Support Services Committee
Self- Insurance Department
AGENDA
7/30/15 @ 9:30am

Committee Members: Chairman, Supervisor Vanselow
Supervisor McDevitt
Supervisor Frasier
Supervisor Taylor
Supervisor Wood
Supervisor Brock
Supervisor Seeber

I. Committee meeting called to order by Chairman

II. Motion to approve minutes of prior Committee meeting

III. Action Agenda/New Business

1. **Resolution Request to accept AWPR, LLC for the services of Pharmacy Network Vendor for the Workers' Compensation Plan.**

   Rationale: The current contract expires on 9/30/15 but has an option for a three year extension. A request for proposals was issued. The lowest proposal is from AWPR, LLC. We have reviewed the proposal and feel that this vendor can provide the services needed at a lower cost than the current vendor (TechHealth). This is 3 year contract with an option for an additional 3 years. Previous Board Resolution 485 of 2012.

2. **Resolution Request to accept the proposal from OCM IPA, Inc. for the services of Diagnostic Radiology Vendor for the Workers' Compensation Plan.**

   Rationale: The current contract expires on 9/30/15. A request for proposals was issued. The incumbent is the lowest proposal for basic MRI which are the majority of the tests we pay for. We have had 6 years of good relations with this vendor. Previous Board Resolution 603 of 2009. This is a 3 year contract with an option for an additional 3 years.

3. **Resolution Request to allow all participants in the Self-Insurance Plan to utilize the County's SDS Database.**

   Rationale: The Warren County Information Technology Department and the Self-Insurance Department have developed a web based database program used to store and retrieve Safety Data Sheets as required under NYS DOL PESH. We would like to allow the participants in the Self-Insurance Plan to be able to use this database. This would be a value added offer to the participating

municipalities and would be no cost increase to the County. Utilization by the municipalities would be entirely voluntary and allowed only after a Memorandum of Understanding (provided by the County Attorney) was on file with Self-Insurance. I have discussed this with the Director of Information Technology and the County Attorney who are both agreeable to the plan.

4. **Resolution Request to allow the Town of Queensbury employees to participate in the Warren County Self-Insurance Safety training classes.**

Rationale: The Town of Queensbury is not a participant in the Warren County Self-Insurance Plan but has requested to attend various safety programs offered to plan participants. I reviewed our approximate costs and determined that a fair cost would be $20 for a 4 hour or less program per employee and $40 for a program more than 4 hours per employee. Revenue received from this can offset other plan expenses for safety programs. The Town is agreeable to this rate. Our Safety Consultant is agreeable to this as well. The Town of Queensbury employees would only be allowed to attend the training if there were seats available that the plan participants did not need. The fee would apply only to the classes offered by trainers that the Plan must pay (i.e. by the County Safety Consultant). Classes offered by trainers that don't charge a fee would be offered for free to the Town of Queensbury.

5. **Resolution Request approving Warren County Volunteer Policy and Procedure**

Rationale: Several Warren County Departments utilize the services of Volunteers. However, the County does not currently have a policy managing this important group of individuals. The attached policy covers service, recruitment, conduct, safety, and more. This policy has been reviewed and approved by the County's Insurance Broker, Safety Consultant, Employee Safety Committee, Risk Management Steering Committee, affected Departments, the County Administrator and the County Attorney.

IV. Referral/Pending Items

1) County Administrator to research whether moving employees from light duty to disability in Sheriff's Office was based on opinion or statute of law and report back to the Committee (05.30.14)
This item to remain pending with the County Administrator.

2) Request to amend the Warren County Travel Policy and County Vehicle Use Regulations was tabled until the County Administrator could review the policy with the unions and report on their thoughts and/or suggestions at the next Committee meeting. (07.23.14)
This item to remain pending with the County Administrator awaiting review of the

revisions made after union review.

V. Information for Discussion/Review

2016 Workers' Compensation Plan Participant Assessments.
The 2016 Self-Insurance "budget" has been presented and approved by the County's Budget Team. $1,396,245 is the amount approved to be allocated among the Self-Insurance Plan Participants. This amount is a reduction of approximately 9% from 2015 ($140,778). The allocation between the various participants is attached for your review.

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VI. Motion to adjourn

Attachments

1. Resolution request form to accept proposal from AWPRx for Pharmacy Network Vendor Services. 1 page. (Additional backup documents can be viewed on the County website or printed upon request.)
2. Resolution request form to accept proposal from OCM IPA Inc for Diagnostic Radiology Vendor Services. 1 page. (Additional backup documents can be viewed on the County website or printed upon request.)
3. Resolution request form to allow participants to use SDS database. 1 page.
4. Resolution request form to allow Queensbury to attend safety classes. 1 page.
5. Resolution request form and Volunteer Policy. 25 pages.
6. 2016 Workers' Compensation participant assessments. 13 pages.

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: **Self-Insurance**

DATE: 7-30-15

(a) Is this a Result of a Bid or Request for Proposal? **YesWC39-15**

(b) Purpose of Contract: **Pharmacy Network Vendor for Self-Insured Workers' Compensation Plan**

(c) Name of Contractor: **AWPR, LLC**

(d) Address of Contractor: **307 Cranes Roost Blvd, Ste 1040, Altamonte Springs FL 32701**

(e) Contractor's Contact Person and Telephone Number: **Charles Gale 888-700-9750**

(f) Has or will the Contract be provided, if so, please attach:

(g) Commencement Date of Contract: **10/1/15**

(h) Termination Date of Contract: **9/30/18 with an option for a renewal of an additional 3 years 10/1/18-9/30/21**

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **payments made for services as received by injured workers and then billed to Self-Insaurance**

(j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: **S1720 495 Self-Insurance Medical Awards**

Sample: A.1010 470 Legislative Board – Contract $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS

Attachment # 1

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Self-Insurance

DATE: 7/30/15

(a) Is this a Result of a Bid or Request for Proposal? **YesWC40-15**

(b) Purpose of Contract: **Diagnostic Radiology Vendor for Self-Insured Workers' Compensation Plan**

(c) Name of Contractor: **OCM IPA, Inc**

(d) Address of Contractor: **20 Waterview Blvd, Parsippany NJ 07054**

(e) Contractor's Contact Person and Telephone Number: **Chris Watson 904-997-7212**

(f) Has or will the Contract be provided, if so, please attach:

(g) Commencement Date of Contract: **10/1/15**

(h) Termination Date of Contract: **9/30/18 with an option for a renewal of an additional 3 years 10/1/18-9/30/21**

(i) Payment Provisions:
- i) lump sum amount
- ii) hourly rate amount
- iii) total amount not to exceed
- iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. **payments made for services as received by injured workers and then billed to Self-Insaurance**

(j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: **S1720 495 Self-Insurance Medical Awards**

Sample: A.1010 470 Legislative Board – Contract $xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations $xx.xx

*as listed in budget and LOGOS

Attachment #2

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.

DEPARTMENT NAME: Self Insurance

DATE: 7-30-15

(a) Purpose of Request: Allowing participants in the Self-Insruance Plan to utilize the County's Safety Data Sheet (SDS) Database.

(b) Details: At the request of the Self-Insurance Department the Warren County Information Technology Department has developed a database to electronically store Safety Data Sheets. Participants in the Self-Insurance Plan have expressed interest in utilizing the data base. The County would share the use of the data base at no cost upon completion of a Memorandum Of Understanding (form approved by County Attorney). Utilization is voluntary.

(c) Previous Resolution Number: none

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: n/a

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Attachment #3

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.

DEPARTMENT NAME: Self Insurance

DATE: 7-30-15

(a) Purpose of Request: Allowing Town of Queensbury employees to attend the Warren County Self-Insurance Safety Classes.

(b) Details: Allowing employees from Town of Queensbury, who is not a participant in the Waren County Self-Insurance Plan, to attend Safety Training Classes offered by the County's Safety Counsultant through the Warren County Self-Insurance Plan at a fee of $20 per employee for classes of 4 hours or less and a fee of $40 per employee for classes of more than 4 hours. If the class is filled by employees from plan participants the Town of Queensbury will not be able to attend. Classes offered by trainers at no cost to the County will be opened to the Town at no cost as well.

(c) Previous Resolution Number: none

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: n/a

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Attachment #4

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

Please List All Other Requests Not Covered by Previous Resolution Request Forms Here. Please attach any backup information available and be as detailed as possible.

DEPARTMENT NAME: Self-Insurance

DATE: 7/30/15

(a) Purpose of Request: **Approving Warren County Volunteer Policy and Procedure**

(b) Details: **Approving the attached policy and procedure**

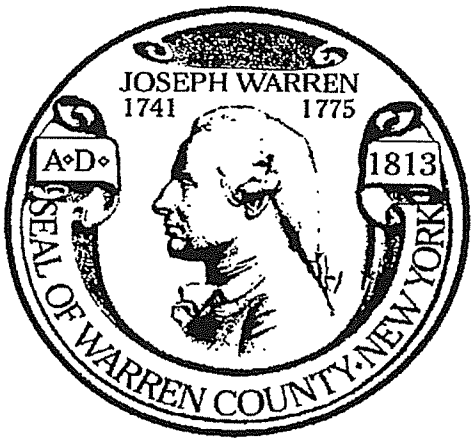
(c) Previous Resolution Number: **none**

(d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **n/a**

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Attachment #5



Warren County
Volunteer Policy and Procedure

DRAFT 7/21/15

Approved _____
Resolution No. _____

1. Introduction

Warren County desires to involve more people in volunteering to enhance the services tha t are provided by the County and to enrich the lives of people in our communities.

Warren County is committed to involving volunteers directly within the organization to:

- contribute to the delivery of our services
- assist on various boards
- make sure we are responsive to the needs of those who use our services
- provide different skills and perspectives
- offer opportunities for participation by people who might otherwise be excluded
- increase our contact with the local communities we serve

This policy sets out the principles and practice by which we involve volunteers.

2. Principles

Warren County:

- recognizes that voluntary work brings benefits to volunteers themselves, to clients and to paid staff
- will ensure that volunteers are properly integrated into the organization structure and that mechanisms are in place for them to contribute to the services that Warren County provides
- will not introduce volunteers to replace paid staff
- expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work.
- recognizes that volunteers require satisfying work and personal development and will seek to help volunteers meet these needs, as well as providing the training for them to do their work effectively

3. Scope of volunteer policy and definition of Volunteer

Unless specifically stated, these policies apply to all non-elected volunteers in all programs and projects undertaken on or on behalf of the County, and to all departments and sites of operation of the County.

The County also accepts as volunteers those participating in student community service activities (e.g. Youth Court), student interns (e.g. from schools, colleges), alternative sentencing or diversion programs, and other similar volunteer referral programs. In each of these cases, however, a special agreement must be in effect with the organization, schools, or program from

which the special case volunteers originate and must be responsible for management and care of the volunteers.

A volunteer as that word is used in this policy is anyone who, without compensation or expectation of compensation beyond reimbursement, performs a task at the direction of and on behalf of the County. A volunteer must be officially accepted and enrolled by the County Department prior to performance of the task. Unless specifically stated, volunteers shall not be considered as "employees" of the County

4. Service at the discretion of the County and Volunteer

Before a Department of the County may accept the services of a volunteer, the Department Head shall request and receive approval from the County Administrator, whose approval shall be based on whether the volunteer will positively impact the work of the department and County as a whole. The County Administrator shall consider the tasks to be performed by the volunteer, staff supervision time, impact on department workload and space needs as well as overall County impacts, if any.

The County accepts the services of all volunteers with the understanding that such service is at the sole discretion of the County. Volunteers by accepting a volunteer position with the County agree that the County may at any time, for whatever reason, decide to terminate the volunteer's relationship with the County.

The volunteer may anytime, for whatever reason, decide to sever the volunteer's relationship with the County. Notice of such a decision should be communicated as soon as possible to the volunteer's supervisor.

5. Recruitment, screening and physical requirements

Recruitment of volunteers will generally be from all sections of the community, and will be in line with Warren County's Equal Opportunities Policy. The sole qualification for volunteer recruitment shall be suitability to perform a task on behalf of the County. Persons interested in becoming volunteers for Warren County should contact a Warren County Department. The Department Head will provide information about the Department in general and information about the specific volunteer opportunities available. If the person is still interested in becoming a volunteer the Department Head will request the person complete the "Volunteer Registration Form" (Appendix A). The Department Head will review the request and advise the Volunteer if accepted.

In certain cases and as appropriate for the protection of clients, volunteers in certain assignments may be asked to submit to a background criminal check. Volunteers who do not agree to the background check may be refused assignment.

In cases where volunteers will be working with clients with health difficulties, a health screening procedure may be required. In addition if there are physical requirements necessary for performance of the task, health screening or testing procedures may be required to ascert ain the ability of the volunteer to safely perform the tasks.

A volunteer is a person who offers services to Warren County, without pay, and whose offer is accepted by the Department Head on behalf of the County. Volunteers are not employees, nor are they unpaid employees.

Volunteers must be at least 16 years of age with working papers. Volunteers aged 16 to 17 are subject to pertinent labor laws. Volunteers under the age of 16, fulfilling requirements for community service, must be accompanied by a parent, guardian or teacher.

6. Introduction, Training and Support

Every volunteer will receive information from the department as to what their role is. Training appropriate to the role will be provided by the County. All volunteers will have a named person as their main point of contact.

7. Conduct

Volunteers are expected to follow rules of conduct that will protect the interest and safety of all volunteers, staff and the County. If applicable, volunteers will also be required to comply with NYS Department of Health Regulations.

Volunteers are expected to comply with the Warren County Ethics and Disclosure Law.

Each volunteer must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and will preserve and strengthen public confidence in Warren County activities. Likewise, volunteers must refrain from engaging in any activity in which personal interests conflict, potentially conflict or appear to conflict with those of Warren County. If a Department Head has concerns regarding conflicts of interest they shall meet with the volunteer to review the situation and take action as appropriate.

Volunteers will be bound by the same requirement for confidentiality as paid staff. Department Heads concerned with confidentiality issues shall discuss the situation with the volunteer and take action as appropriate.

Volunteers shall refrain from providing their personal contact information to the clients that they serve.

8. Health and Safety

Warren County will take all reasonable and practicable steps to ensure the volunteers' hea lth, safety and welfare while volunteering for Warren County. The Department supervisor will provide Volunteers with information about the County's various policies as applicable to their type of volunteer service. I.e. Warren County Safety and Health Program Policy, Warren County Smoking and Tobacco Use Policy, Warren County Plan and Program on Workplace Harassment, Workplace Violence Prevention Plan and Program, Warren County Emergency Action and Response Plans.

Volunteers are additional insured's on Warren County's liability insurance policy while they are working within the scope of duties for the County.

The County does not carry or maintain health, medical or disability insurance for any volunteer. However, Warren County Local Law No. 4 of 2005 (Appendix B) may provide limited assistance with the payment of medical bills incurred by Volunteers as a result of injuries sustained by reason of accidents while volunteers are working within the scope of duties.

If a volunteer is injured during the course of their services to Warren County they should immediately notify their supervisor and also complete the "Non-employee, Visitor, Volunteer Injury Report" form in the packet of forms under Appendix C. The volunteer should forward the completed form to their supervisor as soon as possible. The supervisor and Department Head should complete the appropriate forms under Appendix C within 3 business days.

9. Volunteer Drivers

Volunteers, clients, members of volunteers family, etc. are not authorized to operate County owned vehicles, except county volunteers who hold a valid New York State driver's license and are requested by a Department Head shall be authorized to operate County owned vehicles for: 1) for programs offered by Veteran's Services under Executive Law Section 358 of Veteran's Affairs; 2) for programs offered to Westmount Health Facility residents or persons participating in Countryside Adult Home programs whether such is directly sponsored by Westmount Health Facility or Countryside Adult Home or some other governmental or non-governmental entity; and 3) unpaid interns working at the Department of Social Services. All volunteers allowed to operate County vehicles must also comply with the County's Travel and Vehicle Use Policy.

All volunteers that agree to drive their own personal motor vehicles or a County vehicle as part of their volunteer service will be required to complete the "Warren County Volunteer DMV release" (Appendix D) attached to this policy. Volunteering to drive will be dependent upon a satisfactory driver record. The volunteers will become part of the NYS DMV License Event Notification Service utilized by Warren County. Departments that utilize volunteer drivers should contact the Warren County Self-Insurance Department to determine if the volunteer has

a satisfactory driver record prior to allowing the volunteer to drive as part of their service t o the County.

All volunteers that are using their own personal automobile while volunteering for Warren County must provide their own automobile insurance at their own expense. If the volunteer should suffer a loss while volunteering for Warren County their personal automobile insurance will be the primary coverage. Volunteer will provide for towing and recovery if needed at t heir own expense. Volunteers involved in an accident resulting in personal injury or vehicle damage shall promptly report the incident to their supervisor who will complete the volunteer injury report (Appendix C).

10. Expenses

Warren County will ensure that there is a clear and accessible system to enable volunteers to claim out of pocket expenses that are pre-authorized by the County Department for which they volunteer.

11. Emergency Closings and Volunteers Inability to Perform Service

The County strives to ensure the safety of all volunteers. In the event of inclement weather or the volunteers inability to perform services, volunteers will be responsible for contacting the volunteer department to inform their supervisor that they will not be performing their scheduled service. If the County should close, the sponsoring Department will use a previously established system to inform their volunteers of the closing.

12. Equal Opportunities

All volunteers and staff will work in accordance with Warren County's equal opportunities policy and Warren County's ADA/Section 504 Policy and will prevent discrimination on any grounds.

13. Monitoring and Recordkeeping

Each Department may evaluate an individual volunteer service as needed. In addition, County Departments should continually monitor and evaluate their use of volunteers with reference to this Volunteer Policy. Departments that find concerns with this policy should forward the concern to the Warren County Risk Management Steering Committee for review.
Each Department will keep various records and forms in association with this policy on file within their department.

14. Implementation

This policy will be effective upon approval by the Warren County Board of Supervisors. All current volunteers will be advised of the new policy by their assigned supervisor. All current volunteers should complete the Volunteer Registration Form (Appendix A).

Appendix A

Attach Volunteer Registration Form here

VOLUNTEER REGISTRATION FORM (Page 1 of 2)

Department Completes:

Department: _____

Volunteer Will Report to: _____
Responsibilities: _____
Anticipated Start Date _____ Anticipated End Date _____
Anticipated Days/Hours _____

Volunteer Applicant Completes:

Name: _____

Address: _____

Telephone: _____

Emergency Contact Name: _____ Telephone: _____

Can you perform the required duties with or without reasonable accommodation? Warren County is an equal opportunity/affirmative action employer. If necessary, please explain.

_____
_____

Have you ever been convicted of any crime (felony or misdemeanor), accused of sexual abuse or similar miss-conduct? Yes ___ No ___
If yes, please explain. (Note: This will not automatically bar you from the position as each case is considered on its merits.)

_____
_____

Do you know any foreign languages? Yes _____ No _____
Language: _____ Speak _____ Read _____ Write _____
Language: _____ Speak _____ Read _____ Write _____
References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Continued next page....

Volunteer Registration Form continued (Page 2 of 2):

By signing below, the Volunteer Applicant acknowledges the following:

- Volunteer has received a copy of the Warren County Volunteer Policy and Procedure, and agrees to adhere to the standards contained therein while serving in the capacity of a Volunteer.
- Warren County does not provide compensation or financial assistance for volunteer services.
- Volunteers must conduct themselves to protect the interest and safety of all other volunteers, staff and the County.
- Volunteers are an additional insured on the County's liability policy while they are within the scope of their services.
- The County does not carry health, medical, or disability insurance for any volunteer. However, very limited medical expense reimbursement may be available per Local Law No. 4 of 2005.
- Warren County does not provide automobile insurance for any volunteer utilizing a private automobile during their service.
- Volunteers must act in all matters in a manner that will safeguard the reputation and integrity of Warren County and strengthen public confidence in Warren County activities.
- The Volunteer understands that the Activities include work that may be hazardous and releases Warren County from all liability for injury, illness, death, or property damage arising out of or resulting from the Volunteer's activities.
- Volunteer acknowledges that a background check may be done and agrees to provide additional information as requested by Warren County to complete the background check.
- Volunteer's assignment or activities for Warren County may be terminated by Warren County at any time for any reason.

Volunteer Applicant Signature_____ Date_____

Parent Signature (if under 18)_____ Date_____

Volunteer Applicant date of birth (if under 18)_____

Department Head Completes:

Volunteer Approved? ____Yes ____No

Department Head Signature:_____ Date:_____

Appendix B

Attach Local Law #4 of 2005 here

COUNTY OF WARREN
LOCAL LAW NO. 4 OF 2005

A LOCAL LAW ESTABLISHING AND PROVIDING FOR IMPLEMENTATION OF VOLUNTEER MEDICAL EXPENSE REIMBURSEMENT

BE IT ENACTED, by the Board of Supervisors of the County of Warren, New York, as follows:

SECTION 1. Title. This Local Law shall be known as "A Local Law Establishing and Providing for Implementation of Volunteer Medical Expense Reimbursement".

SECTION 2. Legislative Intent and Purpose. The purpose of this legislation is to provide some assistance with the payment of medical bills incurred by Volunteers as a result of injuries sustained by reason of accidents while Volunteers are on property owned by a third party. The County provides this benefit not out of concern for County liability but rather as an incentive to Volunteers and third party property owners where Volunteers sometime perform their work in furtherance of County sponsored programs. There have been occurrences where a Volunteer has been injured while on property owned by a third party and the payment of medical bills have become a concern for the property owner and the Volunteer, especially when more then one incident occurs and the injuries are not the fault of the property owner. The Volunteer, particularly one without full health insurance coverage, must go through the process of attempting to seek payment from the property owner while the property owner must turn the bills over to its insurance carrier causing not only administrative work but insurance coverage concerns as well.

It is believed that this legislation will be beneficial in retaining volunteers and

participation of third party property owners and thereby further the purposes of the various County sponsored programs that are authorized under state statute and which benefit the general health and welfare of the residents of Warren County.

Section 3. Authority. The authority for this Local Law is Municipal Home Rule Law, Section 10.

Section 4. Definitions. As used herein above, "bodily injury" means unintentional injury to one's physical self and "medical expenses" means reasonable charges for medical, surgical, x-ray, dental, ambulance, hospital, professional nursing and prosthetic devices.

Section 5. Volunteer Medical Expense Reimbursement Authorization and Funding. The County Board of Supervisors may appropriate sums as part of the County budget for a fund to be used for the payment of medical expenses of Volunteers payable only as herein set forth. In the event the County Board of Supervisors shall fail to appropriate such amounts or in the event that appropriations should lapse or become depleted, the benefits provided under this local law shall likewise lapse and cease to be available to Volunteers. In the event that appropriations do not exist, the County and /or its boards, officers and or employees shall be under no obligation to provide reimbursement to Volunteers as provided under this local law.

Section 6. Qualifications, Conditions and Limitations of Volunteer Medical Expense Reimbursement.

A. Subject to the provisions of Section 3 hereof, upon compliance with the provisions hereof and upon the conditions set forth herein, a volunteer

who, as a result of an accident, sustains bodily injury while in the service of the County or a program sponsored by the County and seeks professional medical treatment within seven (7) days thereof, shall, upon request, be reimbursed by the County for necessary medical expenses not covered by a third party and actually incurred and paid by the Volunteer or Volunteer's legal representative up to a maximum amount of Five Hundred Dollars ($500.00) for any single accident and related injury provided :

1) The injury occurs while the Volunteer is:

   a) on real property not owned or leased by the Volunteer, the County or an agency thereof and does not occur as a result of any incident involving a motor vehicle for which insurance coverage is to be provided under New York State law;

   b) actually performing a volunteer service for the County on the Volunteer's personal or private time; and

   c) in the act of carrying food, materials, equipment or other items in furtherance of work being performed for the County or an agency thereof as a volunteer.

2) The Volunteer actually pays for all or a portion of the necessary medical expenses and payment or coverage for the amount paid is

not payable upon request from personal health insurance coverage, workers compensation, disability or auto insurance coverage available to the Volunteer.

3) Requests for reimbursement of an amount paid in connection with necessary medical expenses are submitted in writing using a form substantially conforming to that set forth below within one (1) year of the date of the accident giving rise to the claim for a payment of the benefit hereby provided. The County shall not pay nor have any obligation to pay for: a) any amounts by reason of this policy for expenses incurred after 1 year from the date of the accident; or b) requests not submitted within one year from the date of the accident; or c) amounts in excess of $500.00 for any single injury or accident.

B. In order to receive payment from the County, the Volunteer shall submit to the Department of _____:

1) a payment request form in substantially the following form:

I, _____ (Name), hereby seek payment from the County Of Warren for $_____ (Amount) incurred and paid by me for medical bills as a result of an injury I sustained on _____ (Date of Injury) at _____ (Place of Injury). I sustained the injury while volunteering for the County and was at the _____ (Task being Performed at the Time) time. My health insurance will not pay the amount that I request the County to pay and I have not sought nor do I

anticipate receiving payment from any other source. If I do receive payment from any other source I understand that I must pay these funds back to the County.

I swear, upon information and belief, that statements made above are true and correct to the best of my knowledge.

_____ Sworn to before me this
Notary Public

_____ of _____;
Day Month and Year

2) a completed County Voucher; and

3) proof of payment by Volunteer of the medical bill for which

4) reimbursement is requested (cancelled check, receipted bill, paid receipt etc.)

Section 7. Effective Date. This Local Law shall be effective immediately upon filing with the Secretary of State as provided by law.

Appendix C

Attach Non-Employee, Visitor, Volunteer Injury Report forms here

WARREN COUNTY
NON-EMPLOYEE, VISITOR, VOLUNTEER INJURY REPORT

INJURED PERSON COMPLETES:

DATE OF INCIDENT:_____ TIME:_____

LOCATION OF INCIDENT:_____

INJURED NAME:_____ AGE:_____ PHONE:_____

ADDRESS:_____

DESCRIBE WHAT YOU WERE DOING JUST BEFORE THE INCIDENT AND WHAT HAPPENED:

_____

_____

_____

_____

DESCRIBE YOUR INJURIES:_____

_____

_____

TAKEN TO HOSPITAL?_____ DOCTOR?_____

SIGNATURE:_____ DATE:_____

If this form was completed by someone other than the injured person please complete:

Name of person completing report:_____ Phone:_____

Relationship to injured:_____

Signature:_____ Date:_____

Provide this form to your supervisor or the supervisor of the physical area where you were injured.

Supervisor make sure to obtain "Witness Statements" and complete the "Supervisors Report of Investigation" form that follows this page.

Accident Investigation Witness Statement

Personal Information (make additional copies of this form as needed)

Name of Witness	
Address	
City, State, Zip	
Phone	

Accident Information

Injured Persons Name:		Date and Time of Accident	
Location of accident		Weather Conditions at time of Accident	

In your words, give a brief description of the accident:

How did the Injury Occur?

How Could the Accident Have Been Prevented?

Signed:

Witness Name		Date

Supervisor's Report of Accident Investigation
Supplement to Non-employee, Visitor, Volunteer Injury Report Form

Date of Investigation:	Investigator:
Injured Person:	

Describe the accident in detail (include physical surroundings, equipment in use)

SPECIFY THE UNSAFE ACTS AND CONDITIONS WHICH LED TO THE ACCIDENT (Please circle all that apply):

Unsafe Acts:

- Improper lifting, carrying, handling
- Improper use of tools or equipment
- Operating without authority
- Failure to wear personal protective equipment
- Failure to use safety devices
- Failure to use proper tools/equipment
- Failure to obey rules/procedures
- Failure to secure ladders
- Lack of adequate training
- Transitioning to/from ladder
- Misstep on ladder
- Over-reaching on ladder
- Using defective equipment
- Overriding safety devices
- Horseplay
- Taking shortcuts or hurrying
- Action of others
- Other: _____

Unsafe Conditions:

- Wet and/or slippery working surface
- Defective floor and/or walking area
- Congested work area
- Poor housekeeping
- Inadequate lighting
- Inadequate guards
- Inadequate design or maintenance
- Lack of available personal protective equip
- Lack of proper tools or equipment
- Defective tools or equipment
- Inadequate warning system
- Projection hazards
- Hazardous atmosphere
- Other: _____

Personal Factors:

- Improper work habits
- Unaware of work hazard
- Improper motivation
- Improper attire
- Improper attitude
- Unwilling to follow work rules
- Other: _____

Was there an infraction of a Safety/Health Rule, Regulation, Procedure or Specific Instruction?

Was the injured Properly Instructed and/or Trained (Please describe):

What corrective measures are being taken to prevent similar accidents?

Signed:

Supervisor:	Phone:	Date:
Supervisor Email address:		
Department Head:	Phone:	Date:
Department Head Email address:		
Department Head should immediately fax this form to the County Attorney at 761-6377 and Self-Insurance at 761-6249 and mail the original to the County Attorney.		

Appendix D

Attach Warren County DMV Release here

Warren County Volunteer DMV Release

Federal Drivers Privacy Protection Act
Authorization to Obtain Motor Vehicle Report

For the sole purpose of the determination and evaluation of my motor vehicle operating record and pursuant to the State and Federal regulations of compliance,
I(Name of Volunteer)_____
authorize Warren County to obtain my Motor Vehicle Record. I understand that this record may contain personal information* in addition to any/all driver violations and/or accidents, which may be on record through the New York State Department of Motor Vehicles.

I also authorize release of this information to Warren County and its agents.

_____
Signature of Volunteer

Address:_____City:_____State____ZIP____

_____ _____ _____
Drivers License Number State Date of Birth

_____
Street Address & Mailing Address

City_____State_____Zip_____

Date signed:_____

*Personal information means information that identifies an individual including an individual's photograph, social security number, driver identification number, name, address and telephone number.
It does not include information on vehicular accidents, driving violations and driver status.

Appendix E

Attach any specific Department programs, policies or forms here

Workers' Compensation Assessments:

NEW Assessment Formula:
(8 years claims experience w/ $50k cap)

Administrative Base will be total prior year non-claim costs:

*Volunteer Ambulance squads (for volunteers) will be charged 7% of the administrative cost allocated by number of runs during the last full year.

*Volunteer Fire Departments (for volunteers) will be charged 11% of the administrative cost allocated by number of runs during the last full year.

*All Participants with payroll will share the balance of the Administrative costs based upon gross payroll for the last whole year

Claims Base:

The balance of the revenue needed for the next budget year will be based upon actual Claims paid for the 8 years prior to January 1st of each year. Each individual claim with a total paid for the 8 years exceeding $50,000 will be charged $50,000.

Revenue = claims base + admin base

Admin base = p/r base + VF base + VAW base

p/r base = non claim admin costs - VF base - VAW base

Attachment #6

2016 Assessments						
	Administrative Payroll Base	Administrative VAW	Administrative VFF	Claims Allocation	Year 2016 Total Assessment	Year 2015 Assessment
Participant:						
Towns/Village/City:						
Glens Falls	$ 57,861.63	$ -	$ -	$ 216,111.20	**$ 273,972.83**	$ 325,558.98
Bolton	$ 9,090.14	$ -	$ -	$ 13,969.78	**$ 23,059.91**	$ 26,044.79
Chester	$ 8,561.67	$ -	$ -	$ 6,166.17	**$ 14,727.84**	$ 21,517.76
Hague	$ 3,646.65	$ -	$ -	$ 6,509.53	**$ 10,156.18**	$ 9,510.63
Horicon	$ 5,185.43	$ -	$ -	$ 10,944.32	**$ 16,129.75**	$ 18,275.99
Johnsburg	$ 5,691.29	$ -	$ -	$ 31,640.46	**$ 37,331.75**	$ 38,797.03
Lake George	$ 14,536.48	$ -	$ -	$ 17,893.96	**$ 32,430.44**	$ 27,926.30
Luzerne	$ 7,166.80	$ -	$ -	$ 31,025.32	**$ 38,192.12**	$ 50,816.04
Stony Creek	$ 2,932.28	$ -	$ -	$ 10,750.27	**$ 13,682.55**	$ 19,531.64
Thurman	$ 2,540.63	$ -	$ -	$ 10,069.37	**$ 12,609.99**	$ 14,755.41
Warrensburg	$ 7,188.84	$ -	$ -	$ 6,552.82	**$ 13,741.66**	$ 14,235.90
Village of Lake George	$ 8,063.63	$ -	$ -	$ 18,689.06	**$ 26,752.69**	$ 27,827.60
Other than Towns:						
SUNY Adirondack	$ 97,946.53	$ -	$ -	$ 15,039.93	**$ 112,986.45**	$ 98,682.96
Crandall Library	$ 9,667.79	$ -	$ -	$ 1,721.76	**$ 11,389.55**	$ 10,433.57
LG/LC Regional Planning	$ 1,710.00	$ -	$ -	$ 164.06	**$ 1,874.05**	$ 2,048.14
County Departments:						
WC Administrator	$ 1,382.52	$ -	$ -	$ -	**$ 1,382.52**	$ 1,184.76
WC Attorney	$ 1,593.35	$ -	$ -	$ -	**$ 1,593.35**	$ 1,306.40
WC Auditor	$ 401.91	$ -	$ -	$ -	**$ 401.91**	$ 336.05
WC Bd of Elections	$ 1,506.64	$ -	$ -	$ 7,952.22	**$ 9,458.87**	$ 9,715.95
WC Bldg Codes	$ 1,593.24	$ -	$ -	$ 3,473.58	**$ 5,066.81**	$ 5,931.67
WC Clerk	$ 4,075.02	$ -	$ -	$ 2,440.76	**$ 6,515.78**	$ 8,484.87
WC Data Processing	$ 2,412.47	$ -	$ -	$ 16.94	**$ 2,429.41**	$ 1,984.11
WC District Attorney	$ 5,762.21	$ -	$ -	$ -	**$ 5,762.21**	$ 4,286.59
WC DPW	$ 22,655.74	$ -	$ -	$ 74,009.36	**$ 96,665.10**	$ 119,961.89
WC DPW - Airport	$ 1,301.71	$ -	$ -	$ 1,009.62	**$ 2,311.33**	$ 2,981.82
WC DPW - Bldg & Ground	$ 2,968.04	$ -	$ -	$ 9,171.81	**$ 12,139.84**	$ 14,991.18
WC DPW - Up Yonda	$ 760.92	$ -	$ -	$ -	**$ 760.92**	$ 626.60
WC E&T	$ 2,336.79	$ -	$ -	$ 2,892.20	**$ 5,228.99**	$ 2,194.17
WC Health Services	$ 17,562.34	$ -	$ -	$ 21,880.09	**$ 39,442.43**	$ 55,402.52
WC Historian	$ 66.64	$ -	$ -	$ -	**$ 66.64**	$ 56.41
WC HR and Personnel	$ 1,762.30	$ -	$ -	$ -	**$ 1,762.30**	$ 695.87
WC Legal Def	$ 291.49	$ -	$ -	$ -	**$ 291.49**	$ 234.58
WC Mail Room	$ 196.65	$ -	$ -	$ 1,147.36	**$ 1,344.01**	$ 1,638.21

2016 Assessments						
	Administrative Payroll Base	Administrative VAW	Administrative VFF	Claims Allocation	Year 2016 Total Assessment	Year 2015 Assessment
Participant:						
WC Mental Health	$ 1,587.08	$ -	$ -	$ -	$ 1,587.08	$ 1,333.06
WC OES	$ 1,136.16	$ -	$ -	$ -	$ 1,136.16	$ 897.98
WC OFA	$ 5,077.78	$ -	$ -	$ 2,390.71	$ 7,468.49	$ 29,626.07
WC Planning	$ 1,441.19	$ -	$ -	$ -	$ 1,441.19	$ 1,005.16
WC Probation	$ 5,896.39	$ -	$ -	$ -	$ 5,896.39	$ 4,931.53
WC Public Defender	$ 3,028.26	$ -	$ -	$ -	$ 3,028.26	$ 2,279.30
WC Purchasing	$ 735.37	$ -	$ -	$ -	$ 735.37	$ 539.95
WC Real Property	$ 1,200.78	$ -	$ -	$ 91.47	$ 1,292.25	$ 1,115.70
WC Residential Hall	$ 4,829.37	$ -	$ -	$ 190.56	$ 5,019.93	$ 5,040.64
WC Self-Insurance	$ 781.26	$ -	$ -	$ 10.05	$ 791.31	$ 660.31
WC Sheriff's Dept	$ 43,767.79	$ -	$ -	$ 49,595.98	$ 93,363.77	$ 99,721.75
WC Sheriff's Dept - Jail	$ 27,079.27	$ -	$ -	$ 50,504.10	$ 77,583.38	$ 84,039.09
WC Social Services	$ 27,820.43	$ -	$ -	$ 24,864.12	$ 52,684.54	$ 57,478.01
WC Soil & Water	$ 1,466.97	$ -	$ -	$ -	$ 1,466.97	$ 1,258.86
WC Supervisors	$ 3,866.20	$ -	$ -	$ 854.59	$ 4,720.80	$ 4,277.44
WC Tourism	$ 2,217.72	$ -	$ -	$ 1,167.83	$ 3,385.55	$ 3,485.37
WC Traffic Safety	$ 79.81	$ -	$ -	$ -	$ 79.81	$ 67.17
WC Treasurer	$ 3,390.48	$ -	$ -	$ -	$ 3,390.48	$ 2,919.60
WC Veterans	$ 397.30	$ -	$ -	$ 7,779.88	$ 8,177.18	$ 6,242.90
WC WIC	$ 1,597.38	$ -	$ -	$ 450.75	$ 2,048.13	$ 2,473.75
WC Wts and Meas	$ 297.99	$ -	$ -	$ -	$ 297.99	$ 250.03
Westmount	$ 22,415.98	$ -	$ -	$ 88,084.72	$ 110,500.70	$ 131,836.20
Volunteers:						
Bakers Mills FD	$ -	$ -	$ 631.20	$ 8.88	$ 640.08	$ 567.11
Bolton ER	$ 1,009.04	$ 3,760.46	$ -	$ 101.48	$ 4,870.98	$ 4,037.23
Bolton FD	$ 53.21	$ -	$ 5,933.26	$ -	$ 5,986.47	$ 5,830.94
Chester FD	$ -	$ -	$ 3,997.59	$ 426.02	$ 4,423.61	$ 4,284.89
Garnet Lake FD	$ -	$ -	$ 252.48	$ -	$ 252.48	$ 239.62
Hague ER	$ -	$ 1,290.35	$ -	$ 7,779.88	$ 9,070.23	$ 11,059.45
Hague FD	$ -	$ -	$ 7,069.42	$ 2,454.41	$ 9,523.83	$ 8,696.04
Horicon FD	$ -	$ -	$ 2,987.67	$ 8,035.92	$ 11,023.59	$ 6,066.13
Johnsburg ER	$ 1,468.41	$ 7,533.20	$ -	$ 1,171.84	$ 10,173.45	$ 7,947.70
Johnsburg FD	$ -	$ -	$ 1,304.48	$ -	$ 1,304.48	$ 1,540.42
Lake George ER	$ 1,512.01	$ 7,619.23	$ -	$ 3,019.99	$ 12,151.22	$ 11,590.33
Lake George FD	$ -	$ -	$ 12,581.88	$ 8,889.02	$ 21,470.90	$ 16,279.79
Luzerne ER	$ 2,297.66	$ -	$ -	$ 10,283.90	$ 12,581.56	$ 15,170.15

2016 Assessments						
	Administrative Payroll Base	Administrative VAW	Administrative VFF	Claims Allocation	Year 2016 Total Assessment	Year 2015 Assessment
Participant:						
Luzerne FD	$ 71.90	$ -	$ 8,373.90	$ 4,161.12	**$ 12,606.92**	$ 10,003.18
North Creek FD	$ -	$ -	$ 3,029.75	$ 185.64	**$ 3,215.39**	$ 3,046.62
North River FD	$ -	$ -	$ 1,009.92	$ -	**$ 1,009.92**	$ 513.47
North Warren ER	$ 1,428.76	$ 7,963.32	$ -	$ 561.24	**$ 9,953.32**	$ 7,208.68
Pottersville FD	$ -	$ -	$ 5,091.67	$ 768.33	**$ 5,860.00**	$ 5,529.56
Riverside FD	$ -	$ -	$ 799.52	$ -	**$ 799.52**	$ 787.33
Stony Creek ER	$ -	$ 909.39	$ -	$ -	**$ 909.39**	$ 811.85
Stony Creek FD	$ -	$ -	$ 1,304.48	$ -	**$ 1,304.48**	$ 1,047.88
Thurman FD	$ -	$ -	$ 1,599.04	$ 2,201.46	**$ 3,800.50**	$ 4,507.89
Warrensburg ER	$ -	$ 11,760.65	$ -	$ 504.57	**$ 12,265.22**	$ 10,481.83
Warrensburg FD	$ -	$ -	$ 8,205.58	$ 15,084.50	**$ 23,290.08**	$ 20,318.55
Total:	$ 478,371.68	$ 40,836.61	$ 64,171.81	$ 812,864.90	$ 1,396,245.00	$ 1,537,022.88
	$ 478,371.68	$ 40,836.61	$ 64,171.81	$ 812,864.90	$ 1,396,245.00	$ 1,537,022.88
7/28/15ac						
			County Total:		$ 577,252.65	$ 672,234.66
			Volunteer total:		$ 178,487.61	$ 157,566.63

2016 Workers' Compensation Assessments			
Payroll Based Portion of Assessment:			
2014 Administrative Expenses			$ 583,380.10
Less VFF Base			$ (64,171.81)
Less VAW Base			$ (40,836.61)
Total allocated based on payroll:			$ 478,371.68
			Payroll Based
	2014 Gross Payroll	**Payroll Factor**	**Allocation**
Participant:			
Towns/Village/City:			
Glens Falls	$ 9,656,597.00	0.12095538	$57,861.63
Bolton	$ 1,517,063.77	0.01900225	$9,090.14
Chester	$ 1,428,868.00	0.01789753	$8,561.67
Hague	$ 608,593.59	0.00762304	$3,646.65
Horicon	$ 865,403.29	0.01083976	$5,185.43
Johnsburg	$ 949,826.85	0.01189722	$5,691.29
Lake George	$ 2,426,009.96	0.03038741	$14,536.48
Luzerne	$ 1,196,075.79	0.01498165	$7,166.80
Stony Creek	$ 489,371.63	0.00612971	$2,932.28
Thurman	$ 424,008.32	0.00531099	$2,540.63
Warrensburg	$ 1,199,753.52	0.01502772	$7,188.84
Village of Lake George	$ 1,345,749.55	0.01685642	$8,063.63
Other than Towns:			
SUNY Adirondack	$ 16,346,414.10	0.20474984	$97,946.53
Crandall Library	$ 1,613,469.38	0.02020979	$9,667.79
LG/LC Regional Planning	$ 285,383.20	0.00357462	$1,710.00
County Departments:			
WC Administrator	$ 230,730.45	0.00289005	$1,382.52
WC Attorney	$ 265,916.09	0.00333078	$1,593.35
WC Auditor	$ 67,075.39	0.00084016	$401.91
WC Bd of Elections	$ 251,445.68	0.00314953	$1,506.64
WC Bldg Codes	$ 265,897.16	0.00333054	$1,593.24
WC Clerk & Pub Records	$ 680,085.37	0.00851853	$4,075.02
WC Data Processing	$ 402,619.49	0.00504308	$2,412.47
WC District Attorney	$ 961,661.51	0.01204546	$5,762.21
WC DPW	$ 3,781,044.64	0.04736013	$22,655.74
WC DPW - Airport	$ 217,243.37	0.00272112	$1,301.71

	2014 Gross Payroll	Payroll Factor	Allocation
Participant:			
WC DPW - Bldg & Grounds	$ 495,339.06	0.00620446	$2,968.04
WC DPW - Up Yonda	$ 126,991.26	0.00159065	$760.92
WC E&T	$ 389,989.85	0.00488489	$2,336.79
WC Health Services	$ 2,931,000.80	0.03671276	$17,562.34
WC Historian	$ 11,121.64	0.00013931	$66.64
WC HR and Personnel	$ 294,113.07	0.00368396	$1,762.30
WC Legal Def	$ 48,646.32	0.00060933	$291.49
WC Mail Room	$ 32,818.77	0.00041108	$196.65
WC Mental Health	$ 264,868.94	0.00331766	$1,587.08
WC OES, EMS, CD & Fire Prev	$ 189,615.07	0.00237506	$1,136.16
WC OFA	$ 847,436.63	0.01061471	$5,077.78
WC Planning	$ 240,522.29	0.00301270	$1,441.19
WC Probation	$ 984,055.35	0.01232596	$5,896.39
WC Public Defender	$ 505,389.98	0.00633035	$3,028.26
WC Purchasing	$ 122,726.50	0.00153723	$735.37
WC Real Property	$ 200,400.45	0.00251015	$1,200.78
WC Residential Hall	$ 805,978.68	0.01009543	$4,829.37
WC Self-Insurance	$ 130,385.00	0.00163316	$781.26
WC Sheriff's Dept	$ 7,304,460.04	0.09149328	$43,767.79
WC Sheriff's Dept - Jail	$ 4,519,292.50	0.05660718	$27,079.27
WC Social Services	$ 4,642,984.35	0.05815651	$27,820.43
WC Soil & Water	$ 244,824.00	0.00306659	$1,466.97
WC Supervisors	$ 645,234.99	0.00808200	$3,866.20
WC Tourism	$ 370,117.16	0.00463597	$2,217.72
WC Traffic Safety	$ 13,320.08	0.00016684	$79.81
WC Treasurer	$ 565,840.58	0.00708753	$3,390.48
WC Veterans	$ 66,306.38	0.00083053	$397.30
WC WIC	$ 266,588.80	0.00333920	$1,597.38
WC Wts and Meas	$ 49,731.85	0.00062292	$297.99
Westmount	$ 3,741,029.77	0.04685892	$22,415.98
Volunteers:			
Bakers Mills FD	$ -	0.00000000	$0.00
Bolton ER	$ 168,399.79	0.00210932	$1,009.04
Bolton FD	$ 8,880.00	0.00011123	$53.21
Chester FD	$ -	0.00000000	$0.00
Garnet Lake FD	$ -	0.00000000	$0.00
Hague ER	$ -	0.00000000	$0.00
Hague FD	$ -	0.00000000	$0.00
Horicon FD	$ -	0.00000000	$0.00
Johnsburg ER	$ 245,063.94	0.00306959	$1,468.41
Johnsburg FD	$ -	0.00000000	$0.00

	2014 Gross Payroll	Payroll Factor	Allocation
Participant:			
Lake George ER	$ 252,340.46	0.00316073	$1,512.01
Lake George FD	$ -	0.00000000	$0.00
Luzerne ER	$ 383,459.35	0.00480309	$2,297.66
Luzerne FD	$ 12,000.00	0.00015031	$71.90
North Creek FD	$ -	0.00000000	$0.00
North River FD	$ -	0.00000000	$0.00
North Warren ER	$ 238,446.88	0.00298671	$1,428.76
Pottersville FD	$ -	0.00000000	$0.00
Riverside FD	$ -	0.00000000	$0.00
Stony Creek ER	$ -	0.00000000	$0.00
Stony Creek FD	$ -	0.00000000	$0.00
Thurman ER	$ -	0.00000000	$0.00
Thurman FD	$ -	0.00000000	$0.00
Warrensburg FD	$ -	0.00000000	$0.00
Total:	$ 79,836,027.68	1.00000000	478,371.68
	$ 79,836,027.68		478,371.68
4/15/2015			

2016 Workers' Compensation Assessments						
Volunteer Emergency Squads						
Total Admin Base	$ 583,380.10					
VAW 7%	$ 40,836.61					
	2014 Runs made	Admin Base				
Participant:						
Bolton ER	306	$ 3,760.46				
Hague ER	105	$ 1,290.35				
Johnsburg ER	613	$ 7,533.20				
Lake George ER	620	$ 7,619.23				
Luzerne ER	0	$ -	no volunteers, admin based on p/r			
North Warren ER	648	$ 7,963.32				
Stony Creek ER	74	$ 909.39				
Warrensburg ER	957	$ 11,760.65				
Total:	3323	$ 40,836.61				
3/23/15ac						

2016 Workers' Compensation Assessments		
Volunteer Fire Departments		
Total Admin Base	$ 583,380.10	
VFF 11%	$ 64,171.81	
Participant:	2014 Runs made	Admin Base
Bakers Mills FD	15	$ 631.20
Bolton FD	141	$ 5,933.26
Chester FD	95	$ 3,997.59
Garnet Lake FD	6	$ 252.48
Hague FD	168	$ 7,069.42
Horicon FD	71	$ 2,987.67
Johnsburg FD	31	$ 1,304.48
Lake George FD	299	$ 12,581.88
Luzerne FD	199	$ 8,373.90
North Creek FD	72	$ 3,029.75
North River FD	24	$ 1,009.92
Pottersville FD	121	$ 5,091.67
Riverside FD	19	$ 799.52
Stony Creek FD	31	$ 1,304.48
Thurman FD	38	$ 1,599.04
Warrensburg FD	195	$ 8,205.58
TOTAL:	1525	$ 64,171.81
4/8/15ac		

(41)

CLAIMS EXPERIENCE ALLOCATION for 2016 Assessments:			
Claims Based Portion of Assessment:			
Claims cap at $50,000 per claim per the 8 years experience period			
2015 Total Revenue (Budget)			$1,396,245.00
Less VFF Base			$ (64,171.81)
Less VAW Base			$ (40,836.61)
Less P/R Base			$ (478,371.68)
Claims Base Total:			$812,864.90
	1/1/07-12/31/14		**Claims Based**
Participant:	**Total Claims**	**Experience Factor**	**Allocation**
Towns/Village/City:			
Glens Falls	$ 1,388,911.39	0.265863613	$216,111.20
Bolton	$ 89,781.47	0.017185852	$13,969.78
Chester	$ 39,628.95	0.007585722	$6,166.17
Hague	$ 41,835.71	0.008008137	$6,509.53
Horicon	$ 70,337.33	0.013463880	$10,944.32
Johnsburg	$ 203,348.06	0.038924621	$31,640.46
Lake George	$ 115,001.58	0.022013453	$17,893.96
Luzerne	$ 199,394.69	0.038167872	$31,025.32
Stony Creek	$ 69,090.24	0.013225164	$10,750.27
Thurman	$ 64,714.17	0.012387502	$10,069.37
Warrensburg	$ 42,113.91	0.008061390	$6,552.82
Village of Lake George	$ 120,111.51	0.022991589	$18,689.06
Other than Towns:			
SUNY Adirondack	$ 96,659.15	0.018502369	$15,039.93
Crandall Library	$ 11,065.46	0.002118136	$1,721.76
LG/LC Regional Planning	$ 1,054.37	0.000201826	$164.06
County Departments:			
WC Administrator	$ -	0.000000000	$0.00
WC Attorney	$ -	0.000000000	$0.00
WC Auditor	$ -	0.000000000	$0.00
WC Bd of Elections	$ 51,107.65	0.009782960	$7,952.22
WC Bldg Codes	$ 22,324.10	0.004273250	$3,473.58
WC Clerk	$ 15,686.36	0.003002663	$2,440.76
WC Data Processing	$ 108.86	0.000020838	$16.94
WC District Attorney	$ -	0.000000000	$0.00
WC DPW	$ 475,646.06	0.091047550	$74,009.36

	1/1/07-12/31/14		Claims Based
Participant:	Total Claims	Experience Factor	Allocation
WC DPW - Airport	$ 6,488.68	0.001242055	$1,009.62
WC DPW - Bldg & Grounds	$ 58,945.70	0.011283309	$9,171.81
WC DPW - Up Yonda	$ -	0.000000000	$0.00
WC E&T	$ 18,587.72	0.003558037	$2,892.20
WC Health Services	$ 140,619.77	0.026917254	$21,880.09
WC Historian	$ -	0.000000000	$0.00
WC HR and Personnel	$ -	0.000000000	$0.00
WC Legal Def	$ -	0.000000000	$0.00
WC Mail Room	$ 7,373.89	0.001411500	$1,147.36
WC Mental Health	$ -	0.000000000	$0.00
WC OES	$ -	0.000000000	$0.00
WC OFA	$ 15,364.70	0.002941091	$2,390.71
WC Planning	$ -	0.000000000	$0.00
WC Probation	$ -	0.000000000	$0.00
WC Public Defender	$ -	0.000000000	$0.00
WC Purchasing	$ -	0.000000000	$0.00
WC Real Property	$ 587.84	0.000112524	$91.47
WC Residential Hall	$ 1,224.70	0.000234430	$190.56
WC Self-Insurance	$ 64.62	0.000012369	$10.05
WC Sheriff's Dept	$ 318,745.25	0.061013801	$49,595.98
WC Sheriff's Dept - Jail	$ 324,581.63	0.062130994	$50,504.10
WC Social Services	$ 159,797.63	0.030588255	$24,864.12
WC Soil & Water	$ -	0.000000000	$0.00
WC Supervisors	$ 5,492.34	0.001051337	$854.59
WC Tourism	$ 7,505.47	0.001436687	$1,167.83
WC Traffic Safety	$ -	0.000000000	$0.00
WC Treasurer	$ -	0.000000000	$0.00
WC Veterans	$ 50,000.00	0.009570935	$7,779.88
WC WIC	$ 2,896.87	0.000554515	$450.75
WC Wts and Meas	$ -	0.000000000	$0.00
Westmount	$ 566,106.09	0.108363292	$88,084.72
Volunteers:			
Bakers Mills FD	$ 57.08	0.000010926	$8.88
Bolton ER	$ 652.20	0.000124843	$101.48
Bolton FD	$ -	0.000000000	$0.00
Chester FD	$ 2,737.99	0.000524102	$426.02
Garnet Lake FD		0.000000000	$0.00
Hague ER	$ 50,000.00	0.009570935	$7,779.88
Hague FD	$ 15,774.12	0.003019462	$2,454.41
Horicon FD	$ 51,645.56	0.009885926	$8,035.92
Johnsburg ER	$ 7,531.21	0.001441614	$1,171.84

	1/1/07-12/31/14		Claims Based
Participant:	Total Claims	Experience Factor	Allocation
Johnsburg FD	$ -	0.000000000	$0.00
Lake George ER	$ 19,408.96	0.003715238	$3,019.99
Lake George FD	$ 57,128.25	0.010935415	$8,889.02
Luzerne ER	$ 66,092.92	0.012651421	$10,283.90
Luzerne FD	$ 26,742.85	0.005119082	$4,161.12
North Creek FD	$ 1,193.09	0.000228380	$185.64
North River FD	$ -	0.000000000	$0.00
North Warren ER	$ 3,607.02	0.000690451	$561.24
Pottersville FD	$ 4,937.95	0.000945216	$768.33
Riverside FD	$ -	0.000000000	$0.00
Stony Creek ER	$ -	0.000000000	$0.00
Stony Creek FD	$ -	0.000000000	$0.00
Thurman FD	$ 14,148.45	0.002708278	$2,201.46
Warrensburg ER	$ 3,242.78	0.000620729	$504.57
Warrensburg FD	$ 96,945.64	0.018557208	$15,084.50
Totals	$ 5,224,149.99	1.0000000000	$ 812,864.90
	$ 5,224,149.99		$813,391.90
4/15/15ac			
7/28/15ac			

2016 Workers' Compensation Assessments
Administrative Costs
2014

Payroll	110	$	131,483.02
S/T incentive	140	$	-
Office Funiture	210	$	-
Office Equip	220	$	857.00
Supplies/printing	410	$	2,518.49
Ins- Gen Liab	418	$	-
Repair/Maint	422	$	-
Telephone	423	$	68.01
Postage	424	$	1,903.62
Subscriptions	426	$	803.10
Memb & Dues	427	$	245.00
Data Proc.	428	$	135.00
Consulting Fees	437	$	39,470.00
Misc Fees	439	$	1,687.50
Travel/Ed/Fees	444	$	964.75
Ins & Assessmts	469	$	166,958.00
Retirement	810	$	24,946.32
Social Security	830	$	7,776.87
Medicare	831	$	1,818.79
Workers' Comp	840	$	18.01
Hospital Ins.	860	$	41,338.17
Retiree Health	861	$	10,260.00
Dental	865	$	422.00
SF Assessmts	469	$	149,706.45

this code increased due to wcb assmts (no 15-8 assmt in 2013)

TOTAL: $ 583,380.10

ac 3/23/15, 5/28/15
*All codes that are not directly applied to case files.