

Title 8. Industrial Relations
Division 1. Department of Industrial Relations
Chapter 8. Office of the Director
Subchapter 2. Administration of Self Insurance Plans

Article 2. Certificate of Consent to Self-Insure

§ 15203.2. Continuing Financial Capacity for Individual Private Self-Insurers.

[No change in text as shown in 5/1/19 revisions.]

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§ 15203.11. Continuing Financial Capacity for Public Self-Insurers. [New]

[No change in text as shown in 5/1/19 revisions.]

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Article 5. Self-Insurer's Annual Report

§ 15251. Self-Insurer's Annual Report.

[No change in text as shown in 5/1/19 revisions.]

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Article 11. Hearing and Appeal Procedures

§15430. Hearing.

[No change in text as shown in 5/1/19 revisions.]

[Proposed New Form P-1 (1-2019)]

State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS (OSIP)

SELF-INSURER'S PROFILE AND FINANCIAL SUMMARY REPORT (Form P-1)

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Part B. Employer Profile

* * *

2. Employer Demographics:

a. Geographic Area of Service:

(1) Description: _____

(2) ~~Top five Zip Codes in which largest number of employees work:~~

~~[Alternative 1]~~ WCIRB Geographic Study Region(s): _____
[\[https://www.wcirb.com/sites/default/files/documents/2018_wcirb_geo_study.pdf\]](https://www.wcirb.com/sites/default/files/documents/2018_wcirb_geo_study.pdf)

~~[Alternative 2]~~ Covered California Pricing Region(s): _____
~~[Health and Safety Code § 1399.855(a)(2)]~~

b. ~~Estimated~~ Population of jurisdiction covered (~~from~~ latest U.S. Census figures): _____

3. Workers' Compensation Claims Administrative Staffing Type: Check both if applicable and provide cumulative totals only in Part C (section 2) and Part D below.

Self-Administered

Third Party Administrator / Name(s): _____

4. Employees:

a. Total number of paid employees _____

b. Number of full time-equivalent (FTE) paid employee positions _____

c. Number of Public Safety Employees (Labor Code §§ 4800 et seq.) _____

d. (1) Total Number of Volunteers: _____

(2) Number for whom employer provides elective coverage (Labor Code § 3363.5): _____

e. Estimated number of persons entitled to coverage when performing court-ordered community service, services in exchange for public benefits, or similar reasons: _____

f. Top Five Employee Work Classifications or Job Titles with highest numbers of Workers' Compensation claims in most recent fiscal year: _____

5. Educational Employers only [terms have same meaning as in Education Code]:

a. Number of Certificated Employees (FTEs) _____

b. Number of Classified Employees (FTEs) _____

c. Average Daily Attendance (students) or full time equivalent students _____

6. Total Wages and Salaries Paid \$ _____

a. Payroll of Public Safety Employees \$ _____

b. Were any Public Safety Employee Salary Continuation benefits provided in the most recent fiscal year?

Yes No

c. Was any Industrial Disability Leave provided (in lieu of Workers' Compensation temporary disability payments) in the most recent fiscal year?

Yes No

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[Proposed New Form J-1 (1-2019)]

State of California
Department of Industrial Relations
OFFICE OF SELF-INSURANCE PLANS (OSIP)

**JOINT POWERS AUTHORITY (JPA) SELF-INSURER'S PROFILE AND
FINANCIAL SUMMARY REPORT (Form J-1)**

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Part B. Joint Powers Authority Profile

- Unless otherwise indicated, provide member information only for active affiliates in this Part.

1. Total Annual Operating Expenditures \$ _____

a. Are capital expenditures of the JPA included in the reported total annual operating expenses?

Yes. Amount of capital expenditures: \$ _____

No.

b. Annual Operating Expenditures for workers' compensation programs alone*: \$ _____

*Source of Figure Current certified, independently audited financial statement

Other / specify: _____

2. JPA Demographics:

a. Geographic Area of Service:

(1) Description: _____

(2) ~~Top five Zip Codes in which largest number of employees work:~~

~~[Alternative 1] WCIRB Geographic Study Region(s): _____~~
~~[https://www.wcirb.com/sites/default/files/documents/2018_wcirb_geo_study.pdf]~~

~~[Alternative 2] Covered California Pricing Region(s): _____~~
~~[Health and Safety Code § 1388.855(a)(2)]~~

b. Estimated Population of jurisdictions covered (~~from~~ latest U.S. Census figures): _____

3. Workers' Compensation Claims Administrative Staffing Type: Check both if applicable and provide cumulative totals only in Part C (section 2) and Part D below.

Self-Administered

Third Party Administrator / Name(s): _____

4. Number of Employees of JPA: _____

5. Employees of JPA member agencies:

a. Total number of paid employees _____

b. Number of full time-equivalent (FTE) paid employee positions _____

c. Number of Public Safety Employees (Labor Code §§ 4800 et seq.) _____

d. (1) Total Number of Volunteers: _____

(2) Number for whom employer(s) provides elective coverage (Labor Code § 3363.5): _____

e. Estimated number of persons entitled to coverage when performing court-ordered community service, services in exchange for public benefits, or similar reasons: _____

f. Top Five Employee Work Classifications or Job Titles with highest numbers of Workers' Compensation claims in most recent fiscal year: _____

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