

**AMENDMENT No. 2
TO AGREEMENT BETWEEN
COUNTY OF MONTEREY AND
INTERCARE HOLDINGS INSURANCE SERVICES, INC.**

THIS AMENDMENT is made to the AGREEMENT for the provision of Third Party Workers' Compensation Claims Administration by and between **INTERCARE HOLDINGS INSURANCE SERVICES, INC.** hereinafter "CONTRACTOR", and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "County".

WHEREAS, the County and CONTRACTOR previously entered into the original AGREEMENT on August 29, 2011; and

WHEREAS, the Agreement's term was from October 1, 2011 to September 30, 2014; and

WHEREAS, the County and CONTRACTOR renewed and amended the AGREEMENT'S term by one year through September 30, 2015, increased the annual claims fee, added a total of 8.50 FTE and staffing structure, payment structure and added Subsection 8.3 by way of Amendment No. 1.

WHEREAS, the County and CONTRACTOR wish to amend the AGREEMENT'S term by one year through and including **September 30, 2016**, and increase the amount by \$29,942.82 (3%). The total cost for this period shall not exceed **\$1,028,036.82**.

NOW THEREFORE, the County and CONTRACTOR hereby agree to amend the AGREEMENT in the following manner:

1. Section 5., "TERM OF AGREEMENT" shall be amended as by extending the term of this agreement by one year through and including **September 30, 2016**.
2. Section 6., "COMPENSATION AND PAYMENTS, *Subsection 6.6 – "Costs for Contractor Claims Administration Services"* shall be amended on the Effective date as follows:

Annual Claims Fee (10/1/15-9/30/16) \$1,028,036.82

In determining the average claim caseload, 1.6 Future Medical Claims shall be equal 1.0 indemnity claim, and 2.0 medical only claims shall equal 1.0 indemnity claim. The maximum caseload shall be 135 claims per adjuster.

<u>Positions</u>	<u>#FTE</u>	<u>Annual Salary</u>	<u>Benefit Load</u>	<u>Overhead Load</u>	<u>Total</u>
Claims Supervisor	.90	80,100	16,661	54,859	151,629
Claims Adjuster	4.75	346,750	72,124	237,524	656,398
Claims Assistant	1.75	77,525	16,125	53,105	146,755
Admin Clerk	1.00	22,880	4,759	15,673	43,312
Sub Total	8.40	527,255	109,669	361,170	998,094
3% Increase		15,817.65	3,290.07	10,835.10	29,942.82
	8.40	543,072.65	112,959.07	372,005.10	1,028,036.82

3. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT No. 2 and shall continue in full force and effect as set forth in the AGREEMENT.
4. A copy of this AMENDMENT No. 2 shall be attached to the original AGREEMENT executed by the County on August 29, 2011.

IN WITNESS WHEREOF, the parties have executed the AMENDMENT on the day and year written below.

MONTEREY COUNTY <u>Gina Encallado</u> Contracts/Purchasing Officer	CONTRACTOR <u>Gina Encallado</u> Deputy Purchasing Agent County of Monterey
Dated: <u>8/19/15</u>	By: <u>[Signature]</u> Signature of Chair, President, or Vice-President

Approved as to Fiscal Provisions:
[Signature]
 Deputy Auditor/Controller

Dated: 8/19/15
 RISK MANAGEMENT
 COUNTY OF MONTEREY
 Approved as to Liability Provisions:
 APPROVED AS TO INDEMNITY/
 INSURANCE LANGUAGE

Risk Management
 By: [Signature]
 Date: 8-25-15

Approved as to Form:
[Signature]
 Deputy County Counsel
 Dated: 8/19/15

AGENTS HOEBERLING, COO
 Printed Name and Title
 Dated: 8/12/15

By: [Signature]
 (Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

George McCleary, Assistant Secretary
 Printed Name and Title
 Dated: 8/12/15

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

AGREEMENT AMENDMENT BOARD REPORT FOR PRE-APPROVAL

KR

Vendor Name: INTERCARE HOLDINGS INSURANCE SERVICES, INC.

Title/Brief Description of Document: Amendment No. 2

Originating Dept.: RISK MANAGEMENT

Dept. Contact WITH Phone #: KARI, 796-3090

This Agreement or Amendment requires Board Approval: Yes No

This Agreement requires an MYA: Yes No

* ORIGINAL AGREEMENT WAS A MYA.

* SEE BOARD ORDER FOR AUTH. TO SIGN W/O GOING BACK TO THE BOS. JRP

AGREEMENT TYPE

JRP 8/24/15

<input checked="" type="checkbox"/> RQNSA – Standard Agreement	<input type="checkbox"/> RQNS – Non-Standard Agreement
<input type="checkbox"/> RQNIT – ITD Standard Agreement	<input type="checkbox"/> RQNIN – ITD Non-Standard Agreement
<input type="checkbox"/> RQNPB – Pre-Board Standard Agreement	<input type="checkbox"/> Non-Standard Board Agreement (Not to be tracked within RQN)
<input checked="" type="checkbox"/> Insurance & Endorsement Current	<input type="checkbox"/> VDR & Non-Resident State Forms Verified

ROUTING AND APPROVALS*

Each Approving Authority is requested to forward the Service Contract to the next Approving Authority in the order listed herein. Thank you.

JRP

	Approving Authority:	Approval Initials	Comments:	Date Reviewed
1st	ITD(for all ITD related contracts)	N/A		
2nd	County Counsel (required)	Kay R	A15-02384	8/19/15
3rd	Risk Management (non-standard insurance and/or indemnity provisions)	JRP		8-25-15
4th	Auditor-Controller (required)	JRP		8/19/15
5th	Contracts/Purchasing (required)	JRP		8/19/15
	Return to Originating Department Instructions			

* In the event that one of the approving authorities has an issue with the document and will not sign, the document shall be returned immediately to the originating department's key contact person identified herein along with a brief written explanation regarding the issue. Once that issue is corrected, the originating department shall restart the routing process again from the beginning by resubmitting the document through the approval process. The original Routing Form should be included for reference.

MYA #: _____