

RESOLUTION NO. 5456-19

RESOLUTION APPROVING AND AUTHORIZING THE PROVISION
OF WORKERS' COMPENSATION INSURANCE COVERAGE TO
VOLUNTEERS OF THE CITY OF TUALATIN

WHEREAS an assumed monthly wage of \$800 per month will be used for public safety volunteers; and

WHEREAS an aggregate assumed annual wage of \$2,500 will be used per volunteer board, commission and/or council for the performance of administrative duties; and

WHEREAS an assumed monthly wage of \$800 per month will be used for public officials for the performance of volunteer non-administrative, manual labor duties other than those covered under the administrative duties above; and

WHEREAS non-public safety volunteers will track their hours and the Oregon minimum wage will serve as the assumed wage for both premium and worker's compensation benefit calculations. Saif Oregon Workers Compensation will assign the appropriate classification code according to the type of volunteer work being performed; and

WHEREAS volunteers at public events will be covered under workers' compensation coverage using verified hourly Oregon minimum wage as basis for premium and/or benefit calculation; and

WHEREAS the City of Tualatin agrees to maintain verifiable rosters for all volunteers including volunteer name, date of service and hours of service and make them available at the time of a claim or audit to verify coverage.

WHEREAS, the City is requesting the coverage, as provided by ORS 656.031, and as approved by SAIF.

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TUALATIN, OREGON, that:

Section 1. Pursuant to ORS 656.031, the City of Tualatin will provide workers' compensation coverage for the Policy Year 2019-20 to the classes of volunteer workers listed in this resolution and in Addendum A, which is attached and incorporated herein, listing volunteer assignments, noted on SAIF payroll schedule and verified at audit.

Section 2. This resolution is effective upon adoption.

INTRODUCED AND ADOPTED this 24th day of June, 2019.

CITY OF TUALATIN, OREGON

BY _____
Mayor

APPROVED AS TO FORM

ATTEST:

BY _____
City Attorney

BY _____
City Recorder