**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. Formal self-insurance program for some or all perils/risks
   2. Belong to a public entity risk pool
   3. Purchase private insurance
   4. Retain risk internally without a self-insurance program (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-insure 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. Self-insured (“Reimbursable”)
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. Self-insured (“Reimbursable”)
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. Self-insured (“Voluntary Plan”) for one or both program benefits
22. Pay premiums to the State’s program for both benefits
23. 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.