



Public Self Insurers ER Annual Report

For Fiscal Year 2016-17

September 15, 2017
EAST BAY REGIONAL PARK DISTRICT
2950 PERALTA OAKS CT
OAKLAND, CA 94605 5320

Form AR-2 (1-2016)

State of California

Employer

General Information:

Certificate Number	7555	Period Of Report	Annual
(Period) From	07/01/2016	(Period) To	06/30/2017

Master Certificate Holder:

Name	EAST BAY REGIONAL PARK DISTRICT		
Address 1	2950 PERALTA OAKS CT		
Address 2		FTIN	94-6000591
City	OAKLAND	State	CA Zip 94605 5320
State of Incorporation			

State of California

During the reporting period of this report, has there been any of the following with respect to the Master Certificate Holder for any affiliate?

None

Any additions to the Self Insurance Program?

None

Employment and wages paid in current fiscal year:

Number of Employees 1,021

Total Wages and Salaries Paid \$58,151,049

Addressed Correspondence For Related Self-Insurance Matters:

Company Name EAST BAY REGIONAL PARK DISTRICT

Name ANNA FONG

Title ADMINISTRATIVE ANALYST II

Phone (510) 544-2164

Fax (510) 544-2164

Email Address AFONG@EBPARKS.ORG

Address 1 2950 PERALTA OAKS COURT

Address 2

City OAKLAND

State CA **Zip** 94605

Web Site

TPA Adjusting Locations:

Has there been a change in TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Have you added any new TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Record Storage:

Are there open and closed claims stored at a location other than the adjusting location? Yes

	Storage Name	Phone Number	Address
1)	Iron Mountain	(510) 287-5475	1350 West Grand Ave Oakland, CA 94607

Insurance Coverage:

1) During this reporting period, does your company maintain a standard workers' compensation insurance policy to cover any of your California liabilities? No

2) During this reporting period, does your company have a specific excess workers' compensation policy in force to cover any of your California liabilities? Yes

	Insurance Company Name	Policy Number	Policy Issue Date
1)	CSAC-EIA	EIA-PE 16 EWC-127	07/01/2016
	Attachment CSAC MOC 2016-2017.pdf		

3) Do you carry an aggregate(stop loss) workers' compensation insurance policy? No

State of California

Certification By Company Officer:

Company Name EAST BAY REGIONAL PARK DISTRICT

Name ANNA FONG

Title ADMINISTRATIVE ANALYST II

Phone (510) 544-2164

Fax (510) 639-4754

Email Address AFONG@EBPARKS.ORG

Address 1 2950 PERALTA OAKS COURT

Address 2

City OAKLAND

State CA **Zip** 94605

Name of Person Legally Responsible for this Electronic Signature:

Anna Fong (Risk Manager) (Date/Time of Signature) - 09/15/2017 11:36

State of California

Report Location Number:

Identification of Location

Certificate Holder

7555-01-048

ATHENS ADMINISTRATORS at CONCORD

EAST BAY REGIONAL PARK DISTRICT

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2016	To Date-	06/30/2017
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2017 reported prior to 2012/13	61	\$3,410,113	\$7,889,046	\$2,958,071	\$4,839,843	\$452,042	\$3,049,203
2) Open and closed Liabilities							
A) All Cases reported in 2012/13	104	\$321,226	\$350,442	\$307,596	\$230,345	\$13,630	\$120,097
2012/13 Cases open	4	\$195,506	\$222,260	\$181,876	\$102,163	\$13,630	\$120,097
B) All Cases reported in 2013/14	99	\$399,062	\$845,344	\$296,378	\$290,493	\$102,684	\$554,851
2013/14 Cases open	6	\$277,366	\$744,751	\$174,682	\$189,900	\$102,684	\$554,851
C) All Cases reported in 2014/15	130	\$486,744	\$1,030,948	\$378,046	\$408,531	\$108,698	\$622,417
2014/15 Cases open	10	\$270,146	\$894,416	\$161,448	\$271,999	\$108,698	\$622,417
D) All Cases reported in 2015/16	117	\$319,273	\$470,352	\$210,685	\$197,730	\$108,588	\$272,622
2015/16 Cases open	15	\$254,921	\$358,266	\$146,333	\$85,644	\$108,588	\$272,622
E) All Cases reported in 2016/17	122	\$681,483	\$425,194	\$460,675	\$130,251	\$220,808	\$294,943
2016/17 Cases open	46	\$643,492	\$369,335	\$422,684	\$74,392	\$220,808	\$294,943

	\$ Indemnity	\$ Medical
SUBTOTAL	\$1,006,450	\$4,914,133
TOTAL		\$5,920,583

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2016/17 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

	\$ Indemnity	\$ Medical
	\$901,132	\$679,778

5) Number of MEDICAL-ONLY Cases Reported in 2016/17

63

6) Number of INDEMNITY Cases Reported in 2016/17

59

7) Total of 5 and 6 (Also entered in 2E above)

122

8) Total Number of open Indemnity Cases (All Years)

130

9) Number of Fatality Cases Reported In 2016/17

0

10) (a) Number of FY 2016/17 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2016/17

5

10) (a) Number of non-FY 2016/17 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2016/17

4

11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

\$227,135

12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

\$266,445

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: Open Indemnity.pdf

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Idemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

Instructions To Claims Administrator For Specific Excess Insurance

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0". \$

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Certification

Administrating Agency's Certificate Number 048

Or Self Administered

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report to be prepared and I have examined this liabilities report of this self insurer's worker's compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the worker's compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of worker's compensation claims made in this report reflect the administrator's best judgement as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Agency Name ATHENS ADMINISTRATORS
Name DOUGLAS GIBB
Phone (925) 826-1283 **Fax**
Email Address DGIBB@ATHENSADMIN.COM
Address 1 2552 STANWELL DR.
Address 2
City CONCORD **State** CA **Zip** 94520

Name of Person Legally Responsible for this Electronic Signature:

Emily Kephart (Date/Time of Signature) - 08/22/2017 14:52