



# MUNICIPAL WORKERS COMPENSATION FUND, INC.

P.O. Box 1270 • 535 ADAMS AVENUE • MONTGOMERY, AL 36102  
334-262-2566 • FAX 334-263-0200  
CLAIMS 1-888-736-0210

**SADIE BRITT**

Councilmember, Lincoln  
Chair

**PHIL SEGRAVES**

Mayor, Guin  
Vice Chair

**JASON REAVES**

Mayor, Troy  
Director

**JIM STAFF**

Mayor, Atmore  
Director

**LAWRENCE HAYGOOD**

Mayor, Tuskegee  
Director

**RICHARD BUTTENSCHAW**

President

**GREG COCHRAN**

Secretary/Treasurer

**BARRY CRABB**

Finance Director

December 29, 2023

City Of Ashland  
P O Box 849  
Ashland, AL 36251

Dear Larry J Fetner,

It's time for your workers compensation insurance renewal. We have enclosed your 2024 Renewal Billing and information about financing your premiums, if you choose to do so. **Payment is due by February 1st.** We sincerely thank you for your support of the Municipal Workers Comp Fund (MWCF) program, which has been offered through the Alabama League of Municipalities since 1976. Together we work to hold down your workers comp insurance costs in Alabama.

Enclosed is your 2024 Estimated Annual Renewal Billing. This billing was computed using your 2022 Audited Payrolls, or your budgeted payrolls if provided by you, multiplied by the 2024 Rates, less any applicable discounts. Please find below a snapshot of your 2024 discounts and premium.

**2024 Premium and Savings**

- **STANDARD PREMIUM – \$ 23,756.00**
- **DISCOUNTS – \$ 7,791.00**
- **RENEWAL DIVIDEND – \$ 3,495.00**
- **2024 AMOUNT DUE – \$ 14,900.00**

We are pleased to announce that a \$4 million dividend was declared for 2024 by your MWCF Board of Directors. MWCF has returned more than \$85 million in dividends back to eligible members, since it began in 1976. If you were eligible and received a renewal dividend for 2024, this is already reflected on your billing. **Please note: you must maintain your coverage for the entire 2024 Fund Year to receive the Renewal Dividend.**

Many MWCF members have elected to cover their volunteer police, volunteer firefighters, and volunteer rescue squad workers through MWCF's program. This optional coverage includes medical benefits, which are paid by MWCF, and limited disability benefits, which are paid by Provident Life and Accident Insurance Company, for a cost of \$135 per volunteer per year. Volunteer police, firefighters, and rescue squad workers are the only volunteer employees covered by MWCF. **This coverage is indicated by having Payroll Class Codes 7711 and/or 7727 listed on your enclosed Estimated Annual Billing.** If you have this coverage, please update your rosters and e-mail these to [cthie@mwm-llc.com](mailto:cthie@mwm-llc.com). Only individuals listed on the roster on file are covered. If you are interested in adding this coverage, simply give us a call and we will assist you with this process.

If you have the volunteer police, firefighters, or rescue squad coverage through MWCF, please remember to maintain the Beneficiary Designation Form in your records for each of your volunteer police, firefighter, or rescue squad members. A blank Beneficiary Designation Form is included for you.

MWCF has again, for the 2024 Fund Year, chosen to work with premium financing companies to help those municipal entities that need better cash flow options on premium payment. Enclosed you will find a flyer about premium financing.

Thank you, again, for your support and please do not hesitate to call, e-mail, or visit [www.almwcf.org](http://www.almwcf.org) with any questions.

Very truly yours,

Carla M. Thienpont  
MWCF Policy Administration Manager  
[cthie@mwm-llc.com](mailto:cthie@mwm-llc.com)  
1-888-736-0210



Municipal Workers Compensation Fund, Inc.  
P.O. Box 1270  
Montgomery, AL36102

## Estimated Contribution Billing

Name Of Insured:  
City Of Ashland  
P O Box 849  
Ashland, AL36251

Policy Effective Date	2/1/2024
Policy Terminate Date	1/31/2025
Policy Number	001-2024-00083-00
Risk ID	014198423

Printed 12/29/2023 8:03 AM

Policy Contact: Larry J Fetner

### DUE UPON RECEIPT

**TOTAL AMOUNT DUE \$ 14,900.00**

Rate Code	Payroll Description	Rate	Basis	Payroll	Manual Premium
7710AL	Firefighters and drivers	4.47%	Payroll	5,625	\$ 251.00
7720AL	Police officers & drivers	4.64%	Payroll	284,918	\$ 13,220.00
8810AL	Clerical office employees NOC	0.19%	Payroll	306,640	\$ 583.00
8831AL	Animal Control	1.85%	Payroll	51,794	\$ 958.00
8835AL	Senior Citizens Program	3.07%	Payroll	40,705	\$ 1,250.00
9015AL	Building Maintenance and Janitor	4.16%	Payroll	29,687	\$ 1,235.00
9101AL	Library Workers/College Schools Other employees	3.48%	Payroll	56,004	\$ 1,949.00
9102AL	Park NOC-all employees & drivers	3.61%	Payroll	106,213	\$ 3,834.00
9402AL	Street cleaning & drivers	9.04%	Payroll	58,838	\$ 5,319.00
<b>Subcontractors</b>					
8810AL	Clerical office employees NOC	0.19%	Payroll	12,000	\$ 23.00
<b>Total</b>				<b>952,424</b>	<b>\$ 28,622.00</b>

Premium Factors	Factor	Amount	Premium
Experience Modifier	.83		\$ 23,756.00
Drug Free	3.00 %	\$ -713.00	
Scheduled Discount	20.00 %	\$ -4,751.00	
Medical Protocol	4.00 %	\$ -950.00	
Volume Discount	2.80 %	\$ -665.00	
Triage Program	3.00 %	\$ -713.00	
Renewal Dividend			\$ -3,495.00
7711 Volunteer Firefighters(18 at \$ 135.00)			\$ 2,430.00
<b>Annual Premium</b>			<b>\$ 18,395.00</b>
<b>Total</b>			<b>\$ 14,900.00</b>

Make Check Payable and Remit to:  
Municipal Workers Compensation Fund, Inc., P.O. Box 1270, Montgomery, AL36102

**Total Now Due: \$ 14,900.00**

Serving Alabama's cities and towns since 1976



## Second-Oldest League Insurance Pool in the Nation

The Municipal Workers Compensation Fund (MWCF) was established by the Alabama League of Municipalities in 1976 and is the second oldest League insurance pool in the nation. With more than 600 participating municipal entities – 80% of the Alabama League's membership – MWCF is a member-owned, group self-insurance pool that provides a direct means for cities and towns to save on workers compensation costs. Any municipality or separate legal entity created under the powers of the municipality (such as a utility board or housing authority), or any state agency organized under statutory authority of the State of Alabama, is eligible for membership.

## Cost Containment Programs and Experienced Staff

MWCF members experience substantial benefits from cost containment programs that significantly reduce the expense of medical benefits paid, thus lowering the cost of member premiums. The MWCF staff, which includes in-house legal counsel, has *extensive* knowledge of workers compensation claims in Alabama. MWCF's Board of Directors consists solely of five veteran municipal elected officials and is a non-profit government insuring entity.

## Loss Control Division ([www.losscontrol.org](http://www.losscontrol.org))

In 2002, MWCF teamed with the Alabama Municipal Insurance Corporation (AMIC) to create a joint Loss Control Division allowing both programs to provide additional staff and expanded services at a much reduced member expense. The Loss Control Division offers exclusive, state-of-the-art training such as the SkidCar defensive driving course and the Firearms Training System (FATS), a free DVD Safety Library, a quarterly newsletter, informational bulletins, a free Employment Practices Law Hotline, specialized Law Enforcement Risk Control, a comprehensive website ([www.losscontrol.org](http://www.losscontrol.org)), online training through LocalGovU as well as on-site risk management consultations with follow-up reports and recommendations.

Every municipal official is encouraged to take a leadership role in promoting safety in the workplace. Educating employees to follow proper safety protocols and procedures will result in fewer injuries, thus reducing claims costs. Visit MWCF's website at [www.almwcf.org](http://www.almwcf.org) for more information on our services, and please don't hesitate to contact us with your questions.

### Richard Buttenshaw

President

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[www.almwcf.org](http://www.almwcf.org)

# The MWCF *Difference*



## **Alabama professionals supporting Alabama communities.**

MWCF believes in supporting Alabama – its economy, its communities and its people. We use an Alabama-based TPA company where all adjusters, underwriting and sales teams live and work in Alabama. We support the Alabama economy by partnering with local companies and service providers such as medical professionals, case managers, attorneys and others, including our *free* Phone Triage Service staffed by Alabama based and certified occupational nurses. MWCF strives to ensure your tax dollars stay in Alabama to boost and support the local economy.



## **Committed to Alabama's communities.**

MWCF is a program of the Alabama League of Municipalities that was formed BY Alabama's municipalities FOR Alabama's cities and towns. Founded in 1976, MWCF is the second oldest League insurance pool in the nation and was created at a time when national insurance carriers were *abandoning* Alabama and her communities. MWCF is the **ONLY** work comp provider that monitors, represents and *fight*s for Alabama cities over work comp-related issues at the Alabama Legislature when outside carriers might be inclined to allow laws to change so they can just charge you a higher premium.



## **Diverse services to address unique community needs.**

We understand that quality of life means living locally. Because MWCF is an Alabama company representing Alabama communities with Alabama professionals, we remain connected to your *unique* needs. MWCF provides specialized former Alabama law enforcement officers to visit your city and assist your police chief with risk management needs. MWCF brings distinctive training tools to your municipality to develop defensive driving and firearms skills for your police officers and municipal personnel. We continue to expand and improve our services to match the changing dynamics in Alabama's communities. MWCF understands your needs because we are your Alabama neighbor.

MWCF is YOUR local workers comp provider

**Common Goals, Uncommon Service**

[www.almwcf.org](http://www.almwcf.org)

# MWCF Board of Directors



## **Sadie Britt, MWCF Chair**

- Councilwoman, Lincoln
- Served on the MWCF Board since 2014
- President of the Alabama League of Municipalities (ALM) 2015-2016
- Serves on the ALM Executive Committee



## **Phil Seagraves, MWCF Vice Chair**

- Mayor, Guin
- Served on the MWCF Board since 2020
- President of the Alabama League of Municipalities (ALM) 2016
- Serves on the ALM Executive Committee



## **Jason Reeves, MWCF Director**

- Mayor, Troy
- Served on the MWCF Board since 2020
- Serves on the Board of Directors for the Alabama League of Municipalities



## **Jim Staff, MWCF Director**

- Mayor, Atmore
- Served on the MWCF Board since 2020
- Serves on the Board of Directors for the Alabama League of Municipalities



## **Lawrence F. "Tony" Haygood, Jr., MWCF Director**

- Mayor, Tuskegee
- Served on the AMFund Board from 2018 to 2022, AMFund Chair from 2020 to 2022
- President of the Alabama League of Municipalities (ALM) 2022-2023
- Serves on the Board of Directors for the Alabama League of Municipalities

Serving Alabama's cities and towns since 1976



## **Financing available for your MWCF Premiums**

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For your convenience, we offer the opportunity for you to pay your premium in 10 equal installments over the coming year at a minimal interest rate. The process is simple and easy and your down payment is only one monthly installment.

If you are interested in financing your workers compensation premiums, call Melanie at 205-730-2832 or 888-736-0210. It only takes a few minutes of your time for a quote and there is no obligation.

*(Financing availability is subject to Finance Company approval.)*



**Beneficiary Designation Form for Group Insurance Products Underwritten by:**  
Axis Insurance Company  
Cigna Life Insurance Company of New York  
Life Insurance Company of North America  
New York Life Insurance Company  
Provident Life & Accident Insurance Company

**Instructions:** As a member of your organization you are eligible for benefits under group insurance policies provided through Provident Agency, Inc. You have the right to name a beneficiary. If you choose **not** to name a beneficiary, or if all named beneficiaries die with or before you, the death benefits may be payable to in the order listed below:

- a. spouse;
- b. child or children, equally, if living, otherwise to their descendants per stirpes;
- c. parents, equally or to the survivor;
- d. sisters or brothers, equally or to the survivor or survivors;
- e. your estate.

If you would like to name a specific beneficiary(ies), then you need to complete this form. Completed beneficiary designation forms must be filed with your organization.

## Important Information About Designation of Beneficiaries

### Beneficiary Information

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want to be paid to each primary beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if **all** primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want to be paid to each contingent beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** - When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- **Trust** - You may designate a valid trust as a beneficiary.

### Types of Coverage Information

- **A&H** is Accident & Health insurance provided by your organization for which they pay the premiums.
- **AD&D** is Accidental Death & Dismemberment insurance provided by your organization for which they pay the premiums.
- **Critical Illness** is group Critical Illness insurance provided by your organization for which they pay the premiums.
- **Group Life** is life insurance provided by your organization for which they pay the premiums.

If you wish to designate different beneficiaries for any of the above coverages, please complete a separate form.

### General Information

- **Updates to Your Beneficiary Designation** - You can change your beneficiary designation at any time. You should review your designation periodically.
- **Consult an Attorney** - This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.



**Beneficiary Designation Form for Group Insurance Products Underwritten by:**  
 Axis Insurance Company      New York Life Insurance Company  
 Cigna Life Insurance Company of New York      Provident Life & Accident Insurance Company  
 Life Insurance Company of North America

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Completed beneficiary designation forms must be kept on file with your organization.**

**Section 1: Policyholder Information**

Organization Name			Phone	
Organization Address	City	County	State	Zip

**Section 2: Member Information**

Name (Last Name, Suffix, First Name, MI)	Date of Birth	Social Security #
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Check the coverages to which this beneficiary designation form applies.   
 A&H   
 AD&D   
 Critical Illness   
 Group Life   
 All

**Section 3: Primary Beneficiary(ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

<b>Section 4: Contingent Beneficiary(ies)</b>	<b>Total Must Equal 100%</b>
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If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies) of the insurance benefits that may be payable at the time of my death.

Name, Address & Phone Number	Relationship	Social Security Number	Date of Birth	Percentage
				%
				%
				%

<b>Section 5: Signature</b>	<b>Total Must Equal 100%</b>
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**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Member Signature