

Montana Department of Labor & Industry

Employment Relations Division, Workers' Compensation Regulation Bureau

P.O.Box 8011

Helena, Montana 59604

Phone: (406) 444-1555 Fax: (406) 444-7710

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Website: [Self-Insurance Plan 1](#)

Renewal Date:

Date Stamp - Office Use Only

Workers' Compensation Self-Insurance Application for 2014

Complete this form in its entirety. Unanswered questions may delay processing.

Refer to the related instruction sheet on the above web site for details.

Check One: New Renewal New member of existing group

Group Name: MUS Self-Funded Workers' Compensation Program

If new, proposed effective date of self-insurance coverage: _____

GENERAL INFORMATION

Name of Company: MUS Self-Funded Workers Compensation Program Date Established: 7/1/2003

Date Company Started Business in Montana 0/0/1895

Address: 2500 Broadway Federal Employer Tax ID #: 16-1670804
Helena, MT 59620-3201

Parent Company : NA Date Established: _____

Address: _____

Montana Operations (continue on separate sheet if necessary):

	Legal Name	Number of Employees	Location	Nature of Business
1	Per Schedule 1 - See supplemental page			Higher Education
2				
3				
4				

Total Number of Montana employees (Number of W-2's plus Volunteers) _____ Gross Montana Annual Payroll for CY 2013 _____

Company Official(s) to Contact Regarding Self-Insurance:

	Name	Title	Address	E-Mail	Phone No.
1	Leah Tietz	Director, Work Comp	2500 Broadway, Helena, MT	ltietz@montana.edu	406-444-0615
2	Claudia Denker	Chair, Work Comp	UH 132, 32 Campus Drive,	claudia.denker@mso	406-243-4755

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	Name	Title	Address	E-Mail	Phone No.
1	Leah Tietz	Director, Work Comp	2500 Broadway, Helena, MT	ltietz@montana.edu	406-444-0615
2	Claudia Denker	Chair, Work Comp	32 Campus Drive, MS 3528,	Claudia.Denker@ms	406-243-4742
3	Bob Lashaway	Vice Chair, WC	PO Box 172760, Bozeman, MT	rvi@montana.edu	406-944-2001

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ACCIDENT AND CLAIM SUMMARY

Claims reported on: Policy Year Fiscal Year Calendar Year

Claim Year: beginning date 1/1/2013 ending date 12/31/2013

ACCIDENTS BY YEAR:

	2013	2012	2011	2010	2009
# Medical Only	273	271	302	313	301
# of Lost Time	52	59	54	73	65
# of Fatal	1	0	0	0	0
TOTAL Accidents	326	330	356	386	366

ALL CLAIMS BY YEAR:

<----- All Claims Open & Closed ----->

	2013	2012	2011	2010	2009	Open Claims Only for Years Prior to 2009
Total payments made: (line 1)	\$ 835,994	\$ 1,545,029	\$ 1,389,336	\$ 2,570,821	\$ 1,697,970	\$ 1,697,192
Unpaid reserves, without IBNR, as of end of most recent year: (line 2)	\$ 1,424,789	\$ 485,058	\$ 74,494	\$ 185,909	\$ 24,372	\$ 222,338
Total incurred liability, without IBNR, updated as of most recent year-end: Sum of line 1 + line 2	\$ 2,260,783	\$ 2,030,087	\$ 1,463,830	\$ 2,756,730	\$ 1,722,342	\$ 1,919,530
Expected recoveries from excess insurance carrier	\$ 94,576	\$ -	\$ -	\$ -	\$ -	\$ 741,540

When were Reserves last updated? 12/31/2013 By Whom? Connie Hoffman, Intermountain Claims, Inc.

Three Year Average Incurred Liability (Use 2012, 2011, 2010): \$ 2,083,549

Undiscounted Total Estimated UNPAID Liability On All Montana Claims:

For claims incurred before 7/1/89: \$ -
 For claims incurred on or after 7/1/89: \$ 2,416,960
 Total Claims: \$ 2,416,960 (sum of line 2 above) \$ 2,416,960

Total Cash Paid During the Last Calendar Year (1/1/2013 - 12/31/2013):

Indemnity + Medical	+ Other	= Total
\$ 534,887	\$ 1,527,375	\$ 68,002
		<u>\$ 2,130,264</u>

Medical payments in excess of \$200,000 per claim during last calendar year \$ 25,315

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Are estimated unpaid compensation and medical liabilities included on company balance sheet?

Yes No

If yes, how are they classified?

If no, explain.

Reported as an Enterprise Fund of the State of Montana

Do you have a formal safety program?

Yes No

Is there a Safety Engineer at Montana locations?

Yes No

CLAIMS EXAMINER INFORMATION

Name of Montana Examiner	<u>Connie Hoffman, Intermountain Claims, Inc.</u>	Phone	<u>406-656-3951</u>
Address	<u>100 S. 24th Street W. , Suite 1, Billings, MT 59102</u>		
E-Mail address	<u>connieh@idahoic.com</u>		
Location of Montana Claim Files	<u>Intermountain Claims, Inc., Billings, Montana</u>		
Third-Party-Administrator (if applicable)	<u>Intermountain Claims, Inc., 1200 S. Reserve, Suite D, Missoula, MT 59801</u>		

SECURITY & EXCESS INSURANCE INFORMATION

Surety Bond:

Name of Surety Company	_____	Phone	_____
Address	_____		
Bond Amount	\$ _____	Effective Date	_____

Letter of Credit:

Name of Bank	_____	Phone	_____
Address	_____		
LOC Amount	\$ _____	Effective Date	_____

Government Bond/Security:

Type of Bond/Security	_____	Cusip#	_____
Interest	<u>0.00%</u>	Maturity Date	_____
Bond Amount	\$ _____	Effective Date	_____

Certificate(s) of Deposit:

Name of Bank(s)	_____		
Certificate Number(s)	_____		
CD Amount(s)	\$ _____	\$ _____	\$ _____

Specific Excess Insurance:

Name of Insurance Carrier	<u>State National, Policy #WCE-0706103-13</u>	(Star Insurance policy 7/13 - 8/13)
Effective Date	<u>8/1/2013</u>	Expiration Date <u>7/1/2014</u>
Self-Insured Retention (SIR)	\$ <u>750,000</u>	Policy Limit <u>Statutory</u>
Deductible	\$ _____	

Aggregate Excess Insurance:

Name of Insurance Carrier	_____		
Effective Date	_____	Expiration Date	_____
Self-Insured Retention (SIR)	\$ _____	Policy Limit	\$ _____

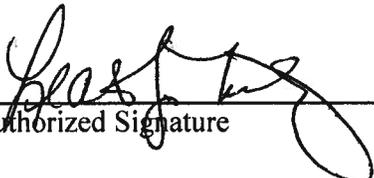
ELECTION AND CERTIFICATION

We hereby make application to be a self-insured employer in Montana and certify that all of the information provided is correct. Our firm is an employer in the State of Montana. If we are granted self-insured status by the Department, we agree to comply with and be bound by all of the applicable laws, rules, and regulations of Montana pertaining to workers' compensation and occupational disease.

We agree to notify the Department of Labor & Industry and the Montana Self-Insurers Guaranty Fund within 24 hours of the filing of any bankruptcy or determination of insolvency relating to this firm.

This election is made by the firm and authorized by the directors, officials, officers, by-laws, owner, or partners.

Leah Tietz	Director, MUS WC Program	444-0615	1/28/2014
Typed Name	Title	Phone	Date


Authorized Signature

Typed Name	Title	Phone	Date
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Authorized Signature

MONTANA WORKERS' COMPENSATION SELF-INSURANCE APPLICATION for 2014
Supplemental Page

SCHEDULE 1

MUS SELF FUNDED WORKERS' COMPENSATION PROGRAM MEMBERS

INSTUTION	NUMBER OF EMPLOYEES	CY 2013 PAYROLL
UNIVERSITY OF MONTANA		
UM - Missoula		
UM- Western (Dillon)		
Helena College UM		
UM-Montana Tech (Butte)		
UM TOTAL	<u>11,162</u>	<u>166,907,018.13</u>
MONTANA STATE UNIVERSITY		
MSU-Bozeman	9,592	174,644,553.90
MSU-Billings	1,764	28,474,200.59
MSU-Northern (Havre)	708	9,101,224.15
Great Falls College MSU	430	7,213,296.17
MSU TOTAL	<u>12,494</u>	<u>\$219,433,274.81</u>
OFFICE OF COMMISSIONER OF HIGHER ED (Helena)		
	Total CY201	90
	# W-2s	23,746
		<u>4,423,621.14</u> CY2013
		<u>390,763,914</u> Total Payroll

Includes employees only, volunteers are not covered by the MUS Work Comp Program.

MUS CLAIM SUMMARY. Per request from Bill Wheeler (2010) Please also see the supplemental Accident Year Claim Summary sent as a separate spreadsheet. (Protections on this reporting form prevent it from being included

CLAIMS GREATER THAN \$500,000 (SIR) through CY2013.

1 Claim # MTA-08-02409 with DOI of October 20, 2008. Amount incurred as of 12/31/13 are \$1,241,539.78 (\$1,111,443.81 paid; \$130,095.97 reserved). Excess reimbursement payments received through 2013 total \$599,099.89.

2. Claim #MTA13-01460 with DOI of May 20, 2013. Amount incurred as of 12/31/13 is \$594,576 (\$32,415.47 Paid; \$562,160.53 Reserved). No excess reimbursement paymnets have been received through 2013.