec	12
Jan	10
Feb	18
Mar	15
Apr	9
May	19
Jun	28
2018	197
Jul	22
Aug	23
Sep	13
Oct	21
Nov	12
Dec	12
Jan	14
Feb	9
Mar	15
Apr	12
May	15
Jun	29
2019	170
Jul	25
Aug	18
Sep	11
Oct	15
Nov	9
Dec	5
Jan	20
Feb	11
Mar	11
Apr	9
May	23
Jun	13
Grand Total	778

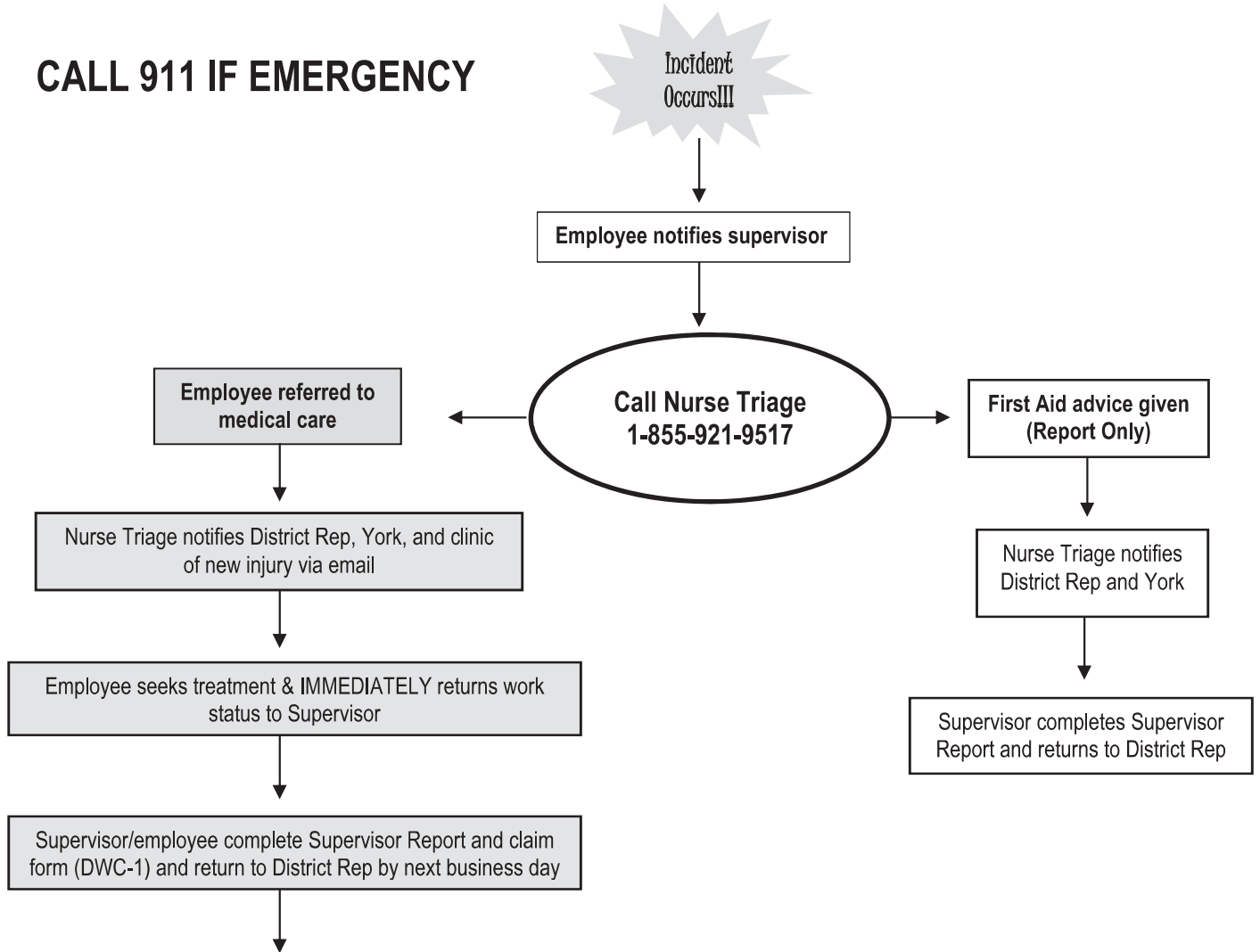


	2015-2016	2016-2017	2017-2018	2018-2019	Average
Jul	21	31	22	25	25
Aug	18	20	23	18	20
Sep	13	18	13	11	14
Oct	20	14	21	15	18
Nov	11	15	12	9	12
Dec	12	12	12	5	10
Jan	16	10	14	20	15
Feb	23	18	9	11	15
Mar	9	15	15	11	13
Apr	23	9	12	9	13
May	19	19	15	23	19
Jun	17	28	29	13	22

WHAT TO DO WHEN AN INJURY OCCURS

INJURY FLOW CHART

CALL 911 IF EMERGENCY



Instructions for the District Representative:

- Nurse Triage will alert the occupational medicine provider prior to the arrival of the injured employee.
- Nurse Triage will generate a Report of Injury and email the District Representative advising them to submit the Report of Injury (Form 5020) via the York website.
- After the claim has been submitted, email the claim documents including the DWC-1 Claim Form, Supervisor's Report, any medical reports or work status to OSCWest@yorkrisk.com.

Forms to Complete if Medical Treatment:

Supervisor:

1. Supervisor's Report
2. Employer Portion of DWC-1

Employee:

1. Supervisor's Report
2. Employee Portion of DWC-1

District Representative:

1. Submit Report of Injury (Form 5020) sent by Nurse Triage
2. Email claim documents to York
3. Print wage statement / payroll log if requested by York

Excerpt from **MANUAL OF POLICIES AND PROCEDURES CALIFORNIA ASSOCIATION FOR PARK AND RECREATION INDEMNITY "CAPRI"**

Section V, subsection (G)

G. Workers' Compensation Claims:

Upon recommendation by the third party administrator, the CAPRI Administrator shall be authorized to adjust or settle any workers compensation claim within CAPRI's pooled layer, including making stipulations as may be required to fully or partially resolve claims.

Agenda Item 8.2

DISCUSSION/ACTION ITEMS

SUBJECT: MPN Participation Review

BACKGROUND AND STATUS:

At the March 19, 2019 Regular Meeting of the CAPRI Board of Directors, the Board voted to require all members participate in the MPN no later than July 1, 2019. The Board further noted that, when appropriate, they would consider appeals for an exemption with good cause.

Consistent with the Board's direction, Staff has corresponded with the non-participating members and encouraged participation in the program by the established deadline. As a result, participation has increased roughly 40% with only eight (8) Districts still failing to participate.

- Arden Manor Recreation & Park District
- Bear River Recreation & Park District
- Belvedere-Tiburon Recreation ("The Ranch")
- Boulder Creek Recreation and Park District
- Central Plumas Recreation & Park District
- Mendocino Coast Recreation & Park District
- Mission Oaks Recreation & Park District
- Soledad Recreation District

Of those non-participating districts, two (2) have requested in writing that they be exempted from the program because of hardship. Furthermore, one (1) other has indicated that they intend to participate and are still in the process of completing the requested paperwork.

At this time, Staff requests Board direction as to the following:

- Whether the Mendocino Coast Recreation request for exemption from the MPN is approved?
- Whether the Central Plumas request for exemption from the MPN is approved?
- How to respond to the Districts that have failed to join the MPN by the deadline?

RECOMMENDATION:

- (1) Approve the exemption sought by Mendocino Recreation due to the hardship participation would impose upon the District.
- (2) Approve the exemption sought by Central Plumas Recreation due to the hardship participation would impose upon the District.
- (3) Direct Staff to issue a letter to non-participating members advising of certain action (including surcharges and/or fees) in the event they fail to join the program by September 1, 2019.

REFERENCE MATERIALS ATTACHED:

- Correspondence from Mendocino Recreation & Park District
- Correspondence from Central Plumas Recreation & Park District

RECEIVED MAY 29 2019



300 South Lincoln Street
Fort Bragg, CA 95437
707-964-9446
Fax 707-964-1813
www.mendoc Coastrec.org

TO: CPARI Board of Directors

ATTENTION: Matthew Duarte

DATE: May 16, 2019

SUBJECT: CAPRI Medical Provider Network ("MPN")

Dear Board of Directors,

Please except this letter as our formal request to opt-out of the MPN Program.

Although we feel that this program would be very beneficial for us to participate in, it is just not realistic for us to do so currently. I have visited the website to look up MPN providers. The closest provider is in Ukiah, which is 58 miles from us one way and takes 1 ½ hours to drive, as the first 50 minutes of the drive is all curves. Please note, your website says 37 miles away, but this incorrect.

Currently, we have only one provider in our area that is accepting new workers compensation patients. They are, Mendocino Coast Clinics in Fort Bragg. If you could get another clinic to accept workers compensation, such as the Immediate Care Clinic at North Coast Family Health Center, which is ran by Mendocino Coast District Hospital, this would help us all out. Otherwise, aside from Coast Clinics our only other option is ER.

I thank you in advance for your time and consideration to the above request. If any further information is needed, please do not hesitate to ask.

I look forward to hearing from you soon.

Kind Regards,

A handwritten signature in cursive script that reads "Moneque Wooden".

Moneque Wooden
MCRPD Business Manager



June 23, 2019

James Shipp
General Manager
Central Plumas Recreation and Park District
34 Fairgrounds Rd
Quincy, Ca 95971

CAPRI Board of Directors,

Central Plumas Recreation and Park District would like to opt out of MPN program. After running a local search for providers in our rural area, we found that we had none. I believe that this is just cause for not participating in this program. If the situation should ever change and a provider is established in our area, I would like to readdress being added to the network if at all possible.

Respectfully,

James Shipp
General Manager

Agenda Item 8.3**DISCUSSION/ACTION ITEMS****SUBJECT: CAPRI Workers' Compensation Claims Management Manual Review**

BACKGROUND AND STATUS:

In light of the recent additions to the CAPRI Workers' Compensation Program, Staff – in conjunction with York Risk Services – has created a Workers' Compensation Claims Management Kit or Manual in order to assist the membership with implementation. Staff is also in the process of scheduling regional trainings that will include, in part, a review of the Workers' Compensation claims management procedures and an overview of the services offered by CAPRI.

Staff requests Board feedback including any necessary provisions to the proposed Claims Management Manual prior to circulating to CAPRI WC program members.

RECOMMENDATION:

Approve the proposed Workers' Compensation Claims Management Manual for dissemination to CAPRI membership.

REFERENCE MATERIALS ATTACHED:

- Proposed Workers' Compensation Claims Management Manual



Workers' Compensation Claims Management Manual

CAPRI
6341 Auburn Boulevard, Suite A
Citrus Heights, CA 95621
Phone: (916) 722-5550

Revised July 2019

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York Risk Services

PO Box 619079
Roseville, CA 95678



WORKERS' COMPENSATION CLAIMS REPORTING

Services Performed By:

York Risk Services
PO Box 619079
Roseville, CA 95678

Services Performed For:

CAPRI
6341 Auburn Blvd., Suite A
Citrus Heights, CA 95621

WORKERS' COMPENSATION CLAIMS CONTACTS

Sally Town — Senior Claims Examiner

Phone: 916-960-0969 Email: sally.town@yorkrisk.com

Julie Long — Unit Manager

Phone: 916-746-8896 Email: julie.long@yorkrisk.com

Dori Zumwalt — Account Executive

Phone: 916-960-1017 Email: dorienne.zumwalt@yorkrisk.com

York Answering Service

Phone: 916-971-2701 Fax: 866-548-2637

Email for sending workers' compensation documents

OSWest@yorkrisk.com

District RESPONSIBILITIES FOR REPORTING CLAIMS

- Supervisor should complete the following within 24 hours of knowledge of an injury or receipt of DWC-1 form:
 1. Bottom portion of DWC-1 lines 10-19 (Mandatory)
 2. Supervisor's Report of Injury

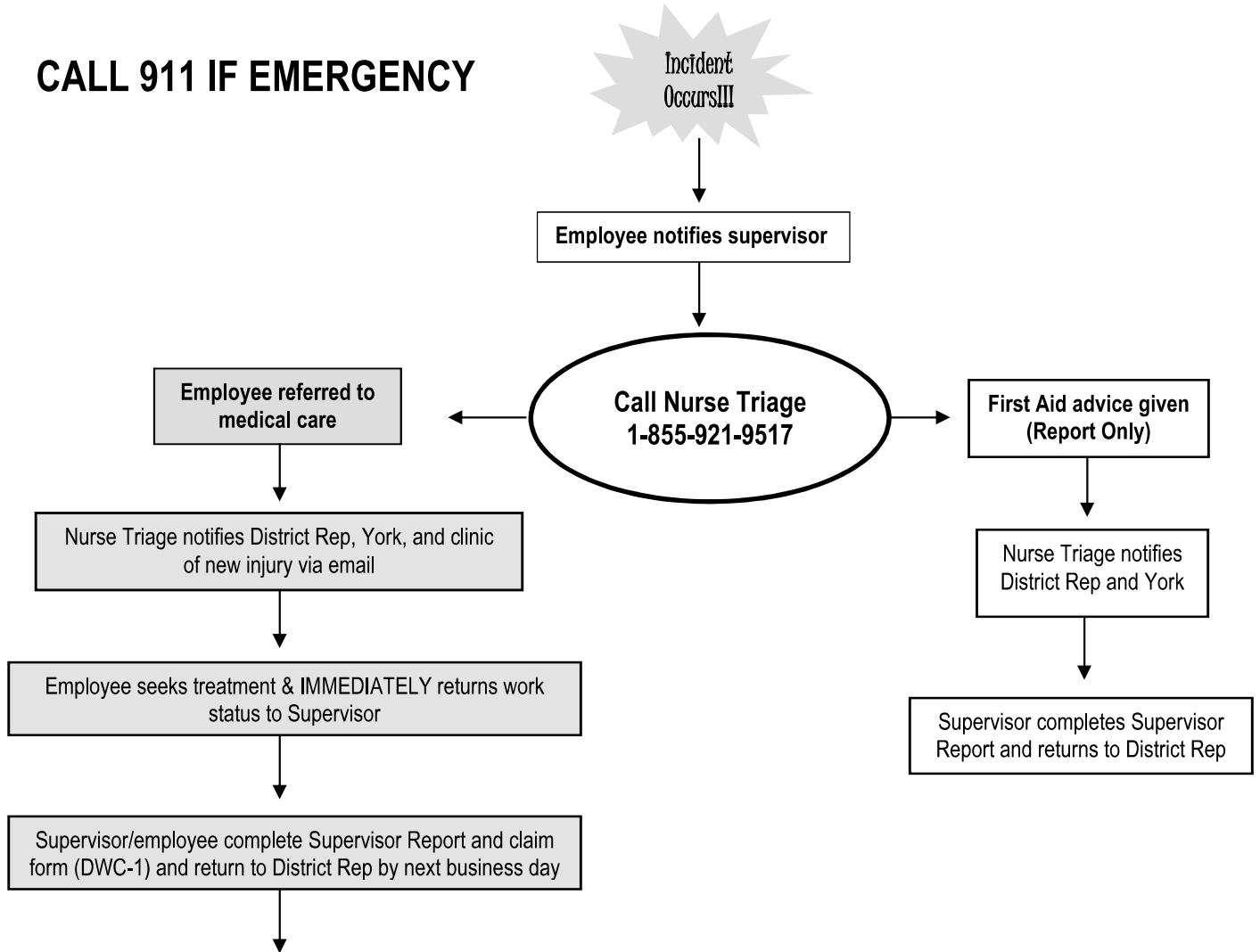
- The District Representative should complete the following within 24 hours of knowledge of an injury:
 1. Submit First Report of Injury (Form 5020) via *York 5020 Reporter (see instructions below) upon receipt of email from Nurse Triage
 2. Email or fax the DWC-1, Supervisor's Report, any medical reports or work status slips, or any other pertinent information to OSWest@yorkrisk.com. or fax to 866-548-2637
 3. Print wage statement / payroll log if requested from York.

*NOTE: To obtain a 5020 login, please go to the website, www.yorkrisk.com. Click on "Login" and select "First Report of Loss". Next you will select "Request an Account. Fill out the information with your client ID – CAPRI 3477 and our IT department will respond with your username and password to use with the online 5020 reporter.

WHAT TO DO WHEN AN INJURY OCCURS

INJURY FLOW CHART

CALL 911 IF EMERGENCY



Instructions for the District Representative:

- Nurse Triage will alert the occupational medicine provider prior to the arrival of the injured employee.
- Nurse Triage will generate a Report of Injury and email the District Representative advising them to submit the Report of Injury (Form 5020) via the York website.
- After the claim has been submitted, email the claim documents including the DWC-1 Claim Form, Supervisor's Report, any medical reports or work status to OSCWest@yorkrisk.com.

Forms to Complete if Medical Treatment:

Supervisor:

1. Supervisor's Report
2. Employer Portion of DWC-1

Employee:

1. Supervisor's Report
2. Employee Portion of DWC-1

District Representative:

1. Submit Report of Injury (Form 5020) sent by Nurse Triage
2. Email claim documents to York
3. Print wage statement / payroll log if requested by York

WHAT TO DO WHEN AN INJURY OCCURS

FILLING OUT THE 5020

“EMPLOYER’S REPORT OF OCCUPATIONAL INJURY OR ILLNESS”

THIS FORM MUST BE COMPLETED AND MAILED TO YORK RISK SERVICES GROUP, INC. WITHIN FIVE DAYS OF ANY KNOWLEDGE OF INJURY/ILLNESS

1. The authorized employer representative must fill out the form as completely as possible.
 - a) Questions 7 through 16 are for injured employee information. It is important that you include the injured employee’s name, home address, social security number, date of birth, date of hire, employee status (permanent, temporary, volunteer), earnings, hourly rate and number of hours worked per week.
 - b) Questions 17 through 26 are for dates of injury information. It is important that you include the date of injury, time the injury occurred, the dates the injured employee left work and returned, or if the injured employee is still off work.
 - c) Question 17 is the same date that appears on line 11, “Date employer first knew of injury” of DWC-1 form.
 - d) Question 18 is the same date that appears on line 12, “Date claim form was provided to employee” of DWC-1 form.
 - e) Questions 19 through 29 request specific information regarding the injury and the treatment that was sought. Each of these lines on the form have an example that will help you make your explanation just as specific.
 - f) Question 38, provide current gross wages/salary (for efficiency, please attach a wage statement/payroll log if possible).
 - g) If any of these questions cannot be answered, write “unknown” in the blank.
2. Keep a copy of this form and mail the original and one of the copies to York Risk Services Group, Inc. within five days of knowledge.

By completing this form you are not admitting liability, but simply complying with the law. A sample form is attached.

Online 5020 Available!

To obtain a 5020 login, please go to the website, www.yorkrisk.com. Click on “Login” and select “First Report of Loss”. Next you will select “Request an Account. Fill out the information with your client ID – CAPRI 3477 and our IT department will respond with your username and password to use with the online 5020 reporter. See the help guide on following page.



How to request 5020 / First Report Access

Step 1: <https://www.yorkrisk.com/>

Step 2: click “Log In” (upper right hand corner)



Step 3: select First Report of Loss (**not California 5020**)



Step 4: Request an Account

Request an Account

Setup an account so that you may start submitting reports online.

Step 4: Fill out the Information (example below) then submit the request.

CAPRI York Client ID: 3477

First Report

New Account Request

York Client ID

The York Client ID is a 4-digit number that helps identify your account in the YCEb claims system. If you don't know your York Client ID, please contact your York Account Executive. If you don't know how to contact your York Account Executive, please contact your company's Human Resources department.

Company Name

Nature of Business

Street Address

Type of Company

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
				FATALITY <input type="checkbox"/>	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.			
EMPLOYER	1. FIRM NAME		1a. Policy Number		Please do not use this column
	2. MAILING ADDRESS: (Number, Street, City, Zip)		2a. Phone Number		
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)		3a. Location Code		OWNERSHIP
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.		5. State unemployment insurance acct.no		
6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____					INDUSTRY
7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yy)		13. DATE RETURNED TO WORK (mm/dd/yy)	
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)	
14. IF STILL OFF WORK, CHECK THIS BOX: <input type="checkbox"/>		18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)		SEX	
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning					AGE
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY		DAILY HOURS
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.			23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		DAYS PER WEEK
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold					WEEKLY HOURS
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.					WEEKLY WAGE
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY					COUNTY
27. Name and address of physician (number, street, city, zip)			27a. Phone Number		NATURE OF INJURY
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)			28a. Phone Number		PART OF BODY
			29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.					SOURCE
30. EMPLOYEE NAME		31. SOCIAL SECURITY NUMBER		32. DATE OF BIRTH (mm/dd/yy)	
33. HOME ADDRESS (Number, Street, City, Zip)				33a. PHONE NUMBER	
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm/dd/yy)	
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours		37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Completed By (type or print)		Signature & Title		Date (mm/dd/yy)	

WHAT TO DO WHEN AN INJURY OCCURS
FILLING OUT THE DWC-1 FORM
“EMPLOYEE’S CLAIM FOR WORKERS’ COMPENSATION BENEFITS”

**THIS FORM MUST BE PROVIDED TO THE INJURED WORKER WITHIN 24 HOURS OF ANY
KNOWLEDGE OF INJURY/ILLNESS**

1. The authorized employer representative must complete the bottom Employer section before giving or mailing the form to the employee.
 - a) Do not fill in line 13 until the form is returned by the employee.
 - b) Fill in lines 9, 10, 14, 15, 17 & 18.
 - c) Fill in line 11 with the date when the employer first knew of the injury/illness.
 - d) Fill in line 12 with the date that the claim form was given or mailed to employee. The form should not be given out in advance.
 - e) Sign the form on line 16 after filling out the form.
2. Tear off and keep a copy as your temporary receipt. Mail a copy of the temporary receipt to York Risk Services Group, Inc. if the injured employee does not fill out the form on that day.
3. If the injured employee is not present, you must mail the form to him/her. If the injured employee is present, give the partially completed form to him/her with the instruction to fill out the top Employee section.
4. When providing DWC-1 to employee please provide an authorization to Release Medical Records form (sample attached).
5. Within 24 hours of receiving this form back from the injured worker:
 - a) Fill in line 13 with the date that the form was received from the employee.
 - b) Give a completed copy to the employee.
 - c) Within 24 hours, mail a completed copy to York Risk Services Group, Inc.

By completing this form you are not admitting liability, but simply complying with the law. Failure to provide this form within 24 hours of knowledge of an injury could result in a \$100 fine. Failure to provide this form within 24 hours of request could result in a \$5,000 fine. A sample form is attached.

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility *Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. There is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your predesignated doctor or medical group. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Different rules apply if your employer is using a Health Care Organization (HCO) or a Medical Provider Network (MPN). A MPN is a selected network of health care providers to provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to be liable for up to \$10,000 in treatment until the claim is accepted or rejected.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, for most injuries you will receive temporary disability payments for a limited period of time. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Se adjunta el formulario para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el administrador de reclamos, quien es responsable por el manejo de su reclamo, le notificará sobre su elegibilidad para beneficios.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos. Los beneficios no pueden comenzar hasta, que el administrador de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Hay un límite para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con la responsabilidad total para tratar su lesión o enfermedad. Generalmente, su empleador selecciona al PTP que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico o grupo médico previamente designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas diferentes que se aplican cuando su empleador usa una Organización de Cuidado Médico (HCO) o una Red de Proveedores Médicos (MPN). Una MPN es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una HCO o una MPN. Hable con su empleador para más información. Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

Dentro de un día después de que Ud. presente un formulario de reclamo, su empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a la presunta lesión y será responsable por \$10,000 en tratamiento hasta que el reclamo sea aceptado o rechazado.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal para la mayoría de las lesiones por un periodo limitado. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Supplemental Job Displacement Benefit (SJDB): If you were injured after 1/1/04 and you have a permanent disability that prevents you from returning to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation (DWC), or you can hear recorded information and a list of local offices by calling (800) 736-7401. You may also go to the DWC website at www.dwc.ca.gov.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el administrador de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado u otro trabajo podría ser temporal o podría extenderse dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. Se lesionó después del 1/1/04 y tiene una incapacidad permanente que le impide regresar al trabajo dentro de 60 días después de que los pagos por incapacidad temporal terminen, y su empleador no ofrece un trabajo modificado o alternativo, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que viven en el hogar y que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (El Código Laboral sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División Estatal de Compensación de Trabajadores (*Division of Workers' Compensation - DWC*) o puede escuchar información grabada, así como una lista de oficinas locales llamando al (800) 736-7401. Ud. también puede consultar con la página Web de la DWC en www.dwc.ca.gov.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó consulte con la página Web en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

FREQUENTLY ASKED QUESTIONS (FAQ's)

If you have specific questions about the workers' compensation process that are not covered by the following information, please call your representative at York Risk Services Group, Inc.

A. How does the workers' comp process begin?

The process begins when the employer is made aware of an injury, illness, or death of an employee that is the result of the employee's work.

B. What constitutes notice of a workers' comp claim?

A claim is created when an employee suffers a work-related injury, illness, or death and the employer is notified by one of the following:

- ◆ Employee tells supervisor of the incident;
- ◆ Employee tells another employee of the incident;
- ◆ Another employee observes injury and tells supervisor of the incident;
- ◆ Employee's supervisor observes an incident;
- ◆ The employee's legal representative files a claim with the employer.

C. When knowledge of injury/illness is received, what are the paperwork steps?

1. If there is no lost time and no doctor visit:

- ◆ Employer's internal accident/incident report should be completed within 48 hours of knowledge, to be kept in the supervisor's personnel file.
- ◆ If requested by the injured employee, the workers' comp Employee Claim Form (DWC-1) should be provided to the employee within 24 hours of the Request (provided by mail or in person) with verification this has been done through a "Proof of Service" form or other formal verification process.

2. If there is lost time and/or a doctor's visit:

- ◆ Employer's accident/incident report should be completed within 48 hours of knowledge.
- ◆ Employee Claim Form should be provided to injured employee within 24 hours of knowledge of injury (provided by mail or in person) with verification this has been done through a "Proof of Service" form or other formal verification process.
- ◆ Employer's First Report of Injury (5020) should be completed within five (5) calendar days of knowledge of injury.
- ◆ The Employer's First Report and Employee's Claim Form should be sent to York Risk Services Group, Inc. immediately upon completion.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

D. Where does the employee receive medical treatment?

1. In the case of serious life-threatening injury or illness, the nearest emergency room medical facility.
2. In the case of an ambulatory, non-life-threatening injury or illness, the nearest employer designated occupational medical facility.
3. If there is a chance of causing more serious injury or illness due to staff moving the injured employee, an ambulance should be called and notified that this is a workers' compensation injury.

E. Can an employee use his/her own medical doctor for treatment of an injury or illness?

1. For preliminary treatment, only if the employee has signed a request prior to the injury/illness and that request is in the employee's personnel file.
2. Thirty (30) days after the initial injury/illness the employee may request a change of treating physicians through the claims examiner.

F. When can the employee return to work?

1. Following the receipt of treatment by the doctor, the doctor should provide the employee with a return-to-work slip, which will tell the supervisor if the employee can return to work and under what conditions.
2. If the return-to-work slip is unclear as to the conditions under which an employee can return, the supervisor should call the claims examiner for clarification. The employee should not be returned to work until clarification is received.

G. Does the employer have to take an employee back for limited duty?

The employer can review the conditions of return to work from the doctor. If the employer can't accommodate those conditions without further aggravating the injury/illness, the employer does not have to bring the employee back until work is available that would not aggravate the injury/illness. If a limited duty program is created, it must be offered equally to all workers' comp injured workers in the specific job classification.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

H. Who pays for any doctor bill, hospitalization charges, ambulance fees, and/or medication that result from the injury/illness?

1. If the injury/illness is accepted as a legitimate workers' comp claim, then the employer, through the claims administrator, pays these expenses for the employee.
2. If the claim is accepted and the employee receives a bill for the above services, the supervisor should obtain the bill and send it to the claims examiner for payment.

I. When does an employee begin to receive his workers' comp disability payments?

1. If an employee is off more than three calendar days due to a workers' comp injury/illness, he/she will begin receiving workers' compensation temporary disability payments. These payments may be supplemented with an employee's accrued sick leave and vacation to provide a full paycheck. The supplemental payments are not tax-free.
2. Police officers and firemen receive full pay, tax-free from the first day of disability for up to one year.
3. If an employee runs out of supplements, he/she will continue to receive the temporary disability payments as long as he/she is off work and eligible for the benefits.

J. Are workers' comp injuries always accepted as job related and benefits provided to the employee?

No. There are three notices that can be sent to an employee regarding their workers' comp claim. The first notice is that the claim is accepted. The second notice states that acceptance or denial is delayed for up to 90 days pending the receipt of more information to determine whether or not the claim is accepted. The third notice states that the claim is rejected as not being work related and no benefits will be provided. If the acceptance of a claim is delayed and later accepted, then all benefits due to the employee, from the date of injury, will be provided.

K. If I know that the employee is faking or was injured off the job, what can I do?

If you are aware of the possibility that this is not a work-related injury, contact the claims examiner and provide him/her with the information you have. An investigation will be conducted and the claim will be reviewed to see if it is a valid claim.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

L. If the employee is off work, what can I do to get him/her back?

Once a doctor takes an employee off work for a workers' comp injury/illness, it takes a doctor's statement to bring the employee back to full or limited duty. If you have knowledge that the employee is doing similar work while off, contact the claims examiner and he/she will investigate the matter, including talking to the doctor about returning the employee to duty.

M. Does the employee have the right to an attorney in workers' comp cases?

Yes. The benefits are very specific in the law; however, some employees want an attorney to represent them. Once a settlement is reached in the case, the attorney gets a certain percentage of the employee's settlement. If you know an employee has an attorney, you should not discuss the details of the case with the employee. You can discuss how the employee is feeling and when the doctor may allow them back to work and/or whether they have future medical appointments.

N. What can I do about follow-up treatment or evaluations for accepted workers' comp claims?

The employee has the right to any follow-up treatment or evaluation ordered by a physician. They will be paid mileage to and from the doctor's office. If the employee has returned to work and has treatment or an evaluation, you can request that he/she schedule the treatment at the beginning or ending of a shift to reduce disruption to the work site. The employee will not receive a temporary disability payment for treatment or a follow-up evaluation unless the treatment requires that the employee miss his/her entire normal work shift.

O. Why must an employee talk to a rehabilitation counselor if he/she is going to return to work?

For injuries prior to January 1, 2004, if an employee is off work more than 90 days, even if he/she will be returning to work, a rehabilitation counselor must be assigned to the case. The counselor must speak with the employee about the potential of rehabilitation. It does not mean that the employee can no longer work at his/her old job. It also does not mean the employee must be rehabilitated.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

P. When can I replace an employee if he/she cannot return to work because of the workers' comp injury?

1. Generally, once a doctor has declared the employee's condition to be permanent and stationary (P&S) and has defined the conditions of work which preclude the employee from returning to work, you can replace the employee. However, before taking any action, you should check with your personnel department and York Risk Services Group, Inc.
2. Under recent federal law established through the Americans with Disabilities Act (PL 101-336), an employer is required to try and make "reasonable accommodations" for an injured employee trying to return to work. Reasonable accommodation should be explored and documented before making a final decision to release/replace an employee.

Q. What are some of the benefits due an employee who is injured at work?

1. If the claim is accepted as legitimate, the following are some of the benefits:
 - ◆ The employee's injury/illness-related medical bills and transportation will be paid.
 - ◆ If the employee misses work, he/she will receive tax-free temporary disability payments until the employee returns to work, is retired, or the case is closed.
 - ◆ If the employee cannot return to his/her normal job, rehabilitation services will be offered which will either place him/her in another job or will provide training and replacement in another job. While in rehabilitation, the employee will receive vocational rehabilitation temporary disability (VRMA) payments.
 - ◆ The employee may be eligible for a cash payment for permanent disability if it is found that the employee has suffered some percentage of permanent disability due to the injury. The amount of the payment is determined by medical statements about the degree of permanent disability by a physician, and the use of a state mandated rating system.
 - ◆ If the employee dies due to a work-related injury, there are specific burial and death benefits provided to his/her dependents.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

R. What are the different types of workers' compensation injuries?

Specific Injuries:

Struck by object, slip & fall, cuts, back strain while lifting, etc.

Cumulative Trauma:

Condition caused by repetitive activities developing over time.

Example: Carpal Tunnel Syndrome

Aggravation Injuries:

A pre-existing condition worsened by some aspect of employment--prior injury and medical records crucial (apportionment). Examples: back, psyche, heart, etc.

REMEMBER:

Exacerbation is same injury.

Aggravation is a new injury.

S. What is a First Aid Injury?

Per Labor Code 9780(4)(f) "First Aid" is any one-time treatment and one follow-up visit (even if provided by a physician or healthcare professional) for the purpose of observation of minor scratches, cuts, burns, splinters etc. which do not ordinarily require medical care.

What First Aid Does Not Include:

1. ***Pesticide Poisoning:*** Any one time treatment administered for pesticide poisoning or suspected pesticide poisoning is not included in the definition of first aid. Therefore, all pesticide poisoning claims must be reported irrespective of the level or number of treatments.
2. ***Hazardous Substances:*** First aid does not include any one-time treatment by a physician for any serious exposure to a hazardous substance as a result of a specific incident or over time, in a degree or amount sufficient to create a substantial probability that death or serious physical harm in the future could result from the exposure.
3. ***Loss of Consciousness, Restriction from Work or Motion or Transfer to Another Job:*** First aid does not include any injuries resulting from loss of consciousness, restriction from work or motion or transfer to another job.

First aid claims **do not** have a minimum or maximum dollar amount threshold.

FREQUENTLY ASKED QUESTIONS (FAQ's)

(Continued)

T. Why does the claims examiner need the employee's payroll log or wage statement?

At the time of the injury, the claims administrator must have earnings of the employee's "gross" wages for one year BEFORE the injury. This report can usually be generated from the payroll department and faxed when the new loss is reported. This information is required by the WCAB when claimant is not earning max-disability benefits. A new wage statement will also be needed if an employee is entitled to disability benefits two years after the date of injury, due to possible increases.

GLOSSARY OF TERMS

The claims process is complex and strictly regulated. In this section you will see a variety of acronyms and terms. Here are some definitions:

WHO

AA	Applicant Attorney
DA	Defense Attorney
EE	Employee
ER	Employer
Dist. Atty.	District Attorney

GENERAL

DOI	Date of Injury
AWW	Average Weekly Wage
DEU	Disability Evaluation Unit
DWC-1	Employee Claim Form
5020	Employer's Report of Injury
5021	Doctor's First Report of Injury
AOE/COE	Arising out of employment/in the course of employment
DOB	Date of Birth
MOD DUTY	The injured worker is released to work with physical/mental restrictions
NLT	No lost time
RTW	Return to Work
Three point contact	At the onset of a new loss, York will contact the employer, injured worker and the doctor

MEDICAL TERMS

ACOEM	American College of Occupational and Environmental Medicine
AME	Agreed Medical Examiner (applicant and defense agree to use one doctor)
AQME	The applicant's choice of Qualified Medical Examiner
DQME	Defendant's choice of medical evaluation once they have objected
DX:	Diagnosis
FOV	First office visit
HX	Medical history
LOV	Last office visit
MMI	Maximum medical improvement. The recovery of an injury has stabilized and recovery is maximized. The claim is poised for a permanent disability rating. Same as permanent and stationary
NOV	Next office visit
OBJECT	Examiner objects to medical treatment and offers AME/QME or panel QME
P & S	Permanent and stationary

GLOSSARY OF TERMS (cont'd)

PQME	When claimant is not represented by an attorney and either party objects, the claimant goes through a State Panel Qualified Medical Evaluation
SX	Surgery
PTP	Treating physician
UR	Utilization Review
DC	Chiropractor
PT	Physical Therapy
TREATER	Treating physician

LEGAL TERMS

APP	The legal filing that initiates litigation in the Workers' Compensation system
C & R	Compromise and Release
DOR	Declaration of Readiness to Proceed (This assigns a court date)
132(a)	Labor Code section that allows employees to petition for penalties against the employer for discriminating against an employee because they had a workers' compensation injury.
In Pro Per	Claimant is not represented by an attorney
F & A	Findings and Award
F & S	File and serve the document on the parties
MSC	Mandatory Settlement Conference
L.C.	Labor Code
PTC	Pre Trial Conference
S & A	Stipulations with Request for Award
S & W	Serious and Willful Misconduct. Penalty claims filed as a result of injury from willful violations of enforced safety policy. Employer knew of negligence on premises or faulty property, did not fix it and the employee sues for this in workers compensation arena
SUBRO	Subrogation (third party recovery)
WCAB	Workers Compensation Appeals Board
WCJ	Workers Compensation Judge

INVESTIGATION

SUBROSA	Obtaining investigation film on a person
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BENEFIT TERMS

PPD	Permanent partial disability (we usually say pd)
PTD	Permanent total disability (100%)
TTD	Temporarily total disability (we usually say td)
TPD	Temporarily partial disability (modified duty or wage loss)
LP	Life pension

GLOSSARY OF TERMS (cont'd)

VOCATIONAL REHABILITATION

Voc Rehab or VR	Vocational Rehabilitation
QIW	Qualified Injured Worker (for vocational rehabilitation)
VRMA	Vocational rehabilitation maintenance allowance
MOD ALT	The injured worker is QIW and the employer offers permanent modified duty
SJD	Supplemental job displacement. Vocational rehabilitation benefit

Remember:

Exacerbation	A temporary increase of a pre-existing symptom. (Not a new injury)
Aggravation	An injury whose symptoms have been indefinitely made worse and/or the symptoms have increased dramatically. (A new injury to be reported, if not first aid)

REQUIRED FORMS/NOTICES FOR ALL EMPLOYEES
NEW EMPLOYEE PAMPHLET
(FACTS ABOUT WORKERS' COMPENSATION)

**YOU ARE REQUIRED TO PROVIDE INFORMATION ABOUT RIGHTS,
BENEFITS AND OBLIGATIONS OF WORKERS' COMPENSATION TO EVERY
NEW EMPLOYEE**

Labor Code Section 3551 states that every employer shall provide to every new employee, either at the time of hire or no later than the end of the first pay period, information concerning the rights, benefits and obligations under workers' compensation laws.

The pamphlet shall be in writing, in non-technical terms and shall include information regarding the scope of coverage, their rights to medical care, indemnity benefits and vocational rehabilitation, the procedures for reporting accidents and injuries, and where additional information can be obtained.

York Risk Services Group, Inc. is happy to assist you in obtaining a supply of pamphlets. A sample pamphlet is attached.

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work-related injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician Employee: Complete this section

Employer _____
 If I have a work-related injury or illness, I choose to be treated by:
 (Name of doctor) (M.D., D.O., or medical group) _____
 (street address, city, state, zip) _____
 (telephone number) _____
 Employee Name (please print): _____
 Employee's Address: _____
 Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____
 Employee Signature: _____ Date _____

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature _____
 Employee # _____ Date _____
 Physician: I agree to this Pre-designation: _____
 Signature: _____ Date _____
 (Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (LAC) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or LAC, in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or LAC. You may use this form to notify your employer of your personal D.C. or LAC, or your employer may have their own form. The D.C. or LAC must be your regular D.C. or LAC who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or LAC within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for post-surgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

Name of chiropractor or acupuncturist (D.C., LAC) _____
 (street address, city, state, zip code) _____
 (telephone number) _____
 Employee Name (Please Print): _____
 Employee's Address: _____
 Employee's Signature: _____
 Date: _____
 Title 8, California Code of Regulations, section 9783.1
 (Optional DWC Form 9783.1 Effective date July 1, 2014)

WHEN A WORK INJURY OCCURS...

- Quickly seek first aid.
- Call 9-1-1 for help immediately if emergency medical care is needed.
- Immediately report injuries to your supervisor or employer representative at _____

Information & Assistance Office: _____

Employer MUST complete this information

York.

The Facts About Workers' Compensation

York Risk Services Group, Inc.
 P.O. Box 619079
 Roseville, CA 95661
 Phone (866) 221-2402
 Fax (866) 548-2637

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to \$10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury

causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of \$6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It is a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: <http://www.dir.ca.gov/dwc>.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to \$10,000 and imprisonment up to five years.

REQUIRED FORMS/NOTICES FOR ALL EMPLOYEES

POSTING NOTICE INSTRUCTIONS

YOU ARE REQUIRED TO POST A NOTICE ON WORKERS' COMPENSATION IN A CONSPICUOUS LOCATION

Labor Code Section 3550 states that every employer shall post and keep posted in a conspicuous location frequented by employees, and where the notice may be easily read by employees during the hours of the workday, a notice which shall state that the employer is self-insured and the name of the claims administrator.

Failure to post required notices is a misdemeanor and shall automatically permit the employee to be treated by their personal physician with respect to an injury occurring during that failure.

The posters are just one way of communicating to your employees the location of the pre-designated treatment facility. It can also notify the employee who to contact to report their injury.

York Risk Services Group, Inc. is happy to assist you in obtaining the proper posters. A sample form is attached.



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: _____ MPN website: _____

MPN Effective Date _____ Current MPN's address: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator _____ Phone _____

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

Policy Expiration Date _____

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free (800) 736-7401. Learn more information about DWC and DLSE online: www.dwc.ca.gov or www.dir.ca.gov/dlse.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related activity.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo el lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías y medicinas que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay un límite para ciertos servicios médicos.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si su lesión le causa una incapacidad permanente.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible pagadero a una escuela aprobada por el estado si su lesión surge en o después del 1/1/04, y le ocasiona una incapacidad permanente que le impida regresar al trabajo dentro de 60 días después de que los pagos por TD terminen y su empleador no le ofrece a usted un trabajo modificado o alternativo.
- **Beneficios por Muerte:** Pagados a los dependientes de un(a) trabajador(a) que muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione y su médico debe estar de acuerdo de atenderle la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a su presunta lesión y será responsable por diez mil dólares (\$10,000) en tratamiento hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad. Si usted designó previamente a su médico personal o grupo médico antes lesionarse (vea uno de los párrafos anteriores), en ciertas circunstancias, usted puede consultarlo para el tratamiento. De otra forma, su empleador tiene el derecho de seleccionar al médico que le atenderá durante los primeros 30 días. Es posible que usted pueda cambiar a un médico de su preferencia después de 30 días. Hay reglas diferentes que se aplican cuando su empleador ofrece una Organización de Cuidado Médico (HCO) o si tiene una Red de Proveedores Médicos (MPN). Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Si su empleador usa una MPN, una notificación de la MPN debe estar al lado de este cartel para explicar como usar la MPN. Usted puede pedir una copia de esta notificación hablando al número de la MPN debajo descrito. Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado. Si usted no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información del contacto de la MPN:

Número gratuito de la MPN vigente: _____ Página web de la MPN: _____

Fecha de vigencia de la MPN _____ Dirección de la MPN vigente _____

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos _____ Teléfono _____

Asegurador del Seguro de Compensación de trabajador _____ (Anoté "autoasegurado" si es apropiado)

Fecha de Vencimiento de la Póliza _____

Si la póliza de compensación de trabajadores se ha vencido, comuníquese con el Comisionado Laboral, en la *División para el Cumplimiento de las Normas Laborales* (Division of Labor Standards Enforcement- DLSE).

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores.

El Oficial de Información y Asistencia más cercano se localiza en _____

o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre de la DWC y DLSE en el Internet en: www.dwc.ca.gov o

www.dir.ca.gov/dlse.

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.
DWC 7 (6/10)

REQUIRED FORMS/NOTICES FOR ALL EMPLOYEES EMPLOYEE'S DESIGNATION OF PERSONAL PHYSICIAN

Under Labor Code 4600 and 4601, the employee is required to inform his/her employer in writing prior to the workers' compensation injury, if the injured employee chooses to be treated by his/her personal physician. Pre-designations completed previous to the April 19, 2004 workers' compensation reform may be invalid as the following criteria must be met in order to be currently effective:

- The personal physician the employee selects must be his/her "regular physician and/or surgeon" who has his/her medical record file and history. The physician has to have previously directed his/her medical treatment.
- The employee's personal physician must be a medical doctor. Employees are no longer allowed to select a chiropractor or acupuncturist as your personal physician.
- The personal physician selected must be a part of the employer's non-occupation group coverage.
- The personal physician selected MUST agree to being pre-designated by the employer AND comply with workers' compensation laws and reporting requirements.

There is no required format for the pre-designation form that you must provide the employee. A sample form is attached.

To All Employees:

RE: New Procedure in Workers' Compensation for Pre-Designation of Your Personal Physician.

As of April 19, 2004, the California Legislature enacted Senate Bill 899. This bill has changed the rules for pre-designating a personal physician to provide treatment for injuries that occur on the job. As a result of this change in the law, all previous pre-designations of personal physicians may no longer be valid.

Under the new law, all pre-designations of a personal physician **MUST** meet **ALL** of the following requirements found in Labor Code Section 4600(d)(1) which indicates:

1. The personal physician you select must be your "regular physician and/or surgeon" who has your medical record file and history. The physician has to have previously directed your medical treatment.
2. Your personal physician must be a medical doctor. You are no longer allowed to select a chiropractor or acupuncturist as your personal physician.
3. The personal physician you select must be a part of the employer's non-occupation group coverage.
4. The personal physician you select **MUST** agree to being pre-designated by you **AND** comply with workers' compensation laws and reporting requirements.

If you wish to designate a personal physician to treat you in the event of a workers' compensation injury, please complete the new pre-designation form that is attached. This form must be signed by you **AND** your personal physician and returned to your supervisor and/or human resources department **BEFORE** an injury occurs, to be valid.

Please be advised that if you **DO NOT** wish to pre-designate a treating physician, you must seek treatment at the employer's designated facility for the first 30 days of your claim. In the event you have selected a new personal physician, but wish to seek treatment at the employer's designated facility, you may do so.

If you wish to designate a personal physician to treat you in the event of a workers' compensation injury, please complete the new pre-designation form and have your pre-designated physician complete and sign the Certification of Physician. You will need to return both forms to your employer.

PRE-INJURY PERSONAL PHYSICIAN PRE-DESIGNATION FOR WORK RELATED INJURIES

Date employee was provided Pre-Designation Form: _____

Employee Name: _____

Employee Address: _____

City, State and ZIP Code: _____

Employer Name: _____

Employer Address and Department: _____

Private Health Insurance Coverage: _____

Private Health Insurance Address: _____

Private Health Insurance Telephone Number: _____

Private Health Insurance Medical Record/Group Number: _____

I understand the Workers' Compensation Laws of the State of California indicate that if I have notified my employer in writing prior to the date of injury that I have a personal physician, I shall have the right to be treated by such physician from the date of injury. As defined by law, a "personal physician" must be the employee's regular physician and/or surgeon who has your medical record file and history; must be the employee's primary care physician who has previously directed the medical treatment; must be a medical doctor and not a chiropractor or acupuncturist; must be a part of the employer's non-occupation group coverage and MUST agree to be pre-designated AND comply with workers' compensation laws and reporting requirements. If I am injured on the job, I would like to be treated by the physician whose information is provided below. I verify by signing below that the below physician meets the above legal requirements.

I understand that my employer requires me to contact the below physician who must sign the attached form to prove he agrees to treat me in the event of an injury on the job and also prove he will abide and adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. I further understand that I am responsible for signing the below document and seeking agreement and signature of the attached document from my personal physician and I am to return all of the documents to my employer. If all of these steps do not occur, I am aware my pre-designation form is invalid. If my employer does not have this completed form prior to industrial injury, I will seek medical treatment with the employer's designated medical facility as noted on the posted notices regarding workers' compensation.

Even though I am designating a personal physician, I understand that my employer may require me to undergo medical examinations by other physicians at their request and expense.

Physician's Name: _____

Physician's Street Address: _____

Physician's City, State and ZIP code: _____

Physician's Telephone Number: _____

Medical Specialty: _____

I understand that the filing of this form does not relieve me from my obligation to report all injuries immediately to my supervisor and to complete all required reporting forms. I certify that all of the above statements are true and correct to the best of my knowledge.

Employee Signature: _____

Employee Name (print): _____

Date of Request: _____

This form must be signed by you AND your personal physician. You must return ALL of the signed documents to your supervisor and/or human resources department BEFORE an injury occurs, to be valid.

RE: Workers' Compensation medical treatment certification

Dear Dr. _____:

The employee listed on the reverse side of this document has selected you as a pre-designated physician for work related injuries. For your convenience, the employer has provided a copy of the regulations required of a primary treating physician for treating a patient who is industrially injured. As such, please verify the following information.

CERTIFICATION OF PHYSICIAN

This is to certify I am the above patient's regular, primary care physician. I have treated him/her for non-work related medical problems and I maintain his/her medical records in my office.

I have read and agree with the Reporting Duties of the Primary Treating Physician, per California Code of Regulations, Title 8, Section 9785 that is attached to this document and agree to abide by the laws when treating this employee for work-related injuries or illnesses.

I acknowledge all requests for medical care will be governed by Labor Code 4610 outlining mandatory utilization review under the guidelines of the American College of Occupational and Environmental Medicine (ACOEM).

In addition, I agree to accept payment for medical treatment services provided in accordance with the California Official Medical Fee Schedule.

Physician's Signature: _____

Print Name: _____

Date: _____

I decline the request to be his/her Treating Physician for work-related injuries.

Physician's Signature: _____

Print Name: _____

Date: _____

CALIFORNIA CODE OF REGULATIONS,
Title 8, Chapter 4.5. Division of Workers' Compensation
Subchapter 1. Administrative Director—Administrative Rules
Article 5. Transfer of Medical Treatment
Section §9785. Reporting Duties of the Primary Treating Physician

(a) For the purposes of this section, the following definitions apply:

(1) The "primary treating physician" is the physician who is primarily responsible for managing the care of an employee, and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter. The primary treating physician is the physician selected by the employer or the employee pursuant to Article 2 (commencing with section 4600) of Chapter 2 of Part 2 of Division 4 of the Labor Code, or under the contract or procedures applicable to a Health Care Organization certified under section 4600.5 of the Labor Code.

(2) A "secondary physician" is any physician other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee.

(3) "Claims administrator" is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or a third-party administrator for a self-insured employer, insurer, legally uninsured employer, or joint powers authority.

(4) "Medical determination" means, for the purpose of this section, a decision made by the primary treating physician regarding any and all medical issues necessary to determine the employee's eligibility for compensation. Such issues include but are not limited to the scope and extent of an employee's continuing medical treatment, the decision whether to release the employee from care, the point in time at which the employee has reached permanent and stationary status, and the necessity for future medical treatment.

(5) "Released from care" means a determination by the primary treating physician that the employee's condition has reached a permanent and stationary status with no need for continuing or future medical treatment.

(6) "Continuing medical treatment" is occurring or presently planned treatment that is reasonably required to cure or relieve the employee from the effects of the injury.

(7) "Future medical treatment" is treatment, which is anticipated at some time in the future and is reasonably required to cure or relieve the employee from the effects of the injury.

(8) "Permanent and stationary status" is the point in time, determined by the primary treating physician, when the employee has reached maximum medical improvement or his or her condition has been stationary for a reasonable period of time.

(b)(1) An employee shall have no more than one primary treating physician at a time.

(2) An employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 provided the primary treating physician has determined that there is a need for:

(A) continuing medical treatment; or

(B) future medical treatment. The employee may designate a new primary treating physician to render future medical treatment either prior to or at the time such treatment becomes necessary.

(3) If the employee disputes a medical determination made by the primary treating physician, including a determination that the employee should be released from care, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. No other primary treating physician shall be designated by the employee unless and until the dispute is resolved.

(4) If the claims administrator disputes a medical determination made by the primary treating physician, the dispute shall be resolved under the applicable procedures set forth at Labor Code §§4061 and 4062. During the course of such procedures, and provided the primary treating physician has determined that there is a need for continuing or future treatment, the employee may designate a new primary treating physician of his or her choice pursuant to Labor Code §§4600 or 4600.3 to render treatment.

(c) The primary treating physician, or a physician designated by the primary treating physician, shall make reports to the claims administrator as required in this section. A primary treating physician has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. A claims administrator may designate any person or entity to be the recipient of its copy of the required report.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(d) The primary treating physician shall render opinions on all medical issues necessary to determine the employee's eligibility for compensation in the manner prescribed in subdivisions (e), (f) and (g) of this section. The primary treating physician may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(e)(1) Within 5 working days following initial examination, a primary treating physician shall submit a written report to the claims administrator on the form entitled "Doctor's First Report of Occupational Injury or Illness," Form DLSR 5021. Emergency and urgent care physicians shall also submit a Form DLSR 5021 to the claims administrator following the initial visit to the treatment facility. On line 24 of the Doctor's First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultations or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).

(2) Each new primary treating physician shall submit a Form DLSR 5021 following the initial examination in accordance with subdivision (e)(1).

(3) Secondary physicians, physical therapists, and other health care providers to whom the employee is referred shall report to the primary treating physician in the manner required by the primary treating physician.

(4) The primary treating physician shall be responsible for obtaining all of the reports of secondary physicians and shall, unless good cause is shown, within 20 days of receipt of each report incorporate, or comment upon, the findings and opinions of the other physicians in the primary treating physician's report and submit all of the reports to the claims administrator.

(f) A primary treating physician shall, unless good cause is shown, within 20 days report to the claims administrator when any one or more of the following occurs:

(1) The employee's condition undergoes a previously unexpected significant change;

(2) There is any significant change in the treatment plan reported, including, but not limited to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) a change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or orthotic devices;

(3) The employee's condition permits return to modified or regular work;

(4) The employee's condition requires him or her to leave work, or requires changes in work restrictions or modifications;

(5) The employee is released from care;

(6) The primary treating physician concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);

(7) The claims administrator reasonably requests appropriate additional information that is necessary to administer the claim. "Necessary" information is that which directly affects the provision of compensation benefits as defined in Labor Code Section 3207.

(8) When continuing medical treatment is provided, a progress report shall be made no later than forty-five days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred. If an examination has occurred, the report shall be signed and transmitted within 20 days of the examination.

Except for a response to a request for information made pursuant to subdivision (f)(7), reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report" form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2. A response to a request for information made pursuant to subdivision (f)(7) may be made in letter format. A narrative report and a letter format response to a request for information must contain the same declaration under penalty of perjury that is set forth in the Form PR-2: "I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated Labor Code §139.3."

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner and form.

(g) When the primary treating physician determines that the employee's condition is permanent and stationary, the physician shall, unless good cause is shown, report within 20 days from the date of examination any findings concerning the existence and extent of permanent impairment and limitations and any need for continuing and/or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" form (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC 81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators and Agreed Medical Evaluators may not use Form PR-3 to report medical-legal evaluations.

(h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.

(i) Claims administrators shall reimburse primary treating physicians for their reports submitted pursuant to this section as required by the Official Medical Fee Schedule.

Agenda Item 8.4**DISCUSSION/ACTION ITEMS****SUBJECT: NPA Return-To-Work Services Program Review**

BACKGROUND AND STATUS:

Erik Peterson from NPA Return-To-Work Services will be presenting on the performance of the Return to Work program offered by CAPRI.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

- NPA Performance Review Powerpoint



Bringing you the OUR System,
a proactive early Return-to-
Work Program

Return-to-Work Specialists

Norman Peterson & Associates (NPA)

- Return-to-Work firm since 1985
- Over 1,500 clients throughout all 50 states
- Extensive experience with Public Agencies
- Working with CAPRI since 2010
- Copyrighted ERTW Program – The OUR System®
- Learn more at www.returntowork.com

The OUR System® is...

- A **COLLABORATIVE** development process
- **PRO-ACTIVE** disability management tool
- Raises overall **PRODUCTIVITY**
- Facilitates **COMMUNICATION** between all parties: employer, employee and physician
- Dramatically decreases **COST** of on-the-job injuries

OUR System® Benefits

- Injured workers return to work earlier.
- Number of days lost to work-related injuries is reduced.
- Medical and workers' compensation costs are reduced.
- Recovery period is reduced and risk of re-injury is minimized.
- Fraud is discouraged.
- Can assist in meeting requirements for FEHA and ADA.

BRIDGE ASSIGNMENTS

Bridge Assignments are productive temporary transitional work assignments developed from:

- Wish Lists from participants
- On-site interviews
- NPA's databank
- Plotted by physical demands on a matrix



BA - 2

OUR #: BA - 2
 TITLE: Safety/Inventory Specialist

TEMPORARY BRIDGE ASSIGNMENT

TITLE: Safety/Inventory Specialist

All work is to be performed in a safe and careful manner.

DESCRIPTION

Worker may perform any combination of the following or similar tasks as directed: Inspects designated buildings, facilities and grounds for environmental or operational needs, potential safety hazards, cleanliness, etc. May complete checklists which include such items as fire extinguishers, first aid kits, exit signs or lights, painting or graffiti issues, maintenance or cleaning needs, etc. Notifies supervisory personnel of discrepancies or items requiring attention or action. May assist with follow-ups of safety issues to obtain information or determine if corrective actions have been completed. If system is computerized, ensure updates are current, otherwise check and/or update MSDS materials, safety manuals, etc. May conduct or assist with various inventories of supplies, materials, equipment, tools, signs, etc. May count/document amount, type, status, etc., of items inventoried, prepare lists or reports or verify/reconcile against existing records. May use cell phone or handheld bar code scanner to scan bar codes for various inventories. May act as a safety spotter for other employees. May check with other employees regarding status of safety glasses.

MACHINES AND/OR TOOLS USED

Clipboard, pen, paper, cell phone, bar code scanner, computer, telephone.

VEHICLES AND/OR EQUIPMENT DRIVEN

None.

REQUIRED TRAINING, LICENSING AND/OR CERTIFICATIONS

None.

TEMPORARY BRIDGE ASSIGNMENT ANALYSIS

Endurance	Minutes at One Time	Total Hours in an 8 Hour Day
Sit	0 - 5 min.	0 - 2
Stand	0 - 5 min.	0 - 2
Walk	0 - 5 min.	4 - 6
Drive	0	0
Keyboarding	0 - 5 min.	0 - 1

STRENGTH	Nvr	Rare	Seld	Occas	Freq	Cont	ACTIVITIES	Nvr	Rare	Seld	Occas	Freq	Cont
Time in an 8 hour day	0	up to 30 min.	31 to 90 min.	1.5 to 2.5 hrs.	2.5 to 5 hrs.	5 to 8 hrs.	Time in an 8 hour day	0	up to 30 min.	31 to 90 min.	1.5 to 2.5 hrs.	2.5 to 5 hrs.	5 to 8 hrs.
LIFT							PHYSICAL ACTIVITIES						
01 - 10 lbs.						X(1)	Bend/Stoop		X				
11 - 20	X						Twist		X				
21 - 35	X						Crouch/Squat		X				
36 - 50	X						Kneel		X				
CARRY							PHYSICAL ACTIVITIES						
01 - 10 lbs.						X(1)	Crawl		X				
11 - 20	X						Walk-Level						X
21 - 35	X						Walk-Uneven		X				
36 - 50	X						Climb Stairs		X				
PUSH							PHYSICAL ACTIVITIES						
01 - 10 lbs.			X(1)				Climb Ladder		X				
11 - 20	X						Reach Above Shldr.		X				
21 - 35	X						Use of Arms						X(1)
36 - 50	X						Use of Wrists						X(1)
PULL							PHYSICAL ACTIVITIES						
01 - 10 lbs.			X(1)				Use of Hands						X(1)
11 - 20	X						Grasping						X(1)
21 - 35	X						Fingering			X(1)			
36 - 50	X						Foot Control		X				
							ENVIRONMENT						
							Inside						
							Outside						

SPECIAL NOTES/POSSIBLE HAZARDS/POSSIBLE ACCOMMODATIONS:

1. Items weighing up to 3 lbs.; may be performed with one hand.

Work may be performed in teams, where non-injured team member is responsible for driving to and from site.

Nature of assignment allows self-pacing of tasks.

GENERAL

TEMPORARY BRIDGE ASSIGNMENT MATRIX & INDEX

Physical Demand Level	Leg/Foot Injury	Hand/Arm Injury	Lower Back Injury	Neck/Shoulder, Upper Back Injury	Mid-Torso Injury
Level 4 (Heaviest)	2, 8, 13, 15, 16, 18				
Level 3	9, 10, 12, 14, 17	13, 15	13, 15, 16, 18	13, 15, 16	13, 15, 16, 18
Level 2	4, 7	3, 4, 7, 8, 9, 10, 12, 14, 18	2, 4, 7, 8, 9, 10, 12, 14, 17	2, 4, 7, 8, 9, 10, 12, 14, 18	2, 4, 7, 8, 9, 10, 12, 14, 17
Level 1 (Lightest)	1, 3, 5, 6, 11	1, 2, 5, 6, 11, 16, 17	1, 3, 5, 6, 11	1, 3, 5, 6, 11, 17	1, 3, 5, 6, 11

OUR #

TITLE

BA - 1	Greeter
BA - 2	Safety/Inventory Specialist
BA - 3	Clerical Helper I
BA - 4	Clerical Helper II
BA - 5	Scanner/Shredder
BA - 6	Library Helper I
BA - 7	Library Helper II
BA - 8	Litter Patrol
BA - 9	Agriculture Helper
BA - 10	Animal shelter Helper
BA - 11	HSSA Support I
BA - 12	HSSA Support II
BA - 13	Automobile & Equipment Cleaner
BA - 14	Large Document Scanner
BA - 15	Road Sign Maintenance
BA - 16	Flagger
BA - 17	Cleaner I
BA - 18	Cleaner II

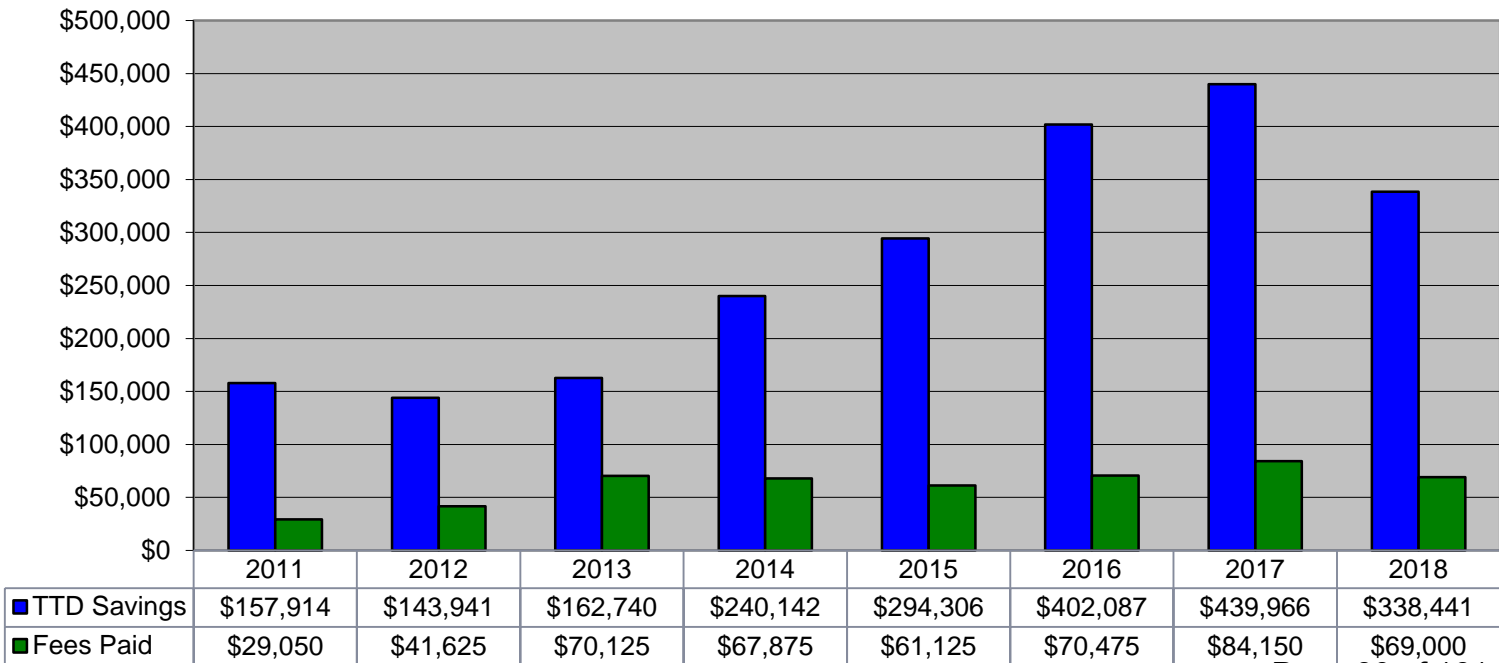
OUR SYSTEM® + Placement Administration Team (PAT)

- **Administer RTW activities**
 - Contacts supervisor upon notification of injury
 - Submits Bridge Assignment to physician
 - Informs supervisor of physician approval of mod duties
 - Follows claim until resolution or U & C
- **Monthly reports** documenting status of each injured worker currently in OUR System®
- **Bridge Assignments** continuously looked at for value. New ones written when needed.

CAPRI Annual RTW Savings



CAPRI Annual RTW Savings Analysis *Start Date 07/12/10



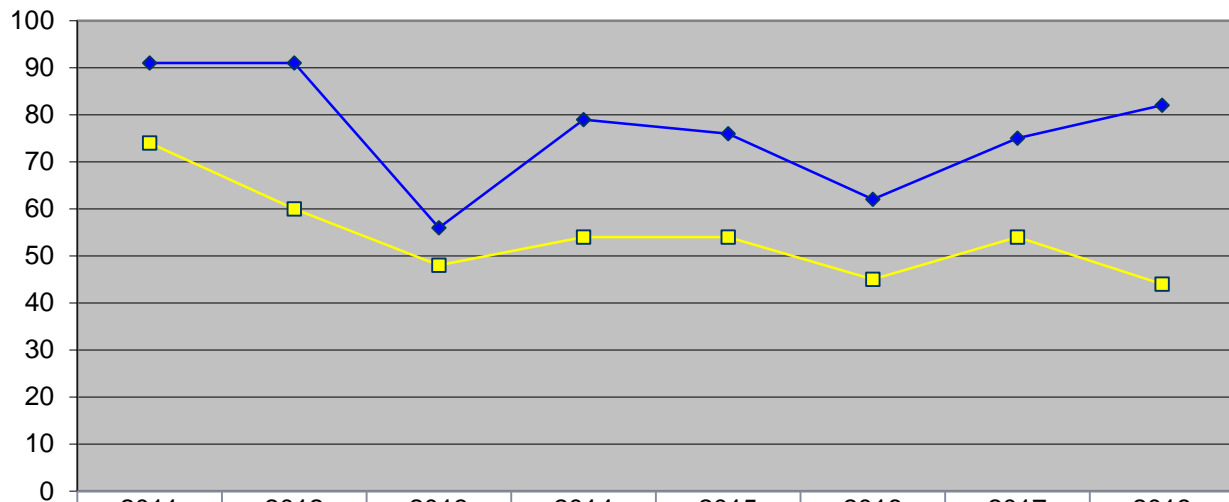
Days in Modified duty & Days to U&C



CAPRI

Days in Modified Duty & Days to U&C

*Start Date 07/12/10

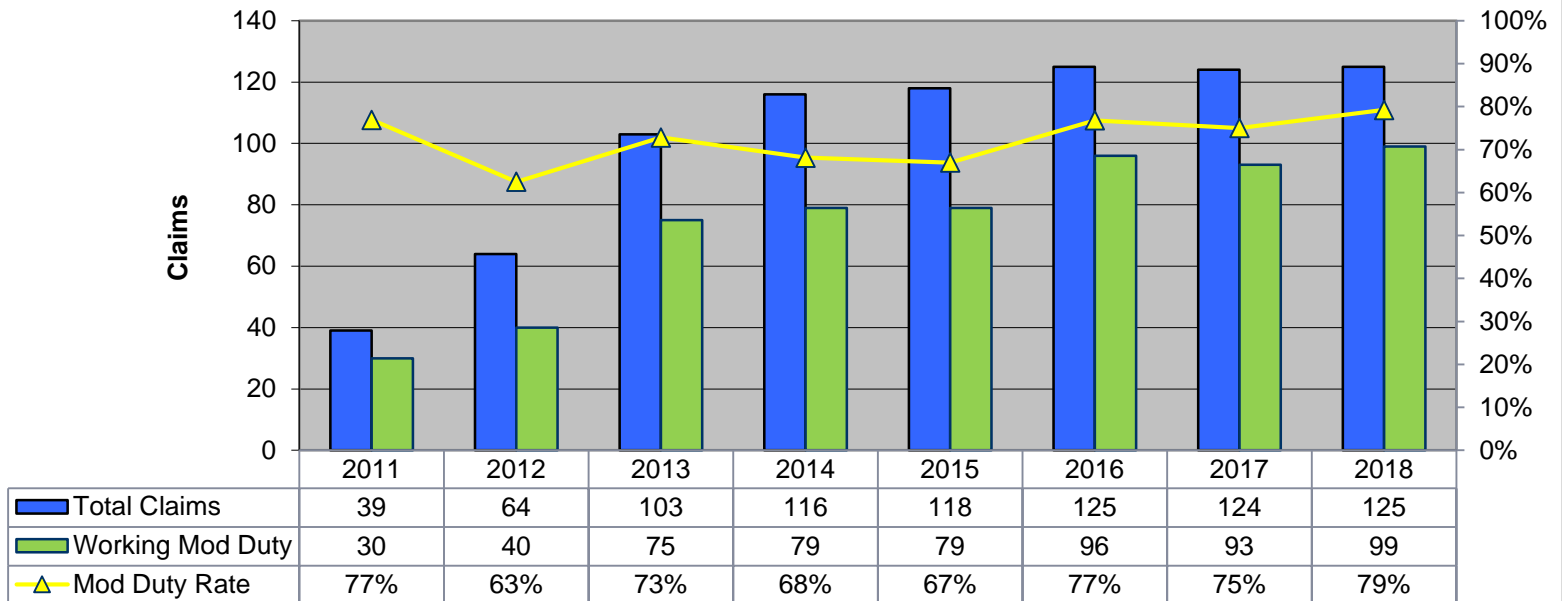


—■— Avg Days in Mod	74	60	48	54	54	45	54	44
—◆— Avg Days to U&C	91	91	56	79	76	62	75	82

Claim Counts & Modified Duty Rate



CAPRI
 Claim Counts & Modified Duty Rate
 *Start Date 07/12/10



Agenda Item 8.5**DISCUSSION/ACTION ITEMS****SUBJECT: WC Premium Allocation Formula Review**

BACKGROUND AND STATUS:

Derek Burkhalter with Bickmore Actuarial will be in attendance and discussing the Board's options as it relates to the Workers' Compensation Premium Allocation formula. This includes addressing the pros and cons of the current formula and the possibility of introducing other variables. If the Board determines any changes or updates are appropriate, Staff will work with Bickmore to develop specific proposed formulas for future Board review and consideration.

RECOMMENDATION:

Direct Staff to investigate Premium Allocation Formula options as determined by the Board to bring back for further discussion and review at a later Board Meeting.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 8.6**DISCUSSION/ACTION ITEMS****SUBJECT: Member Notice of Intent to Withdraw from WC Program**

BACKGROUND AND STATUS:

On July 8, 2019, Auburn Area Recreation and Park District submitted a written request to withdraw from the CAPRI Workers' Compensation program effective November 1, 2019. The CAPRI Bylaws provide that a member may voluntarily withdraw at the end of the program year following a three-month notice. ARD specifically requests to be released mid-year. Staff will be prepared to discuss additional background on ARD's request at the meeting.

RECOMMENDATION:

Direct Staff to process the mid-year withdrawal by determining an appropriate pro-rata amount for the partial year coverage.

REFERENCE MATERIALS ATTACHED:

- Correspondence from ARD of July 8, 2019



AUBURN AREA RECREATION AND PARK DISTRICT

July 8, 2019

CAPRI
6341 Auburn Blvd, Suite A
Citrus Heights, CA 95621-5203

RE: Workers' Compensation Program

At the request of our Board of Directors of the Auburn Area Recreation and Park District (ARD), we wish to cancel our self-insurance program for our Workers' Compensation Program. The ARD Board originally considered cancelling our program in March of 2019 and enrolling with SDRMA, however Matt Duarte asked us to delay our decision while CAPRI reevaluated how our rates were determined. At that point, the ARD Board decided to wait to see if the rates for the upcoming 2019/2020 Fiscal Year would change the comparisons that had been presented. The savings in fact further increased by switching to SDRMA.

Once the ARD Board was able to compare rates and CAPRI's new estimated premiums were presented at our June 2019 Board Meeting, the ARD Board of Directors made a final decision to move to SDRMA.

With mixed emotions, please accept our 90-day notice. We understand that Auburn Area Recreation and Park District will lose its initial investment in the Workers' Compensation Program by resigning from CAPRI. We would like to resign from CAPRI on November 1st and move to SDRMA at that time.

The Auburn Area Recreation and Park District has valued our relationship with CAPRI and look forward to continuing working together with the liability program. We will definitely reach out to you again in three years to re-evaluate the premiums available and again compare worker's compensation programs.

Sincere Regards,

Veona Galbraith
Administrative Services Manager
Auburn Area Recreation and Park District

Agenda Item 8.7**DISCUSSION/ACTION ITEMS****SUBJECT: ADA Compliance Assessment Program Proposal Review**

BACKGROUND AND STATUS:

At the May 2019 Meeting, the Board directed CAPRI's counsel to enter into negotiations with Disability Access Consultants ("DAC") for a contract that contemplated ADA Compliance assessments for the CAPRI membership. Negotiations are ongoing. Staff and Counsel will be prepared to discuss the status of the negotiations and will be requesting further direction as to the scope of the agreement.

RECOMMENDATION:

Review and discuss proposed terms of ADA Compliance Assessment for CAPRI Membership.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 8.8

DISCUSSION/ACTION ITEMS

SUBJECT: Consideration of Contract Extension with Gilbert & Associates

BACKGROUND AND STATUS:

Gilbert & Associates (“G&A”) currently provides accounting services to CAPRI. Each year, CAPRI enters into an agreement with G&A to continue providing these services. G&A has presented their proposed retainer agreement for accounting services for the period starting July 1, 2019 through June 30, 2020 and the following two fiscal years thereafter subject to mutual agreement and 30 days notice. The scope of work and hourly rates, including a 15% discount, is outlined in the attached reference materials.

Staff requests authorization to execute the agreement and continue the working relationship with G&A.

RECOMMENDATION:

Authorize the Executive Director to execute the engagement letter with Gilbert & Associates for

REFERENCE MATERIALS ATTACHED:

- Proposed Gilbert & Associates Engagement Letter

May 13, 2019

Matthew Duarte
California Association for Parks and Recreation Indemnity
6341 Auburn Boulevard, Suite A
Citrus Heights, California 95621-5203

Thank you for the opportunity to serve California Association for Parks and Recreation Indemnity (CAPRI). This agreement is intended to document the expectations of service from our firm by clearly identifying the particular services to be provided and their frequency. This agreement will cover our services from July 1, 2019 through June 30, 2020 and the following two fiscal years thereafter, subject to mutual agreement and 30 days notice.

Our Responsibilities under Professional Standards

Included among the services we will provide to CAPRI, you have requested that we prepare the financial statements of CAPRI on a quarterly basis, which comprise the statement of net position and the related statement of changes in net position.

The objective of our engagement is to prepare financial statements (except the statement of cash flows) in accordance with accounting principles generally accepted in the United States of America based on information provided by you. We will conduct our engagement in accordance with Statements on Standards for Accounting and Review Services (SSARSs) promulgated by the Accounting and Review Services Committee of the AICPA and comply with the AICPA's *Code of Professional Conduct*, including the ethical principles of integrity, objectivity, professional competence, and due care.

We are not required to, and will not, verify the accuracy or completeness of the information you will provide to us for the engagement or otherwise gather evidence for the purpose of expressing an opinion or a conclusion. Accordingly, we will not express an opinion or a conclusion or provide any assurance on the financial statements.

Our engagement cannot be relied upon to identify or disclose any financial statement misstatements, including those caused by fraud or error, or to identify or disclose any wrongdoing within the entity or noncompliance with laws and regulations. However, we will inform the appropriate level of management of any material errors and any evidence or information that comes to our attention during the performance of our procedures that fraud may have occurred. In addition, we will inform you of any evidence or information that comes to our attention during the performance of our financial statement preparation procedures regarding any wrongdoing within the entity or noncompliance with laws and regulations that may have occurred, unless they are clearly inconsequential.

Management Responsibilities

The engagement to be performed is conducted on the basis that management acknowledges and understands that our role is the preparation of the financial statements (except for the statement of cash flows) in accordance with accounting principles generally accepted in the United States of America.

Management has the following overall responsibilities that are fundamental to our undertaking the engagement to prepare your financial statements in accordance with SSARS:

- 1) The selection of accounting principles generally accepted in the United States of America as the financial reporting framework to be applied in the preparation of the financial statements.
- 2) The prevention and detection of fraud.
- 3) To ensure that the entity complies with the laws and regulations applicable to its activities.
- 4) The accuracy and completeness of the records, documents, explanations, and other information, including significant judgments, you provide to us for the engagement to prepare financial statements.
- 5) To provide us with—
 - Documentation, and other related information that is relevant to the preparation and presentation of the financial statements,
 - Additional information that may be requested for the purpose of the preparation of the financial statements, and
 - Unrestricted access to persons within CAPRI with whom we determine it necessary to communicate.

The financial statements will not be accompanied by a report. However, you agree that the financial statements will clearly indicate that no assurance is provided on them.

Scope of work

The following list the scope of work and the frequency of the services that we expect to provide. Please review the information below and make any changes necessary.

	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
Prepare payroll tax and CalPERS deposits (Semi-Monthly)	X		
Reconcile bank accounts (Master and Money Market)	X		
Reconcile LAIF account	X		
Enter transactions and reconcile credit card accounts	X		
Enter claims transactions and reconcile claims bank accounts		X	
Prepare financial statements, except statement of cash flows		X	
Reconcile investment account		X	
Attend board meeting		X	
Review QuickBooks file to review CAPRI staff coding of expenses		X	
Calculate payroll (Semi-Monthly)			X
Consult with Administrator and assist in preparation of member contributions			X
Prepare annual state reports (Special Districts Financial Reports & Special Districts Compensation Report)			X
Provide information as needed to actuary and insurance broker			X
Provide audit binder to assist with annual audit.			X
Assistance given to the auditors as needed.			X
Prepare MD & A for audit report.			X

Matthew Duarte
California Association for Parks and Recreation Indemnity
May 13, 2019
Page 3 of 3

	<u>Monthly</u>	<u>Quarterly</u>	<u>Annually</u>
Prepare 1099's			X
Prepare W-2's			X
Calculate dividends as needed			X
Other general consulting as requested			X

Fees and Other Relevant Information

Our fees will be billed on an hourly basis, at a discount of 15% of our standard hourly rates for the fiscal years ending June 30, 2020 and two years thereafter. Our standard hourly rates are as follows, as of the beginning of this agreement, July 1, 2019:

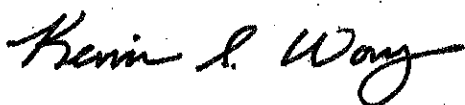
Kevin S. Wong, CPA	\$285/hour
Brandy Ream	\$130/hour

Our standard hourly rates may change on an annual basis, however the discount percentage will continue to apply. Our invoices for these fees will be rendered each month as work progresses and are payable on presentation.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Sincerely,

GILBERT ASSOCIATES, INC.
CPAs and Advisors



Kevin S. Wong, CPA
Shareholder

Accepted by: _____

Date: _____

Agenda Item 8.9**DISCUSSION/ACTION ITEMS****SUBJECT: Resolution No. 2-2019 – Name Update**

BACKGROUND AND STATUS:

In November 2018, the CAPRI Board of Directors adopted Resolution 1-2018 updating the authorized signers for the CAPRI account with the Local Agency Investment Fund ("LAIF"). Several months after submission of this Resolution to LAIF, Staff was advised that it was not accepted because LAIF's records reflected the official name of CAPRI to be California Association for Park & Recreation *Insurance* rather than Indemnity.

After extensive review of CAPRI's records, Staff was able to identify the approximate date that CAPRI changed its name from Insurance to Indemnity was in or about Fall 2006. However, while the Bylaws were updated to reflect the new name, LAIF was not provided with a resolution.

The purpose of Resolution No. 2-2019, now before the Board, is to confirm to LAIF that the organization's name was changed and to restate the authorized signers for the CAPRI account.

RECOMMENDATION:

Adopt Resolution No. 2-2019.

REFERENCE MATERIALS ATTACHED:

- Resolution No. 2-2019



**California Association for Park
& Recreation Indemnity**

RESOLUTION NO. 2-2019

**RESOLUTION RATIFYING PRIOR NAME CHANGE OF CALIFORNIA
ASSOCIATION FOR PARKS AND RECREATION INSURANCE TO
CALIFORNIA ASSOCIATION FOR PARKS AND RECREATION INDEMNITY
(CAPRI)**

WHEREAS, the Board of Directors of California Association for Park & Recreation Indemnity (CAPRI) hereby adopts the following resolution.

WHEREAS, the bylaws and agreements having been amended to change the name of California Association for Park and Recreation Insurance to “**CALIFORNIA ASSOCIATION FOR PARKS AND RECREATION INDEMNITY**” (hereinafter “CAPRI”) in the year 2006,

NOW THEREFORE, BE IT RESOLVED, by the Board of Directors of CAPRI as follows:

Section 1. The JPA officers or their designees, are hereby authorized and directed, in the name and on behalf of CAPRI, to take all action necessary to reflect the agency’s amended name and purposes, to file with the State of California reflecting such new name and purposes, and make all other necessary and appropriate filings(s), and to execute such other documents and take such other actions as they deem necessary, appropriate or desirable to effectuate such changes and amendment of the California Association for Parks and Recreation Indemnity bylaws and agreements.

Section 2. Consistent with Resolution No 1-2018, the Board of Directors of CAPRI hereby authorizes the deposit and withdrawal of CAPRI monies in the Local Agency Investment Fund in the State Treasury in accordance with Government Code section 16429.1 et. seq. for the purpose of investment as provided herein:

Mathew Duarte
(NAME)

Lindsay Woods
(NAME)

Dean Wetter
(NAME)

Executive Director
(TITLE)

President, Board of
Directors
(TITLE)

Vice President, Board of
Directors
(TITLE)

(SIGNATURE)

(SIGNATURE)

(SIGNATURE)

Section 3. This resolution shall remain in full force and effect until rescinded by CAPRI Board of Directors and/or its successors by resolution as a copy of the resolution rescinding this resolution is filed with the State of California.

PASSED AND ADOPTED, by the Board of Directors of California Association for Park and Recreation Indemnity (CAPRI) Joint Powers Authority of State of California on July 24, 2019.

Lindsay Woods
President of the Board of Directors, CAPRI

Agenda Item 8.10**DISCUSSION/ACTION ITEMS****SUBJECT: Proposed 2019-2020 Budget Review**

BACKGROUND AND STATUS:

The third draft of the 2019-2020 CAPRI budget is attached hereto. This is the Board's third opportunity to comment and provide direction to Staff regarding the FY 19-20 budget.

In preparing this draft budget, Staff has evaluated current usage and considered reported growth of the membership. Staff has also updated the Budget to reflect contracted rates, excess insurance premiums, and anticipated expenditures for the year. Finally, per the request of the Board, attached please also find a breakdown of Staff salary and benefits for review.

Absent any other revisions, Staff request the Board formally adopt the CAPRI FY19-20 Budget.

RECOMMENDATION:

Adopt the Proposed 2019-2020 CAPRI Budget.

REFERENCE MATERIALS ATTACHED:

- Proposed 2019-2020 CAPRI Budget
- Breakdown of proposed 2019-2020 Staff Salary and Benefits

**California Association for Park and Recreation Indemnity
Revenues and Expenses Budget Overview
July 2018 through June 2019**

	Proposed Budget	Current Budget	YTD Actual	Change Between Current Year and Proposed Budget	% Increase
	Jul '19 - Jun '20	Jul '18 - Jun '19	Jul '18 - Jun '19		
Ordinary Revenue/Expense					
Revenue					
Member Contributions	\$ 11,274,202	\$ 9,757,702	11,023,760.77	\$ 1,516,500	15.54%
WC Final PR Adjustment					
Less: Safety Credits and Discounts	(310,000)	(165,000)		(145,000)	87.88%
Bank/LAIF Interest	2,500	2,500	7,684.28	-	0.00%
CARPD Administration	68,005	68,000	67,000.00	5	0.01%
Misc. Income			671.35		
Rental Income	-	-	-	-	
Portfolio Income (PFM)	350,000	350,000	307,758.56	-	0.00%
Total Revenue	11,384,707	10,013,202	11,406,874.96	1,371,505	
Total Revenue	11,384,707	10,013,202	11,406,874.96	1,371,505	13.70%
Expense					
Operating Expenses					
Administration-CAPRI Office					
Salaries & Benefits					
Salaries					
Accrued Vacation					
Executive Director	165,000	179,000	196,082.10	(14,000)	-7.82%
Safety Analyst /Risk Manager	65,000	83,000	69,958.24	(18,000)	-21.69%
Admin Analyst	60,000	58,000	57,029.58	2,000	3.45%
Admin Asst	41,500	17,600	25,162.50	23,900	135.80%
Contingency	16,228	-	-	16,228	
Total Salaries	347,728	337,600	348,232.42	10,128	3.00%
Employee Benefits					
Medical	44,300	39,000	31,421.88	5,300	13.59%
Life Insurance	700	2,900	826.00	(2,200)	-75.86%
PERS Contributions	88,445	92,000	85,403.38	(3,555)	-3.86%
Payroll Tax Expenses	5,450	6,000	6,161.27	(550)	-9.17%
Total Employee Benefits	138,895	139,900	123,812.53	(1,005)	-0.72%
Total Salaries & Benefits	486,623	477,500	472,044.95	9,123	1.91%
Bank Service Charges	14,000	14,000	11,108.53	-	0.00%
Building Services/Repairs	9,750	5,000	5,422.64	4,750	95.00%
Capital Assts	5,000	5,000	-	-	0.00%
Common Area Maintenance	5,990	5,990	6,034.04	-	0.00%
Copier Service/Repair	4,500	4,500	2,442.87	-	0.00%
Depreciation	10,000	10,000	5,404.68	-	0.00%
District Visitations	7,000	7,000	3,453.28	-	0.00%
General Contingency	-	5,000	-	(5,000)	-100.00%
Insurance - CAPRI	2,200	2,200	-	-	0.00%
Miscellaneous	3,000	3,000	11,447.43	-	0.00%
Office Supplies	10,000	8,000	8,278.41	2,000	25.00%
Part-Time Services	3,000	2,000	2,733.25	1,000	50.00%
Postage and Delivery	4,000	4,000	2,811.70	-	0.00%
Printing and Reproduction	4,000	6,750	649.75	(2,750)	-40.74%
Professional Dues	2,750	2,750	2,195.00	-	0.00%
Project Reserve	2,580	2,580	2,580.48	-	0.00%
Publications	175	175	-	-	0.00%
Safety Meetings/Workshops	7,000	6,000	891.02	1,000	16.67%
Telephone	6,000	7,000	5,310.15	(1,000)	-14.29%
Travel/Meeting	11,000	11,000	24,338.88	-	0.00%
Utilities	6,600	6,600	6,048.50	-	0.00%
Total Administration-CAPRI Office	605,168	596,045	573,195.56	9,123	1.53%
Board Meeting/Travel	24,750	23,000	28,679.96	1,750	7.61%
Consulting Services					
Actuarial Services	10,000	10,000	6,200.00	-	0.00%
Claims Management	358,920	345,000	279,651.77	13,920	4.03%
Financial Accounting	40,000	40,000	49,721.18	-	0.00%
Financial Audit	22,000	22,000	27,720.00	-	0.00%
Investment Advisors	32,000	32,000	30,269.15	-	0.00%
IT Services	3,000	3,000	5,766.90	-	0.00%
Legal Fees	20,000	20,000	45,358.60	-	0.00%
Loss Prevention	-	1,750	448.00	(1,750)	-100.00%
Total Consulting Services	485,920	473,750	445,135.60	12,170	2.57%
Total Operating Expenses	1,115,838	1,092,795	1,047,011	23,043	2.11%
Insurance Expenditures					
Workers' Compensation	961,471	770,000	778,666.00	191,471	24.87%
Combined GL/AL Excess	835,290	550,000	549,388.00	285,290	51.87%
Property Coverage	1,896,045	1,250,000	1,240,589.90	646,045	51.68%
Crime Policy/Identity Theft	25,000	25,000	17,655.00	-	0.00%

**California Association for Park and Recreation Indemnity
Revenues and Expenses Budget Overview
July 2018 through June 2019**

	<u>Jul '19 - Jun '20</u>	<u>Jul '18 - Jun '19</u>	<u>Jul '18 - Jun '19</u>	<u>Current Year and Proposed Budget</u>	<u>% Increase</u>
Other Premiums (W/C)	60,000	60,000	71,010.12	-	0.00%
Broker Fees	110,000	110,000	105,000.00	-	0.00%
Total Insurance Expenses	3,887,806	2,765,000	2,762,309.02	1,122,806	40.61%
Claims Expenditures				-	
Claim Payments				-	
Claim Payments	6,200,915	5,890,302	6,440,095.31	310,613	5.27%
Total Claim Payments	6,200,915	5,890,302	6,440,095.31	310,613	5.27%
Contingency				-	
General	50,000	50,000	-	-	0.00%
Building Repair	16,000	16,000	535.00	-	0.00%
Total Contingency	66,000	66,000	535.00	-	0.00%
Total Expense	11,270,559	9,814,097	10,249,950.45	1,456,462	14.84%
Net Ordinary Revenue	114,148	199,105	1,156,924.51	(84,957)	-42.67%
	\$ 114,148	\$ 199,105	1,156,924.51	\$ (84,957)	-42.67%

		<u>Items Not Budgeted</u>
4488.62	(7,034.06)	Accrued Vacation
108.76	-	Penalties & Fees
247000	(3,256.60)	CARPD Expenses
	(247,000.00)	Dividends
	563,447.11	Investment Gain/Loss
	1,463,080.96	Net Revenue @ 6/30/19

**California Association for Park and Recreation Indemnity
Operating Expenses Budget
July 2018 through June 2019**

	<u>Jul '19 - Jun 20</u>	<u>Jul '18 - Jun 19</u>
Salaries & Benefits		
Salaries		
Executive Director	\$ 165,000	\$ 179,000
Medical	22,000	
Life Insurance	150	
PERS Contributions	11,530	
Payroll Tax Expenses	2,400	
Total Executive Director	201,080	
Safety Analyst	65,000	83,000
Medical	800	
Life Insurance	200	
PERS Contributions	5,300	
Payroll Tax Expenses	1,200	
Total Safety Analyst	72,500	
Administrative Analyst	60,000	58,000
Medical	10,500	
Life Insurance	200	
PERS Contributions	7,000	
Payroll Tax Expenses	900	
Total Administrative Analyst	78,600	
Administrative Assistant	41,500	17,600
Medical	11,000	
Life Insurance	150	
PERS Contributions	3,000	
Payroll Tax Expenses	650	
Total Administrative Assistant	56,300	
Contingency	17,928	
PERS Unfunded Liability	60,215	-
Benefits	-	139,900
Total Salaries & Benefits	486,623	477,500

Agenda Item 9.1**SPECIAL REPORTS****SUBJECT: Investment Status Reports**

BACKGROUND AND STATUS:

Lesley Murphy of PFM will be in attendance at the Board of Directors meeting to provide an in-depth report as to the status of CAPRI's investments.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

Investment Performance Review for the Quarter Ended June 30, 2019.



CALIFORNIA ASSOCIATION FOR PARK AND RECREATION INDEMNITY

Investment Performance Review For the Quarter Ended June 30, 2019

Client Management Team

Lauren Brant, Managing Director
Allison Kaune, Senior Managing Consultant
Lesley Murphy, Senior Managing Consultant

50 California St, Suite 2300
San Francisco, CA 94111
415-982-5544

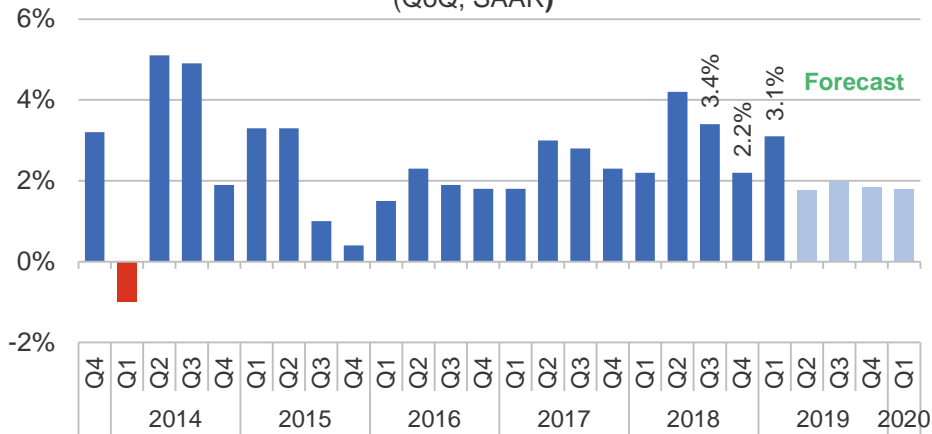
PFM Asset Management LLC

213 Market Street
Harrisburg, PA 17101-2141
717-232-2723

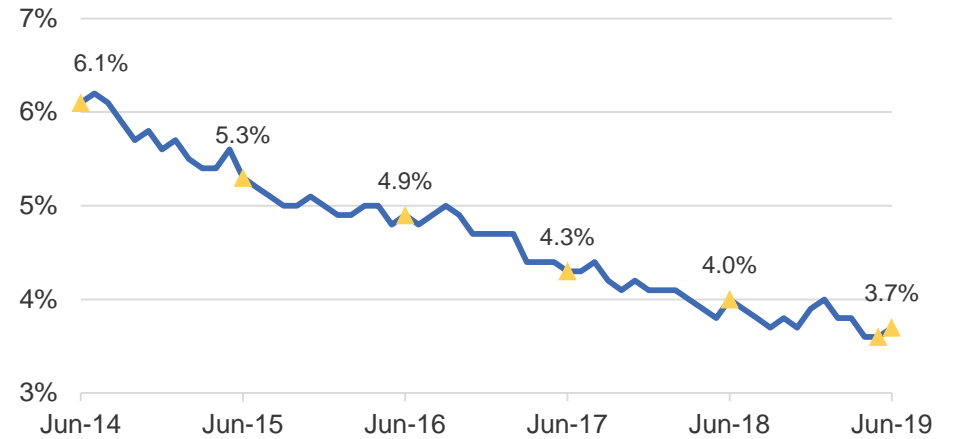
Market Update

U.S. Economic Conditions Remain Strong

U.S. Real GDP
(QoQ, SAAR)



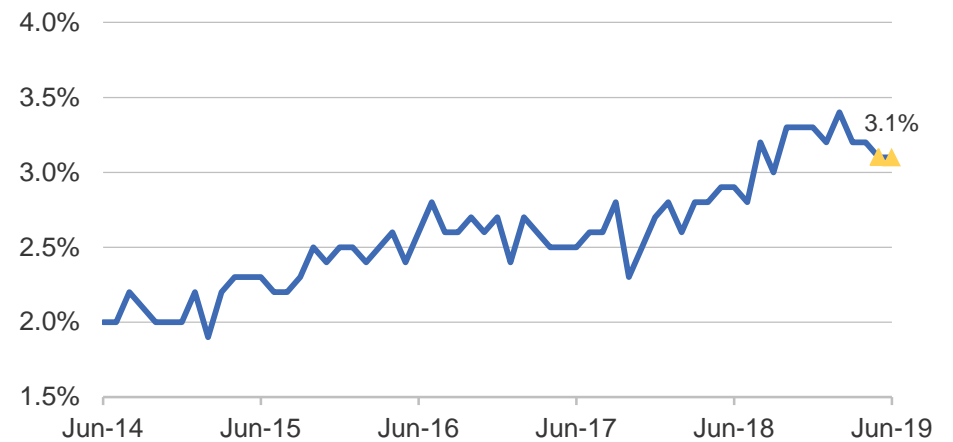
Unemployment Rate



Consumer Confidence



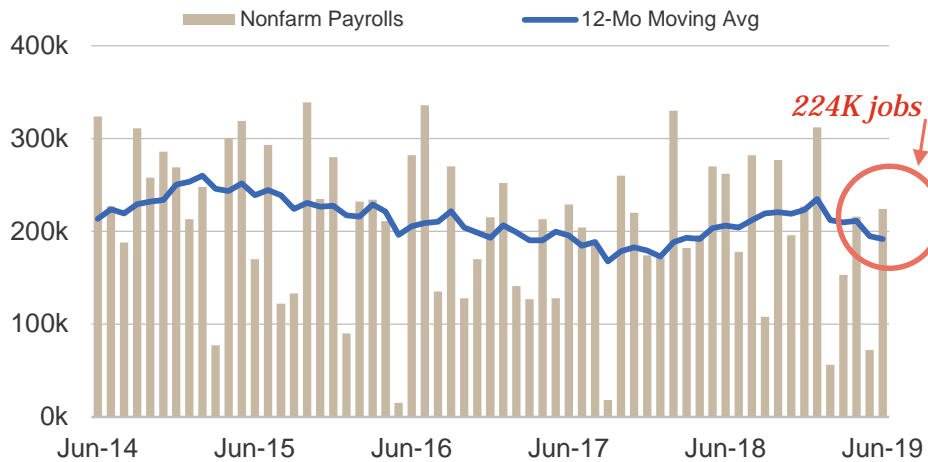
Average Hourly Earnings (YoY)



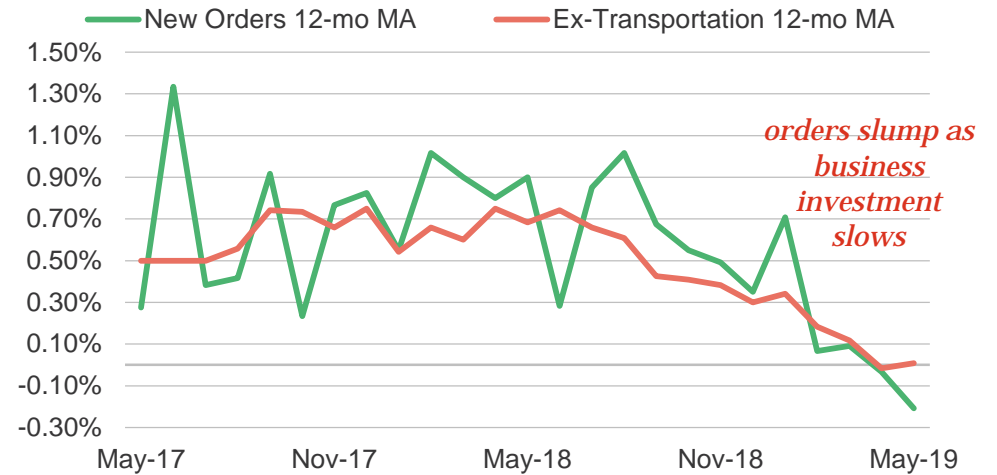
Source: Bloomberg, latest data available as of 6/28/19. SAAR is seasonally adjusted annualized rate.

However, Some Economic Data Is Showing Cracks

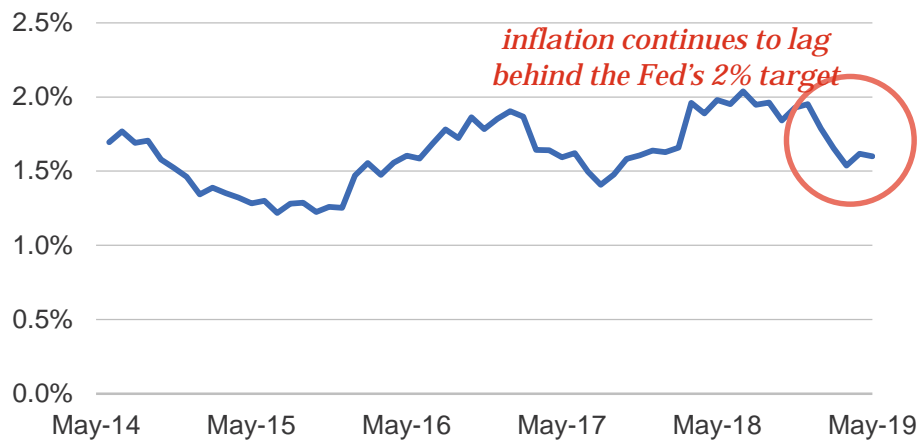
Monthly Change in Nonfarm Payrolls



Durable Goods Orders



Inflation (Core PCE YoY)



ISM Manufacturing



Source: Bloomberg as of 6/28/19.

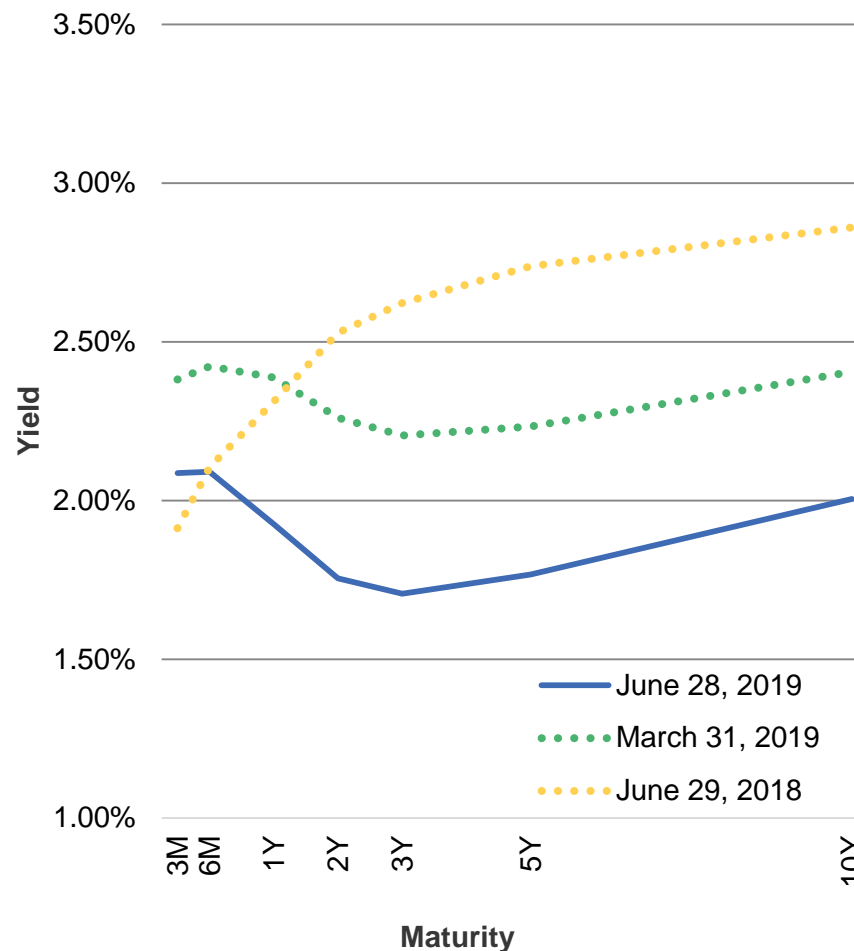
2-Year Treasury Yield History



Source: Bloomberg as of 6/28/19.

U.S. Treasury Yields Have Fallen; Inversion Deepens

	2Q2019 6/28/19	1Q2019 3/29/19	2Q2018 6/29/18
3-month	2.09%	2.38%	1.91%
6-month	2.09%	2.42%	2.10%
1-year	1.93%	2.39%	2.31%
2-year	1.75%	2.26%	2.53%
3-year	1.71%	2.20%	2.62%
5-year	1.77%	2.23%	2.74%
10-year	2.01%	2.41%	2.86%



Source: Bloomberg as of 6/28/19.

Portfolio Overview

Sector Allocation and Compliance

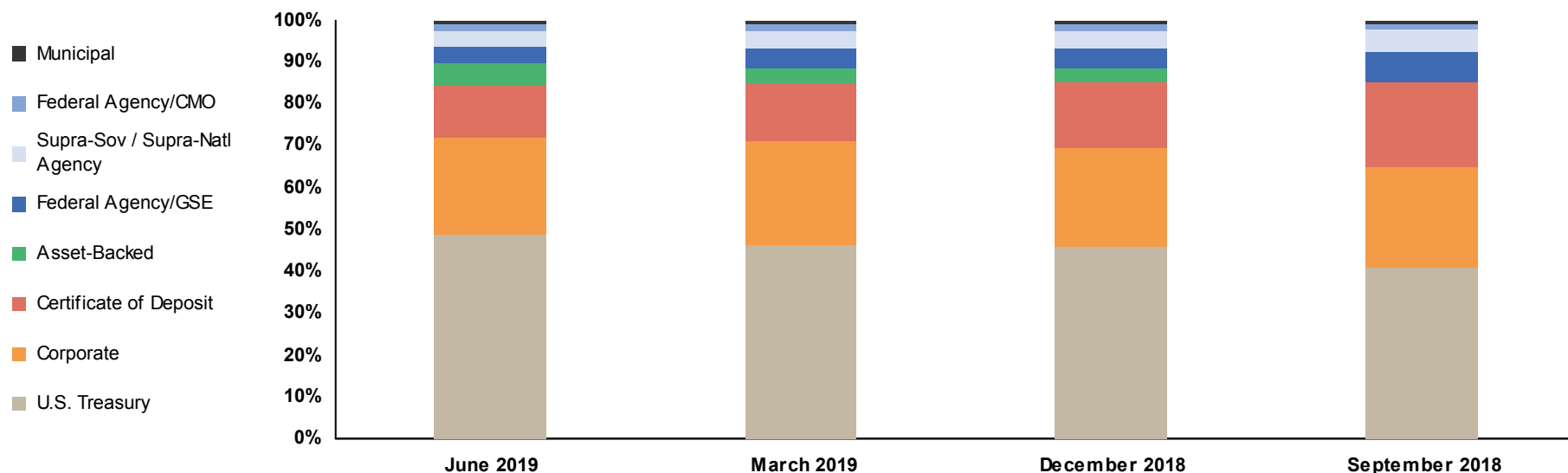
- The portfolio is in compliance with the Association's Investment Policy and California Government Code.

Security Type	Market Value as of 6/30/19	% of Portfolio	Permitted by Policy	In Compliance
U.S. Treasury	\$9,856,495	48.7%	100%	✓
Federal Agency	\$839,407	4.2%	100%	✓
Federal Agency CMOs	\$294,726	1.5%	100%	✓
Municipal Obligations	\$204,750	1.0%	30%	✓
Supranationals	\$807,801	4.0%	30%	✓
Negotiable CDs	\$2,529,033	12.5%	30%	✓
Corporate Notes	\$4,662,116	23.1%	30%	✓
Asset-Backed Securities	\$1,025,787	5.1%	20%	✓
Securities Sub-Total	\$20,220,115	100.0%		
Accrued Interest	\$81,898			
Total Investments	\$20,302,013	100.0%		

Detail may not add to total due to rounding. Current Investment Policy as of November 5, 2018.

Sector Allocation

Sector	June 30, 2019		March 31, 2019		December 31, 2018		September 30, 2018	
	MV (\$MM)	% of Total	MV (\$MM)	% of Total	MV (\$MM)	% of Total	MV (\$MM)	% of Total
U.S. Treasury	9.9	48.7%	9.3	46.4%	9.1	46.0%	8.2	40.9%
Corporate	4.7	23.0%	4.9	24.5%	4.7	23.4%	4.7	23.7%
Certificate of Deposit	2.5	12.5%	2.7	13.6%	3.1	15.6%	4.0	20.3%
Asset-Backed	1.0	5.1%	0.8	3.9%	0.6	3.2%	0.0	0.0%
Federal Agency/GSE	0.8	4.2%	1.0	5.1%	1.0	5.1%	1.5	7.5%
Supra-Sov / Supra-Natl Agency	0.8	4.0%	0.8	4.0%	0.8	4.0%	1.0	5.2%
Federal Agency/CMO	0.3	1.5%	0.3	1.5%	0.3	1.7%	0.3	1.4%
Municipal	0.2	1.0%	0.2	1.0%	0.2	1.0%	0.2	1.0%
Total	\$20.2	100.0%	\$20.0	100.0%	\$19.9	100.0%	\$20.0	100.0%



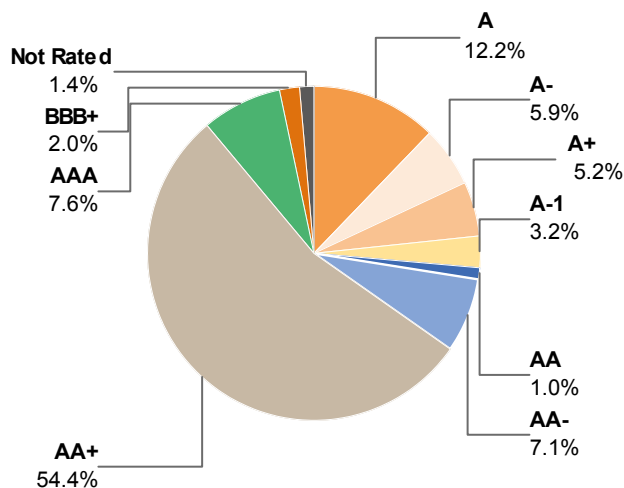
Detail may not add to total due to rounding.

Portfolio Statistics

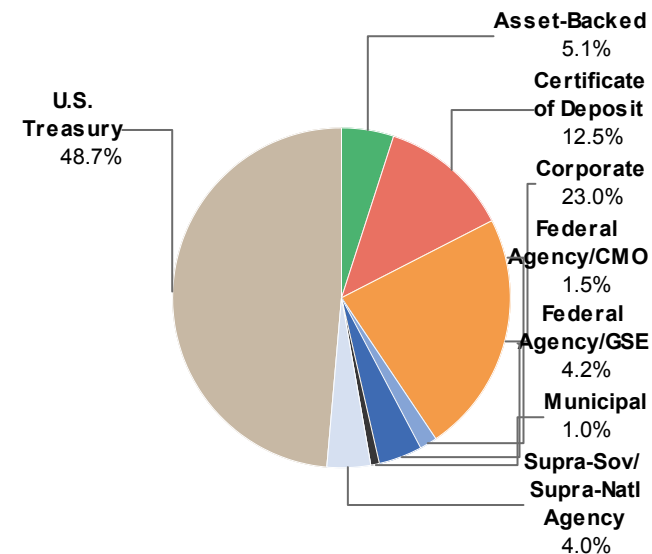
As of June 30, 2019

Par Value:	\$20,103,658
Total Market Value:	\$20,302,013
Security Market Value:	\$20,220,115
Accrued Interest:	\$81,898
Cash:	-
Amortized Cost:	\$19,926,821
Yield at Market:	1.95%
Yield at Cost:	2.45%
Effective Duration:	2.52 Years
Duration to Worst:	2.52 Years
Average Maturity:	2.74 Years
Average Credit: *	AA

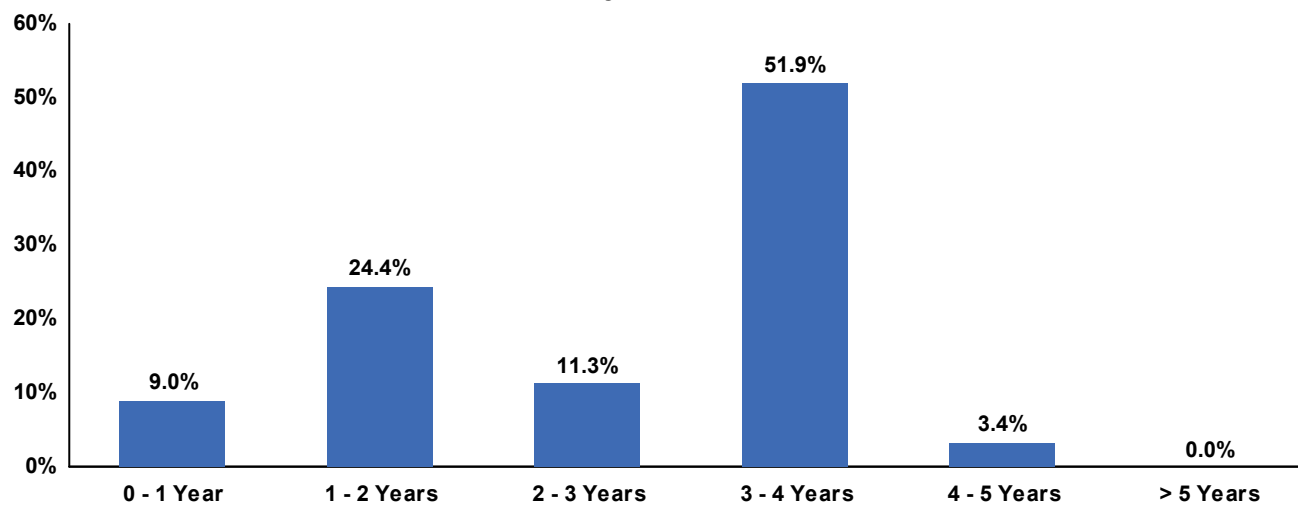
Credit Quality (S&P Ratings)**



Sector Allocation



Maturity Distribution

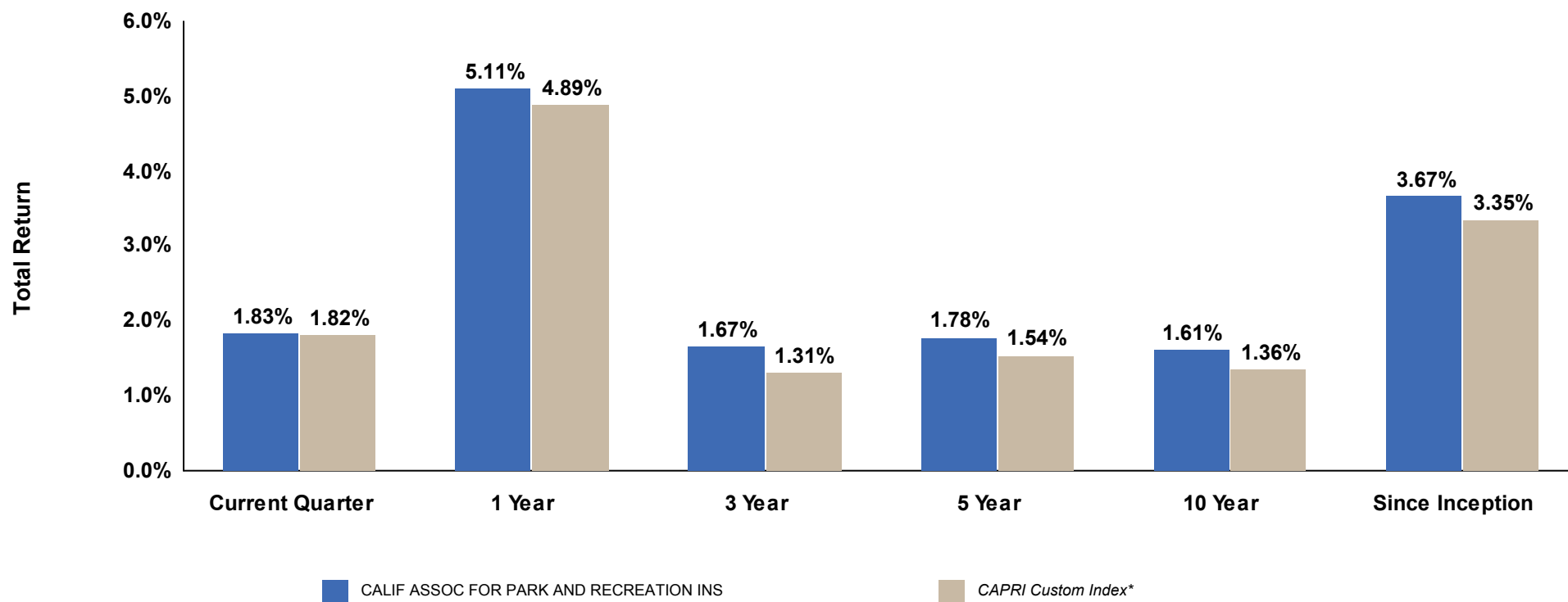


*An average of each security's credit rating assigned a numeric value and adjusted for its relative weighting in the portfolio.

**Securities held in the Association's portfolio are in compliance with California Government Code and the Association's Investment Policy dated November 5, 2018.

Portfolio Performance (Total Return)

Portfolio/Benchmark	Effective Duration	Current Quarter	Annualized Return				
			1 Year	3 Year	5 Year	10 Year	Since Inception (03/31/95)
CALIF ASSOC FOR PARK AND RECREATION INS	2.52	1.83%	5.11%	1.67%	1.78%	1.61%	3.67%
CAPRI Custom Index*	2.56	1.82%	4.89%	1.31%	1.54%	1.36%	3.35%
Difference		0.01%	0.22%	0.36%	0.24%	0.25%	0.32%

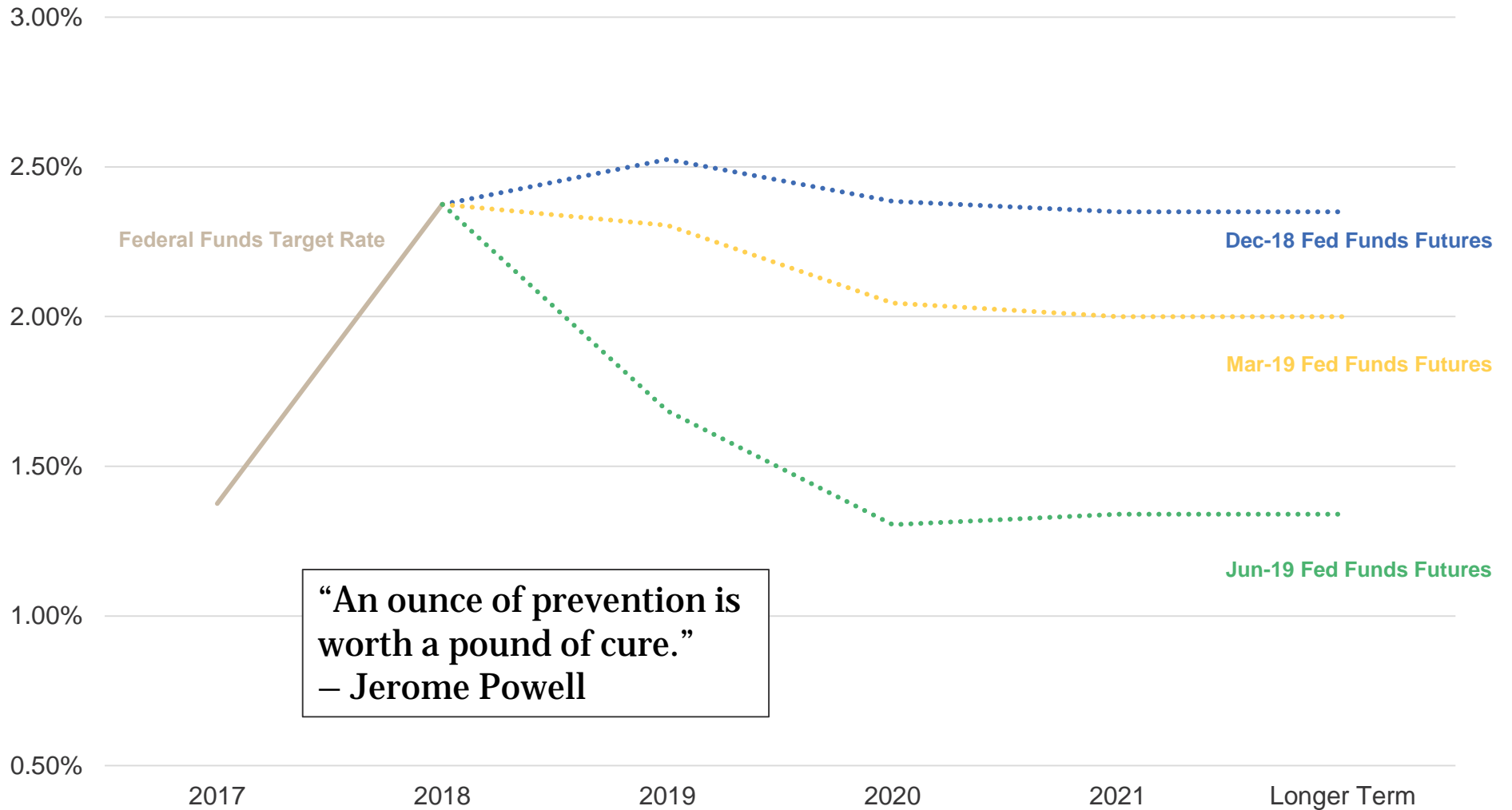


Portfolio performance is gross of fees unless otherwise indicated.

*CAPRI's benchmark was the ICE BofAML 1-Year U.S. Treasury Bill Index from inception until March 31, 2001, then the ICE BofAML 1-Year Treasury Note Index until September 30, 2001, then the ICE BofAML 1-3 Year Treasury Index until June 30, 2012, and was changed to the ICE BofAML 1-5 Year Treasury Index on July 1, 2012.

Outlook

Market Participants Have Predicted Wide Range of Policy Outcomes



Source: Federal Reserve and Bloomberg. Fed funds futures, as of each respective meeting date: 12/19/18, 3/20/19, and 6/19/19.

Outlook

- While we expect U.S. and global economic growth to moderate in the second half of the year amid elevated risks to the economy, we do not believe a recession is imminent.
- The Fed has officially shifted its stance on monetary policy from “patient” to “appropriate” as rates have continued to move lower. As such, our view is to continue to maintain a **neutral duration** positioning relative to the benchmark in order to minimize risk and maximize performance relative to the benchmark in the event yields continue to decline.
- Our outlook for each of the major investment-grade fixed-income sectors are as follows:
 - **Federal agency** spreads are very tight and we expect them to remain so, limiting opportunities to increase allocations. Instead, we will likely continue to prefer **U.S. Treasury obligations** as our primary means of government exposure.
 - Supply constraints remain in the **supranational** sector. Nonetheless, we will still seek to increase allocations to the sector as attractive issues become available.
 - We continue to view the **corporate sector** positively. As such, we will maintain current allocations and seek to modestly extend the durations, while remaining diligent in our issuer and security selection process.
 - **Asset-backed security** (ABS) spreads have recently widened back to levels that offer attractive incremental income compared to government and credit alternatives. We will continue to be alert for opportunities to increase allocations to this high-quality sector.
- As always, while we continue to seek opportunities to enhance portfolio earnings, our priority remains to maintain the safety and the liquidity of CAPRI’s investments.

Portfolio Details

Portfolio Earnings

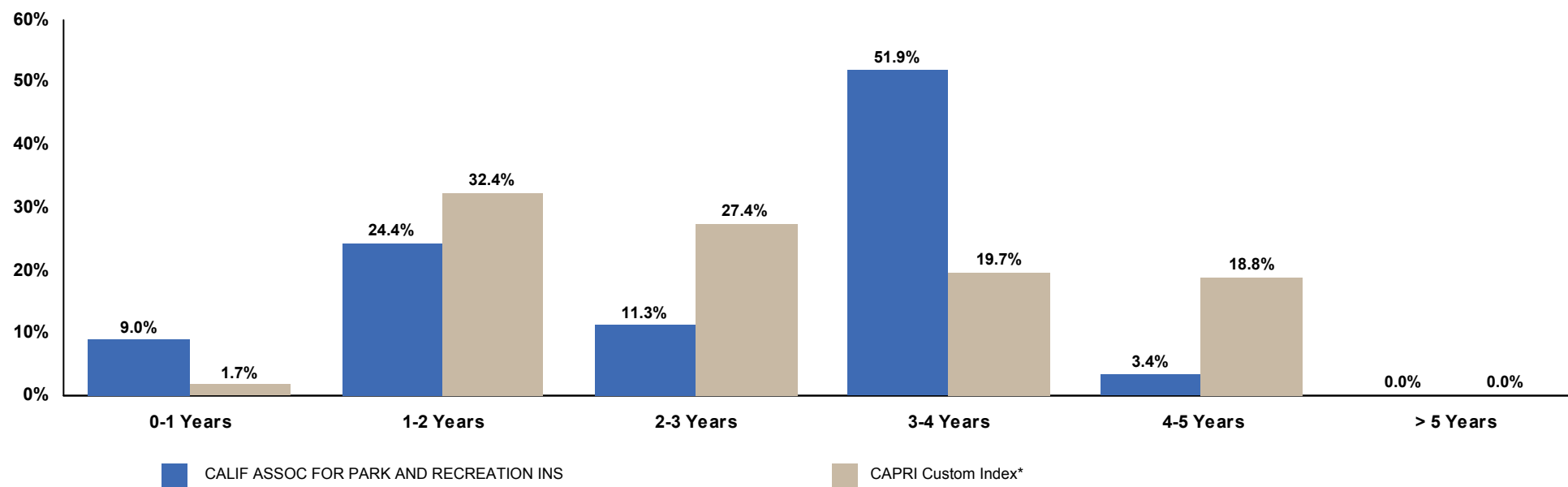
Quarter-Ended June 30, 2019

	Market Value Basis	Accrual (Amortized Cost) Basis
Beginning Value (03/31/2019)	\$20,029,857.91	\$19,946,480.20
Net Purchases/Sales	(\$65,961.42)	(\$65,961.42)
Change in Value	\$256,218.42	\$46,302.01
Ending Value (06/30/2019)	\$20,220,114.91	\$19,926,820.79
Interest Earned	\$110,906.31	\$110,906.31
Portfolio Earnings	\$367,124.73	\$157,208.32

Maturity Distribution

As of June 30, 2019

Portfolio/Benchmark	Yield at Market	Average Maturity	0-1 Years	1-2 Years	2-3 Years	3-4 Years	4-5 Years	>5 Years
CALIF ASSOC FOR PARK AND RECREATION INS	1.95%	2.74 yrs	9.0%	24.4%	11.3%	51.9%	3.4%	0.0%
CAPRI Custom Index*	1.77%	2.75 yrs	1.7%	32.4%	27.4%	19.7%	18.8%	0.0%



*CAPRI's benchmark was the ICE BofAML 1-Year U.S. Treasury Bill Index from inception until March 31, 2001, then the ICE BofAML 1-Year Treasury Note Index until September 30, 2001, then the ICE BofAML 1-3 Year Treasury Index until June 30, 2012, and was changed to the ICE BofAML 1-5 Year Treasury Index on July 1, 2012.

Issuer Distribution

As of June 30, 2019

Issuer	Market Value (\$)	% of Portfolio
UNITED STATES TREASURY	9,856,495	48.7%
FEDERAL HOME LOAN BANKS	839,407	4.2%
INTL BANK OF RECONSTRUCTION AND DEV	606,387	3.0%
SWEDBANK AB	398,821	2.0%
WESTPAC BANKING CORP	359,497	1.8%
ROYAL BANK OF CANADA	356,917	1.8%
BANK OF MONTREAL	352,434	1.7%
TOYOTA MOTOR CORP	324,376	1.6%
VOLKSWAGEN OF AMERICA	254,659	1.3%
UBS AG	251,106	1.2%
AMERICAN EXPRESS CO	219,904	1.1%
PNC FINANCIAL SERVICES GROUP	210,624	1.0%
THE WALT DISNEY CORPORATION	209,299	1.0%
MITSUBISHI UFJ FINANCIAL GROUP INC	204,950	1.0%
STATE OF CONNECTICUT	204,750	1.0%
JP MORGAN CHASE & CO	204,118	1.0%
HONDA AUTO RECEIVABLES	203,801	1.0%
GENERAL DYNAMICS CORP	203,238	1.0%

Top 5 = 59.6%

Top 10 = 67.3%

Issuer	Market Value (\$)	% of Portfolio
SUMITOMO MITSUI FINANCIAL GROUP INC	203,085	1.0%
NATIONAL RURAL UTILITIES CO FINANCE CORP	202,368	1.0%
UNILEVER PLC	202,030	1.0%
BANK OF NOVA SCOTIA	201,678	1.0%
INTERNATIONAL FINANCE CORPORATION	201,413	1.0%
IBM CORP	201,105	1.0%
BANK OF AMERICA CO	200,968	1.0%
STATE STREET CORPORATION	200,889	1.0%
WELLS FARGO & COMPANY	200,561	1.0%
CREDIT SUISSE GROUP	200,546	1.0%
MORGAN STANLEY	200,375	1.0%
CITIGROUP INC	200,035	1.0%
WAL-MART STORES INC	199,641	1.0%
THE BANK OF NEW YORK MELLON CORPORATION	199,596	1.0%
AMERICAN HONDA FINANCE	197,701	1.0%
FREDDIE MAC	192,597	1.0%
NISSAN AUTO RECEIVABLES	189,232	0.9%
DEERE & COMPANY	181,933	0.9%
PACCAR FINANCIAL CORP	171,094	0.9%
HARLEY-DAVIDSON MOTORCYCLE TRUST	149,988	0.7%
CATERPILLAR INC	149,472	0.7%

Issuer	Market Value (\$)	% of Portfolio
BB&T CORPORATION	149,381	0.7%
GM FINANCIAL SECURITIZED TERM	137,087	0.7%
CHARLES SCHWAB	127,421	0.6%
PEPSICO INC	124,966	0.6%
FANNIE MAE	102,129	0.5%
HOME DEPOT INC	99,653	0.5%
CAPITAL ONE PRIME AUTO REC TRUST	91,020	0.5%
HERSHEY COMPANY	81,370	0.4%
Grand Total:	20,220,115	100.0%

Quarterly Portfolio Transactions

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
BUY									
4/1/19	4/5/19	300,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	293,519.53	2.32%	
5/1/19	5/3/19	1,275,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	1,253,085.94	2.25%	
5/21/19	5/30/19	90,000	14042WAC4	COPAR 2019-1 A3	2.51%	11/15/23	89,981.77	2.52%	
6/3/19	6/7/19	1,600,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	1,587,934.77	1.83%	
6/19/19	6/26/19	150,000	41284WAC4	HDMOT 2019-A A3	2.34%	2/15/24	149,988.39	2.95%	
Total BUY		3,415,000					3,374,510.40		
INTEREST									
4/1/19	4/1/19	125,000	06051GGS2	BANK OF AMERICA CORP (CALLABLE)	2.32%	10/1/21	1,455.00		
4/1/19	4/25/19	103,582	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	312.82		
4/1/19	4/25/19	8,504	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	11.67		
4/1/19	4/25/19	89,294	3137FKK39	FHMS KP05 A	3.20%	7/1/23	238.34		
4/1/19	4/25/19	100,000	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/25/22	257.50		
4/5/19	4/5/19	200,000	06417GUE6	BANK OF NOVA SCOTIA HOUSTON CD	1.91%	4/5/19	1,931.22		
4/15/19	4/15/19	185,000	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	496.42		
4/15/19	4/15/19	200,000	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	526.67		
4/15/19	4/15/19	125,000	713448DX3	PEPSICO INC CORP (CALLABLE) NOTE	2.00%	4/15/21	1,250.00		
4/16/19	4/16/19	135,000	36256XAD4	GMCAR 2019-1 A3	2.97%	11/16/23	334.13		
4/16/19	4/16/19	200,000	86565BPC9	SUMITOMO MITSUI BANK NY CERT DEPOS	3.39%	10/16/20	3,390.00		
4/17/19	4/17/19	325,000	89236TDU6	TOYOTA MOTOR CREDIT CORP	1.95%	4/17/20	3,168.75		
4/19/19	4/19/19	25,000	06051GFW4	BANK OF AMERICA CORP NOTE	2.62%	4/19/21	328.13		
4/20/19	4/20/19	250,000	92869BAD4	VALET 2018-2 A3	3.25%	4/20/23	677.08		
4/21/19	4/21/19	200,000	61746BEA0	MORGAN STANLEY CORP NOTES	2.50%	4/21/21	2,500.00		
4/25/19	4/25/19	25,000	38141GVT8	GOLDMAN SACHS GRP INC CORP NT (CALLABLE)	2.00%	4/25/19	250.00		

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
4/25/19	4/25/19	175,000	38141GVT8	GOLDMAN SACHS GRP INC CORP NT (CALLABLE)	2.00%	4/25/19	1,750.00		
4/30/19	4/30/19	325,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	3,046.88		
4/30/19	4/30/19	200,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	1,875.00		
4/30/19	4/30/19	800,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	7,500.00		
4/30/19	4/30/19	550,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	5,156.25		
4/30/19	4/30/19	350,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	3,281.25		
4/30/19	4/30/19	700,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	6,562.50		
5/1/19	5/25/19	100,000	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/25/22	257.50		
5/1/19	5/25/19	89,153	3137FKK39	FHMS KP05 A	3.20%	7/1/23	237.96		
5/1/19	5/25/19	6,417	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	8.80		
5/1/19	5/25/19	101,599	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	306.55		
5/3/19	5/3/19	200,000	06406FAB9	BANK OF NEW YORK MELLON (CALLABLE) NOTES	2.05%	5/3/21	2,050.00		
5/5/19	5/5/19	100,000	0258M0EB1	AMERICAN EXPRESS CREDIT (CALLABLE) NOTES	2.25%	5/5/21	1,125.00		
5/10/19	5/10/19	70,000	69371RP26	PACCAR FINANCIAL CORP	3.10%	5/10/21	1,085.00		
5/10/19	5/10/19	100,000	05531FAV5	BRANCH BANKING & TRUST (CALLABLE) NOTE	2.05%	5/10/21	1,025.00		
5/11/19	5/11/19	200,000	369550BE7	GENERAL DYNAMICS CORP	3.00%	5/11/21	3,000.00		
5/13/19	5/13/19	100,000	69371RN85	PACCAR FINANCIAL CORP NOTES	2.05%	11/13/20	1,025.00		
5/15/19	5/15/19	200,000	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	526.67		
5/15/19	5/15/19	30,000	912828PC8	US TREASURY NOTES	2.62%	11/15/20	393.75		
5/15/19	5/15/19	80,000	427866BA5	HERSHEY COMPANY CORP NOTES	3.10%	5/15/21	1,240.00		
5/15/19	5/15/19	185,000	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	496.42		
5/16/19	5/16/19	135,000	36256XAD4	GMCAR 2019-1 A3	2.97%	11/16/23	334.13		
5/16/19	5/16/19	400,000	87019U6D6	SWEDBANK (NEW YORK) CERT DEPOS	2.27%	11/16/20	4,565.22		
5/17/19	5/17/19	50,000	06051GHH5	BANK OF AMERICA CORP NOTES	3.49%	5/17/22	874.75		
5/20/19	5/20/19	250,000	92869BAD4	VALET 2018-2 A3	3.25%	4/20/23	677.08		
5/21/19	5/21/19	125,000	808513AW5	CHARLES SCHWAB CORP NOTES	3.25%	5/21/21	2,031.25		
5/31/19	5/31/19	950,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	7,718.75		
5/31/19	5/31/19	1,275,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	10,359.38		
5/31/19	5/31/19	300,000	912828R69	US TREASURY N/B NOTES	1.62%	5/31/23	2,437.50		
6/1/19	6/25/19	5,896	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	8.09		

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
6/1/19	6/25/19	89,002	3137FKK39	FHMS KP05 A	3.20%	7/1/23	237.56		
6/1/19	6/25/19	100,175	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	297.60		
6/1/19	6/25/19	100,000	3137BM6P6	FHLMC SERIES K721 A2	3.09%	8/25/22	257.50		
6/5/19	6/5/19	200,000	06417GU22	BANK OF NOVA SCOTIA HOUSTON CD	3.08%	6/5/20	3,080.00		
6/5/19	6/5/19	125,000	25468PDU7	WALT DISNEY COMPANY CORP NOTES	1.80%	6/5/20	1,125.00		
6/5/19	6/5/19	100,000	437076BQ4	HOME DEPOT INC CORP NOTES	1.80%	6/5/20	900.00		
6/7/19	6/7/19	350,000	78012UEE1	ROYAL BANK OF CANADA NY CD	3.24%	6/7/21	5,670.00		
6/7/19	6/7/19	200,000	94974BGR5	WELLS FARGO & COMPANY NOTES	2.55%	12/7/20	2,550.00		
6/7/19	6/7/19	80,000	172967KS9	CITIGROUP INC CORP NOTES	2.05%	6/7/19	820.00		
6/15/19	6/15/19	200,000	43815AAC6	HAROT 2018-4 A3	3.16%	1/15/23	526.67		
6/15/19	6/15/19	90,000	14042WAC4	COPAR 2019-1 A3	2.51%	11/15/23	94.13		
6/15/19	6/15/19	200,000	931142EA7	WAL-MART STORES INC CORP NOTE	1.90%	12/15/20	1,900.00		
6/15/19	6/15/19	185,000	65478NAD7	NAROT 2018-C A3	3.22%	6/15/23	496.42		
6/16/19	6/16/19	135,000	36256XAD4	GMCAR 2019-1 A3	2.97%	11/16/23	334.13		
6/20/19	6/20/19	250,000	92869BAD4	VALET 2018-2 A3	3.25%	4/20/23	677.08		
6/30/19	6/30/19	100,000	912828N30	US TREASURY NOTES	2.12%	12/31/22	1,062.50		
6/30/19	6/30/19	3,000,000	912828N30	US TREASURY NOTES	2.12%	12/31/22	31,875.00		
6/30/19	6/30/19	450,000	912828N30	US TREASURY NOTES	2.12%	12/31/22	4,781.25		
6/30/19	6/30/19	60,000	912828A83	US TREASURY NOTES	2.37%	12/31/20	712.50		
6/30/19	6/30/19	425,000	912828N30	US TREASURY NOTES	2.12%	12/31/22	4,515.63		
6/30/19	6/30/19	975,000	912828N30	US TREASURY NOTES	2.12%	12/31/22	10,359.38		
Total INTEREST		17,863,622					160,355.76		

MATURITY

4/5/19	4/5/19	200,000	06417GUE6	BANK OF NOVA SCOTIA HOUSTON CD	1.91%	4/5/19	200,000.00	0.00
4/25/19	4/25/19	175,000	38141GVT8	GOLDMAN SACHS GRP INC CORP NT (CALLABLE)	2.00%	4/25/19	175,000.00	0.00
4/25/19	4/25/19	25,000	38141GVT8	GOLDMAN SACHS GRP INC CORP NT (CALLABLE)	2.00%	4/25/19	25,000.00	0.00
6/7/19	6/7/19	80,000	172967KS9	CITIGROUP INC CORP NOTES	2.05%	6/7/19	80,000.00	0.00

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
Total MATURITY		480,000					480,000.00		0.00
PAYDOWNS									
4/1/19	4/25/19	2,088	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	2,087.83		0.00
4/1/19	4/25/19	141	3137FKK39	FHMS KP05 A	3.20%	7/1/23	140.91		0.00
4/1/19	4/25/19	1,983	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	1,983.11		0.00
5/1/19	5/25/19	151	3137FKK39	FHMS KP05 A	3.20%	7/1/23	150.60		0.00
5/1/19	5/25/19	1,423	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	1,423.47		0.00
5/1/19	5/25/19	521	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	520.82		0.00
6/1/19	6/25/19	5,542	3136AQDQ0	FANNIE MAE SERIES 2015-M13 ASQ2	1.64%	9/1/19	5,542.22		0.00
6/1/19	6/25/19	360	3136B1XP4	FNA 2018-M5 A2	3.56%	9/25/21	360.38		0.00
6/1/19	6/25/19	513	3137FKK39	FHMS KP05 A	3.20%	7/1/23	512.84		0.00
Total PAYDOWNS		12,722					12,722.18		0.00
SELL									
5/1/19	5/3/19	150,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	148,470.20	2.23%	2,096.84
5/1/19	5/3/19	350,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	346,430.45	2.23%	(2,773.24)
5/1/19	5/3/19	550,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	544,390.71	2.23%	(793.38)
5/1/19	5/3/19	200,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	197,960.26	2.23%	(637.64)
5/21/19	5/30/19	75,000	3130A8QS5	FHLB GLOBAL NOTE	1.12%	7/14/21	73,591.50	2.24%	(1,530.12)
6/3/19	6/7/19	800,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	803,361.41	1.79%	19,943.94
6/3/19	6/7/19	550,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	552,310.97	1.79%	14,216.77
6/3/19	6/7/19	150,000	912828X47	US TREASURY NOTES	1.87%	4/30/22	150,630.27	1.79%	4,641.52
6/19/19	6/26/19	125,000	3130A8QS5	FHLB GLOBAL NOTE	1.12%	7/14/21	123,700.31	1.90%	(1,614.96)

CALIF ASSOC FOR PARK AND RECREATION INS

Portfolio Activity

Trade Date	Settle Date	Par (\$)	CUSIP	Security Description	Coupon	Maturity Date	Transact Amt (\$)	Yield at Market	Realized G/L (BV)
Total	SELL	2,950,000					2,940,846.08		33,549.73

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
U.S. Treasury Bond / Note											
US TREASURY NOTES DTD 09/03/2013 2.125% 08/31/2020	912828VV9	40,000.00	AA+	Aaa	12/28/2015	12/30/2015	40,692.19	1.74	284.10	40,178.18	40,093.76
US TREASURY NOTES DTD 11/15/2010 2.625% 11/15/2020	912828PC8	30,000.00	AA+	Aaa	5/3/2016	5/6/2016	31,860.94	1.21	100.58	30,575.08	30,308.19
US TREASURY NOTES DTD 12/31/2013 2.375% 12/31/2020	912828A83	60,000.00	AA+	Aaa	3/30/2016	3/31/2016	63,014.06	1.28	3.87	60,970.07	60,473.46
US TREASURY NOTES DTD 05/01/2017 1.875% 04/30/2022	912828X47	175,000.00	AA+	Aaa	10/2/2018	10/3/2018	168,861.33	2.91	552.82	170,090.19	175,704.03
US TREASURY NOTES DTD 08/15/2012 1.625% 08/15/2022	912828TJ9	425,000.00	AA+	Aaa	9/5/2018	9/7/2018	407,169.92	2.76	2,594.61	410,701.34	423,705.03
US TREASURY NOTES DTD 12/31/2015 2.125% 12/31/2022	912828N30	450,000.00	AA+	Aaa	8/1/2018	8/3/2018	436,464.84	2.86	25.99	439,127.59	456,134.85
US TREASURY NOTES DTD 12/31/2015 2.125% 12/31/2022	912828N30	3,000,000.00	AA+	Aaa	1/7/2019	1/10/2019	2,956,757.81	2.51	173.23	2,961,716.31	3,040,899.00
US TREASURY NOTES DTD 12/31/2015 2.125% 12/31/2022	912828N30	100,000.00	AA+	Aaa	12/12/2018	12/13/2018	97,523.44	2.78	5.77	97,845.38	101,363.30
US TREASURY NOTES DTD 12/31/2015 2.125% 12/31/2022	912828N30	425,000.00	AA+	Aaa	11/2/2018	11/6/2018	410,506.84	3.00	24.54	412,673.72	430,794.03
US TREASURY NOTES DTD 12/31/2015 2.125% 12/31/2022	912828N30	975,000.00	AA+	Aaa	1/30/2019	1/31/2019	959,537.11	2.55	56.30	961,121.01	988,292.18
US TREASURY N/B NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	300,000.00	AA+	Aaa	4/1/2019	4/5/2019	291,832.03	2.32	412.91	292,283.84	298,816.50
US TREASURY N/B NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	950,000.00	AA+	Aaa	3/4/2019	3/6/2019	915,525.39	2.53	1,307.55	918,025.28	946,252.25
US TREASURY N/B NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	1,275,000.00	AA+	Aaa	5/1/2019	5/3/2019	1,244,320.31	2.25	1,754.87	1,245,494.22	1,269,970.13
US TREASURY N/B NOTES DTD 05/31/2016 1.625% 05/31/2023	912828R69	1,600,000.00	AA+	Aaa	6/3/2019	6/7/2019	1,587,437.50	1.83	2,202.19	1,587,638.16	1,593,688.00
Security Type Sub-Total		9,805,000.00					9,611,503.71	2.41	9,499.33	9,628,440.37	9,856,494.71

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Supra-National Agency Bond / Note											
INTL BANK OF RECONSTRUCTION AND DEV NOTE DTD 09/19/2017 1.561% 09/12/2020	45905UP32	200,000.00	AAA	Aaa	9/12/2017	9/19/2017	199,520.00	1.64	945.27	199,804.36	198,994.60
INTERNATIONAL FINANCE CORPORATION NOTE DTD 03/16/2018 2.635% 03/09/2021	45950VLQ7	200,000.00	AAA	Aaa	3/9/2018	3/16/2018	199,850.00	2.66	1,639.56	199,913.22	201,413.40
INTL BANK OF RECONSTRUCTION AND DEV NOTE DTD 07/25/2018 2.750% 07/23/2021	459058GH0	400,000.00	AAA	Aaa	7/18/2018	7/25/2018	399,064.00	2.83	4,827.78	399,347.15	407,392.80
Security Type Sub-Total		800,000.00					798,434.00	2.50	7,412.61	799,064.73	807,800.80
Municipal Bond / Note											
CT ST TXBL GO BONDS DTD 08/17/2016 1.300% 08/15/2019	20772J3D2	205,000.00	A	A1	8/3/2016	8/17/2016	205,442.80	1.23	1,006.78	205,018.35	204,749.90
Security Type Sub-Total		205,000.00					205,442.80	1.23	1,006.78	205,018.35	204,749.90
Federal Agency Collateralized Mortgage Obligation											
FANNIE MAE SERIES 2015-M13 ASQ2 DTD 10/01/2015 1.646% 09/01/2019	3136AQDQ0	353.47	AA+	Aaa	10/7/2015	10/30/2015	357.01	1.08	0.48	353.47	352.82
FNA 2018-M5 A2 DTD 04/01/2018 3.560% 09/25/2021	3136B1XP4	99,814.97	AA+	Aaa	4/11/2018	4/30/2018	101,800.39	2.27	296.12	101,105.02	101,776.26
FHLMC SERIES K721 A2 DTD 12/01/2015 3.090% 08/25/2022	3137BM6P6	100,000.00	AA+	Aaa	4/4/2018	4/9/2018	100,851.56	2.61	257.50	100,572.08	102,617.37
FHMS KP05 A DTD 12/01/2018 3.203% 07/01/2023	3137FKK39	88,489.52	AA+	Aaa	12/7/2018	12/17/2018	88,489.25	3.11	236.19	88,489.25	89,979.56
Security Type Sub-Total		288,657.96					291,498.21	2.64	790.29	290,519.82	294,726.01
Federal Agency Bond / Note											

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Federal Agency Bond / Note											
FHLB GLOBAL NOTE DTD 07/14/2016 1.125% 07/14/2021	3130A8QS5	275,000.00	AA+	Aaa	7/14/2016	7/15/2016	273,327.72	1.25	1,435.16	274,306.08	271,572.95
FHLB GLOBAL NOTE DTD 07/14/2016 1.125% 07/14/2021	3130A8QS5	575,000.00	AA+	Aaa	8/3/2016	8/3/2016	571,992.75	1.23	3,000.78	573,740.57	567,834.35
Security Type Sub-Total		850,000.00					845,320.47	1.24	4,435.94	848,046.65	839,407.30
Corporate Note											
CITIGROUP INC (CALLABLE) CORP NOTE DTD 01/10/2017 2.450% 01/10/2020	172967LF6	200,000.00	BBB+	A3	1/4/2017	1/10/2017	199,920.00	2.46	2,327.50	199,985.58	200,034.80
AMERICAN EXPRESS CREDIT (CALLABLE) NOTE DTD 03/03/2017 2.200% 03/03/2020	0258M0EE5	120,000.00	A-	A2	2/28/2017	3/3/2017	119,875.20	2.24	865.33	119,971.33	119,874.24
WALT DISNEY COMPANY CORP NOTES DTD 03/06/2017 1.950% 03/04/2020	25468PDP8	85,000.00	A	A2	3/1/2017	3/6/2017	84,977.90	1.96	538.69	84,994.90	84,776.20
TOYOTA MOTOR CREDIT CORP DTD 04/17/2017 1.950% 04/17/2020	89236TDU6	325,000.00	AA-	Aa3	4/11/2017	4/17/2017	324,850.50	1.97	1,302.71	324,959.58	324,376.00
HOME DEPOT INC CORP NOTES DTD 06/05/2017 1.800% 06/05/2020	437076BQ4	100,000.00	A	A2	5/24/2017	6/5/2017	99,942.00	1.82	130.00	99,981.73	99,652.80
WALT DISNEY COMPANY CORP NOTES DTD 06/06/2017 1.800% 06/05/2020	25468PDU7	125,000.00	A	A2	6/1/2017	6/6/2017	124,855.00	1.84	162.50	124,954.27	124,522.50
STATE STREET CORP NOTES DTD 08/18/2015 2.550% 08/18/2020	857477AS2	200,000.00	A	A1	3/4/2016	3/7/2016	203,708.00	2.11	1,884.17	200,975.61	200,888.80
CATERPILLAR FINL SERVICE NOTE DTD 09/07/2017 1.850% 09/04/2020	14913Q2A6	150,000.00	A	A3	9/5/2017	9/7/2017	149,874.00	1.88	901.88	149,949.65	149,471.70
PACCAR FINANCIAL CORP NOTES DTD 11/13/2017 2.050% 11/13/2020	69371RN85	100,000.00	A+	A1	11/6/2017	11/13/2017	99,991.00	2.05	273.33	99,995.83	99,923.70

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
WELLS FARGO & COMPANY NOTES DTD 12/07/2015 2.550% 12/07/2020	94974BGR5	200,000.00	A-	A2	5/6/2016	5/10/2016	204,432.00	2.04	340.00	201,433.30	200,560.60
WAL-MART STORES INC CORP NOTE DTD 10/20/2017 1.900% 12/15/2020	931142EA7	200,000.00	AA	Aa2	10/11/2017	10/20/2017	199,710.00	1.95	168.89	199,863.02	199,640.80
BRANCH BANKING & TRUST (CALLABLE) NOTES DTD 10/26/2017 2.150% 02/01/2021	05531FAZ6	50,000.00	A-	A2	10/23/2017	10/26/2017	49,977.00	2.17	447.92	49,988.29	49,911.80
IBM CORP CORP NOTES DTD 02/06/2018 2.650% 02/05/2021	44932HAG8	200,000.00	A	A1	2/1/2018	2/6/2018	199,902.00	2.67	2,149.44	199,946.86	201,105.20
NATIONAL RURAL UTIL COOP NOTE DTD 02/26/2018 2.900% 03/15/2021	63743HER9	115,000.00	A	A2	4/12/2018	4/19/2018	114,513.55	3.05	981.97	114,710.58	116,361.60
NATIONAL RURAL UTIL COOP NOTE DTD 02/26/2018 2.900% 03/15/2021	63743HER9	85,000.00	A	A2	2/21/2018	2/26/2018	84,905.65	2.94	725.81	84,945.80	86,006.40
UNILEVER CAPITAL CORP NOTES DTD 03/22/2018 2.750% 03/22/2021	904764AZ0	200,000.00	A+	A1	3/19/2018	3/22/2018	198,978.00	2.93	1,512.50	199,401.79	202,030.00
PEPSICO INC CORP (CALLABLE) NOTE DTD 10/10/2017 2.000% 04/15/2021	713448DX3	125,000.00	A+	A1	10/5/2017	10/10/2017	124,975.00	2.01	527.78	124,986.97	124,965.75
BANK OF AMERICA CORP NOTE DTD 04/19/2016 2.625% 04/19/2021	06051GFW4	25,000.00	A-	A2	11/1/2017	11/3/2017	25,194.00	2.39	131.25	25,102.92	25,155.83
MORGAN STANLEY CORP NOTES DTD 04/21/2016 2.500% 04/21/2021	61746BEA0	200,000.00	BBB+	A3	11/1/2017	11/3/2017	200,648.00	2.40	972.22	200,344.55	200,374.80
BANK OF NEW YORK MELLON (CALLABLE) NOTES DTD 05/02/2016 2.050% 05/03/2021	06406FAB9	200,000.00	A	A1	5/17/2016	5/20/2016	200,426.00	2.00	660.56	200,159.54	199,596.40
AMERICAN EXPRESS CREDIT (CALLABLE) NOTES DTD 05/05/2016 2.250% 05/05/2021	0258M0EB1	100,000.00	A-	A2	5/25/2016	5/31/2016	99,814.00	2.29	350.00	99,928.26	100,029.60
PACCAR FINANCIAL CORP DTD 05/10/2018 3.100% 05/10/2021	69371RP26	70,000.00	A+	A1	5/7/2018	5/10/2018	69,981.80	3.11	307.42	69,988.53	71,170.33

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Corporate Note											
BRANCH BANKING & TRUST (CALLABLE) NOTE DTD 05/10/2016 2.050% 05/10/2021	05531FAV5	100,000.00	A-	A2	5/10/2016	5/16/2016	99,934.00	2.06	290.42	99,974.67	99,469.10
GENERAL DYNAMICS CORP DTD 05/11/2018 3.000% 05/11/2021	369550BE7	200,000.00	A+	A2	5/8/2018	5/11/2018	198,610.00	3.25	833.33	199,122.31	203,238.40
HERSHEY COMPANY CORP NOTES DTD 05/10/2018 3.100% 05/15/2021	427866BA5	80,000.00	A	A1	5/3/2018	5/10/2018	79,944.80	3.12	316.89	79,964.96	81,370.08
CHARLES SCHWAB CORP NOTES DTD 05/22/2018 3.250% 05/21/2021	808513AW5	125,000.00	A	A2	5/17/2018	5/22/2018	124,996.25	3.25	451.39	124,997.54	127,420.50
AMERICAN HONDA FINANCE CORP NOTES DTD 09/09/2016 1.700% 09/09/2021	02665WBG5	200,000.00	A	A2	9/9/2016	9/14/2016	198,634.00	1.84	1,057.78	199,385.15	197,701.20
BANK OF AMERICA CORP (CALLABLE) DTD 09/18/2017 2.328% 10/01/2021	06051GGS2	125,000.00	A-	A2	9/13/2017	9/18/2017	125,000.00	2.33	727.50	125,000.00	124,848.75
JOHN DEERE CAPITAL CORP NOTES DTD 01/06/2017 2.650% 01/06/2022	24422ETL3	180,000.00	A	A2	3/10/2017	3/15/2017	179,206.20	2.75	2,318.75	179,574.10	181,933.02
BANK OF AMERICA CORP NOTES DTD 05/17/2018 3.499% 05/17/2022	06051GHH5	50,000.00	A-	A2	5/14/2018	5/17/2018	50,000.00	3.50	213.83	50,000.00	50,963.60
JPMORGAN CHASE & CO BONDS DTD 03/22/2019 3.207% 04/01/2023	46647PBB1	200,000.00	A-	A2	3/15/2019	3/22/2019	200,000.00	3.21	1,763.85	200,000.00	204,117.60
PNC BANK NA CORP NOTES DTD 01/23/2019 3.500% 01/23/2024	693475AV7	200,000.00	A-	A3	2/12/2019	2/15/2019	201,424.00	3.34	3,072.22	201,325.47	210,624.00
Security Type Sub-Total		4,635,000.00					4,639,199.85	2.44	28,707.83	4,635,913.09	4,662,116.10
Certificate of Deposit											
CREDIT SUISSE NEW YORK CERT DEPOS DTD 02/08/2018 2.670% 02/07/2020	22549LFR1	200,000.00	A-1	P-1	2/7/2018	2/8/2018	200,000.00	2.67	7,461.17	200,000.00	200,545.80
UBS AG STAMFORD CT LT CD DTD 03/06/2018 2.900% 03/02/2020	90275DHG8	250,000.00	A-1	P-1	3/2/2018	3/6/2018	250,000.00	2.93	2,396.53	250,000.00	251,106.25

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Certificate of Deposit											
BANK OF NOVA SCOTIA HOUSTON CD DTD 06/07/2018 3.080% 06/05/2020	06417GU22	200,000.00	A-1	P-1	6/5/2018	6/7/2018	199,924.00	3.10	444.89	199,963.96	201,677.60
BANK OF MONTREAL CHICAGO CERT DEPOS DTD 08/03/2018 3.190% 08/03/2020	06370REU9	350,000.00	A+	Aa2	8/1/2018	8/3/2018	350,000.00	3.23	10,296.61	350,000.00	352,433.90
WESTPAC BANKING CORP NY CD DTD 08/07/2017 2.050% 08/03/2020	96121T4A3	360,000.00	AA-	Aa3	8/3/2017	8/7/2017	360,000.00	2.05	2,952.00	360,000.00	359,497.08
SUMITOMO MITSUI BANK NY CERT DEPOS DTD 10/18/2018 3.390% 10/16/2020	86565BPC9	200,000.00	A	A1	10/16/2018	10/18/2018	199,728.00	3.46	1,431.33	199,963.08	203,084.80
SWEDBANK (NEW YORK) CERT DEPOS DTD 11/17/2017 2.270% 11/16/2020	87019U6D6	400,000.00	AA-	Aa2	11/16/2017	11/17/2017	400,000.00	2.30	1,160.22	400,000.00	398,820.80
ROYAL BANK OF CANADA NY CD DTD 06/08/2018 3.240% 06/07/2021	78012UEE1	350,000.00	AA-	Aa2	6/7/2018	6/8/2018	350,000.00	3.24	756.00	350,000.00	356,917.05
MUFG BANK LTD/NY CERT DEPOS DTD 02/28/2019 2.980% 02/25/2022	55379WZU3	200,000.00	A	A1	2/27/2019	2/28/2019	200,000.00	3.01	2,036.33	200,000.00	204,949.72
Security Type Sub-Total		2,510,000.00					2,509,652.00	2.83	28,935.08	2,509,927.04	2,529,033.00
Asset-Backed Security											
HAROT 2018-4 A3 DTD 11/28/2018 3.160% 01/15/2023	43815AAC6	200,000.00	AAA	Aaa	11/20/2018	11/28/2018	199,970.10	3.17	280.89	199,974.16	203,800.98
VALET 2018-2 A3 DTD 11/21/2018 3.250% 04/20/2023	92869BAD4	250,000.00	AAA	Aaa	11/15/2018	11/21/2018	249,989.50	3.25	248.26	249,990.92	254,658.73
NAROT 2018-C A3 DTD 12/12/2018 3.220% 06/15/2023	65478NAD7	185,000.00	AAA	Aaa	12/4/2018	12/12/2018	184,964.55	3.53	264.76	184,968.83	189,232.30
COPAR 2019-1 A3 DTD 05/30/2019 2.510% 11/15/2023	14042WAC4	90,000.00	AAA	Aaa	5/21/2019	5/30/2019	89,981.77	2.52	100.40	89,982.00	91,019.62
GMCAR 2019-1 A3 DTD 01/16/2019 2.970% 11/16/2023	36256XAD4	135,000.00	NR	Aaa	1/8/2019	1/16/2019	134,985.06	2.97	167.06	134,986.42	137,087.46

Managed Account Detail of Securities Held

Security Type/Description Dated Date/Coupon/Maturity	CUSIP	Par	S&P Rating	Moody's Rating	Trade Date	Settle Date	Original Cost	YTM at Cost	Accrued Interest	Amortized Cost	Market Value
Asset-Backed Security											
HDMOT 2019-A A3 DTD 06/26/2019 2.340% 02/15/2024	41284WAC4	150,000.00	NR	Aaa	6/19/2019	6/26/2019	149,988.39	2.95	48.75	149,988.41	149,988.00
Security Type Sub-Total		1,010,000.00					1,009,879.37	3.14	1,110.12	1,009,890.74	1,025,787.09
Managed Account Sub Total		20,103,657.96					19,910,930.41	2.45	81,897.98	19,926,820.79	20,220,114.91
Securities Sub-Total		\$20,103,657.96					\$19,910,930.41	2.45%	\$81,897.98	\$19,926,820.79	\$20,220,114.91
Accrued Interest											\$81,897.98
Total Investments											\$20,302,012.89

Bolded items are forward settling trades.

Appendix

IMPORTANT DISCLOSURES

This material is based on information obtained from sources generally believed to be reliable and available to the public; however, PFM Asset Management LLC cannot guarantee its accuracy, completeness or suitability. This material is for general information purposes only and is not intended to provide specific advice or a specific recommendation. All statements as to what will or may happen under certain circumstances are based on assumptions, some, but not all of which, are noted in the presentation. Assumptions may or may not be proven correct as actual events occur, and results may depend on events outside of your or our control. Changes in assumptions may have a material effect on results. Past performance does not necessarily reflect and is not a guaranty of future results. The information contained in this presentation is not an offer to purchase or sell any securities.

- Market values that include accrued interest are derived from closing bid prices as of the last business day of the month as supplied by Interactive Data, Bloomberg, or Telerate. Where prices are not available from generally recognized sources, the securities are priced using a yield based matrix system to arrive at an estimated market value.
- In accordance with generally accepted accounting principles, information is presented on a trade date basis; forward settling purchases are included in the monthly balances, and forward settling sales are excluded.
- Performance is presented in accordance with the CFA Institute's Global Investment Performance Standards (GIPS). Unless otherwise noted, performance is shown gross of fees. Quarterly returns are presented on an unannualized basis. Returns for periods greater than one year are presented on an annualized basis. Past performance is not indicative of future returns.
- Bank of America/Merrill Lynch Indices provided by Bloomberg Financial Markets.
- Money market fund/cash balances are included in performance and duration computations.
- Standard & Poor's is the source of the credit ratings. Distribution of credit rating is exclusive of money market fund/LGIP holdings.
- Callable securities in the portfolio are included in the maturity distribution analysis to their stated maturity date, although, they may be called prior to maturity.
- MBS maturities are represented by expected average life.

GLOSSARY

- **ACCRUED INTEREST:** Interest that is due on a bond or other fixed income security since the last interest payment was made.
- **AGENCIES:** Federal agency securities and/or Government-sponsored enterprises.
- **AMORTIZED COST:** The original cost of the principal of the security is adjusted for the amount of the periodic reduction of any discount or premium from the purchase date until the date of the report. Discount or premium with respect to short-term securities (those with less than one year to maturity at time of issuance) is amortized on a straight line basis. Such discount or premium with respect to longer-term securities is amortized using the constant yield basis.
- **BANKERS' ACCEPTANCE:** A draft or bill or exchange accepted by a bank or trust company. The accepting institution guarantees payment of the bill as well as the insurer.
- **COMMERCIAL PAPER:** An unsecured obligation issued by a corporation or bank to finance its short-term credit needs, such as accounts receivable and inventory.
- **CONTRIBUTION TO DURATION:** Represents each sector or maturity range's relative contribution to the overall duration of the portfolio measured as a percentage weighting. Since duration is a key measure of interest rate sensitivity, the contribution to duration measures the relative amount or contribution of that sector or maturity range to the total rate sensitivity of the portfolio.
- **DURATION TO WORST:** A measure of the sensitivity of a security's price to a change in interest rates, stated in years, computed from cash flows to the maturity date or to the put date, whichever results in the highest yield to the investor.
- **EFFECTIVE DURATION:** A measure of the sensitivity of a security's price to a change in interest rates, stated in years.
- **EFFECTIVE YIELD:** The total yield an investor receives in relation to the nominal yield or coupon of a bond. Effective yield takes into account the power of compounding on investment returns, while nominal yield does not.
- **FDIC:** Federal Deposit Insurance Corporation. A federal agency that insures bank deposits to a specified amount.
- **INTEREST RATE:** Interest per year divided by principal amount and expressed as a percentage.
- **MARKET VALUE:** The value that would be received or paid for an investment in an orderly transaction between market participants at the measurement date.
- **MATURITY:** The date upon which the principal or stated value of an investment becomes due and payable.
- **NEGOTIABLE CERTIFICATES OF DEPOSIT:** A CD with a very large denomination, usually \$1 million or more, that can be traded in secondary markets.
- **PAR VALUE:** The nominal dollar face amount of a security.

GLOSSARY

- **PASS THROUGH SECURITY:** A security representing pooled debt obligations that passes income from debtors to its shareholders. The most common type is the mortgage-backed security.
- **REPURCHASE AGREEMENTS:** A holder of securities sells these securities to an investor with an agreement to repurchase them at a fixed price on a fixed date.
- **SETTLE DATE:** The date on which the transaction is settled and monies/securities are exchanged. If the settle date of the transaction (i.e., coupon payments and maturity proceeds) occurs on a non-business day, the funds are exchanged on the next business day.
- **TRADE DATE:** The date on which the transaction occurred; however, the final consummation of the security transaction and payment has not yet taken place.
- **UNSETTLED TRADE:** A trade which has been executed; however, the final consummation of the security transaction and payment has not yet taken place.
- **U.S. TREASURY:** The department of the U.S. government that issues Treasury securities.
- **YIELD:** The rate of return based on the current market value, the annual interest receipts, maturity value, and the time period remaining until maturity, stated as a percentage on an annualized basis.
- **YTM AT COST:** The yield to maturity at cost is the expected rate of return based on the original cost, the annual interest receipts, maturity value, and the time period from purchase date to maturity, stated as a percentage on an annualized basis.
- **YTM AT MARKET:** The yield to maturity at market is the rate of return based on the current market value, the annual interest receipts, maturity value, and the time period remaining until maturity, stated as a percentage on an annualized basis.

Agenda Item 9.2**SPECIAL REPORTS****SUBJECT: Insurance Market Update**

BACKGROUND AND STATUS:

Doug Wozniak of Alliant Insurance Services will be at the Board of Directors meeting to provide an in-depth update to the Board on the current insurance market and the outlook moving forward.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 10.1**EXECUTIVE DIRECTOR/ STAFF REPORTS****SUBJECT: District Visits Update**

BACKGROUND AND STATUS:

Below please find the District Visitation Summary for Cycle XVI, along with the District Visitation Summary and History for review.

There were five (5) district visit completed during the months of June and July of 2019. There are three more visits scheduled in July 2019. We are pleased to report that Livermore Area, Hayward Area, Mt. Shasta, Dunsmuir, and Weed all received "Very Good" on their visitation review with only a few recommendations needed.

The following is their individual evaluation:

Livermore Area Recreation and Park District – June 18, 2019

Livermore received a **Very Good** evaluation.

Safety Committee – *Very Good - no recommendations at this time.*

Inspection Program – *Very Good – no recommendation at this time.*

Screening and Review – *Very Good - no recommendations at this time.*

ADA Implementation – *Very Good - no recommendations at this time.*

Injury and Illness Prevention Program (IIPP) - *Very Good – no recommendations at this time.*

Waiver and Release – *Very Good - no recommendations at this time.*

Facility Use Agreement – *Very Good - no recommendations at this time.*

Parks and Facilities – *Very Good - no recommendations at this time.*

Pools – *Very Good* – no recommendations at this time.

Entrance Medical Exam – *Very Good* - no recommendations at this time.

Job Descriptions – *Very Good* - no recommendations at this time.

Volunteers – *Very Good* - no recommendations at this time.

Life Safety – *Very Good* -no recommendations at this time.

Hayward Area Recreation and Park District – June 20, 2019

Hayward received a **Very Good** evaluation.

Safety Committee – *Good* - recommended that they contact CAPRI to get signed up for the Target Solutions online training.

Inspection Program – *Very Good* – no recommendations at this time.

Screening and Review – *Very Good* - no recommendations at this time.

ADA Implementation – *Very Good*, no recommendations at this time.

Injury and Illness Prevention Program (IIPP) - *Good*.

Waiver and Release – *Very Good* - no recommendations at this time.

Facility Use Agreement – *Very Good* - no recommendations at this time.

Parks and Facilities – *Good* - no recommendations at this time.

Pools – *Very Good* – no recommendations at this time.

Entrance Medical Exam – *Very Good* - no recommendations at this time.

Job Descriptions – *Very Good* - no recommendations at this time.

Volunteers – *Good* – Hayward is improving to make sure each department keeps track of

all volunteers.

Life Safety – *Good – recommend conducting annual drills at least annually on evacuation plans.*

Mt. Shasta Recreation and Parks District – July 11, 2019

Mt. Shasta received a **Very Good** evaluation.

Safety Committee – *Very Good – no recommendations at this time.*

Inspection Program – *Very Good – no recommendations at this time.*

Screening and Review – *Very Good - no recommendations at this time.*

ADA Implementation – *Very Good – no recommendations at this time.*

Injury and Illness Prevention Program (IIPP) – *Very Good – no recommendations at this time.*

Waiver and Release – *Very Good - no recommendations at this time.*

Facility Use Agreement – *Very Good - no recommendations at this time.*

Parks and Facilities – *Very Good - no recommendations at this time.*

Pools – N/A

Entrance Medical Exam – *Good.*

Job Descriptions – *Very Good - no recommendations at this time.*

Volunteers – *Very Good - no recommendations at this time.*

Life Safety – *Very Good – no recommendations at this time.*

Dunsmuir Recreation and Parks District – July 11, 2019

Dunsmuir received a **Very Good** evaluation.

Safety Committee – *Very Good – no recommendations at this time.*

Inspection Program – *Very Good – no recommendations at this time.*

Screening and Review – *Very Good - no recommendations at this time.*

ADA Implementation – *Very Good – no recommendations at this time.*

Injury and Illness Prevention Program (IIPP) – *Very Good. No recommendations at this time.*

Waiver and Release – *Very Good - no recommendations at this time.*

Facility Use Agreement – *Very Good - no recommendations at this time.*

Parks and Facilities – *Very Good - no recommendations at this time.*

Pools – *Very Good – no recommendations at this time.*

Entrance Medical Exam – *Good.*

Job Descriptions – *Very Good - no recommendations at this time.*

Volunteers – *Very Good - no recommendations at this time.*

Life Safety – *Very Good – no recommendations at this time.*

Weed Recreation and Parks District – July 12, 2019

Weed received a **Very Good** evaluation.

Safety Committee – *Good.*

Inspection Program – *Very Good – no recommendations at this time.*

Screening and Review – *Very Good - no recommendations at this time.*

ADA Implementation – *Very Good – No recommendations at this time.*

Injury and Illness Prevention Program (IIPP) – *Good*.

Waiver and Release – *Very Good - no recommendations at this time.*

Facility Use Agreement – *Very Good - no recommendations at this time.*

Parks and Facilities – *Very Good - no recommendations at this time.*

Pools – *Very Good* – no recommendations at this time.

Entrance Medical Exam – *Very Good - no recommendations at this time.*

Job Descriptions – *Very Good - no recommendations at this time.*

Volunteers – The district currently does not have any volunteers.

Life Safety – *Very Good – No recommendations at this time.*

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

None

Agenda Item 10.2**EXECUTIVE DIRECTOR/ STAFF REPORTS****SUBJECT: CAPRI Office Update**

BACKGROUND AND STATUS:

Staff is looking forward to hosting the Board of Directors at the CAPRI office in Citrus Heights. Some updates pertinent to the Office include:

- Staff has closed its account with the local storage facility and moved all of the contents to the CAPRI Office. This has resulted in a net savings of approximately \$90 per month. Staff will be reviewing the contents with the goal of identifying the records that can be saved electronically or otherwise discarded consistent with CAPRI Records Retention policies.
- Executive Director Duarte recently attended a meeting of the office's Property Owner's Association and was elected Treasurer.
- Office internet and phone systems have been updated and improved at a savings of approximately \$50-100 per month.
- Staff has been in discussions with commercial real estate agents relating to the future of CAPRI's office. Discussions have included a potential sale of the office, potential purchase or rental of a new office, as well as leasing out the neighboring unit or a minor renovation. Staff anticipates providing the Board with a full and complete update in September as to a recommended course of action.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 10.3**EXECUTIVE DIRECTOR/ STAFF REPORTS****SUBJECT: CAPRI BOD Meeting Locations**

BACKGROUND AND STATUS:

In an effort to improve upon member outreach and better acquaint our members with CAPRI, Staff has investigated the feasibility of occasionally holding Board Meetings at the offices of member districts. Historically, anywhere between 2-3 meetings per year are held at the CAPRI Office in Citrus Heights. Staff is considering that 1 or 2 of those meetings instead take place offsite. The first such offsite meeting is proposed to take place in September at the Arden Park District office near Sacramento.

Staff would first look to identify locations convenient for travelling Board Members, but recognizes that any travel beyond the CAPRI office may impose an additional burden on our Board. Staff welcomes any comments or suggestions from the Board as it relates to the locations of future meetings.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 10.4**EXECUTIVE DIRECTOR/ STAFF REPORTS****SUBJECT: CAPRI FY 19-20 Final Premium Allocations**

BACKGROUND AND STATUS:

Following the June 13, 2019 Special Meeting of the Board of Directors, Staff was able to receive final excess insurance premiums and calculate member premiums for the 19-20 fiscal year. Attached hereto, for the Board's review, are the final figures for both the GL/Property and WC Programs.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

- 19-20 Premium Allocations for GL/Property Program
- 19-20 Premium Allocations for WC Program

Contribution Schedule at \$750,000 SIR

District	2019-2020 Liab/Prop. Premium	2019-2020 Liab/Prop. Premium	Safety Credit % Discoun	Safety Credit Discount	2019-2020 Police Liability	2019-2020 Net Allocation	First Half Billing	Second Half Billing
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)
Almanor	4,197	\$ 4,197	15.00%	\$ 325	\$ -	3,872.00	1,936.00	1,936.00
Ambrose	49,655	\$ 49,655	11.25%	\$ 1,209	\$ -	48,446.00	24,223.00	24,223.00
Arcade Creek	45,006	\$ 45,006	15.00%	\$ 1,212	\$ -	43,794.00	21,897.00	21,897.00
Arden Manor	16,489	\$ 16,489	3.75%	\$ 287	\$ -	16,202.00	8,101.00	8,101.00
Arden Park	18,648	\$ 18,648	15.00%	\$ 1,374	\$ -	17,274.00	8,637.00	8,637.00
Auburn Area	109,698	\$ 109,698	15.00%	\$ 7,317	\$ -	102,381.00	51,190.50	51,190.50
Bear Mountain	28,225	\$ 28,225	15.00%	\$ 764	\$ -	27,461.00	13,730.50	13,730.50
Bear River	6,565	\$ 6,565	0.00%	\$ -	\$ -	6,565.00	3,282.50	3,282.50
Beaumont-Cherry Valley	44,204	\$ 44,204	15.00%	\$ 2,649	\$ -	41,555.00	20,777.50	20,777.50
Belvedere-Tiburon	19,372	\$ 19,372	0.00%	\$ -	\$ -	19,372.00	9,686.00	9,686.00
Boulder Creek	11,224	\$ 11,224	0.00%	\$ -	\$ -	11,224.00	5,612.00	5,612.00
Button Willow	18,184	\$ 18,184	0.00%	\$ -	\$ -	18,184.00	9,092.00	9,092.00
CAPRI	8,029	\$ 8,029	0.00%	\$ -	\$ -	8,029.00	4,014.50	4,014.50
Carmichael	124,829	\$ 124,829	15.00%	\$ 5,731	\$ -	119,098.00	59,549.00	59,549.00
Central Plumas	12,285	\$ 12,285	11.25%	\$ 508	\$ -	11,777.00	5,888.50	5,888.50
Coalinga-Huron	54,896	\$ 54,896	3.75%	\$ 636	\$ -	54,260.00	27,130.00	27,130.00
Conejo	263,646	\$ 263,646	15.00%	\$ 7,410	\$ -	256,236.00	128,118.00	128,118.00
Cordova	305,001	\$ 305,001	15.00%	\$ 12,926	\$ -	292,075.00	146,037.50	146,037.50
Dunsmuir	9,454	\$ 9,454	15.00%	\$ 325	\$ -	9,129.00	4,564.50	4,564.50
Durham	30,824	\$ 30,824	11.25%	\$ 1,101	\$ -	29,723.00	14,861.50	14,861.50
Fair Oaks	76,408	\$ 76,408	15.00%	\$ 4,116	\$ -	72,292.00	36,146.00	36,146.00
Fulton-El Camino	76,223	\$ 76,223	15.00%	\$ 5,152	\$ 2,750	73,821.00	36,910.50	36,910.50
Greater Vallejo	231,462	\$ 231,462	15.00%	\$ 12,368	\$ -	219,094.00	109,547.00	109,547.00
Hayward Area	719,922	\$ 719,922	15.00%	\$ 49,514	\$ -	670,408.00	335,204.00	335,204.00
Hesperia	132,381	\$ 132,381	15.00%	\$ 6,986	\$ 2,750	128,145.00	64,072.50	64,072.50
Highlands	56,756	\$ 56,756	15.00%	\$ 5,364	\$ -	51,392.00	25,696.00	25,696.00
Honey Lake Valley Recre	10,709	\$ 10,709	0.00%	\$ -	\$ -	10,709.00	5,354.50	5,354.50
Isla Vista	32,881	\$ 32,881	11.25%	\$ 2,185	\$ -	30,696.00	15,348.00	15,348.00
Jurupa Area	91,302	\$ 91,302	15.00%	\$ 3,890	\$ -	87,412.00	43,706.00	43,706.00
Ladera	13,859	\$ 13,859	15.00%	\$ 1,127	\$ -	12,732.00	6,366.00	6,366.00
Lake Cuyamaca	26,614	\$ 26,614	0.00%	\$ -	\$ -	26,614.00	13,307.00	13,307.00

Contribution Schedule at \$750,000 SIR

California Association For Parks and Recreation Indemnity

District	2019-2020 Liab/Prop. Premium	2019-2020 Liab/Prop. Premium	Safety Credit % Discount	Safety Credit Discount	2019-2020 Policy Liability	2019-2020 Net Allocation	First Half Billing	Second Half Billing
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)
La Selva	6,575	\$ 6,575	15.00%	\$ 325	\$ -	6,250.00	3,125.00	3,125.00
Livermore Area	443,742	\$ 443,742	15.00%	\$ 36,689	\$ -	407,053.00	203,526.50	203,526.50
McFarland	34,320	\$ 34,320	0.00%	\$ -	\$ -	34,320.00	17,160.00	17,160.00
Mendocino	34,102	\$ 34,102	15.00%	\$ 4,457	\$ -	29,645.00	14,822.50	14,822.50
Mission Oaks	76,775	\$ 76,775	15.00%	\$ 5,401	\$ -	71,374.00	35,687.00	35,687.00
Monte Rio	16,086	\$ 16,086	15.00%	\$ 451	\$ -	15,635.00	7,817.50	7,817.50
Mt. Shasta	25,278	\$ 25,278	15.00%	\$ 1,107	\$ -	24,171.00	12,085.50	12,085.50
North County	29,497	\$ 29,497	0.00%	\$ -	\$ -	29,497.00	14,748.50	14,748.50
North Highlands	67,549	\$ 67,549	15.00%	\$ 2,565	\$ -	64,984.00	32,492.00	32,492.00
North of the River	317,059	\$ 317,059	15.00%	\$ 18,348	\$ -	298,711.00	149,355.50	149,355.50
Orangevale	61,135	\$ 61,135	15.00%	\$ 3,052	\$ -	58,083.00	29,041.50	29,041.50
Paradise	56,412	\$ 56,412	15.00%	\$ 2,952	\$ -	53,460.00	26,730.00	26,730.00
Pleasant Hill	188,006	\$ 188,006	15.00%	\$ 13,525	\$ -	174,481.00	87,240.50	87,240.50
Pleasant Valley	152,006	\$ 152,006	15.00%	\$ 9,805	\$ -	142,201.00	71,100.50	71,100.50
Rancho Simi	535,460	\$ 535,460	15.00%	\$ 32,467	\$ 2,750	505,743.00	252,871.50	252,871.50
Rim of the World	32,422	\$ 32,422	0.00%	\$ -	\$ -	32,422.00	16,211.00	16,211.00
Rio Linda	35,828	\$ 35,828	7.50%	\$ 894	\$ -	34,934.00	17,467.00	17,467.00
Russian River	8,659	\$ 8,659	0.00%	\$ -	\$ -	8,659.00	4,329.50	4,329.50
Shafter	12,652	\$ 12,652	0.00%	\$ -	\$ -	12,652.00	6,326.00	6,326.00
Silverado-Modjeska	9,838	\$ 9,838	3.75%	\$ 123	\$ -	9,715.00	4,857.50	4,857.50
Soledad-Mission	15,655	\$ 15,655	0.00%	\$ -	\$ -	15,655.00	7,827.50	7,827.50
Strawberry	34,499	\$ 34,499	0.00%	\$ -	\$ -	34,499.00	17,249.50	17,249.50
Sunrise	245,074	\$ 245,074	15.00%	\$ 13,949	\$ -	231,125.00	115,562.50	115,562.50
Tehachapi-Valley	34,263	\$ 34,263	15.00%	\$ 1,729	\$ -	32,534.00	16,267.00	16,267.00
Truckee-Donner	204,130	\$ 204,130	15.00%	\$ 10,528	\$ -	193,602.00	96,801.00	96,801.00
Tuolumne	5,619	\$ 5,619	0.00%	\$ -	\$ -	5,619.00	2,809.50	2,809.50
Valley-Wide	246,792	\$ 246,792	15.00%	\$ 11,226	\$ -	235,566.00	117,783.00	117,783.00
Wasco	23,030	\$ 23,030	15.00%	\$ 832	\$ -	22,198.00	11,099.00	11,099.00
Weed	26,569	\$ 26,569	15.00%	\$ 674	\$ -	25,895.00	12,947.50	12,947.50
Western Gateway	5,999	\$ 5,999	0.00%	\$ -	\$ -	5,999.00	2,999.50	2,999.50
West Side	86,271	\$ 86,271	15.00%	\$ 3,954	\$ -	82,317.00	41,158.50	41,158.50
Totals	5,720,249	\$ 5,720,250		\$ 309,529	\$ 8,250	5,418,971	2,709,486	2,709,486

CAPRI

Workers' Compensation
Billing Schedule 2019-2020

Ambrose Recreation and Park District	\$	22,473.00
Arcade Creek Recreation and Park District	\$	19,308.00
Arden Manor Recreation and Park District	\$	15,533.00
Arden Park Recreation and Park District	\$	12,764.00
Auburn Area Recreation and Park District	\$	135,450.00
Bear Mountain Recreation and Park District	\$	11,790.00
Bear River Recreation & Park	\$	1,200.00
Beaumont-Cherry	\$	28,248.00
Belvedere-Tiburon	\$	11,217.00
Boulder Creek	\$	5,385.00
Buttonwillow	\$	4,360.00
Carmichael Recreation and Park District	\$	89,582.00
CAPRI	\$	4,816.00
Central Plumas Recreation and Park District	\$	4,165.00
Coalinga-Huron Recreation and Park District	\$	29,765.00
Conejo Recreation and Park District (Excess Coverage On	\$	85,686.00
Cordova Recreation and Park District	\$	173,460.00
Desert Recreation and Park District (Coachella)	\$	184,614.00
Dunsmuir Recreation & Park	\$	3,849.00
Durham Recreation and Park District	\$	18,368.00
Fair Oaks Recreation and Park District	\$	103,585.00
Fulton-El Camino Recreation and Park District	\$	97,157.00
Greater Vallejo Recreation District	\$	131,755.00
Hayward Area Recreation and Park District	\$	925,619.00
Hesperia Recreation and Park District	\$	126,548.00
Highlands Recreation District	\$	43,792.00
Isla Vista Recreation and Park District	\$	42,903.00
Jurupa Area Recreation and Park District	\$	65,866.00
La Selva Beach	\$	1,200.00
Ladera Recreation District	\$	7,084.00
Lake Cuyamaca Recreation & Park District	\$	27,032.00
Livermore Area Recreation and Park District	\$	492,511.00
McFarland Recreation and Park District	\$	37,044.00
Mendocino Coast Recreation and Park District (District)	\$	13,027.00
Mendocino Coast Recreation and Park District (Star Center	\$	42,093.00
Mission Oaks Recreation and Park District	\$	57,593.00
Monte Rio	\$	7,297.00
Mt. Shasta Recreation & Park	\$	13,155.00
North Highlands Recreation and Park District	\$	35,845.00
North of the River Recreation and Park District	\$	378,304.00
Orangevale Recreation and Park District	\$	37,252.00
Paradise Recreation and Park District	\$	45,672.00
Pleasant Hill Recreation and Park District	\$	138,206.00
Pleasant Valley Recreation and Park District	\$	239,969.00
Rancho Simi Recreation and Park District	\$	709,665.00
Rio Linda Elverta Recreation and Park District	\$	25,169.00
Russian River Recreation and Park District	\$	6,607.00
Shafter Recreation and Park District	\$	15,420.00
Soledad	\$	8,237.00
Southgate Recreation & Park District	\$	243,541.00
Strawberry Recreation District	\$	28,276.00
Sunrise Recreation and Park District	\$	163,930.00
Tehachapi Valley Recreation and Parks District	\$	30,289.00
Truckee-Donner Recreation and Park District	\$	180,372.00
Tuolumne Park & Recreation District	\$	4,746.00
Valley-Wide Recreation and Park District	\$	86,080.00
Wasco Recreation and Parks District	\$	10,820.00
Weed Recreation and Park	\$	15,924.00
Western Gateway	\$	3,732.00
West Side Recreation and Park District	\$	51,667.00
		5,557,017.00

Agenda Item 10.5**EXECUTIVE DIRECTOR/ STAFF REPORTS****SUBJECT: New Member GMs Update**

BACKGROUND AND STATUS:

Moving forward, Staff will endeavor to keep the Board apprised of significant changes in the administration of our member districts. In the past several weeks, several districts have welcomed new administrators/general managers to their respective teams. That includes the following:

Kelley Parsons – Durham

Alex Lopez – North County

Kim Greene - Weed

At least three Districts are also currently utilizing interim GMs, so we anticipate additional transitions in the near future and will continue to work to provide tools and resources necessary to ensure continued success of our pools.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

None.

Agenda Item 10.6

EXECUTIVE DIRECTOR/ STAFF REPORTS

SUBJECT: News Articles of Note

BACKGROUND AND STATUS:

Staff has collected recent articles and academic papers that relate to the business of CAPRI that may be of interest to the Board and/or the membership.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

- "California prepares for aftershocks, but big jolt not likely" – Associated Press; July 7, 2019
- "Domino's Petitions Supreme Court for Review of Unfavorable Website Accessibility Decision" – JD Supra; June 2019
- "Gov. Gavin Newsom's state budget earmarks millions to address housing issues, homeless crisis" – KABC News; July 1 2019
- "'Sticker shock' for California wildfire areas: Insurance rates doubled, policies dropped" – Sacramento Bee; July 18, 2019

California prepares for aftershocks, but big jolt not likely

AP

JOHN ANTCAK, DAISY NGUYEN and MARCIO JOSE SANCHEZ, Associated Press 51 minutes ago



RIDGECREST, Calif. (AP) — Two major earthquakes that hit Southern California last week should be a warning to people nationwide to prepare for natural disasters, the state's governor said as officials expressed relief that the damage wasn't worse.

Gov. Gavin Newsom said Saturday that governments must strengthen alert systems and building codes and that residents should ensure they know how to protect themselves during an earthquake.

"It is a wake-up call for the rest of the state and other parts of the nation, frankly," Newsom said at a news conference on the state's efforts to help the region hit by earthquakes Thursday and Friday.

Friday night's earthquake was the largest in Southern California in nearly 20 years. Officials have voiced concerns about the possibility of major aftershocks in the days and even months to come, though the chances have dwindled.

No fatalities or major injuries were reported after the magnitude 7.1 quake, which jolted an area from Sacramento to Mexico and prompted the evacuation of the Navy's largest single landholding, Naval Air Weapons Station China Lake in the Mojave Desert.

The quake was centered 11 miles (18 kilometers) from Ridgecrest, the same area of the desert where a magnitude 6.4 temblor hit Thursday. It left behind cracked and burned buildings, broken roads, obstructed railroad tracks and leaking water and gas lines.

The damage wasn't worse largely because of how remote the area is, but Newsom cautioned after touring Ridgecrest that "it's deceiving, earthquake damage. You don't notice it at first."

The Democratic governor estimated the damage at more than \$100 million and said President Donald Trump called him to offer federal support.

"He's committed in the long haul, the long run, to help support the rebuilding efforts," Newsom said of Trump.

Only 28,000 people live in the Ridgecrest area, which is sandwiched between more populated areas of Southern California and Clark County, where Las Vegas is located. Seismologists warned that the area could see up to 30,000 aftershocks over the next six months, though many of those will be too small for people to notice.

April Hamlin said she was "already on edge" when the second quake rattled her Ridgecrest home. She and her three kids initially thought it was another aftershock.

"But it just kept on intensifying," Hamlin said. "The TV went over, hanging by the cord. We heard it break. We heard glass breakage in the other rooms, but all we could do was stay where we were until it stopped."

With the possibility of aftershocks and temperatures expected to reach 100 degrees Fahrenheit (38 Celsius) over the next several days, officials were taking precautions.

The California National Guard was sending 200 troops, logistical support and aircraft, Maj. Gen. David Baldwin said. The Pentagon had been notified, and the entire California Military Department was on alert, he said.

Naval Air Weapons Station China Lake said in a Facebook post that nonessential workers were evacuated and operations halted. The epicenters of both quakes were on the base, and officials said they were assessing damage.

Officials said most employees live off the base and in Ridgecrest, but they authorized the evacuation so those who live on base can be eligible for reimbursements.

The California Office of Emergency Services brought in cots, water and meals and set up cooling centers in the region, Director Mark Ghilarducci said.

Highway officials shut down a 30-mile (48-kilometer) section of State Route 178 between Ridgecrest and the town of Trona, southwest of Death Valley, because of a rockslide and severe cracking. It temporarily cut off Trona, a town of about 2,000 people.

Crews worked through the night to patch the roadway, but it remained rough and uneven, California Department of Transportation spokeswoman Christine Knadler said.

Ron Mikulaco, 51, and his nephew, 23-year-old Brad Fernandez, drove up about 170 miles (274 kilometers) from Huntington Beach to look at the highway's cracks Saturday. Mikulaco, an amateur geologist, wanted to show his nephew "the power of Mother Nature." They had the epicenter's latitude and longitude coordinates ready.

"We put that in the GPS, and we'll get as close as we can," Fernandez said.

In Ridgecrest, fire and police officials said they were initially swamped by calls for medical and ambulance service. But Police Chief Jed McLaughlin said there was "nothing but minor injuries such as cuts and bruises, by the grace of God."

Two building fires — one involving a mobile home — were quickly doused, McLaughlin said, and natural gas lines where leaks were reported were shut off.

When asked to describe what he has been going through in the past two days, the chief said: "Grief, shock and then, for me, pride in what I've seen from here, my people. It's been a vast range of emotions, and I think the whole community's going through that."

In Trona, considered the gateway to Death Valley, fire officials said up to 50 structures were damaged.

San Bernardino County Supervisor Robert Lovingood said FEMA delivered a tractor-trailer full of bottled water because of damage to water lines. Newsom declared a state of emergency for the county.

Julia Doss, who maintains the Trona Neighborhood Watch page on Facebook, said the only food store in town is a Family Dollar store that was shuttered Saturday.

"The only way to get food is to drive to Ridgecrest, and with only three gas stations in town, I'm worried we may soon run out of fuel," Doss said.

Antoun Abdullatif, 59, owns liquor stores and other businesses in Ridgecrest and Trona.

"I would say 70% of my inventory is on the floor, broken," he said. "Every time you sweep, and you put stuff in the dust bin, you're putting \$200 in the trash."

Friday's quake probably ruptured along about 25 miles (40 kilometers) of fault line and was part of a continuing sequence, said Lucy Jones, a seismologist at the California Institute of Technology and a former science adviser at the U.S. Geological Survey.

The seismic activity is unlikely to affect fault lines outside the area, Jones said, noting that the gigantic San Andreas Fault is far away.

On Sunday, the U.S. Geological Survey predicted just a 1% chance of another magnitude 7 or higher earthquake in the next week, and a rising possibility of no magnitude 6 quakes.

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<https://www.yahoo.com/news/california-governor-says-earthquakes-wakeup-043826781.html>

Domino's Petitions Supreme Court for Review of Unfavorable Website Accessibility Decision

Domino's Pizza LLC has submitted a petition asking the U.S. Supreme Court to review and reverse a decision from the Ninth Circuit Court of Appeals that allowed a website accessibility case to proceed against Domino's. The question presented to the Supreme Court by Domino's is "[w]hether Title III of the ADA requires a website or mobile application that offers goods or services to the public to satisfy discrete accessibility requirements with respect to individuals with disabilities." *Domino's Pizza LLC v. Guillermo Robles*, Petition for a Writ of Certiorari, at 2.

As we [previously reported](#), in June 2019, the Ninth Circuit held in *Robles v. Domino's Pizza, LLC*, that the ADA applies to the Domino's website and mobile application, rejecting the due process and primary jurisdiction arguments that had led the district court to stay the action.

Title III of the ADA applies to "physical places of public accommodation." 42 U.S.C. § 12182(a). Circuit Courts are split over whether the ADA thus applies to websites, with some courts holding that it applies to all websites that offer goods and services to the public, and other courts holding that it only applies to websites with a nexus to a physical location open to the public.

In its *Domino's* decision, the Ninth Circuit continued to follow the rule it had established in prior cases – that a public accommodation under Title III must be or have a connection to a physical location – "reinforcing the existing circuit split." (Petition at 16.) Domino's urges the Court to take up the case to resolve that split.

The petition argues that the Ninth Circuit's *Domino's* decision took the issue further, holding that since physical restaurants are public accommodations, "each method of ordering a pizza, in isolation, must be accessible to customers with disabilities. That holding effectively treated Domino's website and app as standalone public accommodations that must themselves comply with Title III." (*Id.* at 16.)

The petition also argues that it would be a violation of Domino's due process rights to hold it liable for the inaccessibility of its website or mobile app, noting that "Congress legislated at length and in hyper-specific detail about which physical places must be accessible, and how those 'places of public accommodation' can ensure accessibility," but that "Title III says nothing about websites or applications on smart phones." (*Id.* at 14.)

As previously reported , the Department of Justice initiated rulemaking concerning website accessibility in 2010, but still had not issued regulations seven years later, and abandoned the effort in 2017. The petition states that "in the face of this uncertainty, plaintiffs have stepped in to fill the void," and asserts that in 2018 alone, litigants filed over 2,250 federal lawsuits asserting ADA violations based on website inaccessibility, nearly tripling the number in 2017. (*Id.* at 15.) "Left undisturbed, the Ninth Circuit's decision would turn that flood of litigation into a tsunami," the petition states. (*Id.* at 16.)

Robles has 30 days to file a response to the petition, after which Domino's will file a reply. The Supreme Court generally acts on a petition within six weeks.

Source: <https://www.jdsupra.com/legalnews/domino-s-petitions-supreme-court-for-40755/>

Gov. Gavin Newsom's state budget earmarks millions to address housing issues, homeless crisis

By [Marc Brown](#)

Monday, July 1, 2019

SACRAMENTO, Calif. (KABC) -- Gov. Gavin Newsom signed his first California state budget, a \$214.8 billion plan to expand healthcare, increase spending on education and address the housing and the homeless crisis. It's the largest budget in state history.

When ABC7's Marc Brown sat down for an interview with Newsom, he found the governor was eager to talk about California's homeless crisis.

He says for too long, the state has left it up to local governments to do all the heavy lifting, but he says that's about to change with a \$1 billion in new funding that'll be parceled out to cities and counties to attack the problem of homelessness.

The additional funding includes an allocation for Los Angeles city and county -- an additional \$250 million.

[RELATED: Gov. Gavin Newsom reveals how much money L.A. will get to combat the homeless crisis](#)

"We're in the game. I don't want to over promise here, this is stubborn stuff. Give us the next few years to work out new models of local accountability and engagement," Newsom said. "You saw what I did on this budget on housing."

The new state budget includes \$1.75 billion for the construction of new homes. It's part of the governor's plan to build 3.5 million new homes across the state by 2025.

More homes, the theory goes, means more affordable homes and fewer homeless people.

Part of Newsom's plan is not without controversy, though. A new law requires cities to plan for new housing, and Newsom says he'll sue cities that don't.

"If cities aren't producing housing, we'll sue them. Forgive me...I don't want to be the tough guy, but with all due respect, places like Huntington Beach that thumb their nose at the law and don't do their part to help the larger whole, we're going to hold them accountable," Newsom said.

When asked whether he understands the frustration of people in Southern California, who voted themselves a tax increase to address the homeless crisis only to see the homeless population go up, he said:

"You have a kid on a stroller, you want to walk down the street, and you can't. You go, 'What the hell happened to my city? What happened to my state, what the hell happened to my country? They just raised my taxes and it's getting worse. Who's running this place?' I get that frustration. We all get it," he said.

But some taxpayers may be frustrated by another new provision in state law. It'll make it harder for people to use environmental regulations to fight the construction of new homeless shelters in their neighborhoods. It's a carrot-and-stick approach. An infusion of state money is the carrot and requiring local governments and residents to do their part is the stick.

"If you're looking for City Hall to solve it, you're going to be left wanting. It's all about responsibilities," he said. "You can't live a good life in an unjust society, Aristotle said that. All of us have a role to play, all of us should recognize our fate as tied to the fate of others."

‘Sticker shock’ for California wildfire areas: Insurance rates doubled, policies dropped

Placer County resident Jennifer Burt was given notice that her home insurance carrier is dropping her due to fire risk in her area. She talks about the extra measures she's taken to keep her home safe from wildfires on Monday, July 15, 2019.

BY [AUTUMN PAYNE](#)

Jennifer Burt knows she lives in a fire-prone community. That's why she's done everything she can to fire-proof her home in Meadow Vista, in the bushy, densely wooded Placer County foothills, even installing a sprinkler system on the roof.

Yet a few weeks ago, her insurance carrier — Lloyd's of London, known for insuring high-risk properties — told her it was declining to renew her homeowners' policy. Lloyd's also dropped coverage on two rental properties Burt owns in Graeagle, a heavily forested community northwest of Truckee.

Burt was already paying a lot for insurance — \$6,300 a year for the three homes — and now fears that her premiums could double or triple as she shops for replacement coverage. Rising premiums are also hurting her livelihood as a real state agent: Burt lost a sale in Colfax recently because the buyers couldn't find insurance for less than \$6,900, and their lender backed out of the deal.

“It prevented them from purchasing a home in California,” Burt said. “I get so frustrated that the insurance commissioner won't do anything. It's reaching a point where it's a daily conversation in my office as to whether insurance rates are going to kill real estate in California.”

Two consecutive disastrous wildfire seasons have created a budding insurance crisis for thousands of Californians who live in and around fire-prone areas. Stung by \$24 billion in losses, insurers are imposing rate hikes or dumping customers altogether, leaving homeowners to seek replacement policies that can be two or three times as expensive.

“It's really sticker shock for people to see their homeowners' (premium) go from \$1,200 to \$3,600,” said Richard Harris of Harris Insurance Services, an independent agency in Grass Valley. “They can't afford these increases, and they leave crying. We can't help them. You can only have so many people leaving your office crying.”

State officials know they have a problem on their hands, though lax insurance industry reporting requirements make it difficult to determine just how widespread it is. [A task force advising Gov. Gavin Newsom](#) and the Legislature reported in June that homeowners' insurance costs at least 50 percent more in wildfire zones than elsewhere.

"I wouldn't say it's crisis mode yet but it's definitely a different story for people living in a high-risk area," Insurance Commissioner Ricardo Lara said in an interview. "We need to take proactive steps to protect our consumers."

Lara said he's working with lawmakers to enact a series of reforms later this year, including guarantees that insurers will renew policies in communities that have "hardened" homes and taken other steps to reduce fire risks. He also favors a proposal by the legislative task force to create state subsidies for low-income people already living inside the fire zones, which tend to be rural and struggling economically.

"There's this misconception about folks living in the (fire areas), especially in Southern California — people think there are these multimillion-dollar homes in Malibu," he said.

LIMITED INSURANCE DATA

Lara acknowledged more data is needed to better understand the scale of the problem. Carriers aren't required to tell the state Department of Insurance when they drop a customer. The department does have detailed records on company rate hikes, but the agency has hasn't used them to calculate an overall average of how fast prices are growing in fire areas, nor has it conducted an analysis that would show which communities are being hardest hit by the mounting insurance crisis.

Lara's staff said some of that work is underway, and he's having the department start calculating overall trends in premiums. He said his office doesn't have the legal authority to force insurers to notify his department about non-renewals.

But a Bee review of department records, industry statistics and interviews with insurance experts shows that the hardships are spreading, especially in rural California, and thousands of Californians have had to seek more expensive coverage. More than a dozen homeowners from the Yosemite area to the Oregon border told The Bee and McClatchy [they've been blindsided](#) by policy cancellations and rate hikes in the past few months.

Perhaps the most telling: The Department of Insurance received 451 complaints about cancellations and premiums from customers in high-risk fire zones last year, according to department records provided to The Bee under a California Public Records Act request. In 2010 those complaints numbered just 95.

Insurers have complaints of their own. Homeowners' coverage, an \$8 billion-a-year business in California, has become an unmitigated disaster for carriers: For every \$1 they collected in premiums from Californians last year, they paid \$1.70 in claims, according to data collected by the Department of Insurance.

At the same time, insurers are facing rate hikes from their own carriers, known as re-insurers. But they're unable to pass those higher costs onto homeowners. That puts further pressure on them to reduce the amount of coverage they sell in fire zones, industry officials say.

[Allstate Insurance Group](#), the state's sixth-largest seller of homeowners' coverage, announced in December that it has cut its California homeowners' business in half over the past decade. The insurer reported \$529 million in losses from last fall's Camp Fire and the Southern California Woolsey Fire.

Sacramento insurance lobbyist Rex Frazier said it's little wonder that carriers are backing away. Frazier, president of the Personal Insurance Federation of California, said insurance companies have been subjected to "a decade of price suppression" that's left them unable to fully recoup the cost of doing business in the fire-prone state.

"Is this really the time that a bunch of companies are going to rush into high-risk fire areas?" he said.

Newsom's wildfire panel said insurance in the fire zones hasn't reached the emergency stage, like it did after the industry halted all sales of earthquake coverage following the 1994 Northridge quake. That led to creation of a state-run insurer called the California Earthquake Authority. Its policies [are considered expensive](#) and can double the cost of insuring a home.

About 98 percent of Californians still get homeowners' coverage from State Farm, Farmers and other traditional insurers, whose rates are regulated by the Department of Insurance. Coverage is still a good deal for most: The average policy cost \$1,000 a year in 2016, the latest figures available from the Insurance Information Institute. The U.S. average was \$1,192 while the most expensive state was hurricane-prone Louisiana, at \$1,967.

'INSURER OF LAST RESORT'

Those averages are of little comfort to Renee Asmus.

Asmus has lived for a quarter century in one of California's [most fire-prone communities](#), on a 10-acre spread outside Nevada City. She's been zealous about clearing the brush and trees around her home to tamp down the risk.

Still, that didn't prevent her longtime insurer, CSAA Insurance Group, from notifying her recently that it was canceling her homeowners' coverage, forcing her to begin shopping furiously for a new policy, she said.

"They all say, 'No, we're not going to insure you. There's not a chance we would insure you,' " Asmus said. "I can't afford to move. I'm deeply rooted here. I have children and grandchildren and a life here."

After more than two-dozen phone calls, the 61-year-old Asmus said she found some relief the other day: An agent said she might be able to get insurance for around \$2,950 a year. Most of the coverage would be supplied by an organization called the California FAIR Plan — the state's "insurer of last resort."

"All of a sudden it's jacked up; it's just outrageous," said Asmus, who was paying \$1,200 a little more than a year ago. "But I realize that other people are paying a lot more than I am."

CSAA spokesman Paul Araquistain said: "After careful review of our exposure in Northern California, we are non-renewing a very small percentage of insurance policies with the highest risk. Non-renewals are being handled with great care and with enough advance notice to allow people time to find alternative coverage." He said the company wouldn't comment on individual policies.

Insurers say growing wildfire risks leave them little choice but to curtail their policy sales.

"It's time to address the impact that more severe weather is having on Americans instead of fighting about climate change," Allstate Chief Executive Tom Wilson said in announcing its pullback from California. "It is now time to come up with longer term solutions, such as ensuring power lines are properly maintained, homes have natural fire barriers and building codes reflect increased severe weather."

The Department of Insurance has granted 65 rate increases to mainstream homeowners' insurers since January 2018, including such big names as Farmers, State Farm, Travelers and Nationwide.

Most of the increases have been for an average less than 7 percent. But that doesn't tell the whole story of what's happening in fire zones. More and more companies are canceling policies, putting homeowners at the mercy of runaway rates as they seek new coverage.

When homeowners can no longer get insurance from traditional carriers like CSAA, they have to reach out to "surplus" companies like Lloyd's of London, whose rates aren't regulated.

If all else fails, they go to the California FAIR Plan. The FAIR Plan, created by the California Legislature when insurers abandoned inner cities following the 1960s riots, offers bare-bones coverage that doesn't include theft or liability insurance. It isn't subsidized by the state. FAIR Plan rates are regulated, but with fewer limitations compared to the traditional insurers.

Bottom line: Homeowners who get dropped by traditional carriers can wind up paying double or triple for their replacement coverage.

Their ranks are growing. The number of homeowners in fire-prone areas getting coverage from the FAIR Plan has increased from 22,397 to 33,898 in the same time period, according to the Department of Insurance. The FAIR Plan imposed a 20 percent rate hike in April, with the brunt of the increases falling on homeowners in fire areas, and plans another double-digit increase next year, the plan's president Anneliese Jivan told The Bee.

Surplus carriers have seen their business expand, too, from 42,298 policies sold in 2014 to 69,347 last year, according to the Surplus Line Association of California. Sales are booming in fire-prone communities: In Sonora, the number of policies tripled from 331 in 2014 to 1,078 last year. In Placerville, sales jumped from 252 in 2014 to 727 last year. Sales nearly quadrupled in Groveland over the same time period, from 126 in 2014 to 474 in 2018.

Yet even some of the surplus companies, which tend to take on the riskiest policies, are backing away from some California customers.

"They look at us as a catastrophic state," said Harris, the insurance agent. "It's all because of the Paradise fire."

PROBLEMS IN PARADISE

Paradise residents Colleen and Kevin Jones can attest to the chaos gripping the insurance market. Last year they learned Nationwide Corp. was going to cancel their policy effective Nov. 15.

The Camp Fire struck exactly a week before the cancellation took hold, and Nationwide paid them \$105,000 for the damage to their home.

Now their new insurer, Lloyd's of London, has recently told the Joneses it will cancel their policy this fall. (Officials with Lloyd's couldn't be reached for comment). The Joneses are now getting quotes ranging from \$3,000 to \$10,000.

They still haven't found replacement coverage at prices they consider reasonable. Colleen Jones worries insurance problems will hamper Paradise's ability to recover from the fire that destroyed most of the town.

"How is it possible that all these insurance companies can just say, 'No, we can't insure you,' " Colleen Jones said. "I mean everybody — everybody — is having a huge problem now getting insurance. Now people are wanting to rebuild, but they can't get the insurance, so what's going to happen to Paradise? Everybody who lives here, we're all dependent on insurance companies now."

The Camp Fire killed 85 people, more than any other wildfire in California history. It also claimed one additional victim: [Merced Property & Casualty](#), a small carrier that folded under the weight of roughly \$100 million in claims from the Paradise disaster.

Brad Roeber, who operates the California Insurance Guarantee Association, said his industry-supported organization has paid "the lion's share" of claims in full. But about 30 of the 200 claims exceed the state-mandated \$500,000 cap and won't get paid in full.

Merced Property's demise has affected homeowners elsewhere. Harris had coverage on his home in Alta Sierra, south of Grass Valley, with the Merced company. Now a customer of the FAIR Plan, the insurance agent is paying about \$3,000 a year, including the money he's spending to cover theft and other risks not included in the FAIR policy.

That's nearly triple what he paid Merced before it collapsed.

"They were a great company," Harris said. "It was really sad to see."