

HIDALGO COUNTY DEPT. OF BUDGET & MANAGEMENT/EMPLOYEE BENEFITS DIVISION  
 CERTIFICATION OF WORKERS' COMP CLAIMS PAID BY TRISTAR RISK MANAGEMENT  
 FOR THE PERIOD OF: November 1-15, 2015

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 \$ 46,070.81.

TRISTAR is certifying to my office that it has paid Workers' Compensation Claims on behalf of injured employees:  
 Losses Paid for Period: 11/1-15/15

(Check #522244-522375)

1). Hidalgo County	<u>\$ 44,077.60</u>
2). Hidalgo County Head Start Program	<u>\$ 1,993.21</u>
3). Community Service Agency	<u>\$ -</u>
4). Drainage District No. 1	<u>\$ -</u>
TOTAL:	<u><u>\$ 46,070.81</u></u>

Total Reimbursement requested by TRISTAR RISK MANAGEMENT:

Hidalgo County Department of Budget & Management/Employee Benefits Division is requesting approval of this  
 payment on the Commissioner's Court Agenda of December 1, 2015.

Initial amount advanced by Commissioners' Court to TRISTAR RISK MANAGEMENT to pay claims: \$ (150,000.00)

Balance left in the Hidalgo County Workers' Compensation Fund at Citizens Business Bank (estimate) \$ (103,929.19)

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

- \* All the claimants are in fact employees of Hidalgo County, Hidalgo County Head Start Program, Community Service Agency and Drainage District No. 1.
- \* 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 Citizens Business Bank in California) no later than the 10th day of the following month.

*Ahora Vazquez el*  
 Employee Benefits Director

*11-17-15*  
 Date

*[Signature]*  
 Budget Officer

*11-17-15*  
 Date

\_\_\_\_\_  
 Commissioners' Court Approval

\_\_\_\_\_  
 Date