

AGENDA ITEM FOR ADMINISTRATIVE MEETING

( ) Discussion only

( X ) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen  
County Counsel

SUBJECT: SAIF Payable

<p>Background: Approval is sought to renew workers compensation insurance and for a payable for the premium.</p>	<p>Requested Action:  (1) Approve renewal of workers compensation insurance with SAIF Corporation  (2) Approve payable to SAIF in the amount of \$199,913.83</p>
--	--

ATTACHMENTS: Payable

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Checkoffs:

- ( ) Dept. Head (copy)
- ( ) Budget (copy)
- ( ) Fiscal
- ( X ) Legal (copy)
- ( ) (Other - List:)

To be notified of Meeting:

Needed at Meeting:

\*\*\*\*\*

Scheduled for meeting on: June 7, 2023

Action taken:

### UMATILLA COUNTY PAYMENT REQUEST

PEID - AC	(Call Finance for PEID #)
NAME	SAIF
ADDRESS	400 High Street SE
ADDRESS	
CITY, STATE, ZIP	Salem, OR 97312-1000

<b>AUTHORIZATION-APPROVAL</b>	
DEPARTMENT	SIGNATURE
BOARD	SIGNATURE (IF OVER \$3,000)
SUBMITTED	DATE -ATTACH-APPROVAL
	5/23/2023
	CHECK NUMBER
	RETURN - HOLD

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$199,913.83	Finance Distribution	Pre-Pay 23-24 Work-Comp Guarantee Cost Plan		\$199,913.83		
		Must be paid before June 25, 2023 to be eligible for discounts				
<b>\$199,913.83 PAGE TOTAL</b>						
<b>\$199,913.83 GRAND TOTAL</b>						

Office Use: Pretravel Auth rec: \_\_\_\_\_ Contract Reviewed: \_\_\_\_\_ Routine: \_\_\_\_\_

Office Use: Tax ID Reviewed: \_\_\_\_\_ Quotes: \_\_\_\_\_ Bids: \_\_\_\_\_

**Umatilla County**

**Notice of Election for Guaranteed Cost Plan**

**Period:** 07/01/2023 - 07/01/2024

**Policy:** 743288

**Group:** CIS - Services

**Plan:** Version #1 (1)

**Agency:** Graybeal Group Inc  
**Producer:** Kim Taylor

**Total estimated premium and assessments: \$199,913.83**

**Payroll reporting frequency:** Annual

Please visit **saif.com** and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

**Initial installment due by 06/25/2023: \$199,913.83**

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

\_\_\_\_\_  
Authorized signature of insured

\_\_\_\_\_  
Date signed

**Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:**

**SAIF CORPORATION  
400 High St SE  
Salem, OR 97312-1000**

<b>SAIF use only</b>	D: \$0	I: \$199,914	Lyn L Zielinski- Mills
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		



**Workers' compensation insurance proposal for  
Umatilla County**

Kim Taylor  
Graybeal Group Inc  
P: 541.567.5523  
F: 866.663.5643  
kim@graybealgroup.com



May 21, 2023

UMATILLA COUNTY  
216 SE 4TH ST  
PENDLETON, OR 97801-2692

KIM TAYLOR  
GRAYBEAL GROUP INC  
100 E GLADYS AVE STE A  
HERMISTON, OR 97838-1871

SAIF policy: 743288  
Policyholder: Umatilla County

This business's workers' compensation policy with SAIF Corporation renews on July 01, 2023. I authorized the rates and plan(s) shown on the enclosed premium estimate(s).

**To elect coverage**

Sign and return the Notice of Election before the effective date of July 01, 2023.

**Prepay discount**

SAIF Corporation offers additional savings in exchange for paying premiums in advance. A 3.00 percent discount is offered for annual prepay plans.

SAIF uses estimated premium paid in advance during the policy year to calculate the prepay discount when the policy is bound and issued. The prepay discount does not change with adjustments in premium after the policy term is issued.

The terrorism premium, catastrophe premium, and the Department of Consumer and Business Services (DCBS) premium assessment will also be estimated and paid with your prepay installments. The prepay discount does not apply to the terrorism premiums or the DCBS premium assessment.

If SAIF does not receive your first installment in our office on or before the 25<sup>th</sup> day of the month preceding the new policy period, you will not receive the prepay discount. SAIF does not use postmark dates in determining date received.

**Installment payment terms**

Each installment will be the same amount based on the annual estimate divided into equal installments. Subsequent installments are due by the 25th day following the bill date of the installment.

Changes in your payroll or operations during the year can result in an adjustment to your policy premium. Please notify us of changes in your business to avoid a large reconciliation adjustment at the end of the year.

We will send a payroll report to you at the end of each reporting period. Return the completed payroll report to us by the indicated due date or you may go to [saif.com](http://saif.com) to submit payroll figures online where SAIF makes it easy by doing all the calculations for you.

SAIF adds interest at the rate of one percent per month to any past due balance.

Your final policy premium will be adjusted after you file your actual payroll on a report sent to you at the end of the policy period. To make it easy, SAIF will calculate the premium for you. You can file the report by going to **saif.com / Employer Guide / File a payroll report**, or you may return the completed report to SAIF. SAIF will notify you by invoice of the adjustment in your premium based on the actual payroll you reported for the policy period.

**Verifiable time records**

Oregon Administrative Rules require you to report wages under the highest rated classification applicable to any part of the worker's duties if you choose not to keep verifiable time records.

In most instances, if you have more than one classification on your insurance policy and your workers shift duties between those classifications, you can use verifiable time records to separate the payroll of the workers and report it in more than one classification on the payroll report.

Verifiable time records must be supported by original entries from other records, including, but not limited to, timecards, calendars, planners, or daily logs prepared by the employee or the employee's direct supervisor or manager. Estimated percentages or ratios will not be accepted. For more information on how to keep verifiable time records, go to **saif.com / Employer Guide/ Reporting payroll / Verifiable time records**.

**Prevent jobsite injuries**

Safety awareness and preparedness are key in preventing on-the-job injuries, which may keep workers' compensations costs down. Please go to **saif.com / Safety and health** and also the Oregon OSHA website at [orosh.org](http://orosh.org) to obtain valuable information to prevent injuries.

SAIF Corporation strives to provide our customers with the best services available at the lowest possible cost. We appreciate your confidence in us and look forward to working with you. Please feel free to contact me whenever you need assistance.

Sincerely,

/s/ Tami Coxen  
Underwriter  
P: 503.373.8129  
F: 503.584.8129  
TAMCOX@SAIF.COM

c: Kim Taylor



**Umatilla County**

**Premium estimate for Guaranteed Cost**

**Period:** 07/01/2023 - 07/01/2024

**Group:** CIS - Services

**Policy:** 743288

**Plan:** Version #1 (1)

**Rating period: 07/01/2023 to 07/01/2024**

**Location 1: Umatilla County**

Classification description	Class	Subject payroll	Rate	Premium
Spraying-NOC-Dr	0050	\$161,385.00	3.9	\$6,294.02
Carpentry-NOC	5403	\$180,979.00	5.05	\$9,139.44
Street/Rd Const-Fnl	5506	\$1,397,445.00	4.29	\$59,950.39
Grad/Pve/Rep/Dr				
Street or Road Construction-Rock	5507	\$0.00	2.98	\$0.00
Excavation & Drivers				
Vessels-NOC-State Act	7024	\$0.00	2.71	\$0.00
Police Officers & Dr	7720	\$6,898,493.00	2.3	\$158,665.34
Inmates	7720	\$32,371.00	2.3	\$744.53
County Search And Rescue-Volunteer	7720	\$24,016.00	2.3	\$552.37
Garages-NOC-Dr	8380	\$139,226.00	1.87	\$2,603.53
Vol Plcmn @ 800/Mo Ea	8411	\$96,000.00	1.04	\$998.40
Public Relations/Sales/Promotion	8742	\$542,444.00	0.2	\$1,084.89
Vol Board Members	8742	\$0.00	0.2	\$0.00
Office Clerical	8810	\$5,524,042.00	0.1	\$5,524.04
Vol Office Clerical	8810	\$0.00	0.1	\$0.00
Attorney & Cler/Messenger/Dr	8820	\$1,749,015.00	0.1	\$1,749.02
Vol Victim Assistance	8820	\$4,753.00	0.1	\$4.75
Physician & Clerical	8832	\$2,965,059.00	0.26	\$7,709.15
Nurse-Home Health/Public-Trvl-Al Emp	8835	\$575,524.00	1.73	\$9,956.57
Buildings-Operation By Owner Or Lessee & Drivers	9015	\$367,544.00	2.54	\$9,335.62
County Fairs/Dr	9016	\$23,235.00	1.96	\$455.41
Snow Removal-Streets/Roads-Dr	9402	\$0.00	4.03	\$0.00
Municipal/Twn/Cnty/State Emp-NOC	9410	\$1,040,287.00	1.21	\$12,587.47
<b>Total manual premium</b>		<b>\$21,721,818.00</b>		<b>\$287,354.94</b>

Description	Basis	Factor	Premium
EL Increased Limits premium (Part II)	\$287,354.94	1.004	\$1,149.42
<b>Total subject premium</b>			<b>\$288,504.36</b>

Description	Basis	Factor	Premium
Experience Rating	\$288,504.36	0.77	-\$66,356.00
<b>Total modified premium</b>			<b>\$222,148.36</b>

Description	Basis	Factor	Premium
Pre-pay credit	\$222,148.36	0.97	-\$6,664.45
<b>Total standard premium</b>			<b>\$215,483.91</b>

Description	Basis	Factor	Premium
-------------	-------	--------	---------



## Umatilla County

### Plan description for Guaranteed Cost Plan

---

**Period:** 07/01/2023 - 07/01/2024

**Policy:** 743288

---

#### Guaranteed Cost Plan

SAIF Corporation's Guaranteed Cost Plan is a simple, no-risk plan that allows purchasers to know their insurance costs throughout the policy period. It may provide a premium discount based on volume.

#### Installment payment terms

Each installment will be the same amount based on the annual estimate divided into equal installments. Subsequent installments are due by the 25th day following the bill date of the installment.

Changes in your payroll or operations during the year can result in an adjustment to your policy premium. Please notify us of changes in your business to avoid a large reconciliation adjustment at the end of the year.

We will send a payroll report to you at the end of each reporting period. Return the completed payroll report to us by the indicated due date or you may go to **saif.com** to submit payroll figures online where SAIF makes it easy by doing all the calculations for you.

SAIF adds interest at the rate of one percent per month to any past due balance.

Your final policy premium will be adjusted after you file your actual payroll on a report sent to you at the end of the policy period. To make it easy, SAIF will calculate the premium for you. You can file the report by going to **saif.com / Employer Guide / File a payroll report**, or you may return the completed report to SAIF. SAIF will notify you by invoice of the adjustment in your premium based on the actual payroll you reported for the policy period.

#### Prepay discount

SAIF Corporation offers additional savings in exchange for paying premiums in advance. A 3.00 percent discount is offered for annual prepay plans.

SAIF uses estimated premium paid in advance during the policy year to calculate the prepay discount when the policy is bound and issued. The prepay discount does not change with adjustments in premium after the policy term is issued.

The terrorism premium, catastrophe premium, and the Department of Consumer and Business Services (DCBS) premium assessment will also be estimated and paid with your prepay installments. The prepay discount does not apply to the terrorism premiums or the DCBS premium assessment.

If SAIF does not receive your first installment in our office on or before the 25th day of month preceding the new policy period, you will not receive the prepay discount. SAIF does not use postmark dates in determining date received.



**Umatilla County**

**Notice of Election for Guaranteed Cost Plan**

**Period:** 07/01/2023 - 07/01/2024

**Policy:** 743288

**Group:** CIS - Services

**Plan:** Version #1 (1)

**Agency:** Graybeal Group Inc

**Producer:** Kim Taylor

**Total estimated premium and assessments: \$199,913.83**

**Payroll reporting frequency:** Annual

Please visit **saif.com** and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

**Initial installment due by 06/25/2023: \$199,913.83**

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

\_\_\_\_\_  
Authorized signature of insured

\_\_\_\_\_  
Date signed

**Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:**

**SAIF CORPORATION  
400 High St SE  
Salem, OR 97312-1000**

<b>SAIF use only</b>	D: \$0	I: \$199,914	Lyn L Zielinski- Mills
Date received _____	Amount received _____	Check no. _____	
Bond Company _____	Bond no. _____		