


Kenosha



County

BOARD OF SUPERVISORS

RESOLUTION NO. _____

Subject: Resolution to approve Kenosha County's intent and agreement to self-insure for Worker's Compensation			
Original <input checked="" type="checkbox"/>	Corrected <input type="checkbox"/>	2nd Correction <input type="checkbox"/>	Resubmitted <input type="checkbox"/>
Date Submitted: 12/5/2023		Date Resubmitted:	
Submitted By: Finance/Administration Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: Clara-lin Tappa, Director Division of Human Resources		Signature: 	

WHEREAS, the County of Kenosha is a qualified political subdivision of the State of Wisconsin; and

WHEREAS, the Wisconsin Worker's Compensation Act (Act) provides that employers covered by the Act either insure their liability with worker's compensation insurance carriers authorized to do business in Wisconsin, or be exempted (self-insured) from insuring liabilities with a carrier and thereby assume the responsibility for their own worker's compensation risk and payment; and

WHEREAS, the State and its political subdivisions may self-insure worker's compensation without a special order from the Department of Workforce Development (Department) if they agree to report faithfully all compensable injuries and agree to comply with the Act and rules of the Department; and

WHEREAS, the Finance and Administration Committee approves the continuation of the self-insured worker's compensation program; and

NOW, THEREFORE BE IT RESOLVED, that the Kenosha County Board of Supervisors does ordain as follows: Provide for the continuation of a self-insured worker's compensation program that is currently in effect; and authorize the Director of Human Resources to forward certified copies of this resolution to the Worker's Compensation Division, Wisconsin Department of Workforce Development.

Resolution – Reauthorization of Worker’s Compensation Self-Insurance
Page 2

Approved by:

FINANCE/ADMINISTRATION COMMITTEE	<u>Aye</u>	<u>No</u>	<u>Abstain</u>	<u>Excused</u>
<hr/> Terry Rose, Chairman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Dave Geertsen, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> John Poole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Erin Decker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Tim Stocker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> John Franco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> William Grady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kenosha County Administrative Proposal Form

1. Proposal Overview

Division: Human Resources Department: Administration

Proposal Summary (attach explanation and required documents):

Kenosha County self-insures its Worker's Compensation coverage. Every three years the County must renew its commitment to self-insure Worker's Compensation and communicate that commitment to the State of Wisconsin Department of Workforce Development. Self-insuring Worker's Compensation has been an effective tool in managing the cost associated with work-related injuries and is an advantageous alternative to premium based insurance coverage. Continuing the self-funded program is recommended by the attached resolution.

Dept./Division Head Signature: *Stan Zuppa*

Date: 11/16/23

2. Department Head Review

Comments:

Recommendation: Approval ☐ Non-Approval ☐

Department Head Signature: _____

Date: _____

3. Finance Division Review

Comments:

Recommendation: Approval ☒ Non-Approval ☐

Finance Signature: *Patricia Merrill*

Date: 11/16/23

4. County Executive Review

Comments:

Action: Approval ☒ Non-Approval ☐

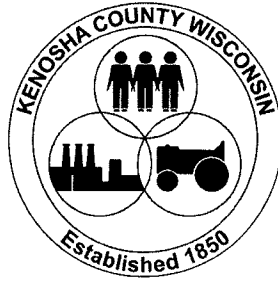
Executive Signature: *Samantha Kentman*

Date: 11/20/23

DISTRIBUTION

- Original Returned to Requesting Dept.
- Department attaches the Original to the Resolution to County Board
- Copy to Secretary of Oversight Committee to distribute in packets with Resolution
- Copy to Requesting Department File

Kenosha



County

MEMORANDUM

Communication to Kenosha County Board of Supervisors
(For Informational Purposes Only)

COMMUNICATION TO APPEAR ON COUNTY BOARD MEETING AGENDA: 12/05/2023

SUBJECT: Resolution to approve Kenosha County's intent and agreement to self-insure for Worker's Compensation

COMMITTEE: Finance/Administration

SUBMITTED BY: Clara-lin Tappa, Director of Human Resources

RESOLUTION TO BE PRESENTED AT Finance/Administration ***COMMITTEE ON 12/14/2023***

ADDITIONAL INFORMATION (optional):

