



Workers Compensation Self-Insurance Fund

INVOICE

City of Smyrna	INVOICE DATE:	12/1/2017
PO Box 1226	DUE DATE:	1/1/2018
Smyrna, GA 30081-1226	CUSTOMER:	209

INVOICE #	BILLING DESCRIPTION	AMOUNT
265679	2018-Estimated Annual Premium	<u>\$273,690.00</u>

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 30318



Workers Compensation Self-Insurance Fund

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City of Smyrna

PO Box 1226

Smyrna, GA 30081-1226

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REMITTANCE COPY

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Atlanta, Georgia 30348

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

2018 -Estimated Annual Premium

SMYRNA

Code	No	Payroll Classification	Rate	Payroll	Manual
7520	21	Water Utility	7.27	\$752,352	\$54,696
7710	80	Firefighters	3.22	\$4,474,408	\$144,076
7720	126	Police Officers	5.66	\$6,158,701	\$348,582
8018	3	Warehouse	2.83	\$126,930	\$3,592
8380	7	Auto Repair Shop	3.07	\$286,627	\$8,799
8742	5	City Administrator	0.54	\$329,065	\$1,777
8810	85	Clerical	0.32	\$3,640,767	\$11,650
9015	5	Bldg Maintenance	9.13	\$139,431	\$12,730
9102	25	Parks	2.62	\$1,064,289	\$27,884
9402	15	Public Works/Streets	12.81	\$576,506	\$73,850
9403	28	Garbage Collection	7.44	\$881,356	\$65,573
9410	23	Municipal Employee NOC	2.22	\$1,378,296	\$30,598
423		Total Estimated Payroll		\$19,808,728	
		Total Manual Premium			\$783,807
		Experience Modification	0.79		
		Standard Premium			\$619,208
		Misc. Modification	0.85		
		\$100,000 Deductible Modification	0.52		
		Premium Adjustment			\$0
		Earned Premium			\$273,690
		Premium Due			\$273,690