



www.compalliance.org

Christopher A. Koetzle
Chairman

Michael E. Kenneally
Executive Director

December 6, 2024

Joseph Wicks
Supervisor
Town of Eaton
PO Box 66
Morrisville, NY 13408
Via Email: eatonclerk@cnymail.com

RE: Workers' Compensation Funding Contribution January 1, 2025 - December 31, 2027

Dear Mr. Wicks:

A renewal funding contribution of \$110,076.00 has been developed for the Town of Eaton's funding year beginning on January 1, 2025 - December 31, 2027. A payroll breakdown by job classification used to determine your Comp Alliance funding contribution, along with your Certificate of Insurance and an invoice for your Comp Alliance funding contribution are attached. A Certificate of Insurance can only be issued by our office. Please request all certificates by email to Zachary Diaz at zdiaz@wrightinsurance.com or Tricia Murphy at pmurphy@wrightinsurance.com.

The funding contribution listed above does not include your estimated New York State assessment. The invoice for the estimated assessment is included in your renewal packet. As the 2024 estimated assessment amount was billed earlier this year and cannot yet be reconciled, the invoice in this packet reflects the estimated total due for 2025 with the 2023 reconciliation balance or credit applied. Please review and remit payment for the estimated assessment as directed on the invoice. Should you have any questions, please contact me directly.

The new law and accompanying rules established by the Workers' Compensation Board require that this assessment be calculated based on your actual payroll and remitted to the State on a quarterly basis along with a quarterly payroll report. They have also reserved the right to adjust the assessment rate during the fiscal year.

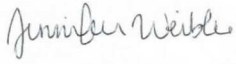
As a member of the Comp Alliance, you are responsible for submitting quarterly payroll reports to the Comp Alliance so that we may accurately report this information to the Workers' Compensation Board when assessment payments are remitted. The new regulations require that the payroll reported to the Comp Alliance for each quarter must be consistent with payroll reported to state or federal government agencies for other purposes. The amount of your estimated assessment may change based on your quarterly payroll or a change in rates by the Workers' Compensation Board. The 2025 assessment rate has been revised to 7.1%.

Also enclosed please find your copy of the Participation Agreement which reflects the basic terms of membership in the Program. If you have not done so already, please sign and send back to pmurphy@wrightinsurance.com. Retain the original for your records.

As a program designed exclusively for municipalities, we understand that local government resources are stretched. The Board of Trustees of the Comp Alliance, the Association of Towns of the State of New York (the Plan Administrator) and Wright Risk Management (the Plan Manager) remain committed to keeping rates stable and the costs of the program as low as possible for all members.

We value our relationship with you, and it is our intention to continue to deliver a dynamic and fiscally sound workers' compensation program to all members of the Comp Alliance for many years to come.

Very truly yours,



Jennifer Weible
Director, Workers' Compensation Underwriting
516-944-2804
JWeible@wrightinsuarance.com

Enclosures

CC: Ms. Ruth Redhead, AP Benefit Advisors, LLC dba ENV Property & Casualty Email: rredhead@envpc.com



Plan Manager: Wright Risk Management
900 Stewart Avenue, Suite 600, Garden City, NY 11530
Phone: 866-697-6922 Fax: 516-227-2352



Town of Eaton

PO Box 66
Morrisville NY, 13408

AP Benefit Advisors, LLC dba ENV Property
& Casualty
7787 Oswego Road
Liverpool, NY 13090

Coverage Period (1/1/2025 - 12/31/2027)
Workers' Compensation & Employer's Liability - Statutory

Class Code	Description	Annual Payroll	Annual Contribution
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5506	Street or Road Construction	\$178,300	\$24,264.40
8810	Clerical Office Employees	\$186,079	\$257.19
8831	Hospitals - Veterinary	\$4,481	\$50.50
9026	Building Operation - Commercial	\$3,973	\$179.94
9402	Street Cleaning & Drivers	\$148,390	\$7,414.99
9410	Municipal Township noc	\$59,112	\$4,524.97
	Totals	\$580,335	\$36,692

Experience Modification Factor	0.84
Total Funding Contribution (1/1/2025 -12/31/2027)	\$110,076
Annual Funding Contribution	\$36,692
Annual NYS Assessment will be invoiced separately for the estimated amount	\$1,040
Total Annual Funding + Estimated Annual NYS Assessment	\$37,732
Please be advised that the payroll used in this quote was extracted from your most recent budget.	

STATE OF NEW YORK WORKERS' COMPENSATION BOARD

CERTIFICATE OF PARTICIPATION IN WORKERS' COMPENSATION GROUP SELF-INSURANCE

1a. Legal Name and Address of Business Participating in Group Self-Insurance (Use Street Address Only) Town of Eaton PO Box 66 Morrisville, NY 13408	1d. Business Telephone Number of Business referenced in box "1a" 315-684-9111
1b. Effective Date of Membership in the Group <u>1/1/2002</u>	1e. NYS Unemployment Insurance Employer Registration Number of Business referenced in box "1a"
1c. The Proprietor, Partners or Executive Officers are ☐ included (only check box if all partners/officers included) ☐ all excluded or certain partners/officers excluded	1f. Federal Employer Identification Number of Business referenced in Box "1a"
2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as Certificate Holder) PROOF OF COVERAGE	3. Name and Address of Group Self-Insurer NEW YORK STATE MUNICIPAL WORKERS' COMPENSATION ALLIANCE CLAIMS ADMINISTERED BY: WRIGHT RISK MANAGEMENT 900 STEWART AVENUE, SUITE 600 GARDEN CITY, NY 11530

This certifies that the business referenced above in box "1a" is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law as a participating member of the Group Self-Insurer listed above in box "3" and participation in such group self-insurance is still in force. The Group Self-Insurer's Administrator will send this Certificate of Participation to the entity listed above as the certificate holder in box "2". The Group Self-Insurer's Administrator will notify the above certificate holder within 10 days IF the membership of the participant listed in box "1a" is terminated. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year from the date certified by the group self-insurer.

If this certificate is no longer valid according to the above guidelines and the business referenced in box "1a" continues to be named on a permit, license or contract issued by the certificate holder, the business must provide the certificate holder either with a new certificate or other authorized proof the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative of the Group Self-Insurer referenced above and that the business referenced in box "1a" has the coverage as depicted on this form.

Certified by: Eric Hartcorn January 1, 2025 - December 31, 2027

(Print name of authorized representative of the Group Self-Insurer) Date

Certified by: 
(Signature)

Title: PROGRAM MANAGER

Telephone Number 516-750-9409

WORKERS' COMPENSATION LAW

Section 57 Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.

2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

Please Note: This Certificate is valid only through the policy dates indicated above, OR a maximum of one year after this form is approved by the authorized representatives of the Group Self-Insurer. At the expiration of those dates, if the business continues to be named on a permit or contract issued by the above government entity, the business must provide that government entity with a new Certificate. The business must also provide a new Certificate upon notice of cancellation or change in status of the policy.



New York State
Municipal Workers'
Compensation Alliance

Member Participation Agreement

Member: **Town of Eaton**

Agent: **AP Benefit Advisors, LLC dba ENV Property & Casualty**

Participation Period: January 1, 2025 - December 31, 2027

The New York State Municipal Workers' Compensation Alliance (Comp Alliance) is a group self-insurance program – a network of municipal employers that have joined together for the purpose of providing the workers' compensation and employers' liability coverages required by New York State Law. By participating in the Comp Alliance, you are pooling your resources with other municipalities in New York State to obtain workers' compensation coverage for your employees, leading to lower administrative costs, diligent claims management and loss control services specifically tailored to the unique risks faced by municipalities. As a member of the Comp Alliance, there are certain legal responsibilities that you must be aware of and which remain enforceable even in the event of withdrawal from the Comp Alliance. Please review this participation agreement carefully and contact the Comp Alliance with any questions.

How Group Self-Insurance Works: Each member of the Comp Alliance makes an annual funding contribution that is used to pay for claims incurred during the year over the lifetime of the claim. To help ensure that the funding contributions remain fair, they are designed to reflect each member's projected ultimate costs of claims based on their loss experience and payroll. Funds that are not used to pay claims during the year are placed in reserve to pay the future costs of the claims. These future funds are invested so that the interest received can help offset the future costs of the claims. In the event that there are surplus funds after all future liabilities are determined, the excess may be used to offset future rates or be paid back to the member. Conversely, in the event that the funds are not sufficient to pay future liabilities, members may be called upon to pay a supplemental assessment. To protect against this possibility, the Comp Alliance makes every effort to accurately determine the future liabilities of the program to ensure that its assets are sufficient to pay its total liabilities.

Joint and Several Liability

Each member shall be responsible, jointly and severally, for all liabilities of the Plan under the Workers' Compensation Law and all rules and regulations enacted pursuant thereto incurred during its respective period of membership in the Comp Alliance.

A supplemental assessment may be levied in the event that the Comp Alliance does not have sufficient assets to meet its anticipated liabilities. The Comp Alliance works diligently to protect against this possibility by ensuring the annual funding contribution collected from members is sufficient to meet its anticipated liabilities each year. It also strives to maintain a modest surplus that may be used to offset any assessment that is required. In the event that supplemental assessments shall ever be required for any given year, the assessments will be distributed equitably among members for that year in accordance with a plan adopted by the Board of Trustees. The proportionate share of the members funding contribution and ultimate loss for the year in question will be considered in distributing the assessment.

Executive Director: Michael Kenneally
518-465-0128

Claims: Maria Luciano
516-750-9376

Member Services: Aaron Reader
866-697-7665

A. Coverages Provided by the Comp Alliance

Workers' Compensation Coverage: provides medical and indemnity (lost time) benefits to employees who are injured in the course of their employment with the municipality.

Employers' Liability Coverage: provides coverage for third party actions that are brought against the municipalities arising out of an injury to a municipal employee that occurred in course of his or her employment.

The Comp Alliance provides Workers' Compensation Coverage and Employers' Liability Coverage pursuant to the New York State Workers' Compensation Law, along with coverage for benefits as required by the Volunteer Firefighters' Benefit Law and Volunteer Ambulance Workers' Benefits Law.

- The Comp Alliance will pay the medical and indemnity benefits required of its members by the Workers' Compensation Law for injuries to employees that arise out of the employment of its employees.
- The Comp Alliance will defend any claim or proceeding against its members for benefits payable under the Workers' Compensation Law.
- The Comp Alliance will pay amounts that its members are obligated to pay to third parties that arise from an injury to an employee caused by an event that occurred in the course of this agreement (Employer Liability payments).
- The Comp Alliance will not pay any amounts that the employer is not obligated to pay under the Workers' Compensation Law, or the rules and regulations adopted pursuant thereto. This includes any payments, or portion thereof, that a member may make that are covered by other insurance that the member may maintain, or that the employer may extend to its employees.
- The Comp Alliance will only make indemnity payments up to the amounts awarded by the Workers' Compensation Board. Any member who has in place a "full pay" or similar policy that grants a greater benefit to its employees will be solely liable for the difference between the amounts so paid and the amounts awarded by the Workers' Compensation Board.

B. Member Responsibilities

The responsibilities of each member are set forth in detail in the Plan Document. Each member is responsible for knowing its obligations to the Comp Alliance. As a member of the Comp Alliance, you agree to accept and be bound by the terms, conditions and provisions of the Plan Document and Bylaws of the Comp Alliance, and by the New York State Workers' Compensation Law and the regulations promulgated pursuant thereto.

Pursuant to the Plan Document, each member:

- agrees to cooperate with the plan and furnish information necessary for the administration of the plan.
- will timely pay all necessary funding contributions, supplemental assessments and NYS assessments.
- will keep accurate records of all workers' compensation and employers' liability claims.
- is responsible for the prompt reporting of the claims.
- will timely and accurately report its quarterly payroll to the Comp Alliance for NYS assessments.
- will assist the Comp Alliance with the reconciliation of payroll reported on form GA-4 each quarter.

Executive Director: Michael Kenneally
518-465-0128

Claims: Maria Luciano

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C. Services Provided by the Comp Alliance

The Comp Alliance is a full service, workers' compensation program that provides not only for the payment of claims, but a host of other services to help its members understand the workers' compensation law, their responsibilities, and how to minimize losses in the workplace. Among the services provided by the Comp Alliance are:

Claims Administration:

- Assist members with the implementation of an internal claims reporting system and, as necessary, train members' personnel to ensure the ongoing effectiveness of the reporting system.
- Review and, as necessary, investigate all reported claims to determine compensability
- Prepare and distribute checks for appropriate payment of medical, lost time benefits and expenses.
- Monitor medical treatment and review all medical bills in an effort to minimize medical costs.
- Pursue subrogation whenever it is reasonably anticipated that the Plan may be reimbursed for payments made.
- Provide each member with loss run on quarterly basis, which shall include, at a minimum, the: file/claim number; date of accident; name and occupation of injured employee/claimant; description of accident; type of injury/body part; status of claim and classification/severity code; and total medical, indemnity and expense incurred, including payments plus outstanding reserves established by the Plan Manager.
- Represent municipality before the workers' compensation board

Loss Control Services

- Loss control inspections to all of members on a regular, recurring basis
- Distribution of information on the establishment and maintenance of safety committees
- Development and training on best practice policies and procedures

Member Services

- Educate members on the changes to Workers' Compensation Law
- Interactive Website with information and resources on Workers' Compensation Law, municipal risk management,
- Online claims portal to allow members access to their claims information (in development).

D. Purpose of Agreement:

The purpose of this Participation Agreement ("the Agreement") is to set forth the respective responsibilities of the Comp Alliance and its members for the efficient and economical evaluation, processing, administration, defense and payment of claims for workers' compensation payments and employers' liability payments through self-insurance and otherwise. The rights and responsibilities set forth in this agreement shall at all times be subject to, and read in conjunction with, the rights, duties and responsibilities of set forth in the Plan Document, the New York State Workers' Compensation Law and all applicable rules, regulations and procedures promulgated by the Workers' Compensation Board of the State of New York.

Executive Director: Michael Kenneally
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New York State
Municipal Workers'
Compensation Alliance

E. Assessments payable to the Workers' Compensation Board

All members are required to pay an assessment to the New York State Workers' Compensation Board to fund its administration and operations. Until such time as the Workers' Compensation Board implements a system of direct employer charges, the Comp Alliance is required to collect and pay this amount on behalf of its members.

The assessment is charged on a quarterly basis, and is based upon the member's reported payroll for each quarter. This charge is separate from your funding contribution to the Comp Alliance, and an estimated, annual assessment fee is collected from each member with its yearly funding contribution. The collection of an estimated amount up front is necessary to comply with the strict payment schedule set by the Workers' Compensation Board and to help protect members from costly penalties resulting from late reporting and payment.

The assessment that is charged by the Workers' Compensation Board each quarter is based upon the member's actual payroll for the quarter, as reported to the Comp Alliance on form GA-4. Since the actual payroll reported each quarter may deviate from the payroll used to estimate the member's annual assessment charge, the Comp Alliance will reconcile the assessment charges paid on your behalf with the amount that we have collected. The reconciliation will show whether the member's estimated assessment is adequate to cover the *actual* assessment. Where the amount collected (estimated assessment) is more than the actual amount paid out, the member will receive a credit towards the following year's estimated assessment. Where the amount collected is less than the actual amount paid out, the member will receive a debit on the following year's assessment.

The payroll submitted by each member on form GA-4 will be reconciled against the payroll it submits to the NYS Department of Taxation and Finance by the Workers' Compensation Board each quarter. The Comp Alliance will receive this reconciliation and members will be called upon to assist the Comp Alliance in clarifying any discrepancies. The Comp Alliance will then submit a reconciliation report to the Workers' Compensation Board explaining any discrepancies along with a payment, if necessary, for the difference owed to the Workers' Compensation Board from the particular member's assessment funds.

Members who withdraw from the Comp Alliance program remain responsible for any assessments due and owing to the Workers' Compensation Board for the period of time that they were a member. Members who withdraw from the Comp Alliance will receive any overpayments after the assessment for the last quarter of their membership has been paid.

In witness whereof, the parties have executed this participation agreement intending to fully bound by its terms and conditions.

Member: Town of Eaton

Policy Period: January 1, 2025 - December 31, 2027

Date: _____

By: _____

Name: _____

Title: _____

Comp Alliance

Date: December 1, 2024

By: *Michael Kenneally*

Name: Michael Kenneally

Title: Executive Director

Executive Director: Michael Kenneally
518-465-0128

Claims: Maria Luciano

516-750-9376

Member Services: Aaron Reader

866-697-7665

INVOICE

Town of Eaton

TEA

Attn: Mr. Wicks
Town of Eaton
PO Box 66
Morrisville, NY 13408

Funding Period: 01/01/2025 - 12/31/2027

Workers' Compensation Funding Contribution

General Municipal Employees	\$110,076
Volunteer Fire Fighters	\$0
Volunteer Ambulance Corps	\$0
Total Funding	\$110,076

Payment Type	Due Date	Amount Due	Payment Amount	Payment Date
First installment	January 01, 2025	\$36,692.00		
Second installment	January 01, 2026	\$36,692.00		
Third installment	January 01, 2027	\$36,692.00		

Please Make Check Payable to:
N.Y.S. Municipal Workers' Compensation Alliance

Please Mail Check with Remittance Copy to:
Association of Towns of the State of New York
150 State Street
Albany, NY 12207
Attn: Kim Splain

REMITTANCE COPY

Town of Eaton
TEA

Attn: Mr. Wicks
Town of Eaton
PO Box 66
Morrisville, NY 13408

Funding Period:01/01/2025 - 12/31/2027

Workers' Compensation Funding Contribution

General Municipal Employees	\$110,076
Volunteer Fire Fighters	\$0
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Total Funding	\$110,076

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Please Make Check Payable to:
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Please Mail Check with Remittance Copy to:
Association of Towns of the State of New York
150 State Street
Albany, NY 12207
Attn: Kim Splain

Town of Eaton

Assessment Reconciliation Statement

Assessment Reconciliation Summary	
2023 Estimated Assessment Fee	\$1,010.00
2023 Actual WCB Assessment Paid	\$ 926.88
2023 (Over)/Under Payment	\$- 83.12

Assessment Transactions		
<u>Payment Period</u>	<u>Payroll Reported</u>	<u>Amount Paid to WCB</u>
Quarter 1 2023	\$130,055.01	\$ 242.16
Quarter 2 2023	\$137,690.00	\$ 256.38
Quarter 3 2023	\$102,714.55	\$ 191.25
Quarter 4 2023	\$127,332.78	\$ 237.09
TOTAL	\$497,792.34	\$ 926.88

Assessment Reconciliation Totals	
2024 Assessment Total	\$ 888.74
(Over)/Under Payment for 2023	\$- 83.12

New York State Municipal Workers' Compensation Alliance

Estimated Annual Assessment Invoice

Town of Eaton

TEA

Funding Period: 1/1/2025-12/31/2025

1/1/2025

Workers Compensation Funding Contribution

Estimated Annual Assessment
January 1, 2025 - December 31, 2025

Payment Type	Total
2024 Assessment Total	\$ 888.74
Payment Rcvd on 3/1/2024	\$ (888.74)
2025 Estimated Assessment	\$ 1,040.00
2023 (Over)/Under Payment	\$ (83.12)
2025 TOTAL AMOUNT DUE	\$ 956.88

Please Make Check Payable to:

Comp Alliance NYS Assessment Account

Please Mail Check with Remittance Copy to:

Association of Towns of the State of New York
150 State Street
Albany, NY 12207
Attention: Kim Splain

I acknowledge that the assessment listed above is only an estimated amount and will be co-mingled with all Comp Alliance members' assessments. The Comp Alliance will make quarterly payments to the Workers' Compensation Board on the municipality's behalf and will reconcile the estimated assessment amount paid by the municipality against the actual payments made to the Board.

Name _____ Date _____

Title _____