

RESOLUTION NO. 2013-71

**A RESOLUTION OF THE SAN BENITO COUNTY BOARD OF SUPERVISORS  
AUTHORIZING CONTRACT THIRD PARTY ADMINISTRATOR TO REJECT,  
SETTLE, COMPROMISE OR APPROVE WORKERS' COMPENSATION CLAIMS  
FILED AGAINST THE COUNTY**

**WHEREAS**, pursuant to Government Code § 25203, the Board of Supervisors is authorized to settle lawsuits against the County; and,

**WHEREAS**, Government Code § 6502 provides that counties may enter into Joint Powers Agreements for the purpose of jointly exercising any power common to the contracting entities; and,

**WHEREAS**, the County of San Benito entered into a Joint Powers Agreement creating Trindel Insurance Fund and authorized Trindel Insurance Fund to provide claims administration services, and to settle claims on its behalf; and,

**WHEREAS**, Trindel Insurance Fund self-administers workers compensation claims for the County of San Benito; and,

**WHEREAS**, the Board of Supervisors finds that it continues to be in the best interest of the County of San Benito for there to be early settlement of workers' compensation claims; and,

**WHEREAS**, the Board of Supervisors has determined that the interests of the County will be better served by a making of delegation of the authority to reject, approve and provide appropriate medical treatment for workers' compensation claims against the County, in addition to authority to settle such claims up to the limits herein stated; and,

**WHEREAS**, Attachment A defines Stipulations with Request for Award, and Compromise and Release settlements.

**NOW, THEREFORE, BE IT RESOLVED**, that Trindel Insurance Fund Director of Workers' Compensation Injury Management Program is hereby authorized to settle workers' compensation claims by way of Stipulations with Request for Award on behalf of the San Benito County Board of Supervisors ranging from ZERO percent (0%), to TWENTY-FIVE percent (25%) permanent impairment which currently equates to twenty-six thousand, six-hundred fifty dollars, (\$26,650.00), based on the Permanent Disability Rating issued by the Department of Workers' Compensation Disability Evaluation Unit, and the Permanent Disability Rating Schedule adopted by the California Department of Industrial Relations Division of Workers' Compensation, in affect at the time of settlement. Any permanent disability advances paid in accordance with the workers' compensation laws of California will be deducted from the grand total of the Stipulated Award upon approval by the Workers' Compensation Appeals Board. Such Stipulated Award shall thereafter be reported to the County Administrative Officer or his or her designee and the Board of Supervisors.

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**BE IT FURTHER RESOLVED**, that Trindel Insurance Fund Executive Director, Director of Workers' Compensation Injury Management Program and the County of San Benito County Administrative Officer or his or her designee, after consultation and agreement between them, is hereby authorized to settle workers' compensation claims by way of Stipulations with Request for Award on behalf of the San Benito County Board of Supervisors ranging from TWENTY-FIVE percent (25%) to FIFTY percent (50%) permanent impairment, which currently equates to sixty-two thousand, three hundred eighty-seven and fifty cents (\$62,387.50), based on the Permanent Disability Rating issued by the Department of Workers' Compensation Disability Evaluation Unit, and the Permanent Disability Rating Schedule adopted by the California Department of Industrial Relations Division of Workers' Compensation, in affect at the time of settlement. Any permanent disability advances paid in accordance with the workers' compensation laws of California will be deducted from the grand total of the Stipulated Award upon approval by the Workers' Compensation Appeals Board. Such Stipulated Award shall thereafter be reported to the County Administrative Officer or his or her designee and the Board of Supervisors.

**BE IT FURTHER RESOLVED**, that Trindel Insurance Fund Director of Workers' Compensation Injury Management Program is hereby authorized to settle workers' compensation claims by way of a lump-sum Compromise and Release Agreement on behalf of the San Benito County Board of Supervisors in an amount not to exceed Ten Thousand Dollars (\$10,000.00) when it appears to be prudent to so settle such a claim. Such Compromise and Release Agreement will release the County of all future liability, including medical treatment, and the right of the applicant to file for new and further disability within five years from their date of injury. Any permanent disability advances paid in accordance with the workers' compensation laws of California will be deducted from the grand total of the Compromise and Release Agreement upon approval by the Workers' Compensation Appeals Board. Such Compromise and Release Agreement shall thereafter be reported to the County Administrative Officer or his or her designee and the Board of Supervisors

**BE IT FURTHER RESOLVED**, that Trindel Insurance Fund Executive Director, Director of Workers' Compensation Injury Management Program, and the County of San Benito County Administrative Officer or his or her designee, after consultation and agreement between them, is hereby authorized to settle workers' compensation claims by way of a lump-sum Compromise and Release Agreement on behalf of San Benito County Board of Supervisors in an amount not to exceed Thirty Thousand Dollars (\$30,000.00) when it appears to be prudent to so settle such a claim. Such Compromise and Release Agreement will release the County of all future liability, including medical treatment, and the right of the applicant to file for new and further disability within five years from their date of injury. Any permanent disability advances paid in accordance with the workers' compensation laws of California will be deducted from the grand total of the Compromise and Release Agreement upon approval by the Workers' Compensation Appeals Board. Such Compromise and Release settlement shall thereafter be reported to the County Administrative Officer or his or her designee and the Board of Supervisors.

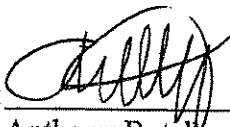
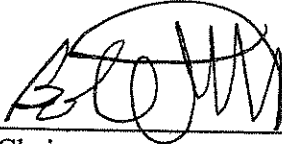
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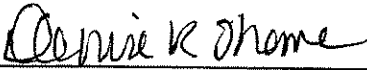
**PASSED AND ADOPTED** at a regular meeting of the San Benito County Board of Supervisors this 1<sup>st</sup> day of October, 2013, by the following vote:

AYES: Supervisor(s) **Botelho, De La Cruz, Rivas, Barrios, Muenzer**  
NOES: Supervisor(s) **NONE**  
ABSENT: Supervisor(s) **NONE**  
ABSTAIN: Supervisor(s) **NONE**

By:    
Anthony Botelho, Chair

ATTEST:

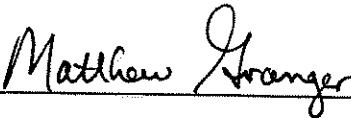
Denise R. Thome, Clerk of the Board

By:  \_\_\_\_\_

Date: 10-1-13

APPROVED AS TO LEGAL FORM

Matthew Granger, County Counsel

By:  \_\_\_\_\_

Date: 9-23-2013

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## ATTACHMENT A

### STIPULATIONS WITH REQUEST FOR AWARD (FINALIZATION)

A Stipulations with Request for Award finalization is based on the level of permanent impairment described by the medical and medical/legal reports obtained after the employee has reached maximum medical improvement. In represented cases, the parties reach an agreement as to the level (percentage) of permanent impairment. In unrepresented cases, the parties generally agree to the rating produced by the California Department of Industrial Relations Disability Evaluation Unit. The rating is based on the factors of disability set forth in the treating physician's final report, or a report provided by a Qualified Medical Examiner, or Agreed Medical Examiner. Temporary disability benefits and authorized medical treatment that have been already authorized and/or paid and are not in dispute are not included in the grand total of the Stipulations with Request for Award. Stipulations generally include a provision for future medical treatment, but there is no monetary value included in the Stipulations for this provision. Stipulations also allow the injured employee the right to reopen their claim for new and further disability within five years from their date of injury should they feel their condition has worsened as a result of the original industrial injury. In both represented and unrepresented cases, the agreement is formalized within the context of Stipulations with Request for Award, and must be approved by a Workers' Compensation Appeals Board judge.

### COMPROMISE AND RELEASE AGREEMENT (SETTLEMENT)

A Compromise and Release settlement is a lump-sum buy-out of the injured employees claim. It compensates the injured employee for all accrued and future permanent disability indemnity benefits, includes additional monies for his/her future medical needs, and the right to reopen the claim within five years of their date of injury. It would also include resolution of any disputed issues, (i.e. unpaid temporary disability or mileage reimbursement, self-procured medical treatment, and additional body parts claimed). Temporary disability benefits and authorized medical treatment that have been paid and are not in dispute are not included in the grand total of a Compromise and Release settlement. The first factor that is used to calculate the settlement amount is the amount of permanent impairment the employee has based on a rating produced by the California Department of Industrial Relations Disability Evaluation Unit. It is calculated the same way as in the Stipulations with Request for Award. The next factor involved is the estimated future medical treatment over the injured employees' life expectancy. After a Compromise and Release settlement is approved by a Workers' Compensation Appeals Board judge, the employer has no continuing obligation to provide medical care, and the employee cannot reopen the case in the event of a new and further disability due to the original industrial injury.

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**OFFICE OF THE BOARD OF SUPERVISORS  
COUNTY OF SAN BENITO, STATE OF CALIFORNIA**

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The Board of Supervisors of County of San Benito met at the Administration Building, Hollister, California, at its usual place of meeting on October 1, 2013 in regular session.

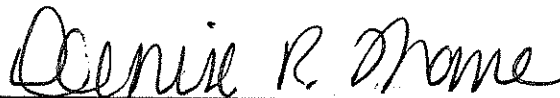
***Upon motion duly made, seconded and carried, adopted Resolution No. 2013-71 authorizing contract Third Party Administrator, Trindel Insurance Fund, to reject, settle, compromise, or approve Worker's Compensation claims filed against the County of San Benito (Unanimous)***

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I hereby certify that the foregoing is a full, true and correct copy of an order made or resolution adopted and entered on the 1st day of October 2013 in File 2013 of Board of Supervisor's minutes, thereof.

WITNESS my hand and seal of said Board of Supervisors affixed this 3rd day of October 2013.

DENISE R. THOME, Clerk of the Board of Supervisors  
in and for the County of San Benito, State of California

  
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<b>AGENDA ITEM TRANSMITTAL</b>		Agenda Time Estimates: Minutes or <input checked="" type="checkbox"/> Consent	Leave Blank: <b>36</b>	Date/Time Rec'd: <b>9/23/13</b>
TO: BOARD OF SUPERVISORS	CONTACT FOR INFORMATION: Name: Matthew Granger Phone No: 636-4040		NUMBER OF CERTIFIED COPIES REQUIRED:	
FROM: Matthew Granger County Counsel				

MEETING DATE: October 1, 2013

(1) SUBJECT: *Adopt* ~~Approve~~ Resolution authorizing Third Party Administrator, Trindel Insurance Fund, to settle reject, compromise, or approve certain Workers' Compensation claims against the County.

(2) BACKGROUND INFORMATION (If not summarized within this space provide a staff report instead, noting attachment):

Trindel Insurance Fund ("Trindel") is the Third Party Administrator of the County of San Benito's Workers' Compensation Insurance Program. As such, Trindel is seeking authorization from the Board of Supervisors to reject, settle, compromise, or approve Workers' Compensation claims filed against the County as follows:

- The Trindel Insurance Fund Director of Workers' Compensation Injury Management Program (Lisa Mitchell) will be authorized to settle Workers' Compensation Claims by way of Stipulations with Request for Award ranging from 0% to 25% (currently \$26,650) based on the permanent disability rating issued by state workers' compensation disability evaluation agencies.
- The Trindel Insurance Fund Executive Director (David Nelson) **and** the County Administrative Officer or his or her designee will be authorized to settle Workers' Compensation Claims by way of Stipulations with Request for Award ranging from 25% to 50% (currently \$62,387) based on the permanent disability rating issued by state workers' compensation disability evaluation agencies.
- The Trindel Insurance Fund Director of Workers' Compensation Injury Management Program (Lisa Mitchell) will be authorized to settle Workers' Compensation Claims by way of a lump sum compromise and release agreement in an amount not to exceed \$10,000 when it appears to be prudent to settle such a claim.
- The Trindel Insurance Fund Executive Director (David Nelson) **and** the County Administrative Officer or his or her designees will be authorized to settle Workers' Compensation Claims by way of a lump sum compromise and release agreement in an amount not to exceed \$30,000 when it appears to be prudent to settle such a claim.

(3) SUPPORTIVE DOCUMENTS RELATIVE TO THIS ITEM: <input type="checkbox"/> Contract <input type="checkbox"/> Ordinance <input checked="" type="checkbox"/> Resolution Other:	(5) PREVIOUS RELEVANT BOARD ACTIONS ON THIS SPECIFIC ITEM:
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(6) FUNDING SOURCE(S):	(7) CURRENT YEAR COST: \$	(8) ANNUAL OR PROJECT COST:	(9) BUDGETED: YES <input type="checkbox"/> NO
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(10) WILL PROPOSAL REQUIRE ADDITIONAL PERSONNEL?  YES  NO IF YES, STATE NUMBER:  
Permanent Limited Term

(11) RECOMMENDED ACTION(S):

*Adopt*  
~~Approve~~ attached Resolution No. \_\_\_\_\_ authorizing contract Third party Administrator, Trindel Insurance Fund, to reject, settle, compromise, or approve Workers' Compensation Claims filed against the County of San Benito.

<i>Matthew Granger</i> SIGNATURE OF AGENCY OR DEPARTMENT AUTHORIZED REPRESENTATIVE	<b>9-23-2013</b> DATE
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CLERK'S USE ONLY

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ADOPTED	<input type="checkbox"/> CONTINUED TO _____
<input type="checkbox"/> ACKNOWLEDGED	<input type="checkbox"/> ACCEPTED	<input checked="" type="checkbox"/> RESOLUTION NO. <b>2013-71</b>	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SET PUBLIC HEARING	<input type="checkbox"/> APPOINTED	<input type="checkbox"/> ORDINANCE NO. _____	<input type="checkbox"/> NO ACTION TAKEN

<i>Denise K. Thorne</i> Deputy Clerk of the Board DATE: <b>10-1-13</b>	<b>RECEIVED</b> NOV 07 2013 TRINDEL INSURANCE FUND
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