



RISK MANAGEMENT AND
EMPLOYEE BENEFIT SERVICES
BOARD OF TRUSTEES

December 1, 2019

Chairman
W. D. Palmer, III
Councilmember, Camilla

Vice Chairman
Rebecca L. Tydings
City Attorney, Centerville

Secretary-Treasurer
Larry H. Hanson
Executive Director

Kay Bolick
HR Director
SMYRNA
PO Box 1226
Smyrna, GA 30081-1226

Trustees:

Boyd Austin
Mayor, Dallas

Linda Blechinger
Mayor, Auburn

Ronald Feldner
City Manager, Garden City

Marcia Hampton
City Manager, Douglasville

Meg Kelsey
City Manager, LaGrange

Evie McNiece
Commissioner, Rome

Sam Norton
Mayor, Dahlonega

David Nunn
City Manager, Madison

James F. Palmer
Mayor, Calhoun

Kenneth L. Usry
Mayor, Thomson

Clemontine Washington
Mayor Pro Tem, Midway

Vince Williams
Mayor, Union City

Dear Kay,

Enclosed is the 2020 estimated annual contribution for your workers' compensation coverage through the GMA Workers' Compensation Self-Insurance Fund (GMA WCSIF). Manual rates and deductible discounts for 2020 will remain the same as the expiring year. Any changes in contributions for 2020 versus 2019 are primarily a result of changes in payroll estimates or experience modification factors, which is based on your entity's claims experience.

If you have not provided specific payroll estimates for 2020, we have made an estimate based on your actual audited payroll for the 2018 coverage period. For members that joined in 2019, your 2019 payroll estimate has been applied. **Please review the payroll and class code estimates carefully. If you are not in agreement with the estimates indicated, please contact us and we will make adjustments based on the information you provide.**

The manual rate for volunteer firefighters will remain the same as for paid firemen. The minimum payroll allocated for each volunteer will remain the same as for 2019 at \$975.

The 2020 experience modification factor is based upon your entity's loss experience in the years of 2016, 2017 and 2018. The experience modification factor was produced using the experience rating plan filed by the GMA WCSIF with the Office of the Insurance Commissioner and is not promulgated by NCCI. This experience rating plan is an integral component of the GMA WCSIF rating model and discount process and is unique to coverage with the GMA WCSIF.

Coverage Cancellation after January 1, 2020

Your coverage is being renewed for the period of January 1, 2020 to January 1, 2021. Please be aware that if you cancel your coverage after January 1, 2020, and before January 1, 2021, you may do so only after providing 90 days notice to the GMA WCSIF. This is a requirement defined by statute, GMA WCSIF bylaws and the Intrastate Agreement signed by your organization when you joined the GMA WCSIF.

In addition, if you cancel coverage after inception, but before January 1, 2021, you will be required to pay a cancellation penalty of 10% of the unearned premium. Unearned premium is considered as the premium that would have applied for coverage between the date coverage is terminated and January 1, 2021. The short-term cancellation penalty would be in addition to the premium owed for the period coverage was in effect.



Credit for a drug-free workplace

Please be advised that the GMA WCSIF has always supported the maintenance of a drug-free environment by its members. Your estimated contribution rates consider credits based on the assumption that you are maintaining a drug-free work environment.

Enclosed invoice

The enclosed invoice represents the total 2020 estimated workers' compensation contribution. You may pay the entire contribution, or you may make installments. **According to statute, you must pay a minimum of 25% of the contribution within 30 days of the invoice date.** Coverage is subject to cancellation if the minimum is not paid. If you chose to pay on an installment plan, you will receive a monthly statement reflecting the outstanding balance. **The entire contribution must be paid prior to July 1, 2020 to avoid possible disruption of coverage.**

Please make your check payable to the GMA Workers' Compensation Self-Insurance Fund and forward to:

**GMA Workers' Comp Self-Insurance Fund
P.O. Box 105377
Atlanta, GA 30348**

We appreciate your continued support of the GMA Workers' Compensation Self-Insurance Fund and look forward to serving your workers' compensation needs during the upcoming year.

If you have any questions concerning the renewal, please do not hesitate to contact Dana Goodall at 678-686-6220 or dgoodall@gacities.com. You may also reach me at 678-686-6221 or sdeese@gacities.com. Outside the local Atlanta calling area, we can both be reached toll-free at 888-488-4462.

Sincerely,

A handwritten signature in black ink that reads "Stan Deese".

Stan Deese
Director, Risk Management Services

SGD/dg

Enclosure

C: Larry Hanson, Executive Director
Randy Logan, Deputy Executive Director

**Georgia Municipal Association
Workers' Compensation Self-Insurance Fund**

**2020 - Estimated Annual Premium
City of Smyrna**

Code	No	Payroll Classification	Rate	Payroll	Manual
7520	20	Water Utility	7.27	\$834,640	\$60,678
7710	81	Firefighters	3.22	\$4,730,854	\$152,333
7720	126	Police Officers	5.66	\$6,152,196	\$348,214
8018	2	Warehouse	2.83	\$74,126	\$2,098
8380	7	Auto Repair Shop	3.07	\$275,471	\$8,457
8742	4	City Administrator	0.54	\$356,024	\$1,923
8810	91	Clerical	0.32	\$4,373,411	\$13,995
9015	4	Bldg Maintenance	9.13	\$164,085	\$14,981
9102	35	Parks	2.62	\$1,509,659	\$39,553
9402	15	Public Works/Streets	12.81	\$671,307	\$85,994
9403	29	Garbage Collection	7.44	\$1,041,338	\$77,476
9410	18	Municipal Employee NOC	2.22	\$1,137,348	\$25,249
432		Total Estimated Payroll		\$21,320,459	
		Total Manual Premium			\$830,951
		Experience Modification	0.83		
		Standard Premium			\$689,689
		Misc Modification	0.75		
		\$100,000 Deductible Modification	0.52		
		Premium Adjustment			\$0
		Earned Premium			\$268,979
		Premium Due			\$268,979



Workers' Compensation Self-Insurance Fund

INVOICE

City of Smyrna

PO Box 1226
Smyrna, GA 30081-1226

INVOICE DATE: 12/1/19

DUE DATE: 1/1/20

CUSTOMER: 209

INVOICE #	BILLING DESCRIPTION	AMOUNT
293945	2020-Estimated Annual Premium	\$268,979

If you have any questions concerning your premium please call Dana Goodall at (678) 686-6220. If you have any questions about your payment please call Joel Levy at (678) 686-6233.

PLEASE MAIL PAYMENT AND REMITTANCE FORM TO:
GMA Workers' Compensation Self Insurance Fund
Attention: Finance
P.O. Box 105377
Atlanta, Georgia 30348