Quote Request

WORKERS' COMPENSATION ACTUARIAL SERVICES

Quotes due July 20, 2018 @ 11:00 a.m.

Fax to Brandon Havranek at (412) 456-5007

Scope of Work

The Selected Offeror will perform an actuarial analysis of our workers' compensation program. This actuarial valuation will be used as part of the run-off report submitted to the Commonwealth of Pennsylvania. HACP requires that the analysis be completed.

In addition to performing an actuarial analysis, the Selected Offeror will also be required to convert data to comply with Generally Accepted Accounting Principles (GAAP) for our Financial Services Department. The GAAP conversion will be due no later than December 1st of the contract year.

HACP had self-insured its workers' compensation program since August 1992 with the program ending as December 31, 2014. We used a third party administrator to administer claims (Inservco). HACP and Inservco will furnish payroll and claims information.

- Individual claim reserves are established
- HACP segments claims by claim type (medical vs. wage loss, etc.)
- HACP segments data by injury classification (permanent total, temporary, etc.)
- HACP segments data by type of injury (back strain, traumatic brain injury, etc.)
- HACP's payroll captures NCCI class code
- The GAAP conversion report is typically provided to HACP in September. The actual letter is usually provided in December and pulls the page from the valuation showing the calculation and explains the adjustment to December 31st.

Initial term of contract will be one (1) year with two (2) one (1) year extension options.

Please contact Brandon Havranek at (412)456-5000 ext 8546 or at Brandon.Havranek@HACP.org with *any questions about the above scope.*

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WORKERS' COMPENSATION ACTUARIAL SERVICES

7/20/18 @ 11 am

2018 Workers Compensation Analysis: $_____

2018 GAAP Conversion: $_____

2019 Workers Compensation Analysis: $_____

2019 GAAP Conversion: $_____

2020 Workers Compensation Analysis: $_____

2020 GAAP Conversion: $_____

Total Bid amount for all work: $_____

(add the three amounts from above together)

Total Bid amount _____dollars

In words

Contract award will be based on total bid amount

(Please print clearly)

Company Name: _____

Signature: _____

Print Name: _____

(of person signing)

Address: _____

(of company)

Phone Number:_____ Fax:_____

Email: _____