

**VOLUNTEER RESOLUTION
RESOLUTION NO. 474 FOR POLICY YEAR 2004 - 05**

A RESOLUTION EXTENDING THE CITY OF AURORA'S WORKERS' COMPENSATION COVERAGE TO VOLUNTEERS OF THE CITY OF AURORA.

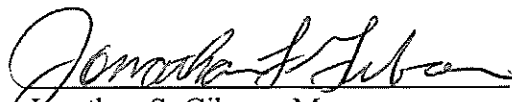
WHEREAS, the City of Aurora elects the following:

Pursuant to ORS 656.031, workers' compensation coverage will be provided to the classes of volunteer workers listed on the attached Volunteer Election Form.

1. An assumed monthly wage of \$800.00 per month will be used for public safety volunteers; and
2. Non-public safety volunteers will keep track of their hours and have their assumed payroll reported in the correct class code for the type of work being performed using Oregon minimum wage; and
3. Court-mandated community service workers/inmates on work release may be covered for workers' compensation benefits by the sentencing court. Coverage will be determined prior to work inception and stipulated to in writing between City of Aurora and respective sentencing court. Court-mandated volunteers will keep track of their hours and have their assumed payroll reported in Class Code 7720V using Oregon minimum wage; and
4. A roster of active volunteers (public safety, non-public safety, and community service workers/inmates on work release) will be kept monthly for reporting purposes. It is acknowledged that City/County Insurance Services may request copies of these rosters during year-end audit; and
5. Unanticipated volunteer projects or exposure not addressed herein will be added onto the City of Aurora's coverage agreement (1) by endorsement, (2) with advance notice to CIS, and (3) allowing two weeks for processing. It is hereby acknowledged that coverage of this type cannot be backdated.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Aurora to provide for workers' compensation insurance coverage as indicated above. This resolution will be updated annually.

ADOPTED by the City Council of the City of Aurora this 14th day of September 2004.


Jonathan S. Gibson, Mayor

ATTEST by:


Laurie Boyce, City Recorder



Main Office: 1212 Court St. NE, Salem OR 97301
Phone: 503.763.3800 • Fax: 503.763.3900
Toll Free: 1.800.922.2684
Claims: PO Box 1469, Lake Oswego OR 97035
Phone: 503.736.3875 • Fax: 503.763.3901
Toll Free: 1.800.922.2684

Property, Casualty, Workers' Compensation and Employee Benefit Services

RECEIVED

AUG 18 2004

GUSTAFSON
INSURANCE

August 17, 2004

Mr. Scott Gustafson
Gustafson Insurance Agency
P.O. Box 927
Canby, OR 97013

Re: City of Aurora

Dear Scott:

Upon reviewing the City's workers' compensation renewal information for the 2004-05 coverage year, I noticed that we have not yet received an updated volunteer resolution. As the City has chosen to cover its (1) public safety volunteers, (2) volunteer boards, commissions, and public officials as well as (3) volunteer clerical, it is necessary for them to pass a new resolution and submit a copy for our files.

Enclosed is a sample resolution. We would greatly appreciate it if you could advise the City to amend the language in this sample resolution to only include language applicable to the type of volunteer activity it has chosen to cover. Because the City has not elected to cover court-mandated workers, that language would not be included in the resolution to be passed by the City Council. We ask that the City submit an updated resolution within 30 days from the date of this letter.

Thanks for your assistance with this, Scott. Please feel free to call me if you have any questions. Thank you!

Sincerely,

A handwritten signature in blue ink that reads 'Christina L. Cox'.

Christina L. Cox
Workers' Compensation Group Underwriter

CLC

Enclosure

pc: Bob Kahl, CIS Senior Underwriter



A Membership Service Of



S A M P L E
VOLUNTEER RESOLUTION
Resolution No. _____ for Policy Year 2004-05

A RESOLUTION EXTENDING *[Enter Name of City/County/Related Entity Here]*'S WORKERS' COMPENSATION COVERAGE TO VOLUNTEERS OF *[Enter Name of City/County/Related Entity Here]*.

WHEREAS, the *[Enter Name of City/County/Related Entity Here]* elects the following:

Pursuant to ORS 656.031, workers' compensation coverage will be provided to the classes of volunteer workers listed on the attached Volunteer Election Form.

1. An assumed monthly wage of *[Enter elected \$ amount here--it must be no less than \$800 per month as required by Oregon statute]* will be used for public safety volunteers; and
2. Non-public safety volunteers will keep track of their hours and have their assumed payroll reported in the correct class code for the type of work being performed using Oregon minimum wage; and
3. Court-mandated community service workers/inmates on work release may be covered for workers' compensation benefits by the sentencing court. Coverage will be determined prior to work inception and stipulated to in writing between *[Enter Name of City/County/Related Entity Here]* and the respective sentencing court. Court-mandated volunteers will keep track of their hours and have their assumed payroll reported in Class Code 7720V using Oregon minimum wage; and
4. A roster of active volunteers (public safety, non-public safety, and community service workers/inmates on work release) will be kept monthly for reporting purposes. It is acknowledged that City County Insurance Services may request copies of these rosters during year-end audit; and
5. Unanticipated volunteer projects or exposure not addressed herein will be added onto *[Enter Name of City/County/Related Entity Here]*'s coverage agreement (1) by endorsement, (2) with advance notice to CIS, and (3) allowing two weeks for processing. It is hereby acknowledged that coverage of this type cannot be backdated.

NOW, THEREFORE, BE IT RESOLVED by the *[City Council/Board of Commissioners/Board of Directors]* of *[Enter Name of City/County/Related Entity Here]* to provide for workers' compensation insurance coverage as indicated above. This resolution will be updated annually.

ADOPTED by the *[City Council/Board of Commissioners/Board of Directors]* of *[Enter Name of City/County/Related Entity Here]* this _____ day of _____, 2004.

[Name and Title of Authorized Representative]

ATTEST by *[Title]* this _____ day of _____, 2004.

[Name and Title]