


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: February 15, 2018		Date Resubmitted:	
Submitted By: Finance/Administration Committee			
Fiscal Note Attached <input type="checkbox"/>		Legal Note Attached <input type="checkbox"/>	
Prepared By: Ashley Lutterman Human Resources Analyst 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 at its February 15, 2018 meeting approved the continuation of the self-insured worker's compensation program, in compliance with Wisconsin Administrative Code DWD 80.60(3); 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 Regarding 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/> Ronald Frederick, Vice Chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Jeffrey Gentz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Rick Dodge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Edward Kubicki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Daniel Esposito	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/> Greg Retzlaff	<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:  Date: 2/7/2018

2. Department Head Review

Comments:

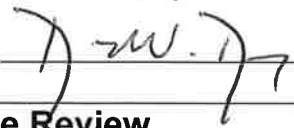
Recommendation: Approval ☐ Non-Approval ☐

Department Head Signature: _____ Date: _____

3. Finance Division Review

Comments:

Recommendation: Approval ☒ Non-Approval ☐

Finance Signature:  Date: 2/7/18

4. County Executive Review

Comments:

Action: Approval ☒ Non-Approval ☐

Executive Signature:  Date: 2/8/18