



# Public Self Insurers ER Annual Report

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For Fiscal Year 2023-24

September 5, 2024  
PTSC-MTA Risk Management Authority  
One Gateway Plaza - Mail Stop 99-10-2  
Los Angeles, CA 90012 2952

**FORM AR-2 (1-2016)**

State of California

Employer

General Information:

Certificate Number	5813	Period Of Report	Annual
(Period) From	07/01/2023	(Period) To	06/30/2024

Master Certificate Holder:

Name	PTSC-MTA Risk Management Authority		
Address 1	One Gateway Plaza - Mail Stop 99-10-2		
Address 2		FTIN	95-4713266
City	Los Angeles	State	CA Zip 90012 2952
State of Incorporation			

Affiliates:

	Full Legal Name	Subsidiaries Affiliate Certificate Number	State
1)	Los Angeles County Metropolitan Transportation Authority	5813-01	
2)	Public Transportation Services Corporation	5813-02	

State of California

During the reporting period of this report, has there been any of the following with respect to the Master Certificate Holder for any affiliate?

None

Any additions to the Self Insurance Program?

None

Employment and wages paid in current fiscal year:

Number of Employees	11,842
Total Wages and Salaries Paid	\$1,143,827,612

Addressed Correspondence For Related Self-Insurance Matters:

Company Name	PTSC-MTA Risk Management Authority (PRMA)		
Name	Cathy Yates	Title	Director
Phone	(213) 922-4297	Fax	(213) 922-4351
Email Address	Yatesc@metro.net		
Address 1	ONE Gateway Plaza, Mail Stop 99-10-2		
Address 2			
City	Los Angeles	State	CA Zip 90012
Web Site			

TPA Adjusting Locations:

Has there been a change in TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP?	No
Have you added any new TPA Adjusting Locations during this reporting period that has not yet been reported to OSIP?	No

Record Storage:

Are there open and closed claims stored at a location other than the adjusting location?	No
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Insurance Coverage:

1) During this reporting period, does your company maintain a standard workers' compensation insurance policy to cover any of your California liabilities?	No
2) During this reporting period, does your company have a specific excess workers' compensation policy in force to cover any of your California liabilities?	No
3) Do you carry an aggregate(stop loss) workers' compensation insurance policy?	No

Certification By Authorized Representative:

<b>Company Name</b>	PTSC-MTA Risk Management Authority (PRMA)		
<b>Name</b>	Cathy Yates	<b>Title</b>	Director
<b>Phone</b>	(213) 922-4297	<b>Fax</b>	(213) 922-4351
<b>Email Address</b>	Yatesc@metro.net		
<b>Address 1</b>	ONE Gateway Plaza, Mail Stop 99-10-2		
<b>Address 2</b>			
<b>City</b>	Los Angeles	<b>State</b>	CA <b>Zip</b> 90012
<b>Name of Person Legally Responsible for this Electronic Signature:</b>			
Cathy Yates ( Date/Time of Signature ) -    09/05/2024   05:43			

<b>Report Location Number:</b>	<b>Identification of Location</b>	<b>Certificate Holder</b>
5813-01-099 A	PTSC-MTA RISK MANAGEMENT at LOS ANGELES	PTSC-MTA Risk Management Authority

CASES AND BENEFITS (to the nearest dollar)				From Date-	07/01/2023	To Date-	06/30/2024
		Incurred Liability		Paid To Date		Future Liability	
Date	#	Indemnity	Medical	Indemnity	Medical	Indemnity	Medical
1) Cases open as of 06/30/2024 reported prior to 2019/20	175	\$28,443,724	\$34,002,035	\$20,269,050	\$23,807,965	\$8,174,674	\$10,194,070
2) Open and closed Liabilities							
A) All Cases reported in 2019/20	1,248	\$36,260,767	\$15,989,220	\$31,959,670	\$12,908,350	\$4,301,097	\$3,080,870
2019/20 Cases open	84	\$10,923,304	\$7,670,121	\$6,622,207	\$4,589,251	\$4,301,097	\$3,080,870
B) All Cases reported in 2020/21	1,104	\$41,813,676	\$16,932,198	\$34,939,109	\$13,272,506	\$6,874,567	\$3,659,692
2020/21 Cases open	140	\$16,596,203	\$8,650,402	\$9,721,636	\$4,990,710	\$6,874,567	\$3,659,692
C) All Cases reported in 2021/22	1,586	\$56,924,973	\$23,523,404	\$42,160,757	\$15,001,726	\$14,764,216	\$8,521,678
2021/22 Cases open	322	\$33,549,353	\$16,469,287	\$18,785,137	\$7,947,609	\$14,764,216	\$8,521,678
D) All Cases reported in 2022/23	1,586	\$54,227,731	\$26,671,758	\$29,702,468	\$10,696,428	\$24,525,263	\$15,975,330
2022/23 Cases open	494	\$45,918,995	\$23,717,930	\$21,393,732	\$7,742,600	\$24,525,263	\$15,975,330
E) All Cases reported in 2023/24	1,707	\$39,494,194	\$19,724,746	\$12,929,098	\$3,788,515	\$26,565,096	\$15,936,231
2023/24 Cases open	773	\$37,458,660	\$18,599,329	\$10,893,564	\$2,663,098	\$26,565,096	\$15,936,231

	\$ Indemnity	\$ Medical
SUBTOTAL	\$85,204,913	\$57,367,871
3) Estimate Future Liability (Indemnity Plus Medical)	TOTAL \$142,572,784	
	\$ Indemnity	\$ Medical
4) Total Benefits Paid During 2023/24 (Including all case expenditures). The indemnity amount includes the amount of LC § 4800/4850 benefits paid for the year (total of Lines 11 and 12)	\$52,469,776	\$25,257,930
5) Number of MEDICAL-ONLY Cases Reported in 2023/24	225	
6) Number of INDEMNITY Cases Reported in 2023/24	1,482	
7) Total of 5 and 6 (Also entered in 2E above)	1,707	
8) Total Number of open Indemnity Cases (All Years)	1,963	
9) Number of Fatality Cases Reported In 2023/24	0	
10) (a) Number of FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24	311	
10) (a) Number of non-FY 2023/24 claims for which the employer or administrator was notified of representation by an attorney or legal representative in 2023/24	81	
11) Amount from salary continuation payments made pursuant to LC § 4800/4850 that is in excess of the applicable temporary disability rate for the period paid.	\$0	
12) Amount from salary continuation payments made pursuant to LC § 4800/4850 capped at the temporary disability rate for the period paid.	\$0	

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ALL Open Indemnity Claims (by reporting and by year) reported and with claims: Annual Report SIP list of Public Open Ind Cases 2023-2024.pdf

Dual Jurisdiction Claims

Please note that California Labor Code Section 3702.2(b) requires that "... the annual report of a self-insured employer who has self-insured both state and federal workers' compensation liability shall also be set forth (1) amount of all compensation liability incurred, paid-to-date, the estimated future liability under both this chapter and under the federal longshore and Harbor Worker's Compensation Act (33 U.S.C Sec. 901 et seq.), and (2) the identity and the amount of the security deposit securing the employer's liability under state and federal self-insured programs."

Accordingly, please indicate all California exposure on your Self Insurer's Annual Report, and, in addition identify each Claim with dual jurisdiction on Separate List of Open Idemnity Claims. For those claims, indicate the incurred, paid-to-date, and estimated future liabilities for federal exposure. Please also indicate the amount and the type of security deposit securing those claims.

Instructions To Claims Administrator For Specific Excess Insurance

The TPA should provide a sum of the unpaid excess carrier excess liability under "Calculation of Specific Excess Coverage Entry for the Annual Reports". In addition, provide a list of claims for which specific excess credit is being claimed. This may be provided as a spreadsheet. Indicate in the list of claims the following information:

The list shall include the name of the claimant, claim number, date of injury, description of injury, carrier name and policy number, policy coverage period, retention level of policy and paid to date in indemnity or medical benefits, and the estimated future liability of the claim minus the total unpaid employer retention, which equals the total unpaid carrier liability, whether the claim has been reported to a carrier, if the claim has been accepted by the carrier, if the carrier has denied any part of the liability of the claim.

Refer to OSIP website for sample format of the Excess Credit Calculation form.

Calculation Of Specific Excess Coverage Entry For Annual Reports:

Enter the sum of the total unpaid carrier excess liability claimed from the "Specific Excess Insurance Policy Coverage". If none enter "0".

\$ 0

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Certification

Administrating Agency's Certificate Number 099

☒ Or Self Administered

I declare under penalty of perjury that I have prepared or caused this report to be prepared and I have examined this liabilities report to be prepared and I have examined this liabilities report of this self insurer's worker's compensation liabilities. To the best of my knowledge and belief this report is true, correct and complete with respect to the worker's compensation liabilities incurred and paid. I further declare under the penalty of perjury that the estimates of future liability of worker's compensation claims made in this report reflect the administrator's best judgement as to the future liability of claims, using prevailing industry standards, and the signatory intends Self Insurance Plans to rely upon the representation.

Agency Name	PTSC-MTA RISK MANAGEMENT		
Name	Cathy Yates		
Phone	(213) 922-4297	Fax	
Email Address	yatesc@metro.net		
Address 1	One Gateway Plaza 99-10-2		
Address 2			
City	Los Angeles	State	CA Zip 90012

Name of Person Legally Responsible for this Electronic Signature:

Cathy Yates ( Date/Time of Signature ) - 09/05/2024 05:46