



BOARD OF SUPERVISORS

**Human Resources &
Development
COUNTY OF TULARE
AGENDA ITEM**

ALLEN ISHIDA
District One
PETE VANDER POEL
District Two
PHILLIP A. COX
District Three
J. STEVEN WORTHLEY
District Four
MIKE ENNIS
District Five

AGENDA DATE: March 23, 2010

Public Hearing Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Resolution, Ordinance or Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

CONTACT PERSON: Tim Huntley PHONE: 636-4900

SUBJECT: Approval of State Disability Insurance Coverage for Unit 20 (Professional).

REQUEST(S):
That the Board of Supervisors:
Approve participation in the State of California's "State Disability Insurance" Coverage for Unit 20 (Professional) effective April 1, 2010 and authorize the Chairman of the Board of Supervisors to sign the attached Application for Elective Coverage of Disability form.

SUMMARY:
The State Disability Insurance (SDI) program is part of the California Unemployment Insurance Code (CUIC). Section 710.5 of the CUIC provides that any public agency employer, as defined in Section 3501 of the Government Code, may elect to become an employer for disability insurance purposes only, with respect to all of its employees who are part of an appropriate unit established pursuant to the public agency employment law.

SDI is a mandatory program for private sector employees, but is an optional program for public sector employees. Participation in SDI is an employee paid program. The SDI program does not allow for individuals to opt in or opt out, but does allow defined groups, to opt in or opt out. Most Tulare County units already have SDI coverage. As SDI is a voluntary program for public entity employees, the decision for coverage for an unrepresented unit has been a unit matter determined

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(Professional)
DATE: March 23, 2010

by a vote of the employees in a defined unit. Unit 20 is made up of professional employees and they are unrepresented for collective bargaining purposes.

In December of 2008, some employees in unit 20 inquired into SDI coverage and sought out information concerning how they could obtain coverage. Communications from Human Resources & Development (HR&D) were sent out to employees in the unit and they were asked to respond if they were interested in learning more about SDI coverage. Due to the low response of the employees, the process was discontinued.

In September of 2009, the matter of SDI coverage was raised again by some of the employees in the unit. A communication from HR&D was sent out to employees in the unit and they were asked to respond if they were interested in learning more about SDI coverage. Due to the high response of the employees, informational meetings were arranged for the unit's employees.

On October 28, 2009 a representative from the State held an informational meeting at the Workforce Investment Board. Employees were informed of the meeting via email.

On December 1, 2009 another meeting was held by the County's Long Term Disability (LTD) carrier to share information on how the County's LTD plan worked. Employees were also informed this meeting via email.

On December 7, 2009, the unit's employees were asked to respond if they were interested in having the matter of SDI coverage come before the unit for a vote; 40% of the unit's employees expressed a "showing of interest" for the SDI coverage matter to come before the unit for a vote.

On December 18, 2009, the unit's employees were informed that 40% of the employees in the unit expressed a desire for the matter to come before the unit for a vote. They were also informed that HR&D took a "neutral position" in the matter as the entire premium was paid for by the employee. Additionally, the information provided included the withholding rate (cost) for the premium amount. Employees were also notified that an election would be held soon on the matter.

On January 14, 2010, the unit's employees were sent an email that contained a "Notice of Election" that provided information on: the election and voting criteria; the voting period; and how to vote. The Notice also stated that the outcome would be determined by a "simple majority of those who vote" and included the premium amount (1.1% of salary up to a maximum of \$1,026.48 annually) for the coverage. The election also took place via email; 18 voted in favor of SDI coverage, 12 voted against SDI coverage, and 29 did not vote (59 total employees in the unit). The majority voted in favor of having SDI coverage. The voting period commenced January 14, 2010 and continued through January 29, 2010 to allow employee's time

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to research the matter before making a decision.
As the SDI program does not allow for individuals in a SDI participating unit to opt out, therefore, all employees in the unit would have to participate.

Coverage will be effective on April 1, 2010 and will continue for at least two years and thereafter, until the election is terminated as provided by the Code (coverage may be terminated at the end of a two-calendar-year period or thereafter, by giving the State written notification by January 31 of the succeeding year).

FISCAL IMPACT/FINANCING:

There is not a fiscal impact to the County for a premium contribution. The Auditor's Office already handles SDI premium deductions for several other units. The entire premium cost is paid for by the employee through payroll deduction.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

Organizational Performance: Promote an organization that continuously demonstrates the value of its employees in fulfilling the County mission.

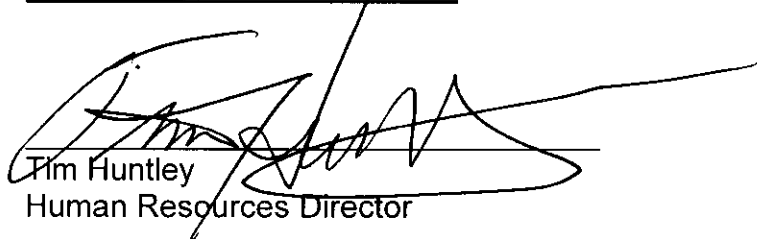
ALTERNATIVES:

The Board can deny this request and direct the Human Resources & Development department to review other options for short-term disability coverage for this unit.

INVOLVEMENT OF OTHER DEPARTMENTS OR AGENCIES:

Auditor's Office

ADMINISTRATIVE SIGN-OFF:



Tim Huntley
Human Resources Director

Cc: Auditor/Controller
County Counsel
County Administrative Office (3)

Attachment(s)
Application for Elective Coverage of Disability (State of California, Employment Development Department, Form DE 1378N)

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF Approval of State)
Disability Insurance Coverage for Unit 20)
(Professional))

RESOLUTION NO. _____
AGREEMENT NO. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JEAN M. ROUSSEAU
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

Approved participation in the State of California's "State Disability Insurance" Coverage for Unit 20 (Professional) effective April 1, 2010 and authorized the Chairman of the Board of Supervisors to sign the attached Application for Elective Coverage of Disability form.



Taxpayer Assistance Center, Attn: Specialized Coverage Desk/P.O. Box 2068, Rancho Cordova, CA 95741-2068 / (916) 654-6288

Application for Elective Coverage of Disability Insurance* Only for Employees of a Public School Employer Under Section 710.4 or a Public Agency Employer Under Section 710.5 or an Indian Tribe under Section 710.6 or a Community College District under Section 710.9 of the California Unemployment Insurance Code

For Department Use Only	
Account No.	<u>92503291</u>
Statistical Code	_____
Effective Date	_____
Approved By	_____
Date	_____
Employer Notified	_____ (Date)
Send	_____
Number of Employees	_____

IMPORTANT

This form is not an application for an account number under the compulsory provisions of the Unemployment Insurance Code. Do not complete this form unless you wish to apply for Disability Insurance coverage ONLY under Section 710.4, 710.5, 710.6, or 710.9 for your employees. Coverage under these sections of the Code does not make provision for Unemployment Insurance benefits.

NOTE: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions outlined in form DE 1378P, "Information Concerning Elective Coverage Under Section 710.4, 710.5, 710.6, or 710.9 of the Unemployment Insurance Code." Please retain your copy of form DE 1378P for reference.

Please Type or Print

1. Name of Employer _____ (Telephone) _____

2. Business Address _____ (Street and Number) _____ (City) _____ (County) _____ (State) _____ (ZIP Code)

3. Mailing Address _____ (Street and Number) _____ (City) _____ (County) _____ (State) _____ (ZIP Code)

4. Type of Employer – (Check one)

Public School – Section 710.4

Indian Tribe – Section 710.6

Public Agency – Section 710.5

Community College District – Section 710.9

5. Law under which agency was established. (Does not apply to Indian Tribes)

(a) California General Laws

Title of Act _____ Number _____ Year Enacted _____

OR

(b) California Codes

Title of Code _____ Number _____ Part _____ Chapter _____

Sections _____ to _____

6. Members of governing body of the employer.

Name	Title	Residence Address
X _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Includes Paid Family Leave (PFL) beginning January 1, 2004.

7. This application covers employees of the following appropriate units:

Show Name of Bargaining Unit or Describe Type of Services

- Bargaining Unit
- Management
- Confidential
- Unrepresented
- Academic

8. Complete this schedule covering all elected officers and appointees who perform services for the agency named in Item 1. Exclude persons listed in Item 6.

(a) Elected offices: (These persons are ineligible for coverage.)

Title of Position

(b) Person holding appointive positions: (These persons are eligible for coverage unless appointed to fill a vacant elected office.)

<u>Title of Position</u>	<u>No. of Positions in this Category</u>	<u>By Whom Appointed</u>	<u>Number of Such Persons Desiring Coverage</u>
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(c) Total number of employees to be covered (excluding elected officers and those appointed by the Governor).

9. Deductions should not be made from your employees' wages for the purpose of paying employee contributions required under the Code until your election is approved.

10. On what date do you wish elective coverage to commence? Keep in mind that the commencement date of an elective coverage agreement shall not be prior to the first day of the calendar quarter in which the application is filed, nor later than the first day of the following calendar quarter.

- First day of current quarter First day of next quarter

11. Attach a copy of the resolution in which the governing body described in Item 6 approved the filing of an application for elective coverage under Section 710.4, 710.5, 710.6, or 710.9 of the Unemployment Insurance Code.

The governmental or tribal entity described in Item 1 hereby files its application under Section 710.4, 710.5, 710.6, or 710.9 of the Unemployment Insurance Code to become an employer subject to the Code. It is understood that upon approval of the election by the Director, the Public School/Public Agency/Indian Tribe/Community College District will be an employer subject to the Code for Disability Insurance purposes only to the same extent as other employers as of the date specified in the approval, and will remain a subject employer for at least two complete calendar years and thereafter, until this election is terminated as provided by the Code.

I declare that this application has been examined by me, and to the best of my knowledge and belief, it is true and correct and made in good faith under the provisions of the California Unemployment Insurance Code.

This declaration must be signed by one
or more persons shown under Item 6.

(Signed) _____ Date _____
(Signed) _____ Date _____
(Signed) _____ Date _____