

Actions Required to Secure Membership in the Special District Risk Management Authority Workers' Compensation Program

- ____ **Attachment One:** **Resolution** - Adoption of A Resolution of the Board of Directors Approving the Form of and Authorizing the Execution of a Sixth Amended and Restated Joint Powers Agreement and Authorizing Participation in the Special District Risk Management Authority Workers' Compensation Program (an electronic version is enclosed). Please note, the Board President/Chairperson or an Agency staff member with signature authorization must sign this document.
- ____ **Attachment Two:** **Resolution** – Adoption of a Resolution of the Board of Directors Approving the Form of Authorizing coverage for Governing Body members and/or volunteers. (if applicable)
- ____ **Attachment Three:** **Joint Powers Agreement** - Execution of the Sixth Amended Joint Powers Agreement Relating to the Special District Risk Management Authority. Please note, the Board President/Chairperson must sign this document.
- ____ **Attachment Four:** **State of California Application and Resolution**—Approval and completion of the State of California Application for a Public Entity Certificate of Consent to Self-Insure (an electronic version is enclosed). The Board President/Chairperson or an Agency staff member with signature authorization must sign this document on page 4. An agency seal or notarized signature is required on page 5. Person signing application (page 4) cannot sign Resolution (page 5).
- X **Attachment Five:** **By-Laws** of Special District Risk Management Authority (an electronic version is enclosed). No action is required as this item is for the Agency's review and file.

Please complete and return all items no later than 1 week prior to effective date to:

Ellen Doughty or Wendy Tucker
Special District Risk Management Authority
1112 "I" Street, Suite 300
Sacramento, California 95814

Premium and Payment Terms

Special District Risk Management Authority's (SDRMA's) workers' compensation program period for all accounts is July 1 through June 30. Invoices are billed annually based on estimated payroll. For new accounts, the invoice is pro-rated based on the policy effective date. Upon receipt of the Agency's membership documents, SDRMA will forward a pro-rated invoice.

New Member Packet

Each member will receive a new member packet containing SDRMA membership contact information, claim forms and a certificate of coverage. Additionally, once the Agency's membership documents have been processed, copies of the fully executed Sixth Amended and Restated Joint Powers Agreement and the State of California Certificate of Consent to Self-Insure Workers' Compensation Liabilities will be forwarded for your files.

Loss Prevention Program

Upon securing membership in SDRMA, the Agency will be contacted by SDRMA's Safety and Loss Prevention staff to schedule a comprehensive on-site safety analysis by a certified safety professional, at no additional cost to the member. This value-added service is intended to take a proactive approach to loss prevention, claims education and management. Should you have any questions regarding our safety and loss prevention program, please contact our Chief Risk Officer Dennis Timoney at 800.537.7790.

Please do not hesitate to call Ellen Doughty or Wendy Tucker at 800.537.7790, should you have any additional questions. For more information regarding SDRMA services, please visit our website at www.sdrma.org.