

Application for Self-Insured Employer Group

Read all instructions before completing this application. Answer all questions.

Return this form to: Oregon Department of Consumer and Business Services
 Workers' Compensation Division, Self-Insurance Registration & Reimbursements Unit
 350 Winter St. NE
 P.O. Box 14480
 Salem, OR 97309-0405

The self-insured employer group (applicant) applying for certification as a self-insured employer in the state of Oregon, as provided in Oregon workers' compensation law may not operate as a self-insured employer until the Workers' Compensation Division issues a *Certificate of Approval to Self-Insure*.

Self-insured employer group name, mailing address, and website address: _____
 Desired self-insurance effective date: _____

- List the group administrator. (For groups consisting of private employer members, the group's administrator may not be a member of the group or the group's board, or a trustee for the group.)

Name: _____ Title: _____
 Company name: _____
 Street address: _____
 City, state, ZIP: _____
 Phone: _____ Fax: _____ Email: _____

- Group type:

☐ Private Corporate status: ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC
☐ Public Entity type (e.g., intergovernmental entity under Oregon Revised Statute (ORS) 190.003 to 190.110): _____

- Federal employer identification number (FEIN): _____

- Incorporated or organized under the laws of the state of: _____ on _____

- Date of start of business in Oregon: _____ *See Page 5, Item A*

- List the name or names of group trustees:

Trustee name:	Phone:	Email:
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List the legal business name of all individual employers seeking certification in the group and include required membership criteria for each member:						
Employer name: _____	Phone: _____	Email: _____				
Employer name: _____	Phone: _____	Email: _____				
Employer name: _____	Phone: _____	Email: _____				
Employer name: _____	Phone: _____	Email: _____				
Employer name: _____	Phone: _____	Email: _____				
<i>See Page 5, Item E, for each member's required items. Attach additional pages in the same format for all additional members.</i>						
8. a. List the number of Oregon employees to be covered by the proposed group self-insurance plan: _____ b. Will the number of Oregon employees covered under the proposed group self-insurance plan be materially increased in the next 12 months? ☐ Yes ☐ No If yes, by approximately how many? _____						
9. At the date of this application, is there any litigation or legal proceeding pending or threatened, the result of which might have a substantial adverse effect on the financial condition, business, or operations of the group applicant named in Question 1, or any of its proposed members? ☐ Yes ☐ No If yes, explain (<i>attach additional pages, if necessary</i>): 						
10. Provide the following claims information for your proposed self-insured employer group's operations in Oregon: a. Detailed Loss Runs for the past four years for each member; <i>see Page 5, Item E for required attachments.</i> b. List the person responsible for submission of claim reports to the department and maintenance of all claim records (must be an employee of the applicant): <table style="width: 100%;"> <tr> <td style="width: 50%;">Name: _____</td> <td style="width: 50%;">Title: _____</td> </tr> <tr> <td>Phone: _____</td> <td>Email: _____</td> </tr> </table> c. List the name of the proposed service company (third-party administrator) to process claims in Oregon. [Must be a service company authorized by the Department of Consumer Business Services (DCBS). Oregon law does not allow captive insurance companies to provide workers' compensation insurance or process claims in Oregon.] Company name: _____ Contact person: _____ Address: _____ City, state, ZIP: _____ Phone: _____ Fax: _____ Email: _____ <i>Up to two additional locations within Oregon may be approved for claims processing. A written request is required. Attach additional pages if more than one company. Attachment required – see Page 5, Item F.</i>			Name: _____	Title: _____	Phone: _____	Email: _____
Name: _____	Title: _____					
Phone: _____	Email: _____					

- d. If choosing to self-administer claims, list the Oregon-certified claims examiner (must be an employee of the applicant and must include a copy of the Oregon Claims Examiner Certificate).

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Attachment required – *see Page 5, Item G.*

- e. If approved by the Workers' Compensation Division to self-administer claims at a location outside of Oregon, list the address where the records will be kept and the claims will be processed.

Claims location address: _____

11. List person or entity responsible for submitting quarterly payroll reports for the Workers' Benefit Fund assessment/premium assessment (must be an employee of the applicant). For groups consisting of private employer members, the designated person or entity may not be a member of the group or the group's board, or a trustee for the group.

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

12. List person or entity responsible for submitting required annual audited financial statements of the self-insured employer group to the Workers' Compensation Division (must be an employee of the applicant). For groups consisting of private employer members, the designated person or entity may not be a member of the group or the group's board, or a trustee for the group.

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Attachment required – A current financial statement for each member of the proposed self-insured employer group; *see Page 5, Item E – third bullet (private and public).*

13. List person or entity responsible for submitting required documents pertaining to the applicant's security deposit [surety bond or irrevocable standby letter of credit (ISLOC)], and excess insurance requirements (must be an employee of the applicant). For groups consisting of private employer members, the designated person or entity may not be a member of the group or the group's board, or a trustee for the group.

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Attachment Required – [Form 4965](#), Exemption Provision Waiver, *see Page 5, Item J.*

14. List type of proposed security deposit instrument [must be a surety bond or an irrevocable standby letter of credit (ISLOC) authorized by the director in accordance with ORS chapter 656]:

Name of surety bond carrier: _____

Name of bank providing ISLOC: _____

15. List name of the proposed excess insurance policy with a required self-insured retention (SIR) of \$300,000 or higher.

Excess carrier: _____

SIR: _____

Liability limit: _____

APPLICATION FOR SELF-INSURED EMPLOYER GROUP
AGREEMENTS

The applicant agrees with the following conditions to be certified as a self-insured employer group under Oregon workers' compensation law:

1. To promptly pay compensation due to injured employees and their beneficiaries, and other payments due the director, in accordance with Oregon workers' compensation law.
2. To promptly report compensable injuries, diseases, and deaths to the Workers' Compensation Division as required by law.
3. To promptly notify the Workers' Compensation Division regarding liquidation, sale, or transfer of ownership of the **(insert name of applicant employer, self-insuring group employer, entity, business)**. Oregon Administrative Rule (OAR) 436-050-0195(1) requires notification within 30 days of taking any such actions, to enable the Workers' Compensation Division to ensure that arrangements and obligations satisfactory to the division have been made to pay all existing liabilities and any liabilities arising thereafter that are required in connection with the security deposit, loss reserve fund, common claims fund, or otherwise required by the division. Advance notice of such changes, where possible, will facilitate more rapid resolution of those arrangements and obligations.
4. To promptly furnish all reports to the Workers' Compensation Division that it may lawfully require under Oregon workers' compensation law.

This application should be signed and sworn to by the self-insured employer group's administrator.

AFFIDAVIT

State of _____

County of _____

Each person listed below, first being sworn on oath, deposes and states that they are acquainted with the affairs of this applicant employer, including the representations and statements set forth in this application; that they have read said application and all documents submitted, knows their contents, and verifies that the representations and statements are true in substance and in fact.

Applicant's legal name

Signature of affiant and date

Name and title of affiant

Subscribed and sworn to before me

on _____

Signature of affiant and date

Name and title of affiant

Notary public

APPLICATION FOR SELF-INSURED EMPLOYER GROUP
LIST OF ATTACHMENTS

You must submit all of the following attachments with the application for it to be reviewed. Submitting an incomplete application may delay the review process and desired approval and effective date of self-insurance certification.

- ☐ A. Copy of the registration with the Oregon Secretary of State Corporation Division verifying the employer group as a corporation or cooperative. For Public Groups, proof of formation of an intergovernmental entity as provided under ORS 190.003 to 190.110. *See questions 3, 4, and 5.*
- ☐ B. Copy of the current bylaws or corporate minutes or intergovernmental agreement
 - Private Groups: See OAR 436-050-0270(1) (c), (A) - (C).
 - Public Groups: See OAR 436-050-0280 (1) (c), (A) and (B).
- ☐ C. The criteria used by the trust administrator when approving applications for new employer memberships and requests for withdrawal of employer members of the group.
- ☐ D. Evidence of an established common claims fund, under the direction and control of the Board of Trustees and administrator (see OAR 436-050-0260(8) and OAR 436-050-0300).
 - **Private Groups** – Fund must be maintained in account with an Oregon state or federally chartered bank, in an amount at least equal to 30 percent of the average of the group’s paid losses for the previous four years.
 - **Public Groups** – Fund must be maintained in account with an Oregon state or federally chartered bank, or maintained in a local government investment pool held by the Office of the State Treasurer, in an amount at least equal to 60 percent of the average of the groups paid losses for the previous four years.
- ☐ E. **Private employer** member applications must include all of the following (*see question 7*):
 - Employer Group member Pooling Agreement.
 - Employer Group member (joint and several liability) Indemnity Agreement [Form 1866](#).
 - A current financial statement for each employer member that shows individual net worth of at least \$150,000, and, taken collectively, shows a combined net worth of at least \$3 million, and includes working capital in an amount establishing financial strength, liquidity, and viability of the business [see OAR 436-050-0260 (3)]. Private employer groups must obtain annual financial data from all members regarding their individual fiscal year-end net worth. *See question 12.*
 - An individual report by each employer member showing the employer member’s payroll by classification and description and loss information for the past four calendar years.

Public employer member applications must include all of the following (*see question 7*):

 - A resolution by the governing body of each governmental subdivision binding it to be liable for the payment of any compensation and other amounts due to the director under ORS chapter 656 that are incurred by that governmental subdivision during the period of group self-insurance.
 - An individual report by each employer member showing the member’s payroll by classification and description and loss information for the past four calendar years.
 - Demonstrate that the combined net worth of the individual members is at least \$3 million [see OAR 436-050-0260(3)]. *See question 12.*
- ☐ F. If using a service company (third-party administrator), you must submit a service agreement to be approved by the director at least 14 days before the desired effective date of certification [see OAR 436-050-0210 (2), OAR 436-050-0270 (1) (j), and OAR 436-050-0280(1) (j)]. *See question 10c, if applicable.*
- ☐ G. If choosing to self-administer claims, include copies of the Oregon claim examiners’ certificates (see [OAR 436-055](#)). *See question 10d, if applicable.*
- ☐ H. A copy of the fidelity bond furnished to the group by the administrator or a copy of the comprehensive crime policy obtained by the group in a sufficient amount to protect the group against misappropriation or misuse of funds [see OAR 436-050-0270(1)(d) and OAR 436-050-280(1)(d)].
- ☐ I. Evidence of a safety and health loss-prevention program designed to demonstrate that accident will improve due to self-insurance certification [see OAR 436-050-0260 (7)].
- ☐ J. If authorized broker or agent will be providing documents or discussing confidential information regarding your application, include [Form 4965](#), Exemption Provision Waiver, as required under ORS 192.501 (5). *See question 13.*