

**COUNTY OF RACINE  
FINANCE & HUMAN RESOURCES COMMITTEE**

Supervisor Robert N. Miller, Chairman  
Supervisor Q.A. Shakoob, II, Vice Chairman  
Supervisor Rusty Clark, Secretary  
Supervisor Nick Demske  
Supervisor Tom Pringle

Supervisor Don Trottier  
Supervisor John A. Wisch  
Zachary Eifert, Youth in Governance Representative  
Madhura Sathyanarayanan, Youth in Governance Representative

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\*\*\* THIS LOCATION IS HANDICAP ACCESSIBLE. If you have other special needs, please contact the Racine County Board Office, 730 Wisconsin Avenue, Racine, Wisconsin 53403 (262) 636-3571, fax (262) 636-3491 or the TTD/RELAY 1-800-947-3529. \*\*\*

“Pursuant to the Racine County Executive’s Administrative Order dated March 26, 2020 and Racine County Resolution No. 2020-51 – and in keeping with guidelines and recommendations of local, state, and federal health officials – members of the public are encouraged to participate in the meeting via phone conferencing at the below call in information rather than attending the meeting in person. Members of the public will, however, be permitted to attend the meeting in person but are advised to maintain social distancing of at least six (6) feet from any other person and shall be required to wear a face mask pursuant to Governor Evers’ Executive Order #1 and Racine County Executive Administrative Order dated July 23, 2020.

This evening’s (2/3/2021) meeting will be completely VIRTUAL due to work being done in the auditorium and County Board Chambers. There will be no in-person gathering.

**The public may also access this meeting by:**

**Browsing to this web address on a computer or smartphone:**

<https://racinecounty.webex.com/racinecounty/onstage/g.php?MTID=e3f4be91916191d6bc7f42bfa2b9e7ba2>

**Password: fhr020321**

**Or by calling: 1-408-418-9388**

**Access code: 146 456 7546**

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**\*\*\*SECOND AMENDED\*\*\***

NOTICE OF MEETING OF THE

FINANCE AND HUMAN RESOURCES COMMITTEE

DATE: **WEDNESDAY FEBRUARY 3, 2021**

TIME: **5:00 P.M.**

PLACE: **IVES GROVE OFFICE COMPLEX  
AUDITORIUM  
14200 WASHINGTON AVENUE  
STURTEVANT, WISCONSIN 53177**

**AGENDA** –

1. Convene Meeting
2. Chairman Comments – Youth in Governance/Comments

3. Public Comments
4. Approval of Minutes from the January 11, 2021 committee meeting.
5. Finance Department – Brian Nelson – Racine County 4<sup>th</sup> Quarter 2020 Investment Report - Staff from DANA Investments will be available to discuss the materials – 2020 – Report.
6. Treasurer’s Department – Jeff Latus – Sale of In Rem Property 1700 Warwick Way through over the counter sale – Action of the Committee only.
7. Sheriff’s Office – Sheriff Christopher Schmaling – Authorizing a 5-year maintenance contract with Security North America for the 2 Jail full body security scanning systems – 2021 – Resolution – Action Requested: 1<sup>st</sup> Reading at the February 9, 2021 County Board Meeting.
8. Transfers
  - a. Sheriff’s Office – Sheriff Christopher Schmaling - Acceptance of a State of Wisconsin Department of Justice – Law Enforcement Drug Trafficking Response 2021 Grant in the amount of \$49,200 for the South East Area Drug Operations Group (SEADOG) managed by the Racine County Sheriff’s Metro Drug unit and the transfer of funds within the Sheriff’s Office Metro Drug State 2020 Budget authorize the purchase of capital – 2020 – Resolution – Action Requested: 1<sup>st</sup> Reading at the February 9, 2021 County Board Meeting.
  - b. Emergency Management Office – David Maack/James Kerner – Acceptance of a State of Wisconsin – Department of Military Affairs – Wisconsin Emergency Management Hazard Mitigation Grant Program Planning Grant Sub application grant in the amount of \$52,500 and will be passed through Southeast Wisconsin Regional Planning Commission (SEWRPC) – 2021 – Resolution – Action Requested: 1<sup>st</sup> Reading at the February 9, 2021 County Board Meeting.
9. **\*\*\*Health Services – Hope Otto – Authorizing a three year contract with 3M\*Modal for Health Services clinic’s transcribing needs – 2021 – Resolution – Action Requested: 1<sup>st</sup> & 2<sup>nd</sup> Reading at the February 9, 2021 County Board Meeting.\*\*\***
10. **\*\*\* Human Resources Department – Sarah Street – Reauthorizing Self-Insurance for Racine County’s Worker’s Compensation Program – 2021 – Resolution – Action Requested: 1<sup>st</sup> & 2<sup>nd</sup> Reading at the February 9, 2021 County Board Meeting.\*\*\***
11. Finance Department – Brian Nelson – Changes to the listing of Non-Lapsing and Revenue Transfer Accounts adopted in the 2021 Budget as of 1/1/2021 – 2021 – Resolution – Action Requested: 1<sup>st</sup> Reading at the February 9, 2021 County Board Meeting.
12. Finance Department – Brian Nelson – 2020 4<sup>th</sup> Quarter Racine County Accepted Donation – 2020 – Report.
13. Fiscal Notes for Second Reading – Copies of the Resolution & Fiscal Notes attached: Action of the

Committee Only:

- a. Resolution No. 2020-97 – Public Works, Parks and Facilities Committee authorizing application and approval of a HSIP Local Program Project Grant through the Wisconsin Department of Transportation for the Improvement of the Intersection at CTH “A” and CTH “J”
- b. Resolution No. 2020-98 - Public Works, Parks and Facilities Committee authorizing application and approval of a STP – Urban Local Program Project Grant through the Wisconsin Department of Transportation for the Improvement of the Intersection at CTH “C”, from Ohio Street to Fairway Drive
- c. Resolution No. 2020-99 - Public Works, Parks and Facilities Committee authorizing application and approval of a LRIP Local Program Project Grant through the Wisconsin Department of Transportation for the Improvement of the Intersection at CTH “K”, from STH 36 to CTH “S” (E Wind Lake Road)
- d. Resolution No. 2020-100 – Public Works, Parks and Facilities Committee authorizing application and approval of a HSIP Local Program Project Grant through the Wisconsin Department of Transportation for the Improvement of the Intersection at CTH “U” and 7 Mile Road

14. Communication & Report Referrals from County Board Meeting:

- a. Attorney Nathaniel Cade Jr on behalf of Alyssa Schukar has filed a notice of injury for personal injury because of protests in Kenosha County.
- b. Jean Britson on behalf of herself has filed a claim against Racine County for personal injury and property damage because of being hit by a snowplow.

c. Bankruptcy items:

Type of Action:	Person/Persons
Order of Discharge	Angel Virginia O’Neal; James Edward & Susan Marie Canady; Johnnie Thomas & Darinka Nikola Williams III; Joshua Vandenhout Sr; Coy Wayne Turner Jr; Miranda Jean Zigner; Laurie M Okon; Malessa Ann Wightman; Michael Ronald Ruff; Tamron Emmet Lehsay Knuckles; Thomas J Boetcher Sr;
Chapter 13 Case	Aurelio Ortiz Rivera; George Harris Jr; Latoya Denise Ashley; Michael John & Danielle Marie Lueck Jr; Scott A & Dawn Marie Michalak Dineen; Robert Ramone & Freda Barkley Sr; Nichole Marie Barajas;
No Proof of Claim Deadline	Arthur Virgel Thompson; Jason Scott Ruggles; Jodi Lynn Vash; Kirt Alan Jensen; Wesley Dean Lee;

Notice & Motion to Dismiss – Confirmed Plan	Latoya Lynn Henderson; Leroy John Payne Sr; Marco Antonio Romansalgado; Xenia Janice Ramos; Scott Joseph & Heidi Dolores Forbes;
Order Continuing Automatic Stay	Dale Easley;
Modifying Confirmed Chapter 13 Plan	Annette Mary Nunez; Briana Donielle King; Jeffry Scott & Christa Dawn West; Joshua Thomas & Samantha Marie Netzinger; Laquetta Eloiselorraine Craig; Timothy E & Tyece Marie Rompella;
Notice to creditors and interested parties of corrected 341 date and time	Andrew Douglas Jurena; Michelle Elizabeth Parks; Tricia M Hansen;

15. Staff Report – No Action Items.

a) Finance & Human Resources Committee – Next Meeting will be February 17, 2021.

16. Adjournment

REQUEST FOR COUNTY BOARD ACTION

YEAR	<u>2021</u>	<input checked="" type="checkbox"/>	Resolution Request
		<input type="checkbox"/>	Ordinance Request
		<input type="checkbox"/>	Report Request

Requestor/Originator: Health Services - Hope Otto

Person knowledgeable about the request who will appear and present before the Committee and County Board (2nd Reading) Jenni Mattie  
If a person is not in attendance the item may be held over.

Does the County Executive know of this request: No

If related to a position or position change, Does the Human Resources Director know of this request: NA

Does this request propose the expenditure, receipt or transfer of any funds? yes  
If the answer is "YES". A fiscal note is required. If Fiscal Note is not created by Finance, send to Finance & Budget Manager before it goes to Committee.

Committee/Individual Sponsoring: Finance & Human Resources Committee

Date Considered by Committee: 2/3/2021 Date of County Board Meeting to be Introduced: 2/9/2021

1st Reading:  1st & 2nd Reading:  \*

\* If applicable, include a paragraph in the memo explaining why 1st and 2nd reading is required.

Signature of Committee Chairperson/Designee: \_\_\_\_\_

**SUGGESTED TITLE OF RESOLUTION/ORDINANCE/REPORT:**

Authorizing a Three year contract with 3M\*Modal for Health Services clinic's transcribing needs

The suggested title should contain what the Committee is being asked to take action on (ex: Authorize, Approve) . If the action includes a transfer this must be included in the title.

**SUBJECT MATTER:**

The attached memo describes in detail the nature of resolution /ordinance /report and any specific facts which you want included in resolution/ordinance/report must be attached.

If requesting a multi year contract a copy of the contract or draft contract must be attached

Any request which requires the expenditure or transfer of funds must be accompanied by a fiscal note that shows the specific amount being transferred and the account number from which these funds will be taken and to which they will be transferred.

**THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO YOUR APPEARANCE BEFORE A COMMITTEE.**

*2nd Amended 9-1*

ACCOUNT NAME	ACCOUNT NUMBER	CURRENT BUDGET	CURRENT BALANCE
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**HEALTH SERVICES**

**2021 BUDGET PAGE 35-19**

ADMIN SERV - CONT SERV	5410990.404500	241,033	238,763
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THERE ARE SUFFICIENT FUNDS AVAILABLE TO COVER THE REPURPOSE OF FUNDS.

DESCRIPTION :		TOTAL PRICE
2021	10 MONTHS	20,700
2022	12 MONTHS	24,840
2023	12 MONTHS	24,840
2024	2 MONTHS	4,140
Total for items to be purchased:		<u>74,520</u>

ONE TIME IMPLEMENTATION & TRAINING TOTAL 810

THE CONTRACT WILL BE FOR 3 YEARS WITH AN ANNUAL AMOUNT OF \$24,840.00. THIS IS A SAVINGS OF \$7,200 PER YEAR OVER AN ANNUAL CONTRACT.

THE USE OF 3M M\*MODAL WILL REDUCE THE NEED OF 1.5 FTE CONTRACTED STAFF FOR A SAVINGS OF \$67,560 ANNUALLY.

CONTRACTED ESTIMATED START DATE 3/1/2021

After reviewing the Resolution/Ordinance and fiscal information supplied, your Finance Committee recommends FOR--AGAINST adoption.  
REASONS

FOR	AGAINST

*2nd Amended 9-2*

## MEMO

Racine Human Services Dept is requesting a three (3) year contract for 3M M\*Modal for the clinic's transcribing needs. Prior to 2021, our transcribing needs were met by 1.5 contracted employees along with using 3M M\*Modal. The contract that the staff were on was put out for bid in 2020 and a new company took over as of Jan 1 2021. Both staff that transcribed gave their notice effective 12/31/2020. We have been using temp help as of 01/01/2021.

We would like to contract with 3M M\*Model to handle all our transcribing needs. The proposed Purchase Schedule & Agreement from 3M is attached. We currently use 3M's transcribing services in other capacities. Therefore, we know they are compatible with our EHR (Electronic Health Record) making the transition easy and affordable as there will not be an additional set up fee.

By contracting with them for 3 years we get better pricing for their service. The 3-year contract would cost us \$24,840 a year. A 1-year contract would be \$32,040. The amount we will save is \$7,200 per year for a total savings of \$21,600 over the next three years.

The 3M contract will take the place of the contracted staff so for budget purposes there will be no change.

*Second Amended 9-2*

**RACINE COUNTY  
SOLE SOURCE REQUEST**

TO: Jonathan Delagrave, County Executive    VIA: Purchasing Coordinator  
FROM: Duane McKinney  
DATE: 1/21/2021  
RE: VENDOR#: 2761                      VENDOR: 3M Health Information System

*(Note: See details in Procurement Policy Section 7-302. Sole Source procurement/pre-qualification)*

Provide details and a general description of what will be purchased and why it needs to be a sole source purchase (check one):

- A valid reason to purchase from one source.
- Only one source is available for the required goods or services.
- Aesthetic or artistic reasons preclude competitive bidding.

One time purchase                       Ongoing purchases

**Explain:**

Behavioral Health Clinic currently uses 3M Health Information systems for dictation equipment. With the loss of transcription employees the need to have a compatible dictation/transcription service is required as not to fall behind with transcription. 3M's product Fluency Direct is fully integrated with the current dictation equipment and TCM software and is the only software that integrates with our current equipment.. This product lets the providers dictate directly into the transcription software, which will make for a smoother transition from having a transcriptionist onsite.

**I affirm that the above information is true and accurate.**

Duane McKinney  
(Signature)

Duane McKinney  
(Print Name)

**Endorsements**

Recommended                       Not Recommended

by: [Signature]  
Purchasing Manager

Date: 1/21/2021

Approved by: [Signature]  
County Executive

Date: 01-22-2021

*2nd Amended 9-3*



**Purchase Schedule & Agreement**

Name of Practice ("Contractee"): BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY  
 Physician/User Name ("User"): TBD  
 Contractee Site ID: 44058221  
 Bill To Address: 1717 TAYLOR AVE  
 City, State, Zip Code: Racine, WI 53403  
 Bill To Contact Name: Kaleigh Strickland  
 Telephone Number: 12626386635  
 Practice Contact Email: kaleigh.strickland@racinecounty.com  
 Ship To Address: 1717 TAYLOR AVE  
 City, State, Zip Code: Racine, WI 53403  
 Ship To Contact Name: Kaleigh Strickland  
 Ship To Phone/Email: kaleigh.strickland@racinecounty.com  
 Billing Cycle: Monthly  
 Subscription Renewal Type: Auto Renew  
 Practice Specialty: Multi  
 M\*Modal Consultant: Kirk Ehinger

Date: 1/21/2021  
 Pricing valid date: 2/20/2021

**Foundations**

SKU	QTY	Description	Monthly Per User	Monthly Fees	Year One Annual Fees
FLUENCY DIRECT SOL	30	Fluency Direct (FESR) Subscription Solution* <i>*Fluency Direct front-end speech capability drives efficiency and accuracy while capturing the patient story</i>	\$69.00	\$2,070.00	\$24,840.00

**Value Options**

SKU	QTY	Description	Monthly Per User	Monthly Fees	Year One Fees
Implementation Services		Training outlined in the SOW referenced below			
FLUENCY DIRECT T	2	Fluency Direct (FESR) Training Services* <i>*Super User Training - Remote</i>			\$360.00
FLUENCY DIRECT T	1	Fluency Direct (FESR) Training Services* <i>*Web based Administrative training</i>			\$180.00
FLUENCY DIRECT I	1	Fluency Direct (FESR) Implementation Services* <i>*Fluency Direct Implementation - Scope defined in standard SOW</i>			\$270.00

**Totals**

		One Time Implementation & Training			\$810.00
		<b>TOTAL</b>			<b>\$25,650.00</b>

**Terms & Signatures**

All one-time fees will be billed upon Effective Date.

Client may add additional users at the rates/fees set forth above

By signing this 3M prepared Schedule, Client agrees to purchase and/or license the above 3M Products and to be bound by the terms and conditions of the 3M Software and Services Agreement posted at <https://docs.mmodal.com/ambulatory/>. Login information located at the bottom of this document. This Schedule is effective as of the date signed by Client ("Execution Date"), and the license term begins on the first of the month following the Execution Date ("License Start Date"). The "Initial Term" of this Schedule begins on the License Start Date and continues for a period of Three (3) year(s), and will automatically renew for successive one year terms (each a "Renewal Term") unless either party provides at least sixty (60) advance notice of intent not to renew.

Print

Authorized Signature

Date

Note: To access your agreements at anytime, please use the following logon information:

Login: guest13 Password: Mm0dal13

*End Amended 9-4*

**REQUEST FOR COUNTY BOARD ACTION**

YEAR <u>2021</u>	<input checked="" type="checkbox"/>	Resolution Request
	<input type="checkbox"/>	Ordinance Request
	<input type="checkbox"/>	Report Request

Requestor/Originator: Human Resources - Interim Human Resources Director Sarah Street

Person knowledgeable about the request who will appear and present before the Committee and County Board (2nd Reading) Sarah Street  
 If a person is not in attendance the item may be held over.

Does the County Executive know of this request: No

If related to a position or position change, Does the Human Resources Director know of this request: NA

Does this request propose the expenditure, receipt or transfer of any funds? no  
 If the answer is "YES". A fiscal note is required. If Fiscal Note is not created by Finance, send to Finance & Budget Manager before it goes to Committee.

Committee/Individual Sponsoring: Finance & Human Resources Committee

Date Considered by Committee: 2/3/2021 Date of County Board Meeting to be Introduced: 2/9/2021

1st Reading:  1st & 2nd Reading:  \*

\* If applicable, include a paragraph in the memo explaining why 1st and 2nd reading is required.

Signature of Committee Chairperson/Designee: \_\_\_\_\_

**SUGGESTED TITLE OF RESOLUTION/ORDINANCE/REPORT:**

Reauthorizing Self-Insurance for Racine County's Worker's COmpensation Program

(Previous Resolution - 2017-108 attached)

The suggested title should contain what the Committee is being asked to take action on (ex: Authorize, Approve) . If the action includes a transfer this must be included in the title.

**SUBJECT MATTER:**

The attached memo describes in detail the nature of resolution /ordinance /report and any specific facts which you want included in resolution/ordinance/report must be attached.

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Any request which requires the expenditure or transfer of funds must be accompanied by a fiscal note that shows the specific amount being transferred and the account number from which these funds will be taken and to which they will be transferred.

**THIS FORM MUST BE FILLED OUT COMPLETELY PRIOR TO YOUR APPEARANCE BEFORE A COMMITTEE.**

*2nd Amended 10-1*

February 13, 2018

**RESOLUTION NO. 2017-108**

**RESOLUTION BY THE FINANCE AND HUMAN RESOURCES COMMITTEE  
REAUTHORIZING SELF-INSURANCE FOR RACINE COUNTY'S WORKER'S  
COMPENSATION PROGRAM**

To the Honorable Members of the Racine County Board of Supervisors:

**BE IT RESOLVED** by the Racine County Board of Supervisors that it approves and authorizes the continuation of Racine County's self-insured worker's compensation program in compliance with Wisconsin Worker's Compensation Act and the Wisconsin Administrative Code and, in particular, section DWD 80-60(3).

**BE IT FURTHER RESOLVED** by the Racine County Board of Supervisors that Racine County agrees to report faithfully all compensable injuries.

**BE IT FURTHER RESOLVED** by the Racine County Board of Supervisors that Racine County shall provide for the continuation of the current self-insured worker's compensation program that is currently in effect for all Racine County employees.

**BE IT FURTHER RESOLVED** by the Racine County Board of Supervisors that the County Clerk is directed to forward a certified copy of this resolution to the Worker's Compensation Division, Wisconsin Department of Workforce Development.

Respectfully submitted,

1st Reading            02-13-18

**FINANCE AND HUMAN RESOURCES  
COMMITTEE**

2nd Reading            \_\_\_\_\_

BOARD ACTION

\_\_\_\_\_  
Q.A. Shakoor, II, Chairman

Adopted                \_\_\_\_\_

For                      \_\_\_\_\_

Against                \_\_\_\_\_

Absent                  \_\_\_\_\_

\_\_\_\_\_  
Robert N. Miller, Vice-Chairman

VOTE REQUIRED: Majority

\_\_\_\_\_  
Thomas Pringle, Secretary

Prepared by:  
Corporation Counsel

\_\_\_\_\_  
Janet Bernberg

\_\_\_\_\_  
John A. Wisch

*2nd Amended 10-2*

1 Res No. 2017-108  
2 Page Two

3 \_\_\_\_\_  
Donnie Snow

4  
5 \_\_\_\_\_  
6 Brett A. Nielsen

7  
8 The foregoing legislation adopted by the County Board of Supervisors of  
9 Racine County, Wisconsin, is hereby:

10 Approved: \_\_\_\_\_

11 Vetoed: \_\_\_\_\_

12  
13 Date: \_\_\_\_\_,

14  
15 \_\_\_\_\_  
16 Jonathan Delagrave, County Executive

17  
18  
19 **INFORMATION ONLY**

20  
21 **WHEREAS**, Racine County, Wisconsin is a qualified political subdivision of the  
22 State of Wisconsin; and

23  
24 **WHEREAS**, the Wisconsin Worker's Compensation Act provides that employers  
25 covered by the Act either insure their liability with worker's compensation insurance  
26 carriers authorized to do business in Wisconsin or to be exempted (self-insured) from  
27 insuring liabilities with a carrier and thereby assuming the responsibility for its own  
28 worker's compensation risk and payment; and.

29  
30 **WHEREAS**, the state and its political subdivisions may self-insure worker's  
31 compensation without a special order from the Department of Workforce Development if  
32 the self- insured entity agrees to report faithfully all compensable injuries and agrees to  
33 comply with the Act with the Wisconsin Worker's Compensation Act and the rules of the  
34 Department.

*2nd Amended 10.3*

Department of Workforce Development  
Worker's Compensation  
201 East Washington Avenue, Room C100  
Madison, WI 53703  
P. O. Box 7901  
Madison WI 53707  
Telephone: (608) 266-1340  
Ins. Fax: (608) 266-6827  
Email: [dwdwc@dwd.wisconsin.gov](mailto:dwdwc@dwd.wisconsin.gov)



Tony Evers, Governor  
Robert Cherry, Deputy Secretary

*called 1/22/21 at 9:09am*

Erin Rooney-Phillips, Benefits Manager  
County of Racine  
Racine County Human Resources  
730 WISCONSIN AVE, 7TH FL  
RACINE WI 53403-1238

December 15, 2020

RE: County of Racine  
**Self-Insured Political Subdivision**

Dear Ms. Rooney-Phillips:

We have incorporated the data on each employer in our information system and have reprinted it on the attached pages. Please carefully review this information to ensure its accuracy. Make any necessary changes, corrections or additions on these pages.

**Every three years each self-insured political subdivision must provide this Department with a resolution, passed by the governing body that states its intent and agreement to self-insure. [Wisconsin Administrative Code DWD 80.60(3)]**

A sample reauthorization resolution is included for your reference. You may adapt or modify the sample, or even draft your own resolution, as long as it meets the requirements of DWD 80.60(3).

As a reminder, there is no requirement for a political subdivision to carry specific excess insurance but the Department strongly recommends the use of this risk management tool. If you do not currently carry or are considering dropping excess insurance, you should carefully consider the effects that one or more catastrophic claims could have on your budget.

If you need to sign electronically and/or unable to obtain notarization for the Agreement and Stipulations due to **COVID-19 restrictions**, please provide a statement on your company letterhead to that effect. A sample statement is included for your reference. You may adapt or modify the Sample. Please attach a statement to Agreement and Stipulations you return.

In order to continue exercising self-insurance privileges, please complete and return these forms no later than:

**March 09, 2021**

If you have any questions or problems in the completion and timely submission of your form, feel free to contact:

Beng Yeap at (608) 266-0337 ([beng.yeap@dwd.wisconsin.gov](mailto:beng.yeap@dwd.wisconsin.gov)) or  
Viktoryia Anufrovich at (608) 266-8961 ([viktoryia.anufrovich1@dwd.wisconsin.gov](mailto:viktoryia.anufrovich1@dwd.wisconsin.gov))

Sincerely,

*/s/ Joseph W. Moreth*

Joseph W. Moreth, Director  
Bureau of Insurance Programs

*2nd amended 10-4*

**INSTRUCTIONS and DEFINITIONS for  
Wisconsin Update Form**

The information on the attached sheets reflects our records. If any of the information requested is missing or incorrect, please write the correct information on the corresponding line. If the information requested is not applicable to your company, then put "N/A" on that line.

**Each section must be completed. Please do not leave any section blank.**

**Section A: Employer Information**

An "X" precedes selected fields that are considered public information, and may be published or released upon request.

Ordinarily, this address would be the main office of the employer, with the telephone number being the main line.

**Section B: Employer's Top Official Information**

For the Employer's Top Official Information, please provide the requested information.

*[Generally, we only correspond with the person(s) listed in Section B when we are unable to communicate with the Designated Contact Person listed in Section C.]*

**Section C: Employer's Designated Contact Person**

**The Employer's Designated Contact Person should NOT be a TPA or claims processing individual.**

The Designated Contact Person should be a senior corporate officer or an administrator. This person will be the recipient of all administrative communications from Worker's Compensation, including self-insurance. Ordinary claims related communications will not be directed to this person.

*2nd amended 10.5*

#### **Section D: Claims Handling Information**

In order to comply with Wisconsin Statute 102.31(3), the department requires that all insurers, including self-insured employers, "designate one mailing address for use by the department and to respond to correspondence from the department within 30 days." The designated claims handling person will receive all claim related correspondence, including requests for additional information from the department.

**All employers must complete this section**, even if you process your own claims. If you process your own claims, then enter the employer name from Section A. If you use a TPA (third party administrator), then enter its legal name. No part of this section can be blank or N/A.

#### **Section E: Excess Insurance Information**

**Specific excess insurance is not required for political subdivisions but is strongly recommended by the Department.**

For excess insurance, it is the self-insured employer's responsibility to provide the department with a current copy of the specific excess policy. Acord or Certificates of Employers Liability are no longer acceptable. Please contact your insurance broker or company and advise them to send a complete copy of your specific excess policy to the attention of Beng Yeap at the same address that you return these completed documents. This is in addition to the copy that they are required to file with the Wisconsin Compensation Rating Bureau.

*If your excess insurance has an expiration date in the past or is about to expire, it means that we have not received a copy of your specific excess insurance policy. If it is blank, it means we do not have a copy of your excess policy. Please provide us with a complete copy of your specific excess policy as soon as possible.*

#### **Section F: Assessment Information (SI)**

Please provide information for the person to whom you want your annual assessment sent.

#### **Section G: Employer's Claim History Information**

In this Section the employer is requested to provide information for worker's compensation claims for the most recently completed calendar year.

#### **Section H: Wisconsin Location Information (SI)**

In this Section the employer is requested to provide information for each Wisconsin location, which includes all divisions or operating units that are to be included as self-insured by the employer. If there is more than one location, please make appropriate copies of the page in this section, one page for each Wisconsin location that is to be self-insured.

*2nd Amended 10-6*

**Section I: Wisconsin Operations Not Self-Insured**

In this Section the employer is requested to supply information for each Wisconsin location, which includes all divisions or operating units that are **NOT** to be included as self-insured by the employer. If there is more than one location, please make appropriate copies of the page in this section, one for each Wisconsin location that is NOT to be self-insured.

**Deadline**

Please return all requested documentation, Sections A through I and the signed Agreement And Stipulations by:

**March 09, 2021**

**TO:**

Worker's Compensation Division/Self-Insurance Program  
Attention: **Ms. Beng Yeap**  
201 E. Washington Ave. Room C100  
P.O. Box 7901  
Madison, WI 53707-7901

If you cannot return your forms before the due date and need an extension, or if you have any questions regarding the completion of these forms, please contact:

Beng Yeap at (608) 266-0337 (beng.yeap@dwd.wisconsin.gov) or

Viktoryia Anufrovich at (608) 266-8961 (viktoryia.anufrovich1@dwd.wisconsin.gov)

*2nd amended 10-7*



# Wisconsin Worker's Compensation Renewal Information For A Fully Self-Insured Employer

**INSTRUCTIONS:** If any of the information is missing or incorrect, write the correct information in the space provided. If you have any questions related to the information on this form, please contact: Beng Yeap at (608) 266-0337 (beng.yeap@dwd.wisconsin.gov) or Viktoryia Anufrovich at (608) 266-8961 (viktoryia.anufrovich1@dwd.wisconsin.gov)

Employer Name: County of Racine

E233

## Section A: Employer Information

Only the information in this Section with an "X" in front of it is considered public information. We use this information on the Department's web site when identifying employers that are self-insured.

X Exact Legal Name of Employer: County of Racine

Employer FEIN: 39-6005734

Unemployment Insurance No.: 692049

Date Employer Began Self-Insurance: 02/01/1970

Employer's Total Number of Wisconsin Employee \_\_\_\_\_

Employer's Total Annual Wisconsin Gross Payroll \_\_\_\_\_

### Mailing Address:

X Address Line 1:  
X Address Line 2:  
X Address Line 3: c/o Racine County Human Resources  
X Address Line 4: 730 WISCONSIN AVE  
X City State Zip: RACINE, WI 53403-1238

800 Telephone Number:  
X Voice Telephone Number: (262) 636-3965  
Facsimile Telephone Number: (262) 638-7055

Web Address: <http://www.racinecounty.com>

## Section B: Information on Employer's Top Official

Officer Name: Mr. Jonathan Delagrave

Title: County Executive

Voice Telephone Number: (262) 636-3273

E-mail Address: jonathan.delagrave@racinecounty.com

Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4: 730 WISCONSIN AVE

City State Zip: RACINE WI 53403-1238

*2nd Amended* 10-8

# Wisconsin Worker's Compensation Renewal Information For A Fully Self-Insured Employer

**INSTRUCTIONS:** If any of the information is missing or incorrect, write the correct information in the space provided. If you have any questions related to the information on this form, please contact:  
Beng Yeap at (608) 266-0337 (beng.yeap@dwd.wisconsin.gov) or  
Viktoryia Anufrovich at (608) 266-8961 (viktoryia.anufrovich1@dwd.wisconsin.gov)

Employer Name: County of Racine

E.233

## Section C: Designated Contact Person

*(The Designated Contact Person MUST be an employee of the employer in Section A, of the parent corporation, or one of its affiliates.)*

Contact Person Name: Ms. Erin Rooney-Phillips  
Title: Benefits Manager

Address Line 1

Address Line 2

Address Line 3 Racine County Human Resources

Address Line 4 730 WISCONSIN AVE, 7TH FL

City, State/Country, Zip RACINE WI 53403-1238

800 Telephone Number:

Direct Voice Telephone Number: (262) 636-3965

Fax Telephone Number: (262) 638-7055

Cell Telephone Number:

E-mail Address: erin.rooney-phillips@racinecounty.com

## Section D: Claims Handling Information

*If you self-administer your claims (do not use a TPA) please enter the name and FEIN of the entity that administers your claims. This Section can not be left blank.*

Claims Handling Company Name: Cannon Cochran Management Services, Inc.

Claims Handling Company's FEIN: 37-1057804

Address Line 1:

Address Line 2:

Address Line 3:

Address Line 4: 3333 WARRENVILLE RD STE 650

City State Zip Code: LISLE IL 60532

Claim Handler Name: Ms. Jessica Datoli

Title: Claims Specialist

800 Telephone Number:

Voice Telephone Number: (630) 649-6093

Facsimile Telephone Number: (217) 477-6709

Cell Telephone Number:

E-Mail Address: jdatoli@cmsi.com

Our records indicate that your current Claims Handling Company began handling your claims on: 01/01/2010

Our records indicate that your current Claims Handling Company: Handles all claims, both past and going forward

If you are changing any of the Claims Handling information above, what is the effective date of change? \_\_\_\_\_

*Erin Rooney-Phillips* 10-9

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# Wisconsin Worker's Compensation Renewal Information For A Fully Self-Insured Employer

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**INSTRUCTIONS:** If any of the information is missing or incorrect, write the correct information in the space provided. If you have any questions related to the information on this form, please contact:

Beng Yeap at (608) 266-0337 (beng.yeap@dwd.wisconsin.gov) or

Viktoryia Anufrovich at (608) 266-8961 (viktoryia.anufrovich1@dwd.wisconsin.gov)

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Employer Name: County of Racine

E233

## Section E: Specific Excess

Please do not make any changes to this section unless you supply documentation to support your changes. For specific excess, please provide a copy of the policy.

### Specific Excess

	<u>Carried By</u>	<u>Action Required For Excess:</u>
Retention:	<u>Employer</u> \$450,000	Excess Policy has OR will expire by March 1. Please submit a complete copy of the policy when available.
Upper Limit:	Statutory	
Policy End Date:	02/01/2016	

Specific Excess Ins. Co. Name: Midwest Employers Casualty Company

Specific Excess Policy Number: EWC008688

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**NOTE: Political Subdivisions are not required to carry specific excess insurance, but the Department strongly encourages any Policial Subdivision that is not carrying specific excess insurance to consider doing so as soon as possible.**

*2nd Amendment* 10-10

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# Wisconsin Worker's Compensation Renewal Information For A Fully Self-Insured Employer

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**INSTRUCTIONS:** If any of the information is missing or incorrect, write the correct information in the space provided. If you have any questions related to the information on this form, please contact:

Beng Yeap at (608) 266-0337 (beng.yeap@dwd.wisconsin.gov) or

Viktoryia Anufrovich at (608) 266-8961 (viktoryia.anufrovich1@dwd.wisconsin.gov)

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Employer Name: County of Racine

E233

## Section F: Assessment / Surcharge Information

**Person to whom Assessment / Surcharge Information should be mailed:**

(This person must be an employee of the employer in Section A, of the parent corporation, or an affiliate.)

Name: Karen Galbraith

Title: Human Resources Director

**Mailing Address:**

Address Line 1:

Address Line 2:

Address Line 3: Racine County Human Resources

Address Line 4: 730 WISCONSIN AVE, 7TH FL

City, State, Zip: RACINE WI 53403-1238

Voice Phone Number: (262) 636-3579

Fax Telephone Number: (262) 638-7007

800 Telephone Number:

Cell Phone Number:

Internet E-mail Address: karen.galbraith@racinecounty.com

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The employer and the person completing this form attest that the information contained herein is deemed to be correct unless otherwise noted.

Print Person's Name and Title: \_\_\_\_\_

Voice Telephone Number: \_\_\_\_\_

Internet E-mail Address: \_\_\_\_\_

Name of Employer of Person Completing This Form: \_\_\_\_\_

Signature of Person Completing This Form: \_\_\_\_\_

Date: \_\_\_\_\_

*2nd amended 10-11*

**Section G: Employer's Claim History Information**

Information provided in this section shall be for the most recently completed calendar year, January 1 through December 31, 2020

Please provide the following information for self-insured Wisconsin worker's compensation claims.

1. Medical only claims:

Number of medical only claims incurred during 2020

(i.e. date of injury: January 1 through December 31, 2020

\_\_\_\_\_

Number of medical only active claims as of December 31, 2020

(No matter when incurred.)

\_\_\_\_\_

All outlays/disbursements related to medical only claims actually

paid during 2020

\$ \_\_\_\_\_

(No matter what year incurred; include medical payments related to treating injuries such as physician, hospital, drugs, diagnostic testing, attendant care, rehab, lump sum medical, legal, bill review, allocated loss expenses et cetera. Do NOT include any employer overhead or TPA expenses.)

Amount held in reserve on all open medical claims as of

December 31, 2020

\$ \_\_\_\_\_

(No matter when incurred.)

Total dollar loss incurred (paid expenses + reserves)

for claims with dates of injury between

January 1 through December 31, 2020

\$ \_\_\_\_\_

**Section G: Employer's Claim History Information**

Information provided in this section shall be for the most recently completed calendar year, January 1 through December 31, 2020

Please provide the following information for self-insured Wisconsin worker's compensation claims.

2. Indemnity claims:

Number of indemnity claims incurred during 2020 \_\_\_\_\_  
(i.e. date of injury: January 1 through December 31, 2020)

Number of indemnity active claims as of December 31, 2020 \_\_\_\_\_  
(No matter when incurred.)

All outlays/disbursements related to indemnity claims actually paid during 2020 \$ \_\_\_\_\_  
(No matter what year incurred; include medical payments related to treating injuries suchy as physician, hospital, drugs, diagnostic testing, attendant care, rehab, lump sum medical, legal, bill review, allocated loss expenses et cetera plus all indemnity reported on WKC-13. Do NOT include any employer overhead or TPA expenses.)

Amount held in reserve on all open indemnity claims as of December 31, 2020 \$ \_\_\_\_\_  
(No matter when incurred.)

Total dollar loss incurred (paid expenses + reserves) for claims with a date of injury between January 1 through December 31, 2020 \$ \_\_\_\_\_

3. Excess Claim Information

Total number of claims covered/paid by specific excess insurance policy(s): \_\_\_\_\_

4. Permanent Total Information

Number of open permanent totals: \_\_\_\_\_

Total amount paid to date on open permanent total disability claims \$ \_\_\_\_\_

Total amount reserved for open permanent total disability claims \$ \_\_\_\_\_

*2nd Amended 10-13*

**Section H: Wisconsin Location Information (SI)**

For **each Wisconsin location to be self-insured**, please provide the following information:

You may send us printouts for any of the requested information in this Section rather than filling out our form, provided you supply us with the information that we are requesting.

- 0 Business or Trade Name \_\_\_\_\_
- 0 Street Address \_\_\_\_\_
- 0 City \_\_\_\_\_
- 0 State \_\_\_\_\_
- 0 Zip Code \_\_\_\_\_
- 0 Product or Service \_\_\_\_\_
- 0 Number of Employees \_\_\_\_\_
- 0 Annual Payroll at Location \_\_\_\_\_

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Please make additional copies of this page as needed, with one page for each location.

*2nd Amended 10-14*

**Section I: Wisconsin Operations not Self-Insured**

Do you intend for all Wisconsin locations to be Self-Insured? Yes No

If "Yes", stop here.

If "No", please provide the following information for each Wisconsin location or portions of employer's operations that are NOT to be self-insured in Wisconsin:

- 0 Business or Trade Name \_\_\_\_\_
- 0 Street Address \_\_\_\_\_
- 0 City \_\_\_\_\_
- 0 State \_\_\_\_\_
- 0 Zip Code \_\_\_\_\_
- 0 Product or Service \_\_\_\_\_
- 0 Number of Employees \_\_\_\_\_
- 0 Annual Payroll at Location \_\_\_\_\_

0 Is entire location excluded? (circle one please) Yes No

[If "NO", please describe that portion and its location on an attached separate sheet of paper.]

0 Insurance Company information:

**Please Provide a copy of the Declaration page of your present Wisconsin Worker's Compensation policy.**

**[This should include: Name of insurance company; policy number; and date policy expires]**

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Please make additional copies of this page as needed, with one page for each location.

*2nd Amended 10-15*



**AGREEMENT AND STIPULATIONS**

For: County of Racine  
FEIN: 39-6005734

Employer agrees to the conditions and stipulations below to maintain their exemption privileges granted by the State of Wisconsin Department of Workforce Development (DWD). For political subdivisions this statement must be signed by one or more persons possessing authority to execute this agreement. DWD reserves the right to require verification of authority of person(s) executing said agreement.

Failure to meet any conditions or stipulations indicated in this document or the Department's Order shall constitute grounds for revocation.

**GENERAL CONDITIONS**

In consideration of exemption from the insurance requirements of 102.28(2) Wisconsin Statutes, the employer agrees that it will:

- A. Meet the conditions and stipulations which become part of the Department's exemption Order upon approval of DWD.
- B. Discharge its liability to injured employees, their dependents and the State of Wisconsin in accordance with the requirements of all Wisconsin laws, including Chapter 102 and Administrative Code DWD 80.
- C. Abide by Chapter 102 of the Wisconsin Statutes and DWD 80 of the Administrative Code, including the promptly furnishing of all reports to the DWD.
- D. Notify DWD in any case of contemplated liquidation, sale or transfer of ownership, or material reduction in Wisconsin operation. Subject to DWD approval, the employer will arrange for the payment of all existing liability and any liability arising thereafter for which it may become legally liable, by guaranty bond, deposit of securities, or as otherwise required by DWD.
- E. Notify DWD in writing within 30 days of any of the following changes: change in applicant's name; change in applicant's address; change in applicant's telephone numbers; changes related to applicant's designated contact person, including name, address and telephone numbers, both voice and facsimile numbers; any unfavorable turn in its financial condition which is reasonably material to a reduced ability to carry its own risk under the Act.
- F. Notify DWD in writing within 30 days of any change in: claims handling person; claims processing location address; claims processing telephone and facsimile numbers; change in TPA (if applicable); and changes in excess or insurance companies that cover any entities of the applicant; changes of location addresses, location telephone numbers, location claims processing person(s) and their address and corresponding telephone numbers, both voice and facsimile.
- G. Allow any injured employee to select a health care practitioner in accordance with the statutes.
- H. Insure timely reporting of injuries and prompt payment of first indemnity so that both of these will be at or above the minimums required by Wisconsin Statute and Administrative Code.
- I. Comply with all other Administrative Code, rules and orders of DWD.

*Z. Amended* 10-16

**AGREEMENT AND STIPULATIONS**

For: County of Racine

FEIN: 39-6005734

**EXCESS INSURANCE**

The Department of Workforce Development (DWD) strongly encourages Political Subdivisions to carry specific excess insurance, even though they are exempt from the requirement to do so. If carried, it must be procured from a licensed worker's compensation carrier. Policy form and rates must be on file with, and approved by, the Wisconsin Compensation Rating Bureau, PO Box 3080, Milwaukee, Wisconsin 53201-3080.

Paragraph 102.28(2)(d) provides "an employer who procures an exemption under par. (b) and thereafter enters into any agreement for excess insurance coverage with an insurer not authorized to do business in this state shall report that agreement to the Department immediately. The placing of such coverage shall not by itself be grounds for revocation of the exemption." This notification should be sent to DWD Worker's Compensation Division, Bureau of Insurance Programs, 201 East Washington Ave., RM C100, Post Office Box 7901, Madison, Wisconsin 53707-7901.

**ASSUMPTION OF LIABILITY FOR FULLY INSURED UNITS**

The employer assumes full responsibility under the Act to immediately make all compensation and medical expense payments as required by DWD pending determination of liability should a dispute arise between the insurance carrier and the employer as to responsibility in any injury case.

**SIGNATURE**

The employer makes this application with the knowledge that: self-insurance ends on the date specified in the Order. DWD may revoke the exemption from the duty to insure after giving 10 days written notice to the employer. Revocation can be initiated when the Department determines that the employer's financial condition is inadequate to pay its employee's claims for compensation; the employer has received an excessive number of claims for compensation; the employer has failed to faithfully discharge its obligations according to the agreement and information provided in the application for exemption; the employer has provided false or misleading information in any documents attached to or associated with the Initial/Renewal Application for Self-Insurance or Update; or the employer fails to comply with any other terms or conditions listed in the Agreement and Stipulations. The revocation orders by the Department can be appealed as outlined in Section 102.28(2)(c) of the Statutes. Not renewing an employer's exemption from the duty to insure is discretionary action by DWD and is not appealable.

Employer Name:

County of Racine

Place Seal Here

SIGNED BY: \_\_\_\_\_

(Authorized Signature)

If no seal, write "none"

\_\_\_\_\_  
(Official Position)

STATE OF \_\_\_\_\_ )

(The person signing the application above and subscribing the affidavit

)SS

below must be the corporate President, Vice President, Secretary or

\_\_\_\_\_ COUNTY)

Treasurer, or the corporation Assistant Secretary or Assistant Treasurer

if authorized by articles of incorporation to make this application.)

**AFFIDAVIT**

\_\_\_\_\_, being duly sworn, says that he/she is the person who signed this application, and that he/she is acquainted with the affairs of the applicant employer, to which the statements set forth in the application relate. He/she has read the application, understands its contents and certifies that all statements contained in the application are true to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
(Affiant's Signature)

\_\_\_\_\_  
(Official Position)

Subscribed and Sworn to before me at \_\_\_\_\_

(Address)

on this date: \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Place Seal Here

\_\_\_\_\_  
(Date Commission Expires)

*Endreuel 10-17*

[ YOUR ORGANIZATION/COMPANY LETTER HEAD]

[DATE]

***Sample statement***

To: Wisconsin Worker's Compensation Self-Insurance Program

Due to the current COVID-19 pandemic situation:

- I am using electronic signatures
- I am not able to obtain notarization for the 2021 Agreement and Stipulations

All documents signed electronically are in full force and effect.

/s/ \_\_\_\_\_

Name:

Position:

Phone:

Email:

*Zrd amended 10-18*

# Sample Resolution

Resolution No. \_\_\_\_\_

WHEREAS, the (NAME OF POLITICAL SUBDIVISION) is a qualified political subdivision of the State of Wisconsin; and

~~WHEREAS, the Wisconsin Worker's Compensation Act (Act) provides that employers covered by the Act either insure their liability with worker's compensation insurance carriers authorized to do business in Wisconsin; or to be exempted (self-insured) from insuring liabilities with a carrier and thereby assuming the responsibility for its own worker's compensation risk and payment; and~~

WHEREAS, the State and its political subdivisions may self-insure worker's compensation without a special order from the Department of Workforce Development (Department) if they agree to report faithfully all compensable injuries and agree to comply with the Act and rules of the Department; and

WHEREAS, the (NAME OF COMMITTEE) at its (DATE OF MEETING), meeting approved the establishment of a self-insured worker's compensation program; and

NOW, THEREFORE, BE IT RESOLVED that the (AUTHORIZING AUTHORITY) of (NAME OF POLITICAL SUBDIVISION) does ordain as follows:

- (1) Provide for the establishment of a self-insured worker's compensation program effective (DATE WHEN SELF-INSURANCE IS TO BEGIN).
- (2) Authorize the (PERSON WHO HAS AUTHORITY) to forward certified copies of this resolution to the Worker's Compensation Division, Wisconsin Department of Workforce Development.
- (3) (OTHER CONDITIONS OR STATEMENTS MAY BE ADDED)

DATED: (INSERT DATE)

_____	_____
_____	_____
_____	_____
_____	_____

The above lines are for signatures.

*2nd amended 10-19*