**MCAG No. Schedule 21**

**(County/City/District)**

**Local Government Risk Assumption**

**For the Year Ended December 31, 20**

1. Self-Insurance Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Manager Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Manager Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How do you insure property and liability risks, if at all?
	1. Self-insurance program with accumulated resources for some or all risks.
	2. Belong to a public entity risk pool
	3. Purchase private insurance
	4. Retain risk internally without accumulating resources (i.e., risk assumption)
5. How do you provide health and welfare insurance (e.g., medical, dental, prescription drug, and/or vision benefits) to employees, if at all?
6. Self-insurance program with accumulated resources for some or all benefits.
7. Belong to a public entity risk pool
8. All benefits provided by health insurance company or HMO
9. Not applicable – no such benefits offered
10. How do you insure unemployment compensation benefits, if any?
11. “Reimbursable” status, with accumulated resources (i.e. self-insurance program)
12. Belong to a public entity risk pool
13. Pay taxes to the Department of Employment Security (“Taxable”)
14. Not applicable – no employees
15. How do you insure workers compensation benefits, if any?
16. Approved self-insured employer
17. Belong to a public entity risk pool
18. Pay premiums to the Department of Labor and Industries
19. Not applicable – no employees
20. How do you participate in the Washington Paid Family & Medical Leave Program?
21. “Voluntary Plan” for one or both program benefits, with accumulated resources (i.e. self-insurance program
22. “Voluntary Plan” for one or both program benefits, but with no accumulated resources (i.e. risk assumption)
23. Pay premiums to the State’s program for both benefits
24. Purchase private insurance
25. Not applicable – no employees

**If the local government DID NOT answer (a) to any of the above questions, then there is no need to complete the rest of this schedule.**

**If the local government answered (a) to any of the above questions, then answer the rest of the form in relation to the government’s self-insured risks and copy the table below as needed.**

|  |  |
| --- | --- |
|  | **Please list the title of the self-insurance program or type of risk covered by self-insurance:** |
|  | *Program/Risk 1* | *Program/Risk 2* | *Program/Risk 3* | *Program/Risk 4* | *Program/Risk 5* |
| Self-Insurance as a *formal* program? |  |  |  |  |  |
|  If yes, do other governments participate? |  |  |  |  |  |
|  If yes, please list participating governments. |  |  |  |  |  |
| Self-Insure as part of a joint program? |  |  |  |  |  |
| Does a Third-Party Administer manage claims? |  |  |  |  |  |
| If no, does an employee or official reconcile claims payments to the information in the claims management software or other records of approved claims? (Not applicable for self-insured unemployment compensation.) |  |  |  |  |  |
| Has program had a claims audit in last three years? |  |  |  |  |  |
| Are program resources sufficient to cover expenses? |  |  |  |  |  |
| Does an actuary estimate program liability? |  |  |  |  |  |
| Number of claims paid during the period? |  |  |  |  |  |
| Total amount of paid claims during the period? |  |  |  |  |  |
| Total amount of recoveries during the period? |  |  |  |  |  |

Provide any other information necessary to explain answers to the Schedule 21 questions above.