

**PRMA****SUBJECT: PUBLIC SELF INSURERS ANNUAL REPORT****ACTION: RECEIVE AND FILE****RECOMMENDATION**

Receive and file report on the Public Self Insurers Annual Report for year 2013/2014.

ISSUE

Risk Management, on behalf of PRMA, prepares and submits an annual report of workers' compensation claims activities to the California Office of Self Insurance Plans (OSIP).

DISCUSSION

PRMA is a California Joint Powers Authority (JPA) and received consent to self-insure workers' compensation claims from the Department of Industrial Relations in 1998. PRMA is required to submit an annual report to OCIP which describes claims paid (indemnity/medical), future liability on open claims, number of employees/total wages and a list of open indemnity claims.

NEXT STEPS

The Public Self Insurer ER Annual Report for fiscal year 2014 submitted to OCIP is provided to the members of the Board for information. The report is attached as Attachment A.

ATTACHMENTS

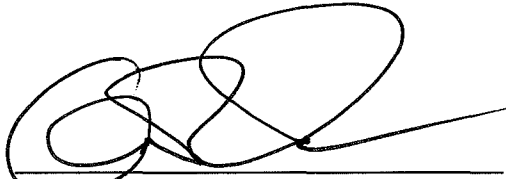
- A. PUBLIC SELF INSURERS ER ANNUAL REPORT FOR YEAR 2013/2014

Prepared by Tim Rosevear, Risk Financing Manager, (213) 922-6354

**PTSC-MTA
Risk
Management
Authority**

One Gateway Plaza
MS: 99-10-01
Los Angeles, CA
90012

213-922-6000

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Gregory Kildare
PRMA Acting President

State Of California



OSIP

Office of Self Insurance Plans

Public Self Insurers ER Annual Report

For Year 2013/2014

September 17, 2014
PTSC-MTA Risk Management Authority (PRMA)
One Gateway Plaza - Mail Stop 99-10-2
Los Angeles CA 90012 2952

State of California

Employer

General Information :

Certification Number 5813 **Period Of Report** Full Year
(Period) From- 07/01/2013 **(Period) To** 06/30/2014

Master Certificate Holder :

FTIN 95-4713266

Name PTSC-MTA Risk Management Authority (PRMA)

Address1 One Gateway Plaza - Mail Stop 99-10-2

City- Los Angeles

State CA **Zip** 90012-2952

Type of Public Agency Transit

Subsidiaries :

No Subsidiaries Added

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

A merger or unification? (No)
Changes in name or identity? Identity (No)
Any addition to Self Insurance Program Insurance Program (No)

If Yes, Explain :

N/A

Employment and wages paid in current fiscal year (If your certificate has been revoked for more than 3 fiscal years then indicate zeroes for both.) :

Number Of Employees 10,535
Total Wages And Salaries Paid \$644,462,630

Addressed Correspondence For Security Deposit and Financial Matters :

Name - Cathy Yates

Position/Title - Director

Company Name - Metropolitan Transportation Authority

Email Address - yatesc@metro.net

Phone Number - 213-922-4297 ex

Fax Number - 213-922-4351

Address- One Gateway Plaza, Mail Stop 99-10-2

City - Los Angeles

State- CA

Zip - 90012

Corporate Web Address -

State of California

Record Storage :

Are Claim records stored at any location other than with the current administrator? (No)

Insurance Coverage :

Are any of your workers' compensation liabilities in California during the reporting period covered by a standard workers' compensation Insurance policy? (No)

Are any of your workers' compensation liabilities in California during the reporting period covered by a specific excess workers' compensation Insurance policy? (No)

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

Name Of Company Officer-

Cathy Yates

Street Address-

One Gateway Plaza, Mail Stop 99-10-2

Name Of Company-

PTSC-MTA Risk Management

City- Los Angeles

State - CA

Zip - 90012

Phone Number - 213-922-4297 ex

Name Of Person Legally Responsible For This Electronic Signature :

Cathy Yates

(Date/Time Of Signature) - 09/17/2014 14:32

State of California

Files Uploaded:

TPA:-

Liabilities By Reporting Location

Report Location Number:		Identification of Location:				Certificate Holder:	
5813-01-99		Ptsc-Mta Risk Management - Los Angeles				PTSC-MTA Risk Management Authority (PRMA)	
CASES AND BENEFITS (to the nearest dollar)				From Date- 07/01/2013		To Date- 06/30/2014	
Date	#	Incurred Liability		Paid To Date		Future Liability	
		Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2014 reported prior to 2009/2010	331	37,386,816	56,587,101	26,190,944	39,412,625	11,195,872	17,174,476
2) Open and Closed Cases							
A) All Cases reported in 2009/2010	1,040	14,842,575	11,443,145	13,011,584	9,506,846	1,830,991	1,936,299
2009/2010 Cases open	98	6,795,703	6,128,024	4,964,712	4,191,725	1,830,991	1,936,299
B) All Cases reported in 2010/2011	1,100	17,149,987	11,831,971	14,539,164	9,271,217	2,610,823	2,560,754
2010/2011 Cases open	140	8,523,341	7,066,092	5,912,518	4,505,338	2,610,823	2,560,754
C) All Cases reported in 2011/2012	1,110	17,220,171	12,844,368	12,459,827	8,689,158	4,760,344	4,155,210
2011/2012 Cases open	250	12,711,884	10,097,939	7,951,540	5,942,729	4,760,344	4,155,210
D) All Cases reported in 2012/2013	1,147	15,100,365	11,116,564	8,786,818	6,392,978	6,313,547	4,723,586
2012/2013 Cases open	340	13,437,509	9,511,765	7,123,962	4,788,179	6,313,547	4,723,586
E) All Cases reported in 2013/2014	1,283	9,296,250	7,842,747	3,487,507	2,028,619	5,808,743	5,814,128
2013/2014 Cases open	573	8,748,474	7,280,386	2,939,731	1,466,258	5,808,743	5,814,128
						\$ Indemnity	\$ Medical
SUBTOTAL						32,520,320	36,364,453
3) Estimate Future Liability (Indemnity Plus Medical) →						TOTAL	
						68,884,773	
						\$ Indemnity	\$ Medical
4) Total Benefits Paid During 2013/2014 (Including all case expenditures) The indemnity amount is for all employees including any LC § 4800/4850 amounts reported on line 12. Amounts reported on line 11 should <u>not</u> be included. →						22,969,552	20,495,648
5) Number of MEDICAL-ONLY Cases Reported in 2013/2014 →						191	
6) Number of INDEMNITY Cases Reported in 2013/2014 →						1092	
7) Total of 5 and 6 (Also entered in 2E above) →						1283	
8) Total Number of open Indemnity Cases (All Years) →						1715	
9) Number of Fatality Cases Reported In 2013/2014 →						1	
10) (a) Number of FY 2014 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2014 →						273	
10) (b) Number of non-FY 2014 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2014 →						86	
11) Insert the full amount of any vocational rehabilitation maintenance or salary continuance payments made pursuant to LC § 4800/4850 (this amount should <u>not</u> include any 'capped' benefit amounts reported below on line 12). →						0	
12) Insert the LC § 4800/4850 benefits amount paid if the benefits paid were capped at the applicable temporary disability rate. →						0	
* Attach a List of ALL Open Indemnity Claims (by reporting location and by year) reported and with claims (in alphabetical order) →						5813-01-99-2014.pdf	

State of California
Certification

CERTIFICATION

I declare under penalty of perjury that I have prepared or caused this 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 judgment as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

First Name	M.I.	Last	Agency Name
Cathy		Yates	PTSC-MTA Risk Management

Address 1
One Gateway Plaza - Mail Stop 99-10-2

City	State	Zip Code	E-mail Address
Los Angeles	CA	90012	yatesc@metro.net

Phone Number	FAX Number	Date	Signature (Type your Full Name)
213-922-4297 ex	213-922-4351	09/08/2014	Cathy Yates

Person legally responsible for this Electronic Signature

Files Uploaded:

1)5813-01-99-2014.pdf

Form A4-40a (Rev. 6/2001)