

BOARD OF SUPERVISORS

RESOLUTION NO.____

Subject: Reso	plution to approve Kenosha County's	s intent and agreement to self-insure for Worker's			
Original X	Corrected	2nd Correction ☐ Resubmitted ☐			
Date Submitte	d: 12/5/2023	Date Resubmitted:			
Submitted By:	Finance/Administration Committee				
Fiscal Note Attached		Legal Note Attached			
Prepared By:	Clara-lin Tappa, Director Division of Human Resources	Signature: Clan La Tapp			
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 insured worker's compensation pr	Committee approves the continuation of the self-ogram; 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	Aye	<u>No</u>	Abstain	Excused
Terry Rose, Chairman	X			
Dave Geertsen, Vice Chair	#			
John Poole	X			
Erin Decker				X
Tim Stocker				
John Franco				
William Grady				

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. Ex- County must renew its commitment to self-insure Worker's Compensation communicate that commitment to the State of Wisconsin Department of Development. Self-insuring Worker's Compensation has been an effect managing the cost assocated with work-related injuries and is an adva- alternative to premium based insurance coverage. Continuing the self- recommended by the attached resolution.	tion and of Workforce ctive tool in ntageous				
Dept./Division Head Signature:	Date: ////6/23				
2. Department Head Review					
Comments:					
Recommendation: Approval Non-Approval					
Department Head Signature:	Date:				
3. Finance Division Review					
Comments:					
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	ï				
Recommendation: Approval Non-Approval					
Finance Signature: Satricia Merrill	Date: 11/16/23				
4. County Executive Review					
Comments:					
Action: Approval 📈 Non-Approval 🗌					
Executive Signature: Supplied Konskinson	Date: (1 70202				

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



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):