

Funds Administration Overview

June 2014



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Mark C. Long, Funds Administrator
Funds Administration

Second Injury Fund
Silicosis, Dust Disease &
Logging Industry Compensation Fund
Self-Insurers' Security Fund

General Office Building,
7150 Harris Dr., 1st Floor B Wing,
P.O. Box 30182,
Lansing, Michigan 48909

(517) 636-6600/Telephone, (517) 636-6627/Fax
e-mail: funds@michigan.gov

www.michigan.gov/wca

Table of Contents

A Message from the Funds Administrator	4
Who We Are.....	5
Organizational Chart	6
Chart of State Funds Handled by the Funds Administration.....	7
Second Injury Fund	8
Silicosis, Dust Disease and Logging Industry Compensation Fund	13
Self-Insurers' Security Fund.....	15
Medical Benefit Reimbursement	16
Assessment Summary	17
Assessment Worksheet.....	18
Assessment Collections	19
2013 Calendar Year Total Expenditures	20
2013 Fund Provision Percentage of Expenditures	20
2013 Redemption Payments.....	21
2013 Redemptions by Fund Provision.....	21
2013 Case Activity Total.....	22
2013 Fund Provision Percentage of Total Cases	22
Benefits Paid by the Second Injury Fund	23
Benefits Reimbursed to Carriers by the Silicosis, Dust Disease and Logging Industry Compensation Fund.....	24
Benefits paid to workers by the Self-Insurers' Security Fund	25
Funds Administration Professional Staff.....	26

A Message from the Funds Administrator

The mission of the Funds Administration is to provide timely determination of carrier and employee rights to benefits or reimbursement and make payments due in a timely and accurate manner.

The Funds Administration receives 100% of its funding through assessments levied against insurers who write workers' compensation policies in the state of Michigan and employers who self-insure their workers' compensation risk.

As our mission statement indicates it is our goal to "provide timely determination of carrier and employee rights to benefits or reimbursement and make payments due in a timely and accurate manner." Over this past year we handled over 2,600 claims while reducing our pending caseload by 12% to 2029 open claims. During this time we processed over 96% of reimbursements and payments within 30 days. Moreover, in an effort to reduce payment inaccuracies, we implemented a new payment schedule for our direct pay cases. We have also partnered with the Workers' Compensation Agency Claims Processing Division to implement new auditing procedures in our assessment collection process.

An efficient and cost-effective operation is the result as we work toward meeting our mission. Through dedication and a solid team effort we have kept our average per claim expense below \$2,000 per handled claim; this includes all operating expenses, i.e., salary, fringes, and infrastructure, as well as loss adjusting expenses (LAE), i.e., medical, legal defense costs, and rehabilitation, and is comparable to Workers' Compensation Research Institute (WCRI) states. In addition, our average redemption amount of approximately \$33,000 remains well-below the statewide average.

Finally, we are pleased to announce that through a bipartisan effort the Michigan Legislature has passed bills that are intended to address the potential liability facing the Self-Insurers' Security Fund for the individual claims made against the bankrupt Delphi Corporation. The bill package will also create the Private Employer Group Self-Insurers' Security Fund (PEGSISF). The PEGSISF will be managed by the current Board of Trustees and will operate as the safety-net in the unlikely event that a private employer group self-insurer fund is unable to meet its obligations under the WDCA. At the time of this writing, the bill package has been transmitted to the Governor and the individual bills are pending his signature.

I hope you find this overview informative, and if you have any questions please call the Funds Administration office directly at (517) 636-6600; or you may email me at longm1@michigan.gov.

Mark C. Long

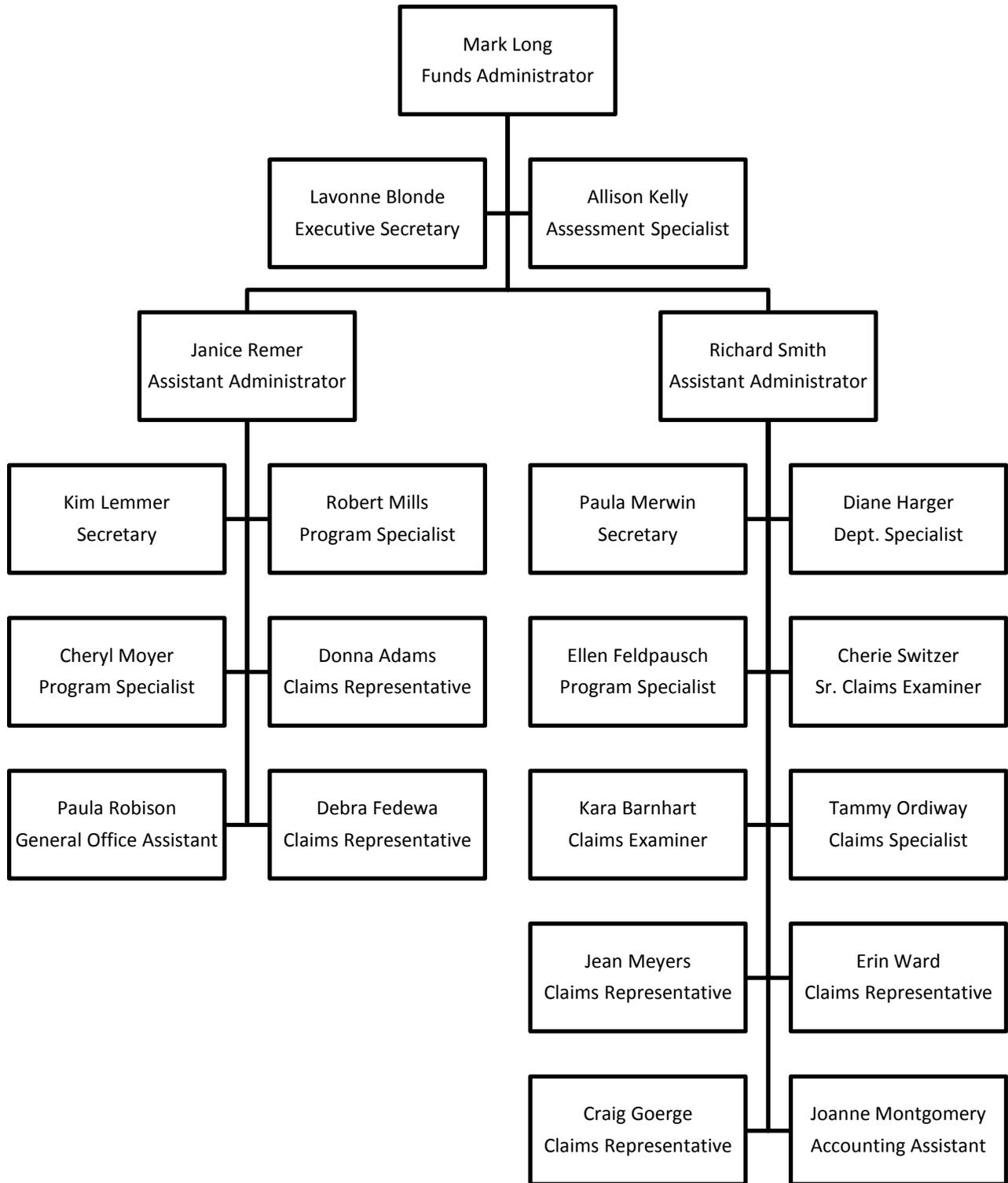
Who We Are

The Funds Administration consists of the Second Injury Fund, the Silicosis, Dust Disease and Logging Industry Compensation Fund, and the Self-Insurers' Security Fund. The Funds Administration is managed by a board of trustees. Two of our trustees are appointed by the governor with the advice and consent of the senate. Douglas A. Green, Manager of Benefits Administration for DTE Energy Company is the current Chairperson and represents employers authorized to act as self-insurers in Michigan. Michael T. Reid, Director Litigation, Subrogation and Medicare for Accident Fund Holdings Co. represents the insurance industry. Kevin A. Elsenheimer, LARA Senior Deputy Director and Director of the Workers' Compensation Agency is our third trustee.

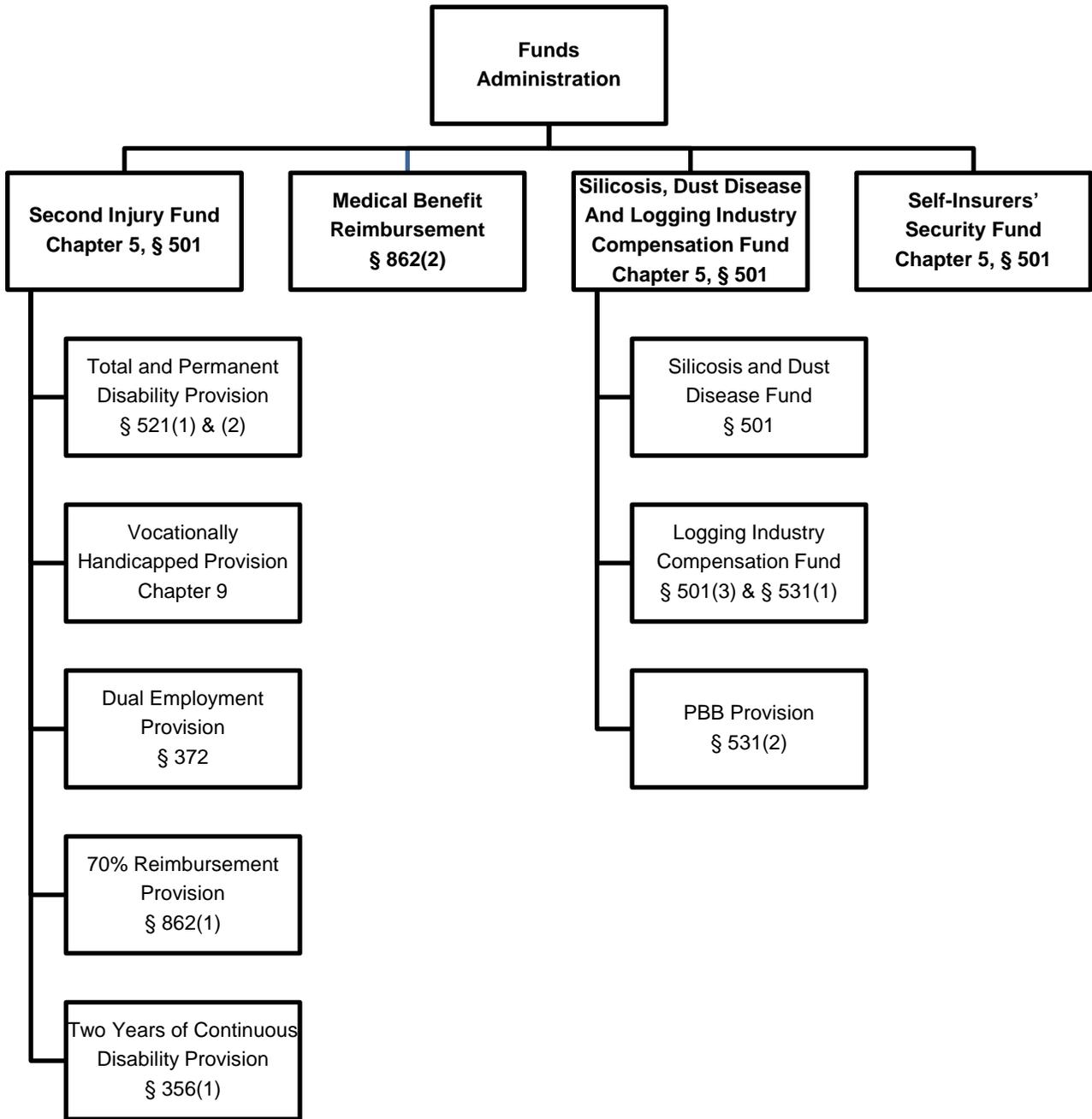
In addition, to the three aforementioned funds, we also administer the Medical Benefits Reimbursement Fund [MCL 418.862(2)] under the authority of the WCA Director. Payments and administrative expenses from this fund come from the general fund.

We are 100% funded by insurers who write workers' compensation policies in the state of Michigan, and employers who self-insure their workers' compensation risk. Separate assessments are levied for each fund and the assessments cover all benefits paid as well as legal and administrative costs incurred by the Funds Administration. The Second Injury Fund and Silicosis, Dust Disease and Logging Industry Compensation Fund assessments are paid by insurance companies and self-insured employers. The Self-Insurers' Security Fund assessment is levied against private self-insured employers.

Legal advice and representation is provided by the Department of the Attorney General. In addition to the Division Chief and First Assistant of the Labor Division and the Funds Administration Unit Section Head, there are six Assistant Attorneys General and 15 Special Assistant Attorneys General.



State Funds Managed by the Funds Administration



Second Injury Fund

The Second Injury Fund has five distinct responsibilities under the Workers' Disability Compensation Act:

- ❖ Total and Permanent Disability Provision
- ❖ Vocationally Handicapped Provision
- ❖ Dual Employment Provision
- ❖ Seventy Percent Reimbursement Provision
- ❖ Two Years of Continuous Disability Provision

Total and Permanent Disability Provision

Total and permanent disability benefits are provided to individuals who meet the definition of total and permanent disability under the terms of the Workers' Disability Compensation Act. Under section 361(3), total and permanent disability, compensation for which is provided in section 351 means:

- a) Total and permanent loss of sight of both eyes.
- b) Loss of both legs or both feet at or above the ankle.
- c) Loss of both arms or both hands at or above the wrist.
- d) Loss of any two of the members or faculties in the subdivisions (a), (b), or (c).
- e) Permanent and complete paralysis of both legs or both arms or of one leg and one arm.
- f) Incurable insanity or imbecility.
- g) Permanent and total loss of industrial use of both legs or both hands or both arms or one leg and one arm; for the purpose of this subdivision such permanency shall be determined not less than 30 days before the expiration of 500 weeks from the date of injury.

Sequential losses (also called 8A cases) - 521(1) - If there is a prior loss of a hand, arm, foot, leg or eye, followed by the compensable loss of one or more of the above, the fund assumes payment of the basic weekly benefit after the carrier has paid for the second specific loss.

Differential benefits - 521(2) - Benefits paid by the Second Injury Fund to a totally and permanently disabled employee. The differential benefit is the difference between the statutory weekly rate payable by the employer or insurance carrier for the date of injury and the weekly benefit rate now provided by the statute.

Factors used to determine the Second Injury Fund total and permanent disability benefit rate and accrued compensation:

- ❖ Date of injury
- ❖ Average weekly wage
- ❖ Value of discontinued fringe benefits
- ❖ Dependents
- ❖ Income tax filing status
- ❖ Date of birth of employee and dependents
- ❖ Carrier's weekly benefit rates for the period of fund payment
- ❖ Date of total and permanent disability
- ❖ Date of first notice (for application of the two-year back rule in cases with dates of injury after 6/30/68)
- ❖ Supplemental benefit rate, period and amount paid in cases with dates of injury from 9/1/65 through 12/31/79

Total and permanent differential benefits may be paid directly to the employee by the fund if the carrier is either unable to pay, has no separate obligation to pay, or has redeemed liability. This provision of the fund pays and/or reimburses weekly differential benefits only. Reimbursements are made to the carrier every six months. Redemption by an employer or insurance carrier before an admission or adjudication of liability for permanent and total disability extinguishes an employee's claim for benefits from the Second Injury Fund. When an employee and the employer or insurance carrier redeem the employer's liability after all parties concede permanent and total disability or there is an adjudication of permanent and total disability, the employee's claim for benefits from the Second Injury Fund can continue. Once it is agreed or determined by final decision that an employee is permanently and totally disabled, redemption by the employer or insurance carrier will not affect the responsibility of the Second Injury Fund to pay benefits to the claimant. The fund will pay weekly benefits to the employee for as long as the employee is permanently and totally disabled as defined in the workers' compensation statute. The Second Injury Fund will consider redemption after all parties have conceded or there has been an adjudication regarding permanent and total disability. The fund may redeem in conjunction with, or separate from, the employer or insurance carrier.

Vocationally Handicapped Provision

This program encourages Michigan employers to hire individuals with medically identifiable impairments of the back or heart, or who have epilepsy or diabetes when these impairments cause a substantial obstacle to employment. The Department of Human Services, Michigan Rehabilitation Services and the Second Injury Fund jointly administer this program.

In the event of a work-related injury, the Second Injury Fund will either reimburse or pay direct workers' compensation benefit obligations beyond 52 weeks after the date of injury when all provisions of Chapter 9 have been met. The Second Injury Fund is also responsible for vocational rehabilitation costs from the date of injury.

An employer or carrier must complete the certification process in order to receive the protection of Chapter 9. Employer certification is invalid if the person was employed with the same employer within 52 weeks of issuance of the certificate. A certification is invalid if the employer certification is not filed with the Michigan Rehabilitation Services within 60 days after the first day of employment, or before an injury for which benefits are payable under the Act.

A carrier shall place the Second Injury Fund on notice not less than 90 nor more than 150 days before the expiration of 52 weeks from the date of injury when it is likely that compensation may be payable beyond a period of 52 weeks after the date of injury.

Dual Employment Provision

Section 371(2) provides that an injured employee engaged in more than one employment at the time of injury is entitled to weekly benefits based on all wages earned in **employments covered** by the Michigan Workers' Disability Compensation Act. Section 372 provides for proportionate reimbursement from the Second Injury Fund. This provision applies to dates of injury on or after January 1, 1982.

Examples of dual employment situations that are **not** covered:

- ❖ Federal employment (excluding military members of the Michigan National Guard).
- ❖ Sole proprietorships, self-employment, and independent contractors.
- ❖ Partnerships or corporations where the owner/employee or other family members have excluded themselves from workers' compensation coverage.
- ❖ Domestic workers (there are exceptions).
- ❖ Real Estate salespeople/brokers (there are exceptions).

The dual employment provision does not have reimbursement liability in the following situations:

- ❖ There is no wage loss from the non-injury employer.
- ❖ The injured worker is not disabled from performing the non-injury job.
- ❖ Both employers are agricultural.
- ❖ Earnings from the non-injury employer were not reported to the Internal Revenue Service.
- ❖ Both jobs caused the disability.
- ❖ The non-injury employment is not covered under the act.
- ❖ On call or volunteer workers entitled to benefits under sections 161(1) as amended by 2012 PA 83, effective 04/11/12.

In calculating the employee's benefit rate, the average weekly wage for each employer is calculated separately, in accordance with Section 371, and then combined. If the employment which caused the personal injury or death provides 80% or less of the employee's total average weekly wage, the fund will reimburse its apportionment share of the weekly rate based on the ratio of the employee's average weekly wage at the non-injury employer to the total average weekly wage. If the place of injury or death provided more than 80% of the total average wage, there will be no reimbursement from the fund. However, the employer is responsible for compensation based on the total average weekly wage.

This provision reimburses the carrier for weekly benefits. This provision does not reimburse uninsured employers and has no statutory authority to pay disabled employees directly. Reimbursement should be requested quarterly on the Form 112, Application for Reimbursement.

70% Reimbursement Provision

Defendants who appeal an open award by a workers' disability compensation magistrate must pay 70% of the awarded weekly compensation benefits while the case is on appeal. If the award of benefits is later rescinded or reduced by final determination, excess weekly benefit payments are reimbursable by the Second Injury Fund.

Seventy percent benefits are payable from the mailed date of the magistrate's decision. Weekly benefits should be paid in accordance with the act (i.e., apply age reductions, coordination, dependency changes, partial, etc.). When there is a final award, credit should be taken for 70% benefits paid against what is due by final order. If more money has been paid than owed, the excess is reimbursed by the fund. If less has been paid than owed, the balance is due with interest. Weekly benefits paid by one carrier must be taken as a credit if another carrier is responsible.

Two Years of Continuous Disability Provision

The statute provides that if a person is injured on or after January 1, 1982 and, at the time of personal injury, is entitled to a compensation rate less than 50% of the state average weekly wage, after two years of continuous disability, the employee may petition for an increase in the rate of compensation. The employee may present evidence, that by virtue of the employee's age, education, training, experience or other documented evidence, the employee's earnings would have been expected to increase. Factors which affect all employees in a similar manner, such as inflation, should not be considered when determining whether a disabled employee qualifies for a rate increase. A magistrate may order an adjustment of the compensation rate up to 50% of the state's average weekly wage for the year in which the employee's injury occurred. The amount of the adjustment to the compensation rate is reimbursable by the Second Injury Fund. Only one adjustment is made for an employee and the adjustment is made from the date the petition was filed. This provision does not apply to partially disabled workers.

Redemption by a carrier before an admission of or an adjudication regarding the employer's liability extinguishes both the employee's right to seek a rate increase under the two years of continuous disability provision and the employer's right to seek reimbursement from the fund. Once it is agreed or determined by final decision that an employee is entitled to a rate increase, the carrier can redeem its liability independent of the Second Injury Fund, however, the carrier must continue to pay the two years of continuous disability benefit to the employee and seek reimbursement from the fund.

Silicosis, Dust Disease and Logging Industry Compensation Fund

The Silicosis, Dust Disease and Logging Industry Compensation Fund has three separate types of responsibilities:

- ❖ Silicosis and Dust Disease Fund
- ❖ Logging Industry Compensation Fund
- ❖ PBB Provision

For claims with dates of injury from May 1, 1966 through June 30, 1985, reimbursement occurs after the employee has been paid more than \$12,500 in weekly benefits. Claims with dates of injury on or after July 1, 1985, carriers will pay \$25,000 or 104 weeks of benefits, whichever is greater, before reimbursement is due. The fund does not reimburse medical, burial expense, rehabilitation costs, penalty or interest payments. It is the employer that adds the Silicosis, Dust Disease and Logging Industry Compensation Fund to a litigated case. The employee cannot add the fund.

The fund has the right to reimbursement and credit from third party recoveries pursuant to MCLA 428.827. Carriers who obtain third party reimbursement, must repay those monies before reimbursement resumes from the fund. The carrier is expected to avail itself of its right to reimbursement and where it has failed to do so will be held accountable for monies it was entitled to recoup [Nelligan v Gibson Insulation 193 Mich App 274; 483 NW2d 460 (1992)].

Silicosis and Dust Disease Fund

The Dust Fund provides reimbursement to the carrier for the payment of weekly benefits to an employee disabled from silicosis, pneumoconiosis, phthisis and asbestosis. The Dust Fund also reimburses for silica related lung conditions from the foundry industry. In addition, the employer is not required to prove “threat to the industry” in cases where the employee’s work related disability or death, due to lung cancer has been caused by exposures to asbestos or silica.

Logging Industry Compensation Fund

The Logging Fund reimburses carriers for the payment of weekly workers’ compensation benefits to individuals who sustained personal injury or death out of the course of employment in the logging industry, specifically employment described in the workers’ compensation and employer’s liability insurance manual entitled, “logging or lumbering and driver’s code no. 2702,” in effect in 1980. The classification 2702 includes all aspects of the logging operation with the exception of clerical employees and outside sales. Sawmill operations are separately rated.

PBB Provision

The PBB provision provides reimbursement to carriers for weekly benefits paid as a result of disability or death caused by, contributed to, or aggravated by exposure to polybrominated biphenyl (PBB) if exposure occurred before July 24, 1979, by an employer located in Michigan engaged in the manufacture of PBB. The fund has yet to reimburse a claim.

Self-Insurers' Security Fund

The Self-Insurers' Security Fund (SISF) provides workers' compensation benefits to employees of self-insured employers who become insolvent after November 15, 1971. It is a lower cost option for employers to meet the mandatory WC insurance requirement under Michigan law. If a private self-insured employer becomes insolvent, payments are made to injured workers from the Self-Insurers' Security Fund when three statutory conditions are met, unless insurance or other coverage is available:

- The private self-insured employer is insolvent.
- The employee requests payment of benefits from the Funds Administrator or files an Application for Mediation or Hearing with the Workers' Compensation Agency and/or the Michigan Administrative Hearing System.
- The insolvent private self-insured employer is unable to continue payments.

The fund pays from the date all three conditions are met. No payments for benefits owed before that date are paid by the SISF. Assessments for the SISF are paid by private self-insured employers only and they are statutorily limited to 3% per calendar year.

In accordance with Rule 408.43q, the Self-Insurers' Security Fund, when triggered, may utilize financial guarantees posted with the agency to pay claims. At present, the SISF manages 46 separate employer trust funds which are funded from the financial guarantees posted with the agency. The trusts are established when a private self-insured employer is no longer able to meet their obligations under the Act. In addition, both specific and aggregate excess liability insurance policies continue to have responsibility for payments when retention levels have been met (Rule 408.43k).

It should be noted that public employers are not covered by the SISF, and in the event of a bankruptcy the employee should also file a claim in bankruptcy court for any workers' compensation benefits the fund cannot pay.

Medical Benefit Reimbursement

Reimbursement of medical benefits is a program administered within the Funds Administration. The objective of this program is to administer and provide reimbursement to the carrier for medical benefits paid to the claimant between the date of the magistrate's award and the date of the final determination of the appeal. If the final determination of the appeal has reversed the medical benefit awarded in the magistrate's decision, then reimbursement for payments would be processed and administered by the agency and paid from the general fund of the state. Once the final appeal process has been completed, the agency is required to provide a thorough review of any application for reimbursement submitted by the carrier. The staff must examine copies of the original medical bills and all final decisions (magistrate or appellate orders) to determine that reimbursement for medical costs is appropriate. After ensuring specific criteria and provisions of Section 862(2) and Rule 408.32a are met, then the reimbursement application is processed by the program staff and the department's finance division.

SIF and SDDF 2014 ASSESSMENTS

SECOND INJURY FUND:

Beginning Fund Balance: 1-1- 2013		\$10,815,071.29
Revenues:		
Assessments:	\$11,976,865.91	
Third Party Recovery:	\$56,692.41	
Interest Earnings:	\$11,934.42	
Miscellaneous:	\$8,983.98	
Total Revenues:		<u>\$12,054,476.72</u>
Available Funds:		<u>\$22,869,548.01</u>
Disbursements:	\$13,112,798.74	
Multiplier:	<u>1.75</u>	\$22,947,397.80
Ending Fund Balance: 12-31-2013:	\$9,756,749.27	
	<u>-\$200,000.00</u>	<u>-\$9,556,749.27</u>
2014 SIF ASSESSMENT:		<u>\$13,390,648.53</u>

SILICOSIS & DUST DISEASE FUND:

Beginning Fund Balance: 1-1- 2013:		\$1,232,383.58
Revenues:		
Assessments:	\$2,075,820.98	
Third Party Recovery:	\$4,689.44	
Interest Earnings:	\$1,494.58	
Miscellaneous:	\$80.82	
Total Revenues:		<u>\$2,082,085.82</u>
Available Funds:		<u>\$3,314,469.40</u>
Disbursements:	\$1,461,327.58	
Multiplier:	<u>1.75</u>	\$2,557,323.27
Ending Fund Balance: 12-31-2013:	\$1,853,141.82	
	<u>-\$200,000.00</u>	<u>-\$1,653,141.82</u>
2014 SDDF ASSESSMENT:		<u>\$904,181.45</u>

2014 SIF AND SDDF ASSESSMENT PERCENTAGES

SELF-INSURED EMPLOYERS:	Public Losses:	Private Losses:	Total Losses:
Individual Reports:	\$67,067,761.67	\$216,777,983.60	\$283,845,745.27
Estimated CY2013 Payments:	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
Total:	<u>\$67,067,761.67</u>	<u>\$216,777,983.60</u>	<u>\$283,845,745.27</u>

INSURANCE COMPANIES:	Ins. Comp. Losses:	Direct Premiums Written:
Individual Reports:	\$420,724,725.37	\$1,267,220,164.00
Estimated CY2013 Payments:	\$0.00	
MPCGA Payments	<u>\$1,649,549.16</u>	
Total:	<u>\$422,374,274.53</u>	

TOTAL PAYMENTS DURING CY2013:	Amount:	Percent:
Self-Insured Employers:	\$283,845,745.27	0.40192
Insurance Companies:	<u>\$422,374,274.53</u>	0.59808
Total:	<u>\$706,220,019.80</u>	

2014 ASSESSMENT RATES FOR SELF-INSURED EMPLOYERS:

SECOND INJURY FUND:

$$(\$13,390,648.53 * 0.40192) / \$283,845,745.27 = .01896$$

Assessment Rate: **.01896**

SILICOSIS AND DUST DISEASE FUND:

$$(\$904,181.45 * 0.40192) / \$283,845,745.27 = .00128$$

Assessment Rate: **.00128**

2014 ASSESSMENT RATES FOR INSURANCE COMPANIES:

SECOND INJURY FUND:

$$(\$13,390,648.53 * 0.59808) / \$1,267,220,164 = .00632$$

Assessment Rate: **.00632**

SILICOSIS AND DUST DISEASE FUND:

$$(\$904,181.45 * 0.59808) / \$1,267,220,164 = .00043$$

Assessment Rate: **.00043**

Assessment Collections

	SIF	SDD & LICF	SISF	Total
2014	\$13,390,648	\$904,181	\$6,503,000	\$20,797,519
2013	\$11,967,428	\$2,080,022	\$7,673,000	\$21,720,450
2012	\$10,886,616	\$1,104,272	\$7,589,000	\$19,579,888
2011	\$16,543,451	\$1,287,506	\$6,815,798	\$24,646,755
2010	\$10,622,552	\$2,338,607	\$7,686,000	\$20,647,159
2009	\$12,677,658	\$1,234,268	\$8,717,292	\$22,629,218
2008	\$15,919,650	\$2,685,127	\$3,157,000	\$21,761,777
2007	\$19,432,487	\$1,406,356	\$9,013,000	\$29,851,843
2006	\$15,726,115	\$2,022,928	\$6,646,600	\$24,397,643
2005	\$15,668,062	\$2,579,032	\$9,778,284	\$28,025,378
2004	\$ 6,514,448	\$ 183,794	\$9,428,716	\$16,126,958

	Call Date	Employer Multipliers			Insurance Multipliers	
		SIF	SDDF	SISF*	SIF	SDDF
2014	05/02/14	.01896	.00128	.03	.00632	.00043
2013	05/02/13	.01581	.00275	.03	.00561	.00097
2012	05/02/12	.01386	.00141	.03	.00564	.00057
2011	04/22/11	.02213	.00172	.03	.00884	.00069
2010	05/28/10	.01103	.00243	.03	.00577	.00127
2009	06/25/09	.01435	.0014	.03	.00594	.00058
2008	05/23/08	.01664	.00281	.01	.00744	.00216
2007	05/04/07	.0214	.00155	.02774	.00798	.00058
2006	06/20/06	.01665	.00214	.02	.00625	.0008
2005	04/29/05	.01683	.00277	.03	.00612	.00101
2004	04/30/04	.00709	.0002	.03	.00252	.00007

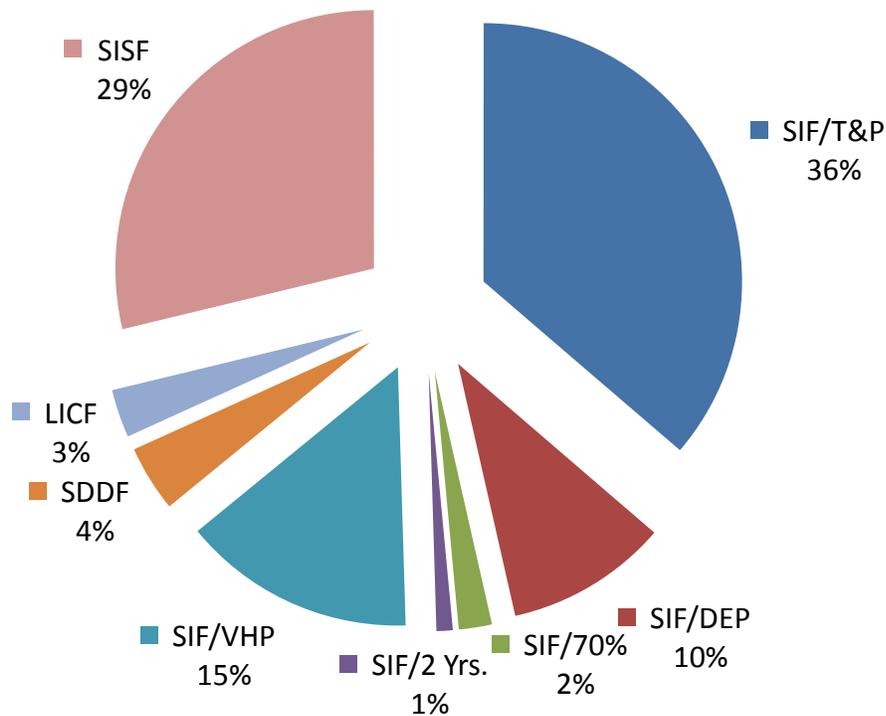
*applies to private self-insurers only

2013 Calendar Year Total Expenditures

(Total expenditures include costs of litigation & administration)

Second Injury Fund		\$13,112,798.74
❖ Total & Permanent Disability Provision	\$7,428,847.81	
❖ Vocationally Handicapped Provision	\$2,978,004.31	
❖ Dual Employment Provision	\$2,075,793.26	
❖ 70% Reimbursement Provision	\$421,776.30	
❖ Two Years of Continuous Disability Provision	\$208,377.06	
Silicosis, Dust Disease and Logging Industry Compensation Fund		\$1,461,327.58
❖ Silicosis and Dust Disease Fund	\$845,562.34	
❖ Logging Industry Compensation Fund	\$615,765.24	
❖ PBB	\$0	
Self-Insurers' Security Fund		\$5,885,917.30
Total of All Fund Payments		\$20,460,043.62

2013 Fund Provision Percentage of Expenditures

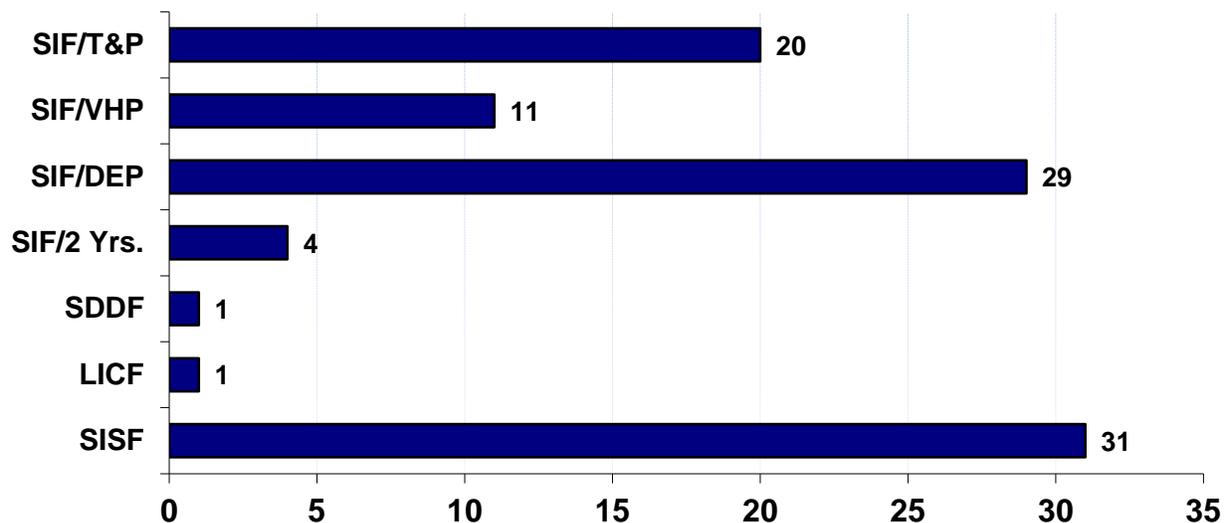


2013 Redemption Payments

(These payments are included in the calendar year payment summary)

Fund	Claims Redeemed	Total Payments
<i>Second Injury Fund:</i>		
❖ Total & Permanent Disability Provision	20	\$578,439.12
❖ Vocationally Handicapped Provision	11	\$735,354.11
❖ Dual Employment Provision	29	\$418,724.23
❖ 70% Reimbursement Provision	0	\$0.00
❖ Two Years Continuous Disability Provision	4	\$60,000.00
Second Injury Fund Total:	64	\$1,792,517.46
<i>Silicosis, Dust Disease and Logging Industry Compensation Fund:</i>		
❖ Silicosis and Dust Disease Fund	1	\$17,000.00
❖ Logging Industry Compensation Fund	1	\$63,100.00
❖ PBB	0	\$0.00
SDDF/LICF Total:	2	\$80,100.00
Self-Insurers' Security Fund Total:	31	\$1,333,698.55
All Fund Totals:	97	\$3,206,316.11

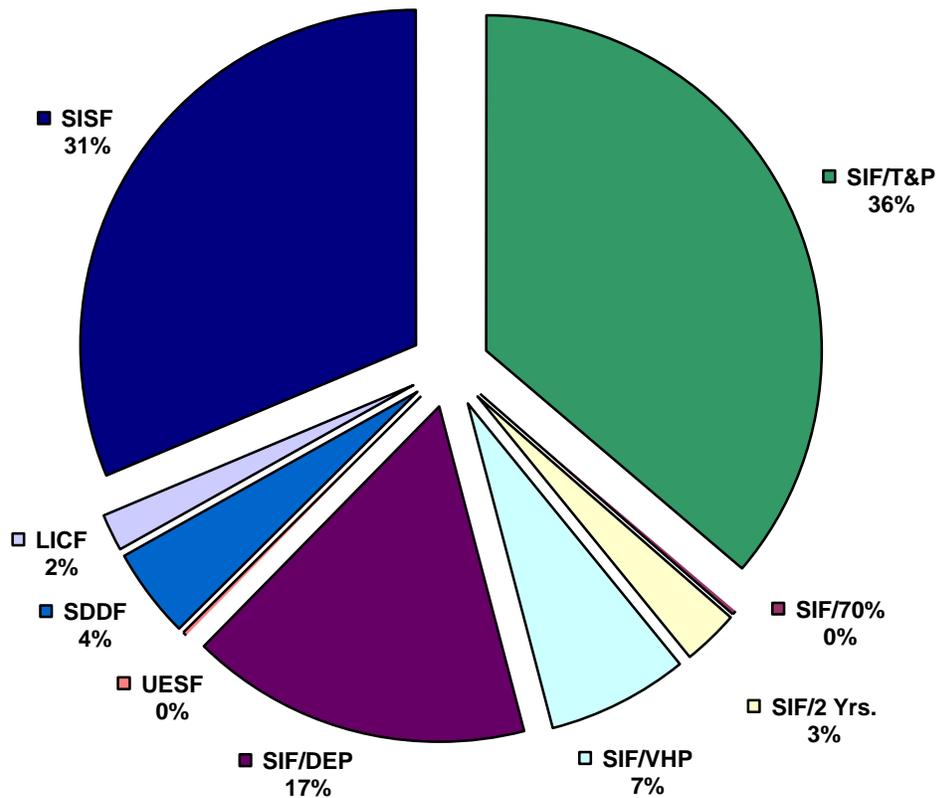
2013 Redemptions by Fund Provision



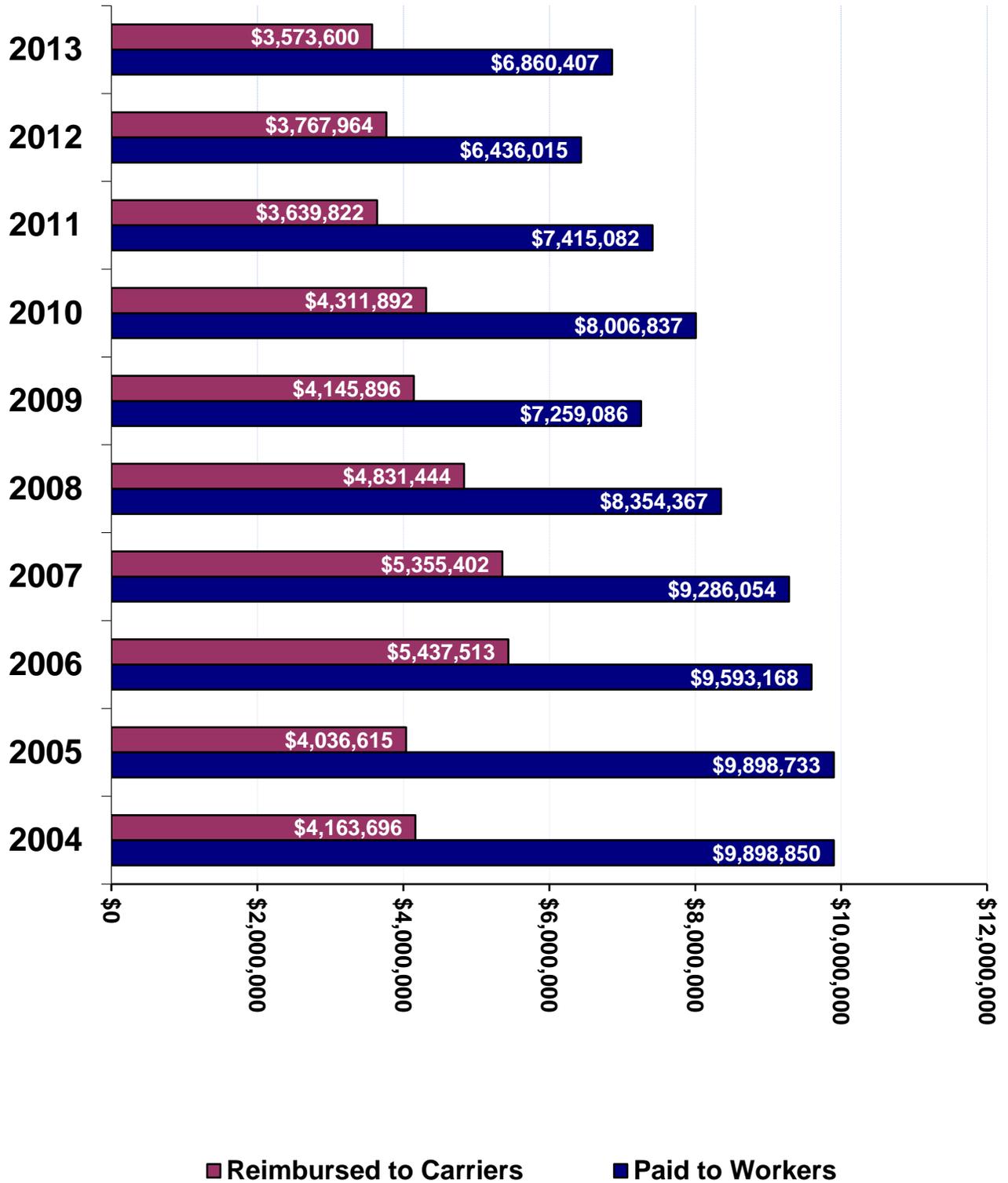
2013 Case Activity Total

Fund/Provision	Beginning 01/01/13	Opened	Closed	Ending 12/31/13
Second Injury Fund				
❖ Total & Permanent Disability Provision	845	42	152	735
❖ Dual Employment Provision	364	199	230	333
❖ Two Years of Continuous Disability Provision	61	15	21	55
❖ Vocationally Handicapped Provision	156	9	27	138
❖ 70% Reimbursement Provision	8	6	10	4
Silicosis, Dust Disease and Logging Industry Compensation Fund				
❖ Silicosis and Dust Disease Fund	112	8	32	88
❖ Logging Industry Compensation Fund	47	6	17	36
❖ PBB Provision	0	0	0	0
Self-Insurers' Security Fund				
	719	46	129	636
Uninsured Employers' Security Fund				
	4	0	0	4
Totals:	2316	331	618	2029

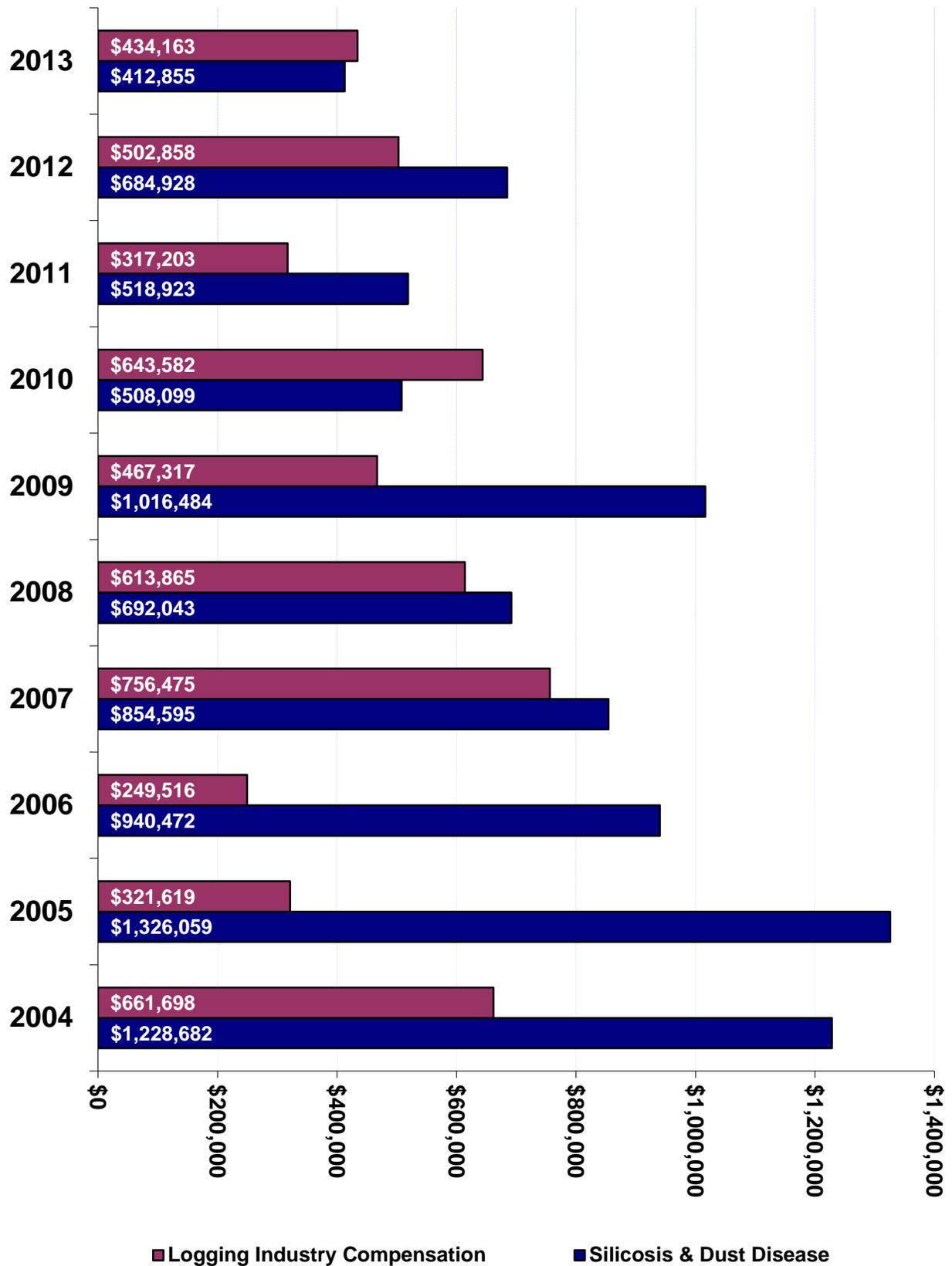
2013 Fund Provision Percentage of Total Cases



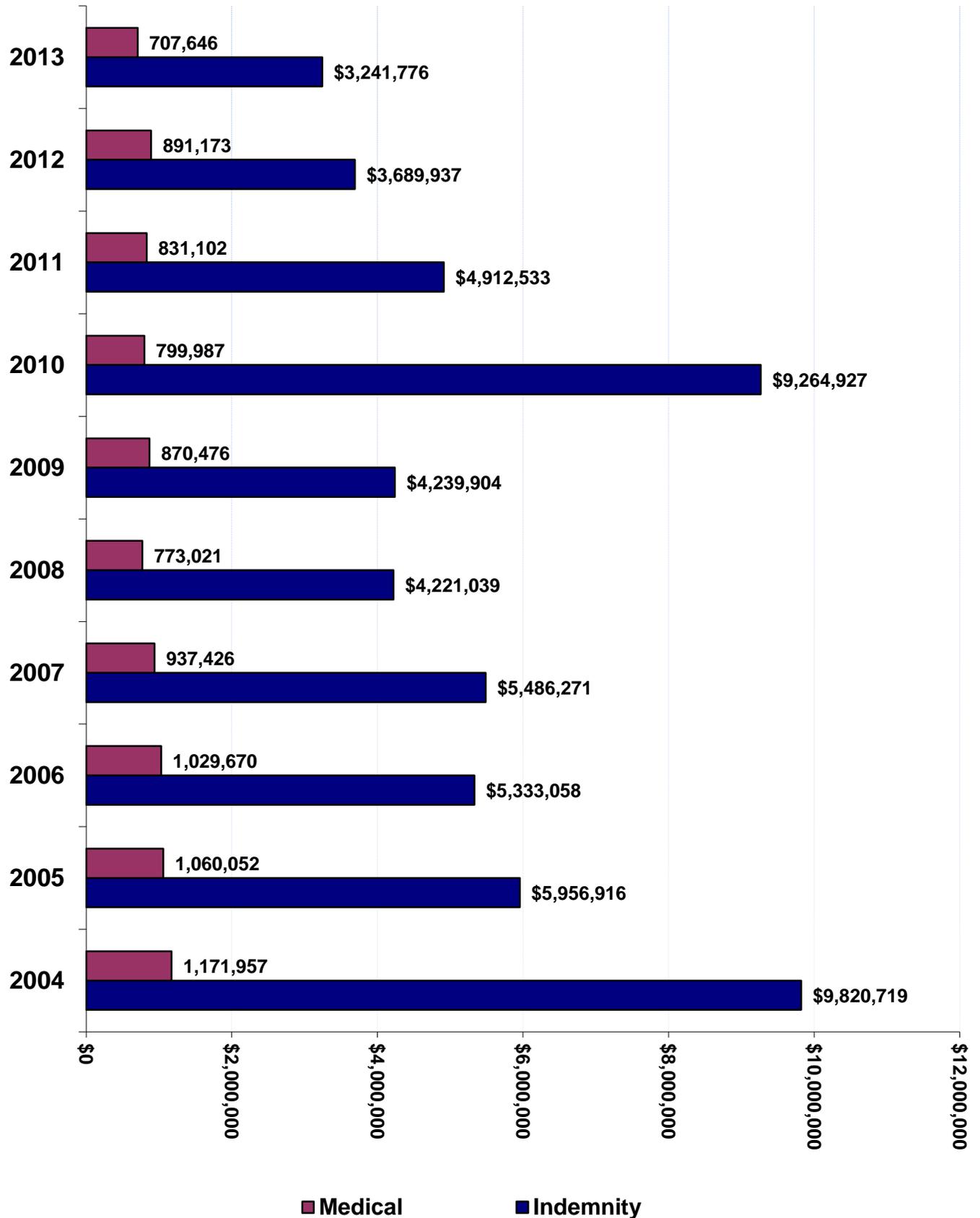
Benefits Paid Out by the Second Injury Fund



Benefits Reimbursed by the Silicosis, Dust Disease & Logging Industry Compensation Fund



Benefits Paid to Workers by the Self-Insurers' Security Fund



Funds Administration Professional Staff

Mark C. Long	Funds Administrator	(517) 636-6601
Lavonne Blonde	Executive Secretary	(517) 636-6602
Allison Kelly	Program Analyst/Assessments	(517) 636-6603

Janice Remer	Assistant Funds Administrator	(517) 636-6610
Robert Mills	Program Specialist	(517) 636-6611
Cheryl Moyer	Program Specialist	(517) 636-6609

Handles:

- ❖ Dual Employment Provision of the Second Injury Fund - Section 372
- ❖ Silicosis and Dust Disease Provision of the SDD & LICF - Chapter 5
- ❖ Logging Industry Compensation Fund Provision of the SDD & LICF - Chapter 5
- ❖ PBB Provision of the SDD & LICF - Chapter 5
- ❖ Total and Permanent Disability Provision of the Second Injury Fund - Sections 351, 361 (3), 521
- ❖ 70% Reimbursement Provision of the Second Injury Fund - Section 862(1)

Richard W. Smith	Assistant Funds Administrator	(517) 636-6630
Diane Harger	Departmental Specialist	(517) 636-6620
Ellen Feldpausch	Program Specialist	(517) 636-6617
Cherie Switzer	Senior Claims Examiner	(517) 636-6626
Kara Barnhart	Claims Examiner	(517) 636-6625

Handles:

- ❖ Self-Insurers' Security Fund - Chapter 5
- ❖ Vocationally Handicapped Provision of the Second Injury Fund - Chapter 9
- ❖ Total and Permanent Disability Provision of the Second Injury Fund - Sections 351, 361 (3), 521
- ❖ Two Years of Continuous Disability Provision of the Second Injury Fund - Section 356(1)
- ❖ Medical Benefit Reimbursement - Section 862(2)
- ❖ Fiscal Management
- ❖ Information Technology