DEPARTMENT: Personnel/Risk Management  BY: Richard J. Benson
PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION:
Approve an agreement with Tristar Risk Management Services for a 3-year period for the administration of the County’s Workers’ Compensation claims (cost for first year of agreement - $20,604) and authorize the Chairman of the Board of Supervisors to sign the agreement; Approve budget action transferring funds within the Workers’ Compensation fund ($3,000). Ross and Castillo has been the County’s claims administrator since 1992 and during the 2005/2006 fiscal year. Tristar Risk Management merged with Ross and Castillo assuming the relationship that the County had with Ross and Castillo. Although this new Agreement is effective July 1, 2006, and will continue to June 30, 2009, the County has continued to pay the same monthly costs as provided under the 2005/2006 Agreement with Ross and Castillo. Effective January 1, 2007, the fee for claims administration services will increase slightly and will be billed on a quarterly basis instead of monthly. For year two and year three of the Agreement, there will be a slight increase for each of those years and billing will continue on a quarterly basis. Bill review fees will remain the same as well as case management fees. Further, the County’s claim adjuster continues to service the County’s account and has been a constant presence since 1992 in other capacities.

Although this Agreement with Tristar contains more provisions and describes its responsibilities more extensively than previous Agreements with Ross and Castillo, Tristar’s services and responsibilities have not changed from Ross and Castillo’s and are simply clarified in this Agreement.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Ross and Castillo have been providing workers’ compensation services to the County since July 1992. Over the years, the Board of Supervisors continued the contract because of the continued excellent service provided by this company.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Do not approve the Agreement or authorize the Chairman of the Board of Supervisors to sign the Agreement. Staff will need to identify another company to perform these services.

Financial Impact? (X) Yes () No  Current FY Cost: $20,604
Budgeted In Current FY? (X) Yes () No  Partially Funded
Amount in Budget: $18,000
Additional Funding Needed: $3,000
Source:
Internal Transfer X
Unanticipated Revenue _____ 4/5’s vote
Transfer Between Funds _____ 4/5’s vote
Contingency _____ 4/5’s vote
( ) General  ( ) Other

CLERK’S USE ONLY: COUNTY ADMINISTRATIVE OFFICER:
Res. No. #22  Ord. No. ______
Vote – Ayes: ______  Noes: ______
Absent: ______
Approved ( ) Minute Order Attached ( ) No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.
Date: ______
Attest: MARGIE WILLIAMS, Clerk of the Board
By: County of Mariposa, State of California
Deputy

Requested Action Recommended  No Opinion
Comments: ______

CAO: ______

Revised Dec. 2002
# BUDGET ACTION FORM

<table>
<thead>
<tr>
<th>FUND</th>
<th>DEPT/DIV</th>
<th>ACCOUNT</th>
<th>DESCRIPTION</th>
<th>INCREASE</th>
<th>DECREASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>706</td>
<td>0146-502</td>
<td>0434</td>
<td>Workers' Comp Admin</td>
<td>$3,000</td>
<td></td>
</tr>
<tr>
<td>706</td>
<td>0146-502</td>
<td>0448</td>
<td>Special Dept.</td>
<td></td>
<td>$3,000</td>
</tr>
</tbody>
</table>

**TRANSFER BETWEEN FUNDS**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>GENERAL CONTINGENCY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>104</td>
<td>414-1090</td>
<td>GENERAL CONTINGENCY</td>
<td></td>
<td>$3,000</td>
</tr>
</tbody>
</table>

**TOTALS**

|       |       |       | TOTALS               |       | $3,000  |

**ACTION REQUESTED:** (Check all that apply)

1. Budget appropriation by Board of Supervisors (4/5ths Vote Required): Amending the total amount available in the county budget, or in any one fund of the budget, or appropriating Reserve for Contingencies;

2. Transfer by Board of Supervisors (3/5ths Vote Required): Moving existing appropriations from one budget to another, or between categories within a budget unit;

**JUSTIFICATION:** Increase in claims administration costs for the remaining six months of the fiscal year due to re-negotiated agreement.

**DEPT HEAD SIGNATURE:** [Signature]

**DATE:** 1-17-07

**APPROVED BY RES NO.** 02-22

**CLERK:** [Signature]

**DATE:** 1-23-07

**AUDITOR’S USE ONLY**

BA #

Budget Revision Form Revised 11/95