

CROOK COUNTY WORK SESSION

Administration Conference Room
203 NE Court Street, Prineville, OR

Tuesday **June 22, 2021** at 9 a.m.

Members of the public and media are welcome to attend in person with social distancing
or via Webex 1-408-418-9388; Access Code: 623 057 025
Meeting Password: zRNvGMYM286

Discussion Items

	<i>Requester's Name</i>	<i>Matter</i>	<i>Docs in Packet?</i>
1	Katie Plumb	COVID-19 Update (if any)	
2	Eric Blaine	Discussion on Special District Relationships with Crook County	
3	Kim Barber	WHA Renewal	✓

Executive Discussion Items

	<i>Requester's Name</i>	<i>Matter</i>	<i>Docs in Packet?</i>
Exec #1		ORS 192.660(2)(h) Consulting with Counsel concerning the legal rights and duties of a public body with regard to current litigation or litigation likely to be filed	

Items placed on the Work Session agenda are intended for discussion only, without making decisions or finalizing documents unless an emergency exists.

**The Court may add additional items arising too late to be part of this Agenda. Agenda items may be rearranged to make the best use of time.*

**The meeting location is accessible to persons with disabilities. If additional accommodations are required, please submit your request 48 hours prior to the meeting by contacting County Administration at 541-447-6555.*

*Requests to be placed on the Work Session agenda are
due at **5 p.m. on Thursday** before the Work Session*

June 22, 2021 Work Session Agenda Items



AUTHORIZATION FORM



PROTECT YOUR POLICY FROM UNAUTHORIZED CHANGES

We can only make changes to your policy if directed by you, as the First Named Insured, or authorized persons!

Instructions:

- Review the contact list below and add any names you would like included as a contact on the policy.
- Check either 'Authorized' or 'Not Authorized' to indicate whether or not you would like the contact to be able to make important changes to your policy.
- Print your name, sign, date and return the form to our office via email, fax or mail.

Contact Name	Authorized	Not Authorized	Remove as Contact
Keity Crismon, HR Partner			
Jeremy Thamert, Director of Maintenance			
Stephanie Wilson, Chief Admin Deputy			
Kim Barber, Human Resources			

Your Name (please print): _____

Signature

Date

Crook County

Notice of Election for Guaranteed Cost Plan

Period: 07/01/2021 - 07/01/2022

Policy: 791761

Plan: Version #1

Agency: WHA Insurance Agency Inc
Producer: Jennifer King

Total estimated premium and assessments: \$251,225.75

Payroll reporting frequency: Annual

Please visit **saif.com** and choose *Safety and health* for information about safety or choose *Employer Guide* for information about reporting payroll, paying online, filing and managing a claim, and coverage.

Initial Installment due by 06/25/2021: \$251,225.75

I, the undersigned, as a legal representative of the Company listed above, do hereby authorize SAIF Corporation to issue the policy and determine workers' compensation premiums according to the plan selection on this form. I have read, understand, and agree to the terms and conditions of this plan as set forth in the proposal.

 Authorized signature of insured

 Date signed

Please return this page with remittance. You may choose to pay online at saif.com, or write the quote or policy number indicated in this document on your check. Make check or money order payable to:

**SAIF CORPORATION
 400 High St SE
 Salem, OR 97312-1000**

SAIF use only	D: \$0	I: \$251,226
Date received _____	Amount received _____	Check no. _____
Bond Company _____	Bond no. _____	