October 18, 2024

Cheryl Campbell, Town Administrator/Town Clerk
Town of Garden City
621 27th Street Road
Garden City, CO 80631

SUBJECT: Community Service Workers' Accident Medical Plan
2025 Program Plan Information and Data Collection Form

Dear Cheryl:

Enclosed are the plan information and data collection form documents pertaining to the 2025 Community Service Workers' Accident Medical Plan (CSWAMP). Coverage is placed through a master program specially designed and negotiated for CIRSA with Wellfleet Insurance Company.

The 2025 CSWAMP rate is $3.27 per community service worker. Your final 2025 premium is subject to audit. The rate is effective from January 1, 2025, through December 31, 2025.

The Plan Information provides a general summary of the coverages. All coverages are governed by the terms, conditions, exclusions, and limitations stated in the applicable coverage documents. **The enclosed Plan Information summary should not be relied on as a substitute for review of those documents.** If the enclosed information is not adequate for you to make a decision about participating in the coverage for 2025, please do not hesitate to contact your underwriting representative.

YOUR RECORD KEEPING OBLIGATIONS:

Your entity must keep a record of the individuals to be covered by the CSWAMP policy. **CSWAMP coverage will apply only to those individuals for whom the records are kept and only for the location, task or duties as described in those records.**

Your entity is required to keep records showing the individual's name, location to which they will be assigned, approximate number of hours worked, dates of service and description of task or duties. We cannot guarantee coverage if this information is not maintained.

Upon your acceptance of this coverage for 2025, we will send a packet containing a sample roster and registration form, with instructions, to you. The forms will be needed when completing the 2025 audit in January 2026.

THE AGREEMENT:

Attached is a Data Collection form for your entity's participation in the 2025 CSWAMP Program. You may purchase this coverage at any time during the year. **However, CIRSA must receive your acceptance letter at least five (5) working days prior to the effective date of coverage.** Your 2025 invoice will be based on the deposit information you provide.

This coverage is optional. Your entity is not required to purchase this coverage.

For coverage effective January 1, 2025, please return the Data Collection Form no later than Friday, November 22, 2024.

Sincerely,

Claire Montgomery
Underwriting Representative

Enclosures

BLANKET ACCIDENT INSURANCE DATA COLLECTION
CSWAMP POLICY NO. SPR0-50572-609
EFFECTIVE DATE: 1/1/2025

Entity: Town of Garden City Department/Program Name:

Completed by/Title: Phone Number: Effective Date of Coverage:

Accident Medical Expense PRIMARY
Maximum Benefit Amount (per Injury): $50,000
Deductible Amount (per Injury): $ 0
Benefit Period: 52 Weeks

Accidental Death Benefit: $10,000
Accidental Dismemberment Benefit
Principal Sum: $10,000
Aggregate Limit: $250,000
Catastrophic Cash Benefit: $25,000

Name of location to which community service worker will be assigned (please attach additional paper if necessary)	Number of community service hours assigned per worker	Description of task or duties	Approximate number of community service workers** per year

Deposit premium computations:

*Total estimated number of community service workers:	Rate: $3.27	Total: $

****PLEASE SEE ENCLOSED PLAN INFORMATION FOR ELIGIBILITY REQUIREMENTS**

Total Premium: $ _____

Deposit Premiums will be adjusted by year-end audit based on actual usage of the program.

____ By submission of this application to CIRSA, the entity listed above hereby acknowledges and accepts the deposit premium and hereby requests the bindery of this coverage with Wellfleet Insurance Company.

____ The entity above rejects binding of this coverage for 2025.

Signature: _____ Date of Request: _____
(Signature be that of Mayor, Manager or Clerk)

***If additional pages of the application are used, please remember to include the additional numbers of participants in the computations for the total premium.**

This is NOT a bill. An invoice will be sent January 1, 2025.

2025 COMMUNITY SERVICE WORKERS' ACCIDENT MEDICAL COVERAGE PLAN (Optional)

Coverage: This optional coverage provides medical and accidental death and dismemberment (AD&D) coverage for community service workers. It covers the community service workers who have been assigned to perform community service work by your entity's court but are working under the direct supervision of another entity and the community service workers who are working under the direct supervision and control of your employee(s). To be eligible for this coverage the worker cannot be entitled to benefits under any Workers' Compensation Act or similar law. Coverage is offered to both Property/Casualty and Workers' Compensation Pool members.

Community service workers must be at least 12 years old to be eligible.

Limits:

Accidental Death Benefit Amount:	$ 10,000
Accidental Dismemberment Benefit, Maximum Amount:	$ 10,000
Accidental Medical Expense Benefit (Primary):	$ 50,000
Dental Maximum (Per Tooth Per Accident):	$ 250
Aggregate Limit Per Occurrence:	$ 250,000
Catastrophic Cash (lump sum), Maximum Benefit:	$ 25,000

Deductible: This plan has no deductible.

Premium Billing: A deposit premium will be billed effective the date your entity begins coverage under the policy. The deposit premium will be adjusted at the year-end audit based on actual participation numbers. Mid-year billings will be made if there is an addition of 15 or more participants to the program. All other additions will be adjusted at the year-end audit.

Record Keeping: Your entity is required to maintain registration or roster forms listing covered individuals throughout the year. These forms are to be used to determine your year-end audit actual participation numbers and to certify that an individual is an individual covered by this policy should a claim occur. Please make sure each community service worker is listed only once on the registration or roster forms. Each individual community service worker must be listed on either a registration or roster form for coverage to apply. Sample registration or roster forms will be provided to assist you in this process.

Claims: Wellfleet Insurance Company administers the claims. Claim forms will be provided. Injured persons should be directed to the physician of their choice. Attach bills for medical expenses being claimed to the completed claim form and send directly to:

Wellfleet Insurance Company
1500 Main Street, 10th Floor
PO Box 15369
Springfield, MA 01115

Fax: (413) 733-4612
Attention: Claims Department

Email: customerservice@wellfleetinsurance.com

If you have any questions regarding claims, please call Wellfleet at (800) 633-7867.

This information is provided only as a general summary of the coverages that apply or are available to CIRSA members. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents. **This summary should not be relied on as a substitute for review of those documents.**