

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only

(X) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen
County Counsel

SUBJECT: HR Payable

<p>Background: Previously the county paid the annual premium to SAIF Corporation for workers compensation coverage. As a result of an audit of the payroll, there was an adjustment to the premium. The additional amount is before the Board for review and approval.</p>	<p>Requested Action: Approve payable to SAIF Corporation in the amount of \$16,343.91 for workers compensation coverage</p>
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ATTACHMENTS: Payable

*****For Internal Use Only*****

Checkoffs:

- () Dept. Head (copy)
- () Budget (copy)
- () Fiscal
- (X) Legal (copy)
- () (Other - List:)

To be notified of Meeting:

Needed at Meeting:

Scheduled for meeting on: August 16, 2023

Action taken:

UMATILLA COUNTY PAYMENT REQUEST

PEID - AC	8557 -	Call Finance for PEID #
NAME	SAIF CORPORATION	
ADDRESS	400 HIGH STREET SE	
ADDRESS		
CITY, STATE, ZIP	SALEM, OR 97312	

AUTHORIZATION-APPROVAL

DEPARTMENT		DATE PAID
CFO	<i>Stephanie Bandy</i>	
BOARD		CHECK NUMBER
SUBMITTED	8/9/2023	RETURN - HOLD
	DATE - ATTACH APPROVAL	

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$16,343.91	9001-51405	FY23 Payroll Report Adj	1001347088	\$16,343.91	08/01/23	
		**submit to finance-they breakdown per dept.				

Office Use: Pretravel Auth rec: _____ Contract Reviewed: _____ Routine: _____

Office Use: Tax ID Reviewed: _____ Quotes: _____ Bids: _____

\$16,343.91 PAGE TOTAL

\$16,343.91 GRAND TOTAL



INVOICE

Workers' compensation insurance

UMATILLA COUNTY
216 SE 4TH ST
PENDLETON, OR 97801-2692

Invoice date: 08/01/2023
Invoice: 1001347088
SAIF policy: 743288
SAIF account: A100068254
Agency: Graybeal Group Inc
541.567.5523

Billing rep: Corie Bryant
503.373.8448

Questions: 800.285.8525
Hablamos español

SAIF Address: 400 High St SE
Salem, OR 97312

SAIF invoices have a new look! Learn more at saif.com/invoice.

SUMMARY

Previous balance	\$0.00
Payments	\$0.00
Credits	\$0.00
Other charges	\$0.00
Policy charges	\$16,343.91
CURRENT BALANCE	\$16,343.91

Past due balances are subject to interest charges of 1% per month.
Effective January 1, 2023, the DCBS premium assessment will remain at 9.8%.

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UMATILLA COUNTY
216 SE 4TH ST
PENDLETON, OR 97801-2692

Invoice date: 08/01/2023
Invoice: 1001347088
SAIF policy: 743288
SAIF account: A100068254

AMOUNT DUE

\$16,343.91

PAYMENT DUE DATE

August 25, 2023

HOW TO PAY

- Online at saif.com
- Mail this portion with a check payable to SAIF Corporation and include your policy number.

SAIF CORPORATION
400 HIGH STREET SE
SALEM, OR 97312

GW

3 000743288 1001347088

Interest charges

Payments are due on the 25th of the month. To avoid interest charges, you must pay your bill by the last day of the month in which your payment is due. After the last day of the month, interest will accrue at a rate of 1% per month until the balance is paid. SAIF does not refer to postmark dates in determining the date a payment was received.

Cancellation

Late payment will subject your policy to cancellation.

Projected premium

If we do not receive your payroll report, we will project your premium on your next invoice. If we receive your report after the premium is projected, we will reverse the projected premium and your next invoice will reflect the actual premium amount.

Online payments

Online payments can be made 24 hours a day, seven days a week. Information regarding your balance can be accessed at saif.com. Please be sure to update your bank account information if you close or change bank accounts that you set up using SAIF's website.

- **One-time payments**

Payments submitted online after 6 p.m. Pacific time will be applied to your policy the next business day.

- **Automatic payments**

By authorizing automatic payments, or Auto-Pay, you agree to have the full balance automatically deducted from your bank account. Payments will automatically be applied to your amount due on the 20th of each month. You may change your Auto-Pay status at any time on saif.com. If a policy is cancelled, any payment schedule, including Auto-Pay, is removed. If a cancelled policy needs to be reinstated, Auto-Pay must be rescheduled on saif.com.

DCBS assessment

The Oregon Department of Consumer and Business Services (DCBS) charges an assessment on all workers' compensation premium collected by insurance carriers. DCBS can change the assessment at any time, but changes are generally made January 1 of each year. We estimated your premium calculation based on the assessment in effect at the beginning of your policy period. Any mid-term changes to the DCBS assessment will be incorporated when we reconcile your premium.

Definition of descriptions on invoice:

- **Premium report voluntary** shows the premium impact after submitting subject payroll for a specific reporting period.
- **Premium report projected** shows the projected premium impact after failing to submit payroll for a specific reporting period.
- **Premium report estimated** shows the estimated premium impact after failing to submit payroll after policy cancellation.
- **Final audit – reconciliation** shows the premium impact summarized at the end of the policy period for policies completing two or more premium reports or policies in combination.
- **Final audit – physical** shows the premium impact following the completion of a payroll records review by SAIF.
- **Final audit – voluntary** is for installment and annual pre-pay accounts and shows the premium impact after filing the policy period payroll report.

List any change in name, ownership, location, address or type of business below. (Please indicate city, state and zip code.)

Mailing address: _____ Phone: _____

Physical location: Add: _____ Phone: _____

Delete: _____ Phone: _____

Payroll report mailing address: _____ Phone: _____

Audit address: _____ Phone: _____

Assumed business name: Add: _____ Delete: _____

Change operations to: _____

Fax number: _____ Email address: _____ FEIN: _____

Effective: _____ Change in ownership or legal status to: _____

Effective: _____ Cancel this policy. Please indicate reason for cancellation: _____

Route to (TAMCOX)

Authorized signature: _____

INVOICE DATE: 08/01/2023

INVOICE: 1001347088

SAIF POLICY: 743288

SAIF ACCOUNT: A100068254



PREVIOUS BALANCE

Date	Description	Amount
SUBTOTAL		\$0.00

DETAILS

POLICY CHARGES: 743288 - Umatilla County

Date	Description	Amount
07/13/2023	Final Audit - Voluntary 07/01/2022 - 07/01/2023	\$16,343.91
SUBTOTAL		\$16,343.91

CURRENT BALANCE	\$16,343.91
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Umatilla County

Date: 08/01/2023

Policy period: 07/01/2022 - 07/01/2023

SAIF policy: 743288

Payroll reporting period: 07/01/2022 to 07/01/2023

SAIF account: A100068254

Final Audit - Voluntary 07/01/2022 - 07/01/2023

Rating period: 07/01/2022 to 07/01/2023
Location 1: Umatilla County

Classification description	Class	Subject payroll	Rate	Premium
Spraying-NOC-Dr	0050	\$152,944.00	3.86	\$5,903.64
Carpentry-NOC	5403	\$184,578.00	4.87	\$8,988.95
Street/Rd Const-Fnl	5506	\$1,335,812.00	3.95	\$52,764.57
Grad/Pve/Rep/Dr				
Street or Road Construction-Rock Excavation & Drivers	5507	\$142,174.00	2.85	\$4,051.96
Vessels-NOC-State Act	7024	\$0.00	2.76	\$0.00
Police Officers & Dr	7720	\$6,663,871.00	2.45	\$163,264.84
Inmates	7720	\$70,644.00	2.45	\$1,730.78
County Search And Rescue- Volunteer	7720	\$20,966.00	2.45	\$513.67
Garages-NOC-Dr	8380	\$133,924.00	1.86	\$2,490.99
Vol Plcmm @ 0800/Mo Ea	8411	\$34,400.00	1.01	\$347.44
Public Relations/Sales/Promotion	8742	\$520,174.00	0.19	\$988.33
Vol Board Members	8742	\$0.00	0.19	\$0.00
Office Clerical	8810	\$5,121,206.00	0.09	\$4,609.09
Vol Office Clerical	8810	\$0.00	0.09	\$0.00
Attorney & Cler/Messenger/Dr	8820	\$1,702,165.00	0.09	\$1,531.95
Vol Victim Assistance	8820	\$1,781.00	0.09	\$1.60
Physician & Clerical	8832	\$2,767,781.00	0.25	\$6,919.45
Nurse-Home Health/Public-Trvl-Al Emp	8835	\$578,623.00	1.69	\$9,778.73
Buildings-Operation By Owner Or Lessee & Drivers	9015	\$360,001.00	2.62	\$9,432.03
County Fairs/Dr	9016	\$15,216.00	1.89	\$287.58
Snow Removal-Streets/Roads-Dr	9402	\$0.00	3.72	\$0.00
Municipal/Twn/Cnty/State Emp-NOC	9410	\$1,076,846.00	1.12	\$12,060.68
Total manual premium		\$20,883,106.00		\$285,666.28

Description	Basis	Factor	Premium
EL Increased Limits premium (Part II)	\$285,666.28	1.004	\$1,142.67
Total subject premium			\$286,808.95

Description	Basis	Factor	Premium
Experience Rating	\$286,808.95	0.78	-\$63,097.97
Total modified premium			\$223,710.98

Description	Basis	Factor	Premium
Pre-pay credit	\$223,710.98	0.965	-\$7,204.54
Total standard premium			\$216,506.44

Description	Basis	Factor	Premium
Oregon Total Premium			\$216,506.44
Premium Discount	\$216,506.44	0.17	-\$36,796.16
Terrorism Premium	\$20,883,106.00	0.005	\$1,044.16
Catastrophe Premium	\$20,883,106.00	0.01	\$2,088.31
DCBS Assessment	\$182,174.37	1.098	\$17,853.09
Total premium and assessment			\$200,695.84

Previously calculated	\$184,351.93
Difference	\$16,343.91