

**AI-6152**

**4.**

**Payment of invoices  
DRAINAGE DISTRICT**

Date: 10/23/2007  
Submitted By: Lora Briones, DRAINAGE DISTRICT  
Department: DRAINAGE DISTRICT

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Information

CAPTION

- A. Approval of Payment application #2 for the construction of the Administration Building in the amount of \$49,012.51 to Jamail and Smith Construction.
- B. Approval of Payment application #2 for the construction of the North San Juan Drainage Channel Crossing Improvement Project - Alberta Rd. to Dos Logistics, Inc.

BACKGROUND

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Fiscal Impact

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Attachments

*No file(s) attached.*

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Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	10/18/2007 02:34 PM	APRV
2	Court Administrator	Monica Badillo	10/18/2007 04:38 PM	APRV

Form Started By: Lora Briones

Started On: 10/18/2007 09:43 AM

Final Approval Date: 10/18/2007

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**AI-6131**

**5.**

**Certification of WC Claims paid by Tristar Risk Management  
DRAINAGE DISTRICT**

Date: 10/23/2007

Submitted By: Flora Vazquez, SAFETY/WORKERS' COMP. DIVISION

Department: SAFETY/WORKERS' COMP. DIVISION

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Information

**CAPTION**

Fund 2202- Workers' Compensation Self-Insured

Approval of reimbursement to the Hidalgo County Workers' Compensation Claims paying account for claims paid by Tristar Risk Management in the amount of \$ 72.91 for the period of 09/16-30/07 and requesting approval of wire transfer.

**BACKGROUND**

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Fiscal Impact

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Attachments

Link: [Invoice & Breakdown by Organization](#)

Link: [Certification of WC Claims paid by Tristar](#)

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Form Routing/Status

<b>Route Seq</b>	<b>Inbox</b>	<b>Approved By</b>	<b>Date</b>	<b>Status</b>
1	Budget & Management	Dina Trevino	10/18/2007 02:01 PM	APRV
2	Court Administrator	Monica Badillo	10/18/2007 02:02 PM	APRV

Form Started By: Flora Vazquez  
Started On: 10/17/2007 03:40 PM

Final Approval Date: 10/18/2007

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**Tristar Risk Management No.2**  
**100 Oceangate Suite #700**  
**Long Beach, CA 90802**  
**(562) 495-6600**  
**TIN: 68-0165539**

October 1, 2007

Hidalgo County Workers Compensation Fund  
100 E. Cano, 2nd Fl.  
Edinburg, TX 78539  
Flora Vazquez  
Director of Risk Management

L HIDAL.WC  
Invoice Number: 15200

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Loss Replenishment

Re: Workers Compensation

Tristar Risk Management hereby certifies that the attached billing for losses paid 9/16/07 to 9/30/07 are in accordance with our contract with Hidalgo County Exhibit A, dated July 1st. (Check# 317522-317839) 68,971.19

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**TOTAL CURRENT CHARGES** \$ 68,971.19

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**Previous Balance Due** \$117,753.82

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**Total Balance Due** \$186,725.01

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**Due Upon Receipt**

If you have any questions or need wire instructions, please call:  
(562) 495-6682

### Custom Payment Total

Hidalgo County WC Losses Paid 9/16/07 to 9/30/07

3/24  
P.  
NO. 4127

<u>Processed</u>	<u>Check Date</u>	<u>Chk/Vchr #</u>	<u>Claim Number</u>	<u>Claimant</u>	<u>Incident</u>	<u>Transaction Type</u>	<u>Payee</u>	<u>Dates of Service</u>	<u>Method</u>	<u>Amount</u>
<b>Alternate Organization 1 : Drainage District #1</b>										
<b>Alternate Organization 1 Total: 1</b>										72.91
<b>Alternate Organization 1 : Headstart</b>										
<b>Alternate Organization 1 Total: 154</b>										12,482.43
<b>Alternate Organization 1 : Hidalgo County</b>										
<b>Alternate Organization 1 Total: 631</b>										56,415.85
<b>Grand Total: 786</b>										68,971.19

OCT. 2. 2007 3:58PM TRISTAR

HIDALGO COUNTY BUDGET OFFICE/WORKERS' COMPENSATION DIVISION  
CERTIFICATION OF WORKERS' COMP. CLAIMS PAID BY TRISTAR RISK MANAGEMENT  
FOR THE PERIOD OF: September 16-30, 2007.

Hidalgo County's Self-Funded Workers' Compensation, Third Party Administrator (TPA) TRISTAR RISK MANAGEMENT, has submitted to my office a request to reimburse the County's CLAIMS PAYING ACCOUNT in the amount of \$ 68,971.19.

TRISTAR is certifying to my office that it has paid Workers' Compensation Claims (Check # 317522-317839) on behalf of injured employees from 09/16/2007 to 09/30/2007:

1).	Hidalgo County	\$ <u>56,415.85</u>
2).	Hidalgo County Headstart Program	\$ <u>12,482.43</u>
3).	Community Service Agency	\$ <u>00.00</u>
4).	Hidalgo County Urban County Program	\$ <u>00.00</u>
5).	Drainage District #1	\$ <u>72.91</u>

Total Reimbursement Requested by TRISTAR RISK MANAGEMENT \$ 68,971.19

Budget Office/Workers' Comp. Division is requesting approval of this payment on the Commissioners' Court Agenda of October 23, 2007

Initial amount advanced by Commissioner's Court to TRISTAR RISK MANAGEMENT to pay claims: \$ < 270,000.00 >

Balance left in the Hidalgo County Workers' Compensation Fund at Mellon Bank in California. (estimate) \$ 201,028.81

I hereby approve this reimbursement and certify that I and/or my staff have reviewed each claim included on the attached check register to ensure that:

- All the claimants are in fact employees of Hidalgo County, Drainage District No. 1, Hidalgo County Headstart Program, Community Service Agency, or Hidalgo County Urban Program.
- All fees to vendors are appropriate for the type of service provided.
- All fees paid to Hidalgo County for salary continuation were in fact received by Hidalgo County, and have been received by my department and deposited with the Hidalgo County Treasurer's Office and credited to the corresponding salary account. I have forwarded a copy of the Treasurer's receipts for each check shown as issued to Hidalgo County.
- All types of expenditures reflected on this claim report are appropriate for the Hidalgo County Workers' Compensation Fund (Escrow Fund).
- The Office of the County Auditor will receive a copy of the monthly bank statement for the Hidalgo County Workers' Compensation Bank Account (held at Mellon Bank in California) no later than the 10<sup>th</sup> day of the following month.

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Commissioner's Court Approval

\_\_\_\_\_  
Date