

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 3.24
(ID # 11866)

MEETING DATE:

Tuesday, March 10, 2020

FROM : HUMAN RESOURCES:

SUBJECT: HUMAN RESOURCES: Adoption of Resolution No. 2020-039 Authorizing an Application for State Disability Insurance for Employees in Service Employees International Union (SEIU), Local 721 and ratify and approve the Application for Elective Coverage of State Disability Insurance. All Districts. [\$0].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Adopt Resolution No. 2020-039, A Resolution of the Board of Supervisors of the County of Riverside Authorizing an Application for State Disability Insurance for Employees represented by Service Employees International Union (SEIU, Local 721) as shown in Attachment A;
2. Ratify and Approve the Application for Elective Coverage of State Disability Insurance; and
3. Authorize the Chairperson to sign four (4) copies of the Resolution and Application and direct the Clerk of the Board to Retain one (1) copy of the signed document and return three (3) copies of the signed document to Human Resources for Distribution.

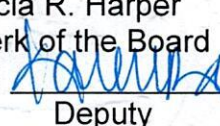
ACTION:


Brenda Diederichs, Assistant CEO / Human Resources Director 2/25/2020

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Perez, seconded by Supervisor Hewitt and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: March 10, 2020
xc: HR

Kecia R. Harper
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 0	\$ 0	\$ 0	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: Department Budgets			Budget Adjustment:	No
			For Fiscal Year:	19/20

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

On January 28, 2020 (Item No. 3.54), the Board approved the Tentative Agreement between the County of Riverside and Service Employees International Union (SEIU), Local 721. The Tentative Agreement provides that as soon as administratively possible following the adoption of the Memorandum of Understanding by the Board of Supervisors, the County shall submit an application to the State of California for elective coverage under the California State Disability Insurance (SDI) plan for all SEIU bargaining unit employees. Once approved and implemented by the State, the County will begin withholding employee contributions for SDI from employees' paychecks.

Impact on Residents and Businesses

There is no direct impact to residents or private businesses in the County of Riverside.

Additional Fiscal Information

There is no additional cost to the County resulting from the approval of this resolution.

Contract History and Price Reasonableness

The County shall continue to provide and pay for the existing County Short-term disability (STD) and Long-term disability (LTD) plans until bargaining unit employees are eligible to receive California State Disability Insurance (SDI) benefits. Upon SDI eligibility commencing, the County will discontinue Class 2 LTD benefits for members of the Supervisory unit and Class 2 STD benefits for all other SEIU units thereafter. The County shall not be required to provide the Class 2 STD benefits for SEIU represented employees hired after the effective date of implementation of the California State Disability Insurance (SDI) plan.

ATTACHMENT:

- A.** Resolution No. 2020-039 – A Resolution of the Board of Supervisors of the County of Riverside Authorizing an Application for State Disability Insurance for Employees in Service Employees International Union (SEIU), Local 721

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

B. Application for Elective Coverage of State Disability Insurance



Gregory L. Priamos, Director County Counsel 2/27/2020

RESOLUTION NO. 2020-039

A RESOLUTION OF THE BOARD OF SUPERVISORS OF
THE COUNTY OF RIVERSIDE AUTHORIZING AN APPLICATION FOR
STATE DISABILITY INSURANCE FOR EMPLOYEES REPRESENTED BY SERVICE
EMPLOYEES INTERNATIONAL UNION (SEIU), LOCAL 721

WHEREAS, the County of Riverside has met and conferred with the Service Employees International Union (SEIU), Local 721; and

WHEREAS, On January 28, 2020 (Item No. 3.54). the Board of Supervisors approved the negotiated Tentative Agreement between the County of Riverside and Service Employees International Union (SEIU), Local 721; and

WHEREAS, the Tentative Agreement provides that as soon as administratively possible following the adoption of the Memorandum of Understanding by the Board of Supervisors, the County shall submit an application to the State of California for elective coverage under the California State Disability Insurance (SDI) for all employees covered by the SEIU bargaining unit; and

WHEREAS, State Disability Insurance is a benefit to employees to receive financial assistance when unable to perform duties after suffering a non-work related illness or injury;

WHEREAS, the County of Riverside desires to become an employer subject to the Unemployment Insurance Code for Disability Insurance purposes;

WHEREAS, the County of Riverside will remain a subject employer for at least two complete calendar years and thereafter, until the election is terminated as provided by the Unemployment Insurance Code;

WHEREAS, the County of Riverside has agreed to apply for and enroll all members of the SEIU Bargaining Unit in State Disability Insurance; and

1 **NOW, THEREFORE, BE IT RESOLVED, DETERMINED AND ORDERED THAT**
2 the Board of Supervisors hereby certifies and approves an application for Elective Coverage of Disability
3 Insurance under Section 710.5 of the California Unemployment Insurance Code be filed with the
4 Employment Development Department of the State of California.

5 **BE IT FURTHER RESOLVED, DETERMINED AND ORDERED** by the Board of
6 Supervisors of the County of Riverside, State of California, assembled in regular session on March 10,
7 2020, at or after 9:30 a.m. or soon thereafter, in the meeting room of the Board of Supervisors located on
8 the 1st floor of the County of Administrative Center, 4080 Lemon Street, Riverside, California, as follows:

- 9 1. The Board hereby finds and declares that the above recitals are true and correct.
- 10 2. The Board hereby designates V. Manuel Perez, Chairman of the Board of Supervisors, to sign for
11 and execute documents pertaining to Resolution No. 2020-039.

12

13 **THIS RESOLUTION NO. 2020-039 WAS ADOPTED** by the Board of Supervisors of the County of
14 Riverside at a regular meeting thereof on March 10, 2020, by the following vote:

15 AYES: Jeffries, Spiegel, Washington, Perez and Hewitt

16 NAYS: None

17 ABSENT: None

18 Signed: V. Manuel Perez

19 Name: V. Manuel Perez

20 Title: Chairman, Board of Supervisors

21 Date: March 10, 2020

22 ATTEST:

23 Kecia Harper

24 Clerk of the Board of Supervisors

25 By: Kecia Harper
26 Deputy

27 APPROVED AS TO FORM:

28 Gregory P. Priamos, County Counsel

 Signed: Synthia M. Gunzel

 Name: Synthia M. Gunzel

 Title: Chief Deputy County Counsel

 Date: 2-26-2020

The foregoing is certified to be a true copy of a
resolution duly adopted by said Board of Super-
visors on the date therein set forth.

KECIA R. HARPER - Clerk of said Board

By: Kecia Harper Deputy



Application for Elective Coverage of State Disability Insurance* ONLY

For Department Use Only	
Account No.	_____
Statistical Code	_____
Effective Date	_____
Approved By	_____
Date	_____
Employer Notified	_____ (Date)
Send	_____
Number of Employees	_____

IMPORTANT

This form is not an application for an account number under the compulsory provisions of the California Unemployment Insurance Code (CUIC). Do not complete this form unless you wish to apply for State Disability Insurance coverage **ONLY** for your employees under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the CUIC. Coverage under these sections of the CUIC does not make provision for Unemployment Insurance benefits.

Complete this form only for:

1. Employing units with eligible employees who are California residents whose services are covered by the unemployment compensation laws of another state that does not have a disability insurance program under Section 702.6 of the CUIC.
OR
2. Employees of any of the following:
 - A public school employer under Section 710.4 of the CUIC.
 - A public agency employer under Section 710.5 of the CUIC.
 - An Indian tribe under Section 710.6 of the CUIC.
 - A community college district under Section 710.9 of the CUIC.

NOTE: If your application is approved, the elective coverage agreement will be subject to all of the requirements and conditions outlined in the *Information Concerning Elective Coverage for State Disability Insurance ONLY Under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the California Unemployment Insurance Code (DE 1378P)* form. Please retain your copy of the DE 1378P for reference.

Please Type or Print

1. Name of Employer	<u>County of Riverside</u>	(951) 955-8290
		(Phone)
2. Business Address	<u>4080 Lemon Street</u>	<u>Riverside</u> <u>Riverside</u> <u>CA</u> <u>92501</u>
	(Number and Street) (City) (County) (State) (ZIP Code)	
3. Mailing Address	<u>P.O. Box 1569</u>	<u>Riverisde</u> <u>Riverside</u> <u>Ca</u> <u>92502-1569</u>
	(Number and Street) (City) (County) (State) (ZIP Code)	
4. Type of Employer – (Check one)		
<input type="checkbox"/> Employing Unit With Eligible Employees – Section 702.6		
<input type="checkbox"/> Public School – Section 710.4	<input type="checkbox"/> Indian Tribe – Section 710.6	
<input checked="" type="checkbox"/> Public Agency – Section 710.5	<input type="checkbox"/> Community College District – Section 710.9	
5. Law under which agency/employer was established. (Does not apply to Indian Tribes.)		
(a) California General Laws		
Title of Act _____	Number _____	Year Enacted _____
OR		
(b) California Codes		
Title of Code _____	Number _____	Part _____ Chapter _____
Sections _____ to _____		
6. Members of governing body of the employer.		
Name	Title	Residence Address
<u>See separate list</u>	_____	_____
_____	_____	_____
_____	_____	_____

*Includes Paid Family Leave (PFL).

7. This application covers employees of the following appropriate units:

- ☒ Bargaining Unit
☐ Management
☐ Confidential
☐ Unrepresented
☐ Academic
☐ Other

Show Name of Bargaining Unit or Describe Type of Services
Service Employees International Local 721

8. Complete this schedule covering all elected officers and appointees who perform services for the agency named in Item 1. Exclude individuals listed in Item 6.

(a) Elected offices: (These individuals are ineligible for coverage.)

Title of Position

Elected officials are not included in the bargaining Unit named in Item 7.

(b) Person holding appointive positions: (These individuals are eligible for coverage unless appointed to fill a vacant elected office.)

<u>Title of Position</u>	<u>No. of Positions in this Category</u>	<u>By Whom Appointed</u>	<u>No. of Such Individuals Desiring Coverage</u>
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(c) Total number of employees to be covered (excluding elected officers and those appointed by the Governor).

7,152

9. Deductions should not be made from your employees' wages for the purpose of paying employee contributions required under the CUIC until your election is approved.

10. On what date do you wish elective coverage to commence? Keep in mind that the commencement date of an elective coverage agreement shall not be prior to the first day of the calendar quarter in which the application is filed, nor later than the first day of the following calendar quarter.

☐ First day of current quarter

☒ First day of next quarter

11. Attach a copy of either:

- The negotiated agreement between the employer and the recognized employee organization or written petition signed by a majority of the eligible employees to be covered by the election under Section 702.6 of the CUIC.
- OR
- The resolution in which the governing body described in Item 6 approved the filing of an application for elective coverage under Section 710.4, 710.5, 710.6, or 710.9 of the CUIC.

The employing unit with eligible employees or governmental or tribal entity described in Item 1 hereby files its application under Section 702.6, 710.4, 710.5, 710.6, or 710.9 of the CUIC to become an employer subject to the CUIC. It is understood that upon approval of the election by the Director, the Employing Unit/Public School/Public Agency/Indian Tribe/Community College District will be an employer subject to the CUIC for State Disability Insurance purposes **ONLY** to the same extent as other employers as of the date specified in the approval, and will remain a subject employer for at least two complete calendar years and thereafter, until this election is terminated as provided by the CUIC.

I declare that this application has been examined by me, and to the best of my knowledge, it is true and correct and made in good faith under the provisions of the CUIC.

This declaration must be signed by one
or more individuals shown under Item 6.

(Signed) _____

(Signed) _____

(Signed) _____

Date 3/10/2020

Date _____

Date _____

ATTEST:

KECIA R. HARPER, Clerk

By _____

DEPUTY