

AGENDA ITEM FOR ADMINISTRATIVE MEETING

( ) Discussion only

( X ) Action

FROM (DEPT/ DIVISION): Douglas R. Olsen  
County Counsel

SUBJECT: HR Payable

Background: A payable is before the Board for approval due to the amount. The payment is for SAIF claims reimbursement.	Requested Action: Approve payable to SAIF Corporation in the amount of \$8,419.34
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ATTACHMENTS: Payable

\*\*\*\*\*For Internal Use Only\*\*\*\*\*

Checkoffs:

- ( ) Dept. Head (copy)
- ( ) Budget (copy)
- ( ) Fiscal
- ( X ) Legal (copy)
- ( ) (Other - List:)

To be notified of Meeting:

Needed at Meeting:

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Scheduled for meeting on: October 15, 2025

Action taken:





October 1, 2025

UMATILLA COUNTY  
216 SE 4TH ST  
PENDLETON, OR 97801-2692

Re: Nondisabling claims reimbursement  
SAIF policy: 743288

The claims shown on the attached statement are eligible for reimbursement. SAIF must receive your payment by the due date of **12/01/2025** in order for you to receive credit under the Nondisabling Claims Reimbursement program. Your payment will be returned if received after the due date.

Under this plan, your payment is optional. The amount you reimburse SAIF will not be included in your experience rating modification, but employer savings vary. In general, if your annual premium is less than \$15,000, the cost of the claims you reimburse may actually exceed any premium savings.

If you elect to reimburse all, or a portion, of the eligible claims, two payment options are available to you. Please either complete the reimbursement statement and return the form and remittance stub with your payment, or go to **saif.com**, log in, then select ND Claims Reimbursement.

If you have any questions or need assistance, please contact your agent, Kylee Evans at 541-276-7441 or our office.

Sincerely,

SAIF Corporation

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Detach here and return this remittance stub with your reimbursement statement and payment or pay online at **saif.com**.

Please

- Make checks payable to SAIF Corporation.
- Include your policy number on the check.
- Indicate any policy changes on reverse side.
- Write any questions or comments on a separate enclosure.

Due date: **12/01/2025**

Amount reimbursed: \$

(Please fill in payment amount)

SAIF Corporation  
400 High Street SE  
Salem, OR 97312

SAIF policy: 743288  
Policyholder: UMATILLA COUNTY  
**Nondisabling reimbursement**

# Nondisabling claims reimbursement statement

Legal name: UMATILLA COUNTY  
SAIF policy: 743288  
Statement date: 10/01/2025



The following claims are eligible for reimbursement. Your payment and signed statement must be returned to SAIF for appropriate credit. Claims selection and payment must be received by 6:00 p.m. on 12/01/2025. You may either complete the reimbursement statement and return the form and remittance stub with payment, or select claims and pay online at [saif.com](https://saif.com).

SAIF policy: 743288  
Policy period: 07/01/2024 - 07/01/2025

Evaluation period: 07/01/2024 - 09/30/2025

Claim	Total SAIF paid to date	Total SAIF paid this period	Total you have paid**	Total amount eligible	Total amount authorized
	\$328.67	\$328.67	\$0.00	\$328.67	
	\$218.03	\$218.03	\$0.00	\$218.03	
	\$218.03	\$218.03	\$0.00	\$218.03	
	\$180.60	\$180.60	\$0.00	\$180.60	
	\$296.59	\$296.59	\$0.00	\$296.59	
	\$258.67	\$258.67	\$0.00	\$258.67	
	\$3,911.12	\$3,911.12	\$0.00	\$2,500.00	
	\$1,408.59	\$1,408.59	\$0.00	\$1,408.59	
	\$3,437.85	\$3,437.85	\$0.00	\$2,500.00	
	\$510.16	\$510.16	\$0.00	\$510.16	
<b>Total</b>	\$10,768.31	\$10,768.31	\$0.00	\$8,419.34	
<b>Statement totals</b>	<b>\$10,768.31</b>	<b>\$10,768.31</b>	<b>\$0.00</b>	<b>\$8,419.34</b>	

Signature of authorized employer representative

\* Preferred worker claims are not included in the Nondisabling Claims Reimbursement program.

\*\* Employer-paid amounts as of 10/01/2025. The amounts you reimburse SAIF will not be included in your experience rating modification.