



*Committed to Providing Exceptional Customer Service*

# OSIP Online Services Guide

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## Actuaries

11050 Olson Drive, Suite 230 | Rancho Cordova, CA 95670 | Phone (916) 464-7000 | Fax (916) 464-7007

[OSIP@dir.ca.gov](mailto:OSIP@dir.ca.gov) | <http://www.dir.ca.gov/osip/>

Rev. 09/18

## What is OSIP Online Services?

[OSIP Online Services](#) is where you can electronically submit a growing list of information to the [Office of Self Insurance Plans \(OSIP\)](#). Login to file or amend Actuarial Summaries and Studies, update your profile, or de-select former clients.

Please email [OSIP@dir.ca.gov](mailto:OSIP@dir.ca.gov) or call (916) 464-7000 if you wish to register with OSIP, or have any questions. Please see the [regulations](#) regarding self insurance plans and our **Forms, Publications, and Reports** page for [updated user guides](#).

Annual Due Dates			
	Private Employers	Self Insured Groups	Public Employers/ Joint Power Authorities
Annual Report	March 1 <sup>st</sup>	March 1 <sup>st</sup>	October 1 <sup>st</sup>
Actuarial Summary & Study	May 1 <sup>st</sup>	April 15 <sup>th</sup>	-
Financial Statement	Annually	March 1 <sup>st</sup> * / July 1 <sup>st</sup>	-
Core Member Financials	-	Annually	-

\* Unaudited

State of California  
Department of Industrial Relations

Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance Apprenticeship Director's Office Boards

Office of Self Insurance Plans (OSIP)

**Forms, Publications and Reports**

Quick Links

- OSIP Online Services
- Annual Report Login Screen
- Make a Payment
- Get information about self insurance and the requirements to self insure
- Apply to take the Self Insurance Administrator's examination
- Determine if an employer is self insured
- Determine if a person is a self insured administrator
- Frequently Asked Questions (FAQs)

Related Links

- Self-Insurers' Security Fund
- California Self Insurers' Association
- Self Insurance Institute of America
- California WC & Risk Conference

About OSIP

- About Us
- Contact
- OSIP site map

OSIP - AUDIT UNIT

State of California  
Department of Industrial Relations

Home Labor Law Cal/OSHA - Safety & Health Workers' Comp Self Insurance Apprenticeship Director's Office Boards

Office of Self Insurance Plans (OSIP)

**Forms, Publications, and Reports**

OSIP Online Services User Guides

- Private Employer
- Self Insured Group
- Public Entity & Joint Power Authority (JPA)
- Third Party Administrator (TPA)
- Actuary

Go to OSIP Online Services E-file my Annual Report

Information Bulletin

- Informational Bulletin: Self Insurance Actuarial Data Analysis - 2013

Fiscal Year

- FY 2014/2015 Methodology
- FY 2013/2014 Methodology
- FY 2012/2013 Methodology
- FY 2011/2012 Methodology
- FY 2010/2011 Assessments

Newsline

Office of Self Insurance Plans (OSIP)

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About OSIP

- About Us

## Registering with OSIP

Email [OSIP@dir.ca.gov](mailto:OSIP@dir.ca.gov) for a link to the New Actuary Registration form. The following requirements must be certified as true and correct in order to register:

1. *The actuary/firm maintains a minimum \$1,000,000 professional liability and errors and omissions coverage. §15209(a)(3).*
2. *I am independent with no common ownership or financial interest in the entity that is the subject of the actuarial study and summary.*
3. *I possess current experience making California workers' compensation actuarial projections.*
4. *I possess the professional designation of Fellow of the Casualty Actuarial Society (FCAS), or a member of the American Academy of Actuaries (MAAA), or a member of the Society of Actuaries (MSOA) who is qualified to sign a statement of actuarial opinion on loss reserves.*

Designations listed in the drop-down menu are the minimum registration requirements as set forth in the [California Code of Regulations](#).

After you submit your completed registration form, you will receive a registration confirmation email with your User ID and Password to access OSIP Online.

The screenshot shows the 'New Actuary Registration' form on the State of California Department of Industrial Relations website. The form includes the following fields and instructions:

- Instruction:**
  - \* Indicates required information
  - Do not use this form for updates. If your profile needs to be updated please email [OSIP@dir.ca.gov](mailto:OSIP@dir.ca.gov) or contact OSIP at (916) 454-7000
- Personal Information:** First Name, Middle Initial, Last Name, Title, Designation(s) (dropdown menu), Phone Number, Primary E-mail, Secondary E-mail.
- Actuarial Firm Information:** Actuarial Firm Name, Firm Location (Street, City, State, Zip code).
- Terms and Conditions:** A scrollable list of four requirements, with the first one highlighted: 'The actuary/firm maintains a minimum \$1,000,000 professional liability and errors and omissions coverage. §15209(a)(3)'. Below the list is a checkbox for 'I certify the above statements to be true and correct.'
- Buttons:** Submit and Cancel.

## Main Menu

You may only submit an Actuarial Summary and Study after you receive an email notification that your client has selected you as their actuary. Click **Actuarial Summary & Study** to file or amend and note that information cannot be saved and continued at a later time.

Actuarial Summary and Study due dates:

Self insurance groups - April 15<sup>th</sup>

Private employers - May 1<sup>st</sup>

Choose **Update My Profile** to change any information entered at registration or to change your password.

Choose **De-Select Employer** if you no longer wish to offer a client your services or wish to keep your list of clients up to date. It is not necessary to de-select a client in order for them to select a new actuary.



The screenshot shows the 'Actuarial Menu' page on the State of California Department of Industrial Relations website. The page header includes the 'CA.GOV' logo, the text 'State of California Department of Industrial Relations', and navigation links for 'Press Room', 'Contact DIR', and 'CA.gov'. Below the header is a secondary navigation bar with links for 'Home', 'Labor Law', 'Cal/OSHA - Safety & Health', 'Workers' Comp', 'Self Insurance', 'Apprenticeship', and 'Director's Office'. The main content area features a 'Logout' button and a section titled 'I want to complete/file/submit:'. This section contains three menu items: 'Actuarial Summary & Study' (highlighted with a red box), 'De-Select Employer', and 'Update My Profile'. The 'Actuarial Summary & Study' item is expanded to show due dates and a note: 'Actuarial Summary & Study reports are due by: Self insurance group - April 15th, Private employer - May 1st. Note: The regulatory deadline for submission of your Actuarial Summary & Study is already past. Please contact OSIP at (916) 464-7000 or you can send an email to OSIP@dir.ca.gov.'

# Submitting the Actuarial Summary and Study

State of California  
Department of Industrial Relations

Home | Labor Law | Cal/OSHA - Safety & Health | Workers' Comp | Self Insurance | Apprenticeship | Director's Office | Boards

**Filing Actuarial Summary and Study Package** [Logout]

**Instructions:**

- \* Indicates required information
- Complete the Actuary Summary form below and attach the Actuarial Study before clicking the submit button
- Submissions must be completed in a single session, work cannot be saved
- Question or comments, please call (916) 484-7000 or email OSIP@dir.ca.gov

**Actuarial Summary and Study**

Please select an employer from pull down list

Employer: [Dropdown] Cert# [Text] **Amended**

Contact person [Text] Phone [Text] Email [Text]

The following summary information is from the attached actuarial study valued as of December 31, 2014

**Net Liabilities** *Entry fields below accept whole numbers only*

1. Loss Case Reserves *	[Text]	?
2. Allocated Loss Adjustment Expense (ALAE) Case Reserves *	[Text]	?
3. Incurred But Not Reported (IBNR) *	[Text]	?
4. Unallocated Loss Adjustment Expense (ULAE) Liabilities *	[Text]	?
5. Total Loss & Loss Adjustment Expense Liabilities	[Text]	?

**Ceded Liabilities**

6. Total Loss & Loss Adjustment Expense Liabilities *	[Text]	?
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**Gross Liabilities**

7. Total Loss & Loss Adjustment Expense Liabilities	[Text]	?
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**Upload File**

1. The actuarial study clearly identifies any excess coverage by carrier, policy year and self-insured retention, by year, as required by §15209(d).  
 2. The actuary preparing the attached actuarial study understands that the study may be used by the State of California and the Self Insurers' Security Fund to set appropriate collateral and deposit amounts, and for any other regulatory purpose under the regulations, as required by §15209(e).  
 3. All liabilities in this study and summary are for California claims only, §15209(g).  
 4. The actuary certifies that the report contains a minimum of \$4,000,000 professional liability and cover and ceases coverage, §15209(h).

I certify under penalty of perjury, the above statements to be true and correct.

Actuary Name [Text] Telephone [Text]  
 Actuary Title [Text] Designation [Text] E-mail [Text]  
 Actuary Firm [Text]

**Print** **Submit** **Cancel**

Information entered on this summary page **cannot** be saved and continued later.

1) Select your client from the **Employer** pull down menu. Their certificate number, contact person, phone number, and email address will display. Your client will not be listed if they have not logged in to select your services. Once you are selected you will receive an email confirmation.

Check off **Amend** if this is an amendment. Contact OSIP if you need to amend after the due date.

2) Complete the **Net Liabilities** and **Ceded Liabilities** sections, the **Gross Liabilities** will automatically tally. Hover over **?** for definitions.

3) Attach a PDF of your study by clicking **Upload File**. Please email the study to [OSIP@dir.ca.gov](mailto:OSIP@dir.ca.gov) if your file is larger than 12MB.

4) Read the certification statements and check the "I certify under penalty of perjury, the above statements to be true and correct" confirmation box to proceed.

5) Confirm your pre-populated profile information is accurate. Return to the main menu to update your profile by clicking **Cancel**. The information entered on the summary form will not be saved.

6) **Print** will print the form but not the attachment.

**Submit** will file the completed form and attachment with OSIP. A confirmation screen will appear. You and Security Fund will receive a confirmation email with a copy of the completed summary and study. Your client will also receive a confirmation email, but without the summary and study.

**Cancel** will bring you back to the Main Menu, your work will not be saved.

## De-Select a Former Client

Choose **De-Select Employer** if you no longer wish to offer a client your services or wish to keep your list of clients up to date. It is not necessary to de-select a client in order for them to select a new actuary.

1. From the Main Menu select **De-Select Employer**.
2. Select your former client from the drop-down menu.
3. Verify that the correct contact information populates, then **Print** a copy for your records.
4. Click **Submit**. Both you and your former client will receive a confirmation email

**De-selecting Employer** Logout

**Instructions:**

- Use this form if you want to stop filing an actuarial summary and study for your client
- Select the self insured employer from the drop down menu that you want to de-select
- Your change will be effective immediately upon submission

**Client Employer Information**

*From the drop down menu, select the current client employer you want to de-select*

**Employer**  **Cert #**

Contact person:  Phone:  E-mail:

Print Submit Cancel

## Update Your Profile

The most current information on file will be shown. Update any information that needs to be changed and click **Submit**. You will see a confirmation screen and receive a confirmation email.

You can also change your log in information and password after you have registered.

Updates to your profile are not sent to your clients.

### Actuary Profile Update

#### Instructions:

- \* Indicates required information

\* = Required Information

First Name *	Middle Initial	Last Name *	
Dana		Bradley	
Title *	Designation(s) *		
Principal	MAAA		
Phone Number *	Primary E-mail *	Secondary E-mail	
(212) 345-8246	OSIPUActuary@dir.ca.gov		
Actuarial Firm Name *			
Oliver Wyman Actuarial Consulting, Inc.			
Firm Location			
Street *	City *	State *	Zip code *
1166 Avenue of the Americas	New York	NY - New York	10036

1. The actuary/firm maintains a minimum \$1,000,000 professional liability and errors and omissions coverage. §15209(a)(3).  
2. I am independent with no common ownership or financial interest in the entity that is the subject of the actuarial study and summary.  
3. I possess current experience making California workers' compensation actuarial projections.  
4. I possess the professional designation of Fellow of the Casualty Actuarial Society (FCAS), or a member of the American Academy of Actuaries (MAAA), or a member of the Society of Actuaries (MSOA) who is qualified to sign a statement of actuarial opinion on loss reserves.

I certify the above statements to be true and correct.

### Change UserID / Password (Optional)

Type your log in Id:

Type Your Password