



October 10, 2021

PROJECT: Excess Workers' Compensation Insurance

Dear Prospective Submitter:

You are invited to submit a sealed price proposal for the above project. A copy of the Public Notice, and Request for Proposal are attached. Please make certain your Proposal is signed by an authorized representative of your company. Other items may be required to be included in your proposal so please read the documents thoroughly.

If you have questions please contact me at (423) 229-9315 or email brentmorelock@kingsporttn.gov . We look forward to receiving your proposal.

Regards,

A handwritten signature in blue ink that reads "Brent Morelock".

Brent Morelock, CPPO, CPPB
Procurement Manager

REQUEST FOR PROPOSALS

Sealed Proposals for the following project will be received by the Procurement Manager until 4:00 P.M., Eastern Time, October 28, 2021, and at that time publicly opened in Conference Room 436, 4th Floor, City Hall located at 415 Broad Street, Kingsport, TN. All compliant proposals will be considered for award or rejection at a later date.

PROJECT: Excess Workers' Compensation Insurance

Documents for the above referenced items are available online at <https://www.kingsporttn.gov/city-services/purchasing/>. Interested parties may also contact the Procurement Department at (423) 229-9419.

By submission of a signed proposal bid, the bidder certifies total compliance with Title VI and Title VII of the Civil Rights Act of 1964, as amended, and all regulations promulgated thereunder.

No submitted proposals may be withdrawn for a period of sixty (60) days after the scheduled closing time for receipt of proposals. All proposals shall be signed, sealed and addressed to the Procurement Manager, City of Kingsport, 415 Broad Street, Kingsport, Tennessee 37660, and marked as specified in the RFP. The City by its governing regulations reserves the right to accept or reject any or all proposals received, to waive any informalities in bidding and to re-advertise.

PUB 1T: 10/10/21

Chris McCartt
City Manager

PROCUREMENT PROCESS

- A. Proposals will be received by the Procurement Manager until 4:00 P.M., Eastern Time on October 28, 2021 at which time it will be opened in City Hall Conference Room 436, 415 Broad Street, 4rd Floor, Kingsport, Tennessee.
- B. The Sealed Proposal shall be signed by an authorized representative and the sealed envelope addressed as follows:
 - Procurement Manager
 - City of Kingsport
 - 415 Broad Street
 - Kingsport, Tennessee 37660
 - Excess Workers' Compensation Insurance
- C. An original hard copy and three (3) additional hard copies of the Proposal are required.
- D. Proposals, modifications, or corrections received after the scheduled closing time of the receipt of Proposals will not be considered. The City of Kingsport is not responsible for delays in delivery by mail, courier, etc.
- E. No submitted Proposal may be withdrawn for a period of one hundred twenty (120) days after the scheduled closing time of the receipt of Proposals.
- F. No oral interpretation will be made to any Proposer as to the meaning of the Proposal Specifications or any part thereof. Each written request for clarification or interpretation shall be made in writing to the City.

NOTE – It is the intent of the City to issue one (1) addendum, if necessary. Written request for clarification and/or interpretation must be submitted via email to the Procurement Manager by the end of the business day, October 14, 2021 and addendum will be issued by 4:00 P.M., Eastern time, on October 19, 2021 and will be available online at <https://www.kingsporttn.gov/city-services/purchasing/> Written requests for clarification shall be submitted to the Procurement Manager by email to brentmorelock@kingsporttn.gov.

It shall be the Proposer's responsibility to make inquiry as to the addenda issued. Any and all addenda shall become part of the specifications and all Proposers shall be bound by such addenda, whether or not received by Proposer.

General Terms and Conditions

- A. Taxes – The City is exempted from Federal Excise Taxes, State of Tennessee and local sales taxes and Proposer must quote prices which do not include such taxes, unless by law the taxes must be a part of the price. Exemption Certificates will be furnished upon request.
- B. Indemnification – The City of Kingsport, its officers, agents and employees shall be held harmless from liability from any claims, damages and actions of any nature arising from the use of any service and/or materials furnished by the Proposer, provided that such liability is not attributable to negligence on the part of the using agency of failure of the using agency to use the materials in the manner outlined by the Proposer in descriptive literature or specifications submitted with the Proposal. The City will not indemnify the successful Proposer.
- C. Patent Liability – The successful Proposer, at his own expense, will defend any suit which may be brought against the City to the extent that it is based on a claim that the goods furnished through a contract/agreement infringes a United States patent, and in any such suit will pay those costs and damages which are attributable to such claims and finally awarded against the City.

- D. Limitation of Remedies – Any remedies in the Proposer’s Proposal, to include Agreement, License Product Agreement, Terms and Conditions, Literature, etc., that may be considered in agreement to waive the legal rights of the citizens of the City of Kingsport may be considered cause for rejection.
- E. All agreements related to the purchase and sale of any product pursuant to this bid document will include the following conditions: "Notwithstanding anything in this section to the contrary, any provision of provisions of this Section will not apply to the extent they are (it is) finally determined by a court of competent jurisdiction, including Appellate review if pursued, to violate the laws or Constitution of the State of Tennessee."
- F. Insurance – During any work performed by the successful Proposer(s) on the premises of the City or otherwise, the successful Proposer(s) agrees to take such measures as to effectually prevent any accident to persons or property during or in connection with the work; and especially to indemnify and save harmless the City from all loss, costs, damages, expense and liability for property damage and for bodily injuries to, or death of, any persons, including without limitation, as to both property damage and bodily injury, and the Proposer and the City and their representative agents and employees, occasioned in any way by the acts or omissions of the Proposer, or the Proposer’s agents, employees, during or in connection with said work, excepting only property damage, bodily injury or death caused by the sole negligence of the City, its agents or employees.

The successful Proposer shall maintain such insurance as will protect it from claims under Tennessee’s Workers’ Compensation Act the state of Tennessee listed in Item3A of the policy. Commercial General Liability coverage with a minimum of One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000) as a general aggregate; Business Auto coverage for owned, non-owned, hired, or borrowed vehicles with at least One Million Dollars (\$1,000,000) combined single limit; Professional Liability coverage for any alleged errors, omissions, or negligent acts committed in the performance of professional services under this contract with a minimum limit of One Million Dollars (\$1,000,000.00) per occurrence, Two Million Dollars (\$2,000,000.00) general aggregate.

All Certificates of insurance and policies shall contain the following clauses: “The City of Kingsport, Tennessee, its Board of Mayor and Alderman, officers, volunteers, and employees are additional insureds for the all policies listed herein or otherwise applicable on a primary and noncontributory basis.” and "The insurance covered by this Certificate will not be canceled or materially altered, except after thirty (30) days written notice has been received by the City." The required coverage shall remain in effect for the duration of any contract entered into by the Proposer and the City and for a period of three years thereafter.

- G. F.O.B. – All prices will be quoted F.O.B. Kingsport, Tennessee, delivery to City of Kingsport’s location shall be without additional charge.
- H. By submission of a signed Proposal, the Proposer certifies total compliance with Title VI and Title VII of the Civil Rights Act of 1964, as amended, and all regulations promulgated thereunder.
- I. Contracts and purchases will be made or entered into with the lowest, responsible, compliant Proposer meeting specifications for the particular grade or class of material, work or service desired in the best interest and advantage to the City of Kingsport. Responsible Proposer is defined as a Proposer whose reputation, past performance, and business and financial capabilities are such that he would be judged by the appropriate City authority to be capable of satisfying the City’s needs for a specific contract or purchase order.

- J. The City reserves the right to determine the low Proposer either on the basis of the individual items or on the basis of all items included in its Request for Proposal, unless otherwise expressly provided in the Request for Proposal. The City reserves the right to accept any item or group of items of any kind and to modify or cancel in whole or in part, its Request for Proposal.
- K. All contracts or purchase orders issued for this award will be governed by the laws of the State of Tennessee. Arbitration is not permitted and if a dispute arises between the parties concerning any aspect of the contract or purchase order and it cannot be resolved by mutual agreement, any party may resort to resolution of the dispute by litigation in the state or federal courts for Kingsport, Sullivan County, Tennessee. The parties waive their right to a jury trial. Mandatory and exclusive venue and jurisdiction for any disputes shall be in state or federal courts for Kingsport, Sullivan County, Tennessee.
- L. The City, in accordance with its governing directives, reserves the right to reject any and all Proposals, to waive any informality or irregularities in Proposals and unless otherwise specified by the Proposer, to accept any item.
- M. All contracts, purchase orders, and any documents or material obtained by the City may be subject to disclosure in whole or in part pursuant to the Tennessee Open Records Act set out in T.C.A. 10-7-503 et seq. without regard to any provision contained in the document declaring information confidential.
- N. All contracts or purchase orders will include a provision that is not assignable by the Proposer without the written consent of the City.
- O. CONFLICT OF INTEREST:
1. No Board Member or officer of the City of Kingsport or other person whose duty it is to vote for, let out, overlook or in any manner superintend any of the work for the City of Kingsport has a direct interest in the award of the vendor providing goods or services.
 2. No employee, officer or agent of the grantee or sub-grantee will participate in selection, or in the award or administration of an award supported by Federal funds if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when the employee, officer or agent, any member of their immediate family, his or her partner, or an organization, which employs, or is about to employ, any of the above, has a financial or other interest in the firm selected for award.
 3. The grantee's or sub-grantees officers, employees or agents will neither solicit nor accept gratuities, favors or anything of monetary value from vendors, potential vendors, or parties to sub-agreements.
 4. By submission of this form, the vendor is certifying that no conflicts of interest exist.
- P. DRUG FREE WORKPLACE REQUIREMENTS:
1. Private employers with five or more employees desiring to contract for construction services attest that they have a drug free workplace program in effect in accordance with TCA 50-9-112.
- Q. ELIGIBILITY:
1. The vendor is eligible for employment on public contracts because no convictions or guilty pleas or pleas of nolo contendere to violations of the Sherman Anti-Trust Act, mail fraud or state criminal violations with an award from the State of Tennessee or

any political subdivision thereof have occurred.

R. GENERAL:

1. Vendor fully understands the preparation and contents of the attached offer and of all pertinent circumstances respecting such offer.
2. Such offer is genuine and is not a collusive or sham offer.

S. IRAN DIVESTMENT ACT:

1. Concerning the Iran Divestment Act (TCA 12-12-101 et seq.), by submission of this bid/quote/proposal, each vendor and each person signing on behalf of any vendor certifies, and in the case of a joint bid/quote/proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each vendor is not on the list created pursuant to § 12-12-106.

T. NON-COLLUSION:

1. Neither the said vendor nor any of its officers, partners, owners, agents, representatives, employees or parties interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other responder, firm, or person to submit a collusive or sham offer in connection with the award or agreement for which the attached offer has been submitted or to refrain from making an offer in connection with such award or agreement ,or collusion or communication or conference with any other firm, or, to fix any overhead, profit, or cost element of the offer price or the offer price of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City of Kingsport or any person interested in the proposed award or agreement.
2. The price or prices quoted in the attached offer are fair, proper and not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the firm or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

U. BACKGROUND CHECK REQUIREMENT FOR SCHOOL SYSTEM SUPPLIERS:

1. In submitting this bid/quote/proposal, you are certifying that you are aware of the requirements imposed by TCA § 49-5-413 (d) to conduct criminal background checks through the Tennessee Bureau of Investigation and the Federal Bureau of Investigation on yourself and any of your employees who may come in direct contact with students or who may come on or about school property anytime students are present. You are further certifying that at no time will you ever permit any individual who has committed a sexual offense or who is a registered sex offender to come in direct contact with children or to come on or about school property while students are present.

SCOPE OF THE EXCESS WORKERS' COMPENSATION INSURANCE FOR THE CITY OF KINGSPORT SELF FUNDED MANAGED WORKERS' COMPENSATION PROGRAM

It is the intent of the City of Kingsport to purchase Excess Workers' Compensation coverage for the benefit of its employees.

CITY OF KINGSPORT WORKERS' COMPENSATION PROGRAM OUTLINE

The City of Kingsport includes general government services and a K-12 school system. The governmental services include Police, Fire, Water Treatment Plant, Wastewater Treatment Plant, Water and Wastewater System Maintenance, Garbage Collection, Recycling Collection, Street Maintenance, Demolition Landfill, Fleet Maintenance, Building Maintenance and Custodial Services, Public Transportation, Traffic Maintenance, Engineering and general administrative departments. The school system is comprised of one high school, two middle schools, 10 elementary schools, education transportation services (school buses), building/grounds maintenance, early childhood learning centers, alternative school locations and central office locations. Each school has a cafeteria.

The government and schools employ approximately 2,300 full time, part time and seasonal/temporary, and volunteer employees. Beginning in 2020, the school system outsourced their substitute teachers, thereby removing them as employees eligible for the City's self-funded workers' compensation program.

Tri-State Claims Service of Kingsport, Tennessee is the current Third-Party Administrator (TPA) for the program. The City's Risk Management Department assists and liaisons with the employee, City Department, and TPA to ensure an efficient process. Claims are promptly submitted to the TPA (almost all within the same day, the remainder within 24 hours). Cases are investigated both internally and by the TPA. The City continuously monitors the TPA for performance metrics.

The City of Kingsport currently contracts with CareHere, a Premise Health Company for a wellness program for employees. That facility is located in City Hall and is currently one of the three physicians an injured employee can select from pursuant to T.C.A. § 50-6-204 and Tenn. Comp. R. & Regs. 0800-02-01-.06. Kingsport City Schools also has a nurse located in each school (Dobyns-Bennett High School has 2) and 1.5 District floating nurses. Those nurses can render first aid for minor injuries as well as triage injured employees, but primarily encourage injured workers to follow the workers' compensation process. All employees are provided a folding card with important and relevant information as well as regular communications to support the City's process and forms (Kingsport's Supervisor's Accident Report, in addition to those required by the state).

The City has an initial safety training during onboarding, periodic training program (general and job specific) as well as a Safety Committee. Each position has certain physical requirements, but whenever an employee is injured the supervisor completes a functional capacity form to ensure they can be safely returned to work.

Please see the attached Risk Profile for additional information.

LEVELS OF COVERAGE

The City of Kingsport currently carries specific excess risk workers' compensation coverage with a Self-Insured Retention of \$500,000 using two insurers: (1) One provides coverage from \$500,000 to \$750,000; and (2) The second provides coverage from \$750,000 to Tennessee's statutory limit. Employer's liability (Coverage B) is currently \$1,000,000. There is no "carve out" nor does the City intend to purchase alternate coverage or SIR for any job description or job code. We prefer, at least one of your proposals provide for a \$500,000 SIR with statutory coverage and \$1,000,000 in Employer's Liability, but welcome alternate quotes which may include alternative SIRs and multi-year terms. Each proposal and any alternative will be evaluated on their specific merit and benefit to the City.

ADDITIONAL SERVICES

Please provide detailed information, including examples, on your additional services such as specialized reports, loss control, etc. Identify which reports or services are included without additional charges and charges, if any, that would be available if beyond your proposal.

PLAN REIMBURSEMENTS AND PAYMENTS

It is the City of Kingsport's expectation that you will work with its current as well as any future TPA. Those services are procured through a separate RFP. Please provide detailed information on how your company or companies would like to interface on any and all claims. Including:

- A. When do you expect notice of a potential claim to your policy(ies).
- B. The level of detail required for a potential claim.
- C. Frequency of reimbursement payments
- D. Manner in which ongoing stop-loss claims are handled (Direct pay? Reimbursement?)
- E. Manner in which, and degree to which, carrier is involved in approval of treatment for claimants on which stop-loss payments are being made

REFERENCES

Please provide at least four references of clients, three of which must be current, including name and contact information.

SPECIAL CONDITIONS

- A. All proposals shall include the name of the insurance company and its financial ratings from one of the major rating agencies.
- B. All insurance companies must be admitted or authorized to do business in the state of Tennessee.
- C. Any agent or agency submitting a proposal must be licensed by the state of Tennessee for

the line of coverage and for the carrier(s) stipulated on the proposal at the time it is submitted. Please include evidence (copy of license, appointment, etc.) with proposal.

- D. A complete copy of or specimen of the policy(ies), endorsements, dividend disclosure statements and other coverage documents shall be included with proposal.
- E. The proposal must clearly identify coverage limits, annual premium, rate basis, rate, and premium payment terms.

RISK PROFILE

1. Attached are two Excel spreadsheets: (A.) All Claims and (B.) Claims over \$50,000.

2. Payroll totals for policy years 2010-11 through 2020-2021.

Year	City	Schools	Total
2010	\$26,054,726	\$39,763,007	\$65,817,733
2011	\$28,214,592	\$40,230,278	\$68,444,869
2012	\$30,449,033	\$41,789,510	\$72,238,543
2013	\$31,759,211	\$42,701,850	\$74,461,061
2014	\$32,435,232	\$43,885,308	\$76,320,540
2015	\$32,378,324	\$46,462,328	\$78,840,652
2016	\$33,247,836	\$46,360,252	\$79,608,088
2017	\$34,272,832	\$48,680,218	\$82,953,050
2018	\$34,764,118	\$49,834,999	\$84,599,117
2019	\$35,101,509	\$50,262,563	\$85,364,072
2020	\$35,744,232	\$51,033,856	\$86,778,088

Payroll by WC Class Code (2020)

WC Code	City	School	Total	City Payroll	Schools Payroll	Combined Payroll	Average
5506	48	0	48	\$1,623,840	\$0	\$1,623,840	\$33,830
6306	31	0	31	\$899,000	\$0	\$899,000	\$29,000
7380	32	44	76	\$782,067	\$640,493	\$1,422,561	\$18,718
7520	61	0	61	\$3,009,573	\$0	\$3,009,573	\$49,337
7580	16	0	16	\$817,245	\$0	\$817,245	\$51,078
7590	7	0	7	\$304,506	\$0	\$304,506	\$43,501
7704	126	0	126	\$6,587,368	\$0	\$6,587,368	\$52,281
7720	134	0	134	\$5,988,406	\$0	\$5,988,406	\$44,690
8380	26	0	26	\$1,017,360	\$0	\$1,017,360	\$39,129
8810	169	0	169	\$6,297,770	\$0	\$6,297,770	\$37,265
8820	5	0	5	\$382,096	\$0	\$382,096	\$76,419
8868*	0	1,140	1,140	\$0	\$46,836,648	\$46,836,648	\$41,085
9015	32	0	32	\$918,423	\$0	\$918,423	\$28,701
9101	0	221	221	\$0	\$3,556,715	\$3,556,715	\$16,094
9102	94	0	94	\$3,348,484	\$0	\$3,348,484	\$35,622
9402	4	0	4	\$158,764	\$0	\$158,764	\$39,691
9403	34	0	34	\$1,187,499	\$0	\$1,187,499	\$34,926
9410	55	0	55	\$2,421,831	\$0	\$2,421,831	\$44,033

* Class Code 8868 was reduced by approximately 90 people (\$136,000) in 2021 due to outsourcing the majority of substitute teachers by contract.

Distribution of Employees by Location

Work Location -Name	Address	# EEs as of 9/29/2021
City Hall NEW	415 Broad St, 37660	92
Engineering	130 Shelby St,37660	14
Fleet Maintenance	625 W Industry Dr, 37660	20
Justice Center	200 Shelby St, 37660	150
Landfill	1921 1/2 Brookside Dr, 37660	5
Library	400 Broad St, 37660	21
Streets and Sanitation	609 Industry Dr, 37660	101
Transit Station	900 E Main St, 37660	27
Transit Garage	629 Industry Dr, 37660	1
Transportation/Traffic	1155 Konnarock Rd, 37664	15
Water/Sewer/Stormwater Warehouse	1213 Konnarock Rd, 37664	1
Water/Sewer/Stormwater Maintenance	1113 Konnarock Rd, 37664	91
Water Treatment Plant	2436 Sherwood Rd, 37660	14
WasteWater Treatment Plant	620 W Industry Dr, 37660	22
Allandale Mansion	4444 W Stone Dr, 37660	2
Bays Mountain Park & Planetarium	853 Bays Mtn Park Rd, 37660	17
Civic Auditorium	1550 Fort Henry Dr, 37664	14
Farmers Market	308 Clinchfield St, 37660	1
Kingsport Aquatic Center	1820 Meadowview Pkwy, 37660	8
Kingsport Carousel	350 Clinchfield St, 37660	2
V.O. Dobbins	301 Louis St, 37660	3
Lynn View Community Center	250 Walker St, 37665	2
Renaissance Center	1200 E Center St, 37660	11
Fire Station #1	130 Island St, 37660	22
Fire Station #2	1804 Crescent Dr, 37664	4
Fire Station #3	3828 Memorial Blvd, 37664	4
Fire Station #4	2105 W Stone Dr, 37660	3
Fire Station #5	1517 Lynn Garden Dr, 37665	3
Fire Station #6	4598 Fort Henry Dr, 37663	3
Fire Station #7	1440 Rock Springs Rd, 37664	3
Fire Station #8	1205 New Beason Well Rd, 37660	3
Adams Elementary School	2727 Edinburgh Channel Rd, 37664	80
Jackson Elementary School	600 Jackson St, 37660	80
Jefferson Elementary School	2216 Westmoreland Dr, 37664	57
Johnson Elementary School	1001 Ormond Dr, 37664	80
Kennedy Elementary School	1500 Woodland Dr, 37665	53
Lincoln Elementary School	1000 Summer St, 37664	69
Roosevelt Elementary School	1051 Lake St, 37660	70
Washington Elementary School	1100 Bellingham Dr, 37660	92
Palmer Center	1690 Fort Henry Dr, 37664	35
Robinson Middle School	1517 Jessee St, 37664	110
Sevier Middle School	1200 Wateree St, 37660	105
Cora Cox Academy	520 Myrtle St, 37660	14
DB Excel	300 Clinchfield St, Suite 200, 37660	22
Dobyns Bennett High School	1 Tribe Way, 37664	238
KCS Administrative Support	400 Clinchfield St, Suite 200, 37660	64
KCS Education Maintenance	1000 Poplar St, 37660	21
KCS Education Transportation	635 Industry Dr, 37660	33

3. Claims

Year	Number of Claims		Average Paid
	Total	Over \$50,000	
2020	72	2	\$80,000
2019	153	0	0
2018	99	2	\$104,000
2017	95	2	\$80,000
2016	89	1	\$59,000
2015	85	1	\$68,000
2014	97	2	\$56,000
2013	91	2	\$51,000
2012	131	1	\$54,000
2011	138	5	\$125,000
2010	130	3	\$129,000

4. Transportation

VEHICLE TYPE	POLICE		FIRE		ALL OTHER		Total Units
	# of Units	Avg. # of EEs per Unit	# of Units	Avg. # of EEs per Unit	# of Units	Avg. # of EEs per Unit	
Passenger Cars & SUVs	144	1	5	1	48	1	197
Cargo Vans	1	2	1	2	30	2	32
Passenger Vans	1	3-4			24	3-4	25
Light Trucks (>10,000 lbs.)	2	1	2	1	65	1-2	69
Med. Trucks (10 - 26,000 lbs.)	3	2	3	1-2	86	1-2	92
Heavy Trucks (26,000 lbs. <)			17	3	67	1-2	84
Truck Tractors					1	1-2	1
Motorcycles	3	1					3
Shuttle Vans					8	1	8
School Buses					51	1	51
Transit Buses			1	2	17	1	18
ATVs					3	1	3
Boats					2	2	2
All Total							585

No city-owned vehicle will be driven to an employee's home unless the employee is subject to frequent and emergency duty after normal working hours and when the city-owned vehicle carries tools and equipment necessary for the employee to perform assigned after-hour duties. City-owned vehicles assigned to the Personal Police Vehicle Program (PPVP) shall comply with the provisions.

Certain employees are required to take their assigned vehicles home so that they may be available for immediate emergency response and communication. These employees include the following:

- Fire – 2 (The Chief and Fire Inspector on Call)
- Police – 101
- Dispatch – 2
- Public Works – 2

There are no owned, leased, or charter aircraft (all air travel is by commercial carrier). Occasional travel outside of Tennessee, rarely outside the United States.

5. Additional Materials (Attached)

- A. Workers' Compensation Card (Business Card Sized when folded) provided to each employee.
- B. Functional Capacity Form

Medical Benefits

***Do NOT provide your health insurance information.
Do NOT make any payment at time of service.***

Present this info to medical providers:

**Mail claims to:
Tri-State Claims Service
P.O. Box 1462
Kingsport, TN 37662
EDI Payor Code is WB657**

Pharmacy Benefits

Call for your first week of medication.
A card will be mailed to you for further medications.

Present this info to Pharmacy:

Contact Risk or Tri-State Claims for the member ID.

	NDC	Envoy
RxBIN	004261	or 002538
RxPCN	CAL	or Acct #
GROUP	TR1SFF	

**Tmesys is the designated
PBM for this patient.**

**OPTUM Workers' Comp
Prescription Drug Program
Carrier/TPA: TriState Claims**

ahill@tsclaims.com

Fax: (423) 245-3912

Direct: (423) 230-2247 ext 102 Cell: (423)293-4882

Andrea Hillis
Tri-State Claims is our insurance adjustor:
The City of Kingsport is self-insured.

JohnBurkholder@kingsportTN.gov kristenHodgson@kingsportTN.gov

Cell: (423) 588-0407

Cell: (423) 534-6071

Direct: (423) 343-9710

Direct: (423) 224-2449

Kristen Hodgson

John Burkholder

We are here and ready to help you! Please reach out to:

Risk Management

Injured at Work?

Unless it is an emergency, please use one of these:

Ballad Occupational Medicine

111 W. Stone Dr., Suite 120
Kingsport, (423) 224-5126

200 MedTech Pkwy, Suite 108
Johnson City, (423) 915-5033

HMG Occupational Medicine

105 W. Stone Dr., Suite 1F, Kingsport, (423) 245-0166

CareHere Clinic

415 Broad St, 6th Floor, Kingsport, (877) 423-1330

City of Kingsport, Tennessee
RISK MANAGEMENT DEPARTMENT
Functional Capacity Form for Workers' Compensation

Employee's Name		EE #	
Position Title			
Department/Division/Section			
Date of Injury	Click here to enter a date.		
<p>This essential function analysis is an effective tool, which will ensure accurate identification of essential and marginal functions, time required, physical activities, physical and cognitive requirements, equipment used and environmental surroundings for workers' compensation modified duty. This tool identifies who, what, why, how much, and when. As you review the items on the following pages, please assess and indicate whether each is "essential" (E), "marginal" (M), or "not applicable" (N/A).</p>			

Degree of physical activity: Indicate the percent of time pushing and pulling activities are performed to complete the essential functions. The total must equal 100%.	N/A	1 - 24%	25-49%	50-74%	>75%
Sedentary: Exert up to 10 pounds of force occasionally and/or a minute amount frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light: Exert up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium: Exert 20 - 50 pounds of force occasionally and/or up to 15 pounds of force frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy: Exert 50 - 100 pounds of force occasionally and/or up to 30 pounds of force frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Heavy: Exceed 100 pounds of force occasionally and/or 50 pounds frequently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Position Context Variables	E / M / N/A
1. Work with frustrating situations: Job objectives are hindered by events beyond the employee's control.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
2. Job is a high demand position: Experience high stress situations.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
3. Advising required: Counsel, recommend, guide, or caution others based on legal, financial, scientific, technical or other professional area.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
4. Coordinate activities of others to achieve objectives, but without authority.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
5. Teaching others, formally or informally.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
6. Participation in group activities requiring interpersonal skills and cooperation.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
7. Working under time pressures: Rush or urgent deadlines.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
8. Working on irregular schedule: Unscheduled overtime, called into work, and unanticipated changes in workplace.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
9. Handling of multiple assignments, conflicting demands or priorities.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
10. Maintain attention to detail over extended period of time, continually aware of variations in changing situations.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
11. Traveling is required.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Position Context Variables	E / M / N/A
12. Quick reaction or immediate response to emergencies.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
13. Research, fact finding, interpretation, and investigation required in preparing reports or evaluations.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
14. Responsible for money, equipment or personnel. Severe consequences to department, University, or co-workers if objectives not met.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
15. Work is performed independently or with minimal on-site supervision.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
16. Supervising required: Recruit, screen, hire, assign and/or review work, train, and/or evaluate other employees.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
1. Is talking necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
2. Is hearing necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
3. Is sight necessary? (If not applicable indicate N/A a. - d.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Is the ability to distinguish between colors necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Is depth perception necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) Is vision clarity of greater than or equal to 20 feet necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
d.) Is entire field of vision/periphery required?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
4. Is walking necessary? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Is walking on ramps necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Is walking long distances necessary (greater than 1 mile throughout the day)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
5. Is sitting a part of the job? (If not applicable indicate N/A a. - c.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) 0 - 2 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) 2 - 4 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) 4 - 8 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
6. Is standing a part of the job? (If not applicable indicate N/A a. - c.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) 0 - 2 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) 2 - 4 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) 4 - 8 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
7. Is a certain amount of dexterity required? (If not applicable indicate N/A a. - c.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Is good balance required?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Does it require the ability to seize, hold, and tum an object in one's hand?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) Does the job require pinch type activity of one's fingers?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
8. Are climbing ladders and/or stairs necessary? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Will climbing involve carrying a load greater than 10 pounds?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Will climbing frequency be greater than 25 times per day?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
9. Does the job require the lifting of any loads? (If not applicable indicate N/A a. thru d.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Lifting greater than 10 pounds	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Lifting greater than 25 pounds	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) Is lifting infrequent ² ?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
d.) Is lifting frequent ² ?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
10. Is pushing or pulling of any loads required? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Is it infrequent ² ?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Is it frequent ² ?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
11. Does it require repetitive motion ¹ behavior?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
12. Is crouching required (bending down in a squatting position)? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Maintain crouch for greater than 5 minutes at any one time?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Repetition of crouching motion (greater than 2 times per minute)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
13. Does it require any kneeling (resting body on the knees)? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Kneeling greater than 5 minutes at any one time?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Repetition of kneeling motion (greater than 2 times per minute)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
14. Does it require any bending (at the waist)? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Maintain bending for greater than 5 minutes at any one time?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Repetition of bending motion (greater than 2 times per minute)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
15. Does it require any crawling (moving on one's hands and knees)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Physical Requirements	E / M / N/A
16. Lift: To raise or lower an object greater than 10 pounds from one level to another.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
17. Lift: To raise or lower an object greater than 25 pounds from one level to another.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
18. Carry: To transplant an object.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
19. Balance: Exceeding ordinary body equilibrium.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
20. Reach: Extend hands and arms in any direction.	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
¹ Repetitive motion is present if same motion is performed greater than or equal to 20 times per minute.	
² Infrequent means less than or equal lift/push/pull every 30 minutes. Frequent means greater than lift/push/pull every 5 minutes.	

Physical Surroundings and Hazards	E / M / N/A
1. Does job require worker to spend time outdoors? (If not applicable indicate N/A a. - c.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) 0-2 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) 2-4 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
c.) 4-8 hours per day	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
2. Does work require being in extreme temperatures for more than 1 hour? (If not applicable indicate N/A a. and b.)	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Temperatures less than 32 degrees	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Temperatures greater than 80 degrees	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
3. Is noise sufficient to cause the worker to shout in order to be heard?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
4. Is there exposure to vibrating movements to the extremities or entire body?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
5. Risk of bodily harm due to proximity of moving parts, electric current, chemicals, etc.?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
6. Conditions that may affect the respiratory system, skin, or allergies (fumes, odors, air particles, etc.)?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Cognitive Processes	E / M / N/A
1. Is the inspection of products, objects or materials necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
2. Does the job require analyzing information or data?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
3. Does job require planning sequences of operation or actions?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Simple planning	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Complex planning	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
4. Does job require decision-making skills?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Simple decisions	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b.) Complex decisions	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
5. Is logic required to define problems, collect information, establish facts, draw valid conclusions, interpret information, and/or deal with abstract variables?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
6. Are basic counting; addition and/or subtraction of numbers required?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Cognitive Processes	E / M / N/A
7. Is performing algebra, geometry, and statistics necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a. Simple calculations	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b. Complex calculations	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
8. Is the ability to comprehend written language required?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a.) Basic instructions, safety rules, office memoranda	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b. Technical or professional materials, financial or legal reports	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
9. Is the ability to write necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a. Compose letters or memos	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b. Compose and/or edit reports or technical professional material	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Cognitive Processes	E / M / N/A
10. Is the ability to comprehend verbal language necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a. Comprehend simple verbal sentences and instructions	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b. Comprehend technical and complex information	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
11. Is verbal communication necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
a. Is talking with complex, technical or professional English required?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A
b. Is conversing in standard English necessary?	<input type="checkbox"/> Essential <input type="checkbox"/> Non-essential <input type="checkbox"/> N/A

Equipment, Tools, electronic and communication devices: List those the employee will use to perform job.

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>
5.	<input type="text"/>
6.	<input type="text"/>
7.	<input type="text"/>
8.	<input type="text"/>
9.	<input type="text"/>
10.	<input type="text"/>
11.	<input type="text"/>
12.	<input type="text"/>
13.	<input type="text"/>
14.	<input type="text"/>
15.	<input type="text"/>

[Click here to enter comments.](#)

Location work is performed by employee:						
<input type="text"/>						
Days and hours scheduled:						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
Hours <input type="text"/>						

Position reports to:
<input type="text"/>
Title:
<input type="text"/>
Telephone Number:
<input type="text"/>

Name of person completing form:
<input type="text"/>
Title of person completing form:
<input type="text"/>
Date:
Click here to enter a date.

INSTRUCTION PAGE

- 1) This form is mandatory for any Kingsport employee injured within scope and course of employment under Title 50 of the Tennessee Code Annotated (Workers' Compensation Act) and will be completed for any employee who will miss more than one shift of regular work or has been placed on modified duty by the treating physician. A Supervisor shall complete the form within 48 hours and return the completed form to the Risk Management Department.
- 2) Previous forms that have been completed may be submitted after modification but only for an employee performing the "exact" job and "exact duties" as the previous submittal. Change the personal information, date, supervisor information and resubmit the complete form.
- 3) The use of the Classification Description is only as a baseline for the completion of the "*Functional Capacity Form for Workers' Compensation*". Do not complete the "*Functional Capacity Form for Workers' Compensation*" based on the Classification Description, but on the job currently being performed by the employee.
- 4) **Essential (E)** – means required, crucial, critical, vital and/or necessary for the job task the employee must perform.
- 5) **Marginal (M)** – means not the central importance, close to a lower qualification or a minimum requirement of the job task the employee must perform, but is still necessary for the task(s) required of the employee.
- 6) **Not applicable (N/A)** – means does not apply to the job task the employee must perform. An employee will never perform this job task.

**CITY OF KINGSPORT
SUPERVISOR'S ACCIDENT REPORT**

Employee Name _____

First Middle Last

Department _____ Division _____

Where did injury occur? _____

Date and time of injury _____, .20_____ AM/PM

Description of what happened. (Be specific. Include any body parts affected.)

Names of witnesses _____

Date and time injury reported to you _____,20_____ AM/PM

Was medical treatment required? _____ Yes _____ No

Name of attending physician/facility _____

Date of treatment _____

Time lost thus far _____

What, in your opinion, caused the injury?

- A. Unsafe act of the injured person or fellow employee
- B. Faulty or unsafe machinery or equipment
- C. Method of doing work
- D. Other (describe below)

What can be done to prevent this injury from happening again? _____

Supervisor's _____

Date _____ Signature _____ Title _____

Employee's Job _____

Signature _____ Classification _____

Original to: Risk Manager

Copies to: Supervisor, Division Head, Department Head