



**RISK MANAGEMENT AND
EMPLOYEE BENEFIT SERVICES
BOARD OF TRUSTEES**

December 1, 2016

Chairman
Boyd Austin
Mayor, Dallas

Ms. Kay Bolick
HR Director
City of Smyrna
PO Box 1226
Smyrna, GA 30081-1226

Vice Chairman
Kenneth L. Usry
Mayor, Thomson

Secretary-Treasurer
Lamar Norton
GMA Executive Director

Dear Ms. Bolick,

Trustees:

Linda Blechinger
Mayor, Auburn

Enclosed is the 2017 estimated annual contribution for your workers' compensation coverage through the GMA Workers' Compensation Self-Insurance Fund (GMA WCSIF). Manual rates for 2017 will remain the same as the expiring year. Deductible discounts have been updated to reflect inflationary pressures since the last update in 2011. Outside of any changes to your deductible discount, any changes in contributions for 2017 versus 2016 are a result of changes in your payroll estimates or experience modification factor, which is based on your entity's claims experience.

Keith Brady
Mayor, Newnan

If you have not provided specific payroll estimates for 2017, we have made an estimate based on your actual audited payroll for the 2015 coverage period. For members that joined in 2016, your 2016 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.**

Billy Edwards
City Manager, Hinesville

Elizabeth M. English
Mayor Pro Tem, Vienna

Marcia Hampton
City Manager, Douglasville

The manual rate for volunteer firemen will remain the same as for paid firemen. The minimum payroll allocated for each volunteer will remain the same as for 2016 at \$975.

Jason Holt
Councilmember, Fitzgerald

The 2017 experience modification factor is based upon your entity's loss experience in the years of 2013, 2014 and 2015. 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.

Meg Kelsey
City Manager, LaGrange

David Nunn
City Manager, Madison

James F. Palmer
Mayor, Calhoun

Coverage Cancellation after January 1, 2017

W.D. Palmer, III
Councilmember, Camilla

Your coverage is being renewed for the period of January 1, 2017 to January 1, 2018. Please be aware that if you cancel your coverage after January 1, 2017, and before January 1, 2018, 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.

Kenneth E. Smith, Sr.
Mayor, Kingsland

Rebecca L. Tydings
City Attorney, Centerville

Vince Williams
Mayor, Union City

In addition, if you cancel coverage after inception, but before January 1, 2018, 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, 2018. The short term cancellation penalty would be in addition to the premium owed for the period coverage was actually 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 2017 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 choose 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, 2017 to avoid possible disruption of coverage.**

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

**GMA Workers' Compensation 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@gmanet.com or me at (678) 686-6221 or sdeese@gmanet.com. Outside the local Atlanta calling area, we can both be reached toll-free at 888-488-4462.

Sincerely,



Stan Deese
Director, Risk Management Services

SGD/dg

Enclosure

C: Lamar Norton, Executive Director
Cai Wray, Deputy Executive Director

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

2017 -Estimated Annual Premium

SMYRNA

Code	No	Payroll Classification	Rate	Payroll	Manual
7520	23	Water Utility	7.27	\$791,886	\$57,570
7710	81	Firefighters	3.22	\$4,176,281	\$134,476
7720	128	Police Officers	5.66	\$5,922,284	\$335,201
8018	3	Warehouse	2.83	\$125,287	\$3,546
8380	7	Auto Repair Shop	3.07	\$286,197	\$8,786
8742	4	City Administrator	0.54	\$293,220	\$1,583
8810	93	Clerical	0.32	\$3,567,092	\$11,415
9015	5	Bldg Maintenance	9.13	\$149,530	\$13,652
9102	34	Parks	2.62	\$882,126	\$23,112
9402	23	Public Works/Streets	12.81	\$741,863	\$95,033
9403	30	Garbage Collection	7.44	\$794,336	\$59,099
9410	20	Municipal Employee NOC	2.22	\$1,253,508	\$27,828
451 Total Estimated Payroll				\$18,983,610	
Total Manual Premium					\$771,301
Experience Modification			0.92		
Standard Premium					\$709,597
Misc. Modification			0.85		
\$100,000 Deductible Modification			0.52		
Premium Adjustment					\$0
Earned Premium					\$313,642
Premium Due					\$313,642



Workers' Compensation Self-Insurance Fund

INVOICE

City of Smyrna	INVOICE DATE:	12/1/2016
PO Box 1226	DUE DATE:	1/1/2017
Smyrna, GA 30081-1226	CUSTOMER:	209

REMITTANCE COPY

INVOICE #	BILLING DESCRIPTION	AMOUNT
253524	2017-Estimated Annual Premium	<u>\$313,642.00</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 30348