



# Public Self Insurers ER Annual Report

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For Fiscal Year 2018-19

September 30, 2019  
Santa Clara County Schools Insurance Group  
645 Wool Creek Drive  
San Jose, CA 95112

**FORM AR-2 (1-2016)**

State of California

**Employer**

General Information:

<b>Certificate Number</b>	5524	<b>Period Of Report</b>	Annual
<b>(Period) From</b>	07/01/2018	<b>(Period) To</b>	06/30/2019

Master Certificate Holder:

<b>Name</b>	Santa Clara County Schools Insurance Group		
<b>Address 1</b>	645 Wool Creek Drive		
<b>Address 2</b>		<b>FTIN</b>	77-0014625
<b>City</b>	San Jose	<b>State</b>	CA <b>Zip</b> 95112
<b>State of Incorporation</b>			

Affiliates:

	<b>Full Legal Name</b>	<b>Subsidiaries Affiliate Certificate Number</b>	<b>State</b>
1)	Berryessa Union School District	5524-002	
2)	East Side Union High School District	5524-004	
3)	Franklin-McKinley Elementary School District	5524-006	
4)	Los Altos School District	5524-007	
5)	Los Gatos-Saratoga Union High School District	5524-008	
6)	Los Gatos Union School District	5524-009	
7)	Luther Burbank Elementary School District	5524-010	
8)	Mt. Pleasant Elementary School District	5524-011	
9)	Moreland School District	5524-013	
10)	Morgan Hill Unified School District	5524-014	
11)	Oak Grove School District	5524-016	
12)	Saratoga Union Elementary School District	5524-017	
13)	Sunnyvale School District	5524-018	
14)	Union School District	5524-019	
15)	Cambrian School District	5524-021	
16)	Mt. View-Los Altos Union High School District	5524-023	
17)	Loma Prieta Joint Union Elementary School District	5524-024	
18)	Orchard School District	5524-025	
19)	Gilroy Unified School District	5524-027	
20)	Lakeside Joint Elementary School District	5524-028	
21)	Santa Clara County Schools' Insurance Group	5524-031	
22)	Mountain View-Whisman School District	5524-032	
23)	Metropolitan Education District	5524-033	
24)	Los Gatos-Saratoga Community Education & Recreation Department	5524-034	
25)	Fremont Union High School District	5524-035	

State of California

Subsidiaries: (continued...)

	<b>Full Legal Name</b>	<b>Subsidiaries Affiliate Certificate Number</b>	<b>State</b>
26)	Cupertino Union School District	5524-0036	
27)	Santa Clara Unified School District	5524-0037	
28)	Milpitas Unified School District	5524-0038	

State of California

During the reporting period of this report, has there been any of the following with respect to the Master Certificate Holder for any affiliate?

None

Any additions to the Self Insurance Program?

None

Employment and wages paid in current fiscal year:

**Number of Employees** 22,054

**Total Wages and Salaries Paid** \$1,366,592,611

**The variance between Prior Year and This Year is greater than +/- 20%. Please select an explanation:**

Prior year error

Addressed Correspondence For Related Self-Insurance Matters:

**Company Name** Santa Clara County Schools Insurance Group

**Name** Maribel Zacarias

**Title** Office Administrator

**Phone** (408) 283-6234

**Fax** (408) 283-6231

**Email Address** mzacarias@sccsig.org

**Address 1** 645 Wool Creek Drive

**Address 2**

**City** San Jose

**State** CA **Zip** 95112

**Web Site**

TPA Adjusting Locations:

Has there been a change in TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Have you added any new TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP? No

Record Storage:

Are there open and closed claims stored at a location other than the adjusting location? Yes

	Storage Name	Phone Number	Address
1)	Iron Mountain	(800) 300-2940	1350 West Grand Ave Oakland, CA 94607

Insurance Coverage:

1) During this reporting period, does your company maintain a standard workers' compensation insurance policy to cover any of your California liabilities? No

2) During this reporting period, does your company have a specific excess workers' compensation policy in force to cover any of your California liabilities? No

3) Do you carry an aggregate(stop loss) workers' compensation insurance policy? No

State of California

Certification By Authorized Representative:

**Company Name** Santa Clara County Schools Insurance Group

**Name** Maribel Zacarias

**Title** Office Administrator

**Phone** (408) 283-6234

**Fax** (408) 283-6231

**Email Address** mzacarias@sccsig.org

**Address 1** 645 Wool Creek Drive

**Address 2**

**City** San Jose

**State** CA **Zip** 95112

**Name of Person Legally Responsible for this Electronic Signature:**

Maribel Zacarias ( Date/Time of Signature ) - 09/30/2019 12:25

State of California

Report Location Number:

Identification of Location

Certificate Holder

5524-06-062 A

KEENAN & ASSOCIATES at SAN JOSE

Santa Clara County Schools Insurance Group

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2018	To Date-	06/30/2019
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2019 reported prior to 2014/15	160	\$7,599,135	\$19,730,840	\$5,666,458	\$11,835,449	\$1,932,677	\$7,895,391
2) Open and closed Liabilities							
A) All Cases reported in 2014/15	763	\$1,974,130	\$3,119,988	\$1,836,513	\$2,553,605	\$137,617	\$566,383
2014/15 Cases open	21	\$579,375	\$988,486	\$441,758	\$422,103	\$137,617	\$566,383
B) All Cases reported in 2015/16	738	\$2,366,464	\$4,213,075	\$1,880,556	\$2,851,403	\$485,908	\$1,361,672
2015/16 Cases open	47	\$1,342,660	\$2,345,605	\$856,752	\$983,933	\$485,908	\$1,361,672
C) All Cases reported in 2016/17	919	\$2,737,633	\$4,264,597	\$2,333,107	\$2,810,076	\$404,526	\$1,454,521
2016/17 Cases open	57	\$1,130,582	\$2,104,021	\$726,056	\$649,500	\$404,526	\$1,454,521
D) All Cases reported in 2017/18	842	\$3,153,127	\$5,766,710	\$1,997,761	\$2,596,660	\$1,155,366	\$3,170,050
2017/18 Cases open	133	\$2,328,387	\$4,366,970	\$1,173,021	\$1,196,920	\$1,155,366	\$3,170,050
E) All Cases reported in 2018/19	822	\$2,318,117	\$5,302,884	\$850,289	\$1,212,700	\$1,467,828	\$4,090,184
2018/19 Cases open	264	\$2,101,492	\$4,714,431	\$633,664	\$624,247	\$1,467,828	\$4,090,184

	\$ Indemnity	\$ Medical
SUBTOTAL	\$5,583,922	\$18,538,201
TOTAL		\$24,122,123

3) Estimate Future Liability (Indemnity Plus Medical)

4) Total Benefits Paid During 2018/19 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)

	\$ Indemnity	\$ Medical
	\$3,659,971	\$5,680,085

5) Number of MEDICAL-ONLY Cases Reported in 2018/19

	440
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6) Number of INDEMNITY Cases Reported in 2018/19

	382
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7) Total of 5 and 6 (Also entered in 2E above)

	822
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8) Total Number of open Indemnity Cases (All Years)

	608
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9) Number of Fatality Cases Reported In 2018/19

	1
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10) (a) Number of FY 2018/19 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2018/19

	19
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10) (a) Number of non-FY 2018/19 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2018/19

	25
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11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.

	\$0
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12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.

	\$0
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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: Santa Clara County SIG - A-5524-06-062 OP Indem 201906.pdf

**Dual Jurisdiction Claims**

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Idemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

**Instructions To Claims Administrator For Specific Excess Insurance**

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

**Calculation Of Specific Excess Coverage Entry For Annual Reports:**

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0". \$

**Files Uploaded**

Specific Excess Insurance Policy pages: Santa Clara County Schools' Insurance Group - A-5524-06-062 Excess 201906.xls

**Certification**

**Administrating Agency's Certificate Number** 062

**Or Self Administered**

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report to be prepared and I have examined this liabilities report of this self insurer's worker's compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the worker's compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of worker's compensation claims made in this report reflect the administrator's best judgement as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

**Agency Name** KEENAN & ASSOCIATES  
**Name** Evie Camara  
**Phone** (408) 441-0754 **Fax**  
**Email Address** ecamara@keenan.com  
**Address 1** 1732 North First Street #100  
**Address 2**  
**City** San Jose **State** CA **Zip** 95112

**Name of Person Legally Responsible for this Electronic Signature:**

Evie Camara ( Date/Time of Signature ) - 08/15/2019 10:20