**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.]**

**\* \* \***

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

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

**\* \* \***

**Article 5. Self-Insurer's Annual Report**

**§ 15251. Self-Insurer's Annual Report.**

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

**\* \* \***

**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)**

**\* \* \***

**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>]

*[Alternative 2]* Covered California Pricing Region(s):

 [Health and Safety Code § 1399.855(a)(2)]

b. Estimated Ppopulation 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 Nnumber 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

\* \* \*

***[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)**

**\* \* \***

**Part B. Joint Powers Authority Profile**

* *Unless otherwise indicated, reprovide 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 Ppopulation 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 Nnumber 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:

\* \* \*