M&G|exposure

MORRIS & GARRITANO: ALWAYS IMPROVING TO SERVE *YOU*!

In keeping with our core value to *Always Be Improving*, we are consistently seeking opportunities to better serve our clients. As a means to accomplish this, we are on a mission to learn, *from you*, what it is that we can do to improve your insurance experience with Morris & Garritano.

Over the years we have received feedback from clients through all lines of communication – be it a letter, an in-person meeting, or just a quick phone call. And while that information is valuable, we are taking it upon ourselves to be more proactive in satisfying your business needs.

We are excited to announce that we are rolling out an agency-wide feedback process to gather insight from all of our clients. Throughout the coming year, we will be reaching out to every single client to learn what it is they would like to see in an insurance partner.

We will be using the information gathered from participants to guide our strategic planning so that we can focus on providing the services and products that you value most.

As we work our way through this process, we want to stress that participation will be voluntary, and the results will remain confidential and anonymous. We truly want to know your honest opinion – whether it is where you feel we excel or where we can improve – so, please feel comfortable to speak your mind.

We know your time is valuable, but so is your opinion, and we want to ensure your opinion is heard. We appreciate any and all feedback that you might provide and thank you in advance for your participation. We look forward to learning more about you and your business needs, so we can continue to exceed your expectations for generations to come.

Thank you,

Kerry Morris, COO

INSIDE THIS ISSUE

SPECIAL POINTS OF INTEREST

- SSN No-Match Letters
- Federal Court Strikes Down Association Health Plan Rules
- What Are Supplemental Job Displacement Benefits?
- M&G Corporate Relay Sponsor

UPDATE TO YOUR 2019 CA/FED LABOR LAW POSTER

Contributed by: Louise Matheny, Human Resources Consultant

As a valued client, we always want to keep you informed of any required changes to your 2019 California and Federal Labor Law Poster.

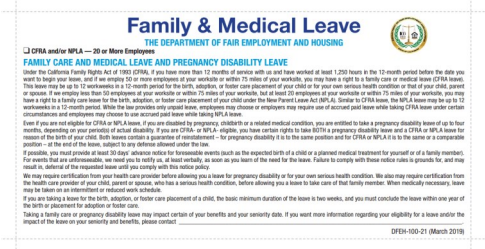
We were recently notified that the California Department of Fair Employment and Housing (DFEH) released mandatory updates to its **"Family Care and Medical Leave and Pregnancy Disability Leave"** notice, adding information about the New Parent Leave Act (NPLA).

Effective April 1, 2019, this is a new posting requirement for California employers covered by the NPLA (20 to 49 employees) and an updated posting requirement for those covered by CFRA (50 or more employees).

For your convenience we've attached the updated notice to print and position over the existing notice on your 2019 poster, previously titled "Family Care and Medical Leave (CFRA Leave) and Pregnancy Disability Leave". Simply click on the icons below to download the English and/or Spanish versions.

If you have questions, please feel free to contact Louise Matheny at 805-543-6887 or lmatheny@morrisgarritano.com.

ENGLISH



Family & Medical Leave

THE DEPARTMENT OF FAIR EMPLOYMENT AND HOUSING

❑ CFRA and/or NPLA — 20 or More Employees

FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, and if we employ 50 or more employees at your worksite or within 75 miles of your worksite, you may have a right to a family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. If we employ less than 50 employees at your worksite or within 75 miles of your worksite, but at least 20 employees at your worksite or within 75 miles of your worksite, you may have a right to a family care leave for the birth, adoption, or foster care placement of your child under the New Parent Leave Act (NPLA). Similar to CFRA leave, the NPLA leave may be up to 12 workweeks in a 12-month period. While the law provides only unpaid leave, employees may choose or employers may require use of accrued paid leave while taking CFRA leave under certain circumstances and employees may choose to use accrued paid leave while taking NPLA leave.

Even if you are not eligible for CFRA or NPLA leave, if you are disabled by pregnancy, childbirth or a related medical condition, you are entitled to take a pregnancy disability leave of up to four months, depending on your period(s) of actual disability. If you are CFRA- or NPLA- eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA or NPLA leave for reason of the birth of your child. Both leaves contain a guarantee of reinstatement – for pregnancy disability if it is to the same position and for CFRA or NPLA if it is to the same or a comparable position – at the end of the leave, subject to any defense allowed under the law.

If possible, you must provide at least 30 days' advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events that are unforeseeable, we need you to notify us, at least verbally, as soon as you learn of the need for the leave. Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

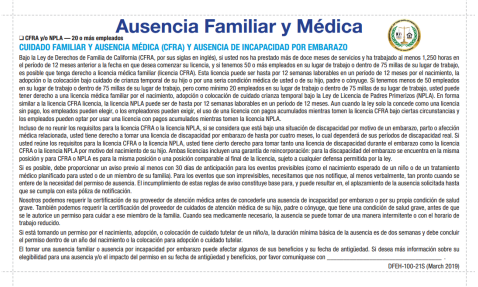
We may require certification from your health care provider before allowing you a leave for pregnancy disability or for your own serious health condition. We also may require certification from the health care provider of your child, parent or spouse, who has a serious health condition, before allowing you a leave to take care of that family member. When medically necessary, leave may be taken on an intermittent or reduced work schedule.

If you are taking a leave for the birth, adoption, or foster care placement of a child, the basic minimum duration of the leave is two weeks, and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. If you want more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact _____

DFEH-100-21 (March 2019)

SPANISH



Ausencia Familiar y Médica

❑ CFRA y/o NPLA — 20 o más empleados

CUIDADO FAMILIAR Y AUSENCIA MÉDICA (CFRA) Y AUSENCIA DE INCAPACIDAD POR EMBARAZO

Bajo la Ley de Derechos de Familia de California (CFRA, por sus siglas en inglés), si usted nos ha prestado más de doce meses de servicios y ha trabajado al menos 1,250 horas en el período de 12 meses anterior a la fecha en que desea comenzar su licencia, y si tenemos 50 o más empleados en su lugar de trabajo o dentro de 75 millas de su lugar de trabajo, es posible que tenga derecho a licencia médica familiar (licencia CFRA). Esta licencia puede ser hasta por 12 semanas laborables en un período de 12 meses por el nacimiento, la adopción o la colocación bajo cuidado de crianza temporal de su hijo o por una seria condición médica de usted o de su hijo, padre o cónyuge. Si tenemos menos de 50 empleados en su lugar de trabajo o dentro de 75 millas de su lugar de trabajo, pero como mínimo 20 empleados en su lugar de trabajo o dentro de 75 millas de su lugar de trabajo, usted puede tener derecho a una licencia médica familiar por el nacimiento, adopción o colocación de cuidado crianza temporal bajo la Ley de Licencia de Padres Primerizos (NPLA). En forma similar a la licencia CFRA licencia, la licencia NPLA puede ser de hasta por 12 semanas laborables en un período de 12 meses. Aun cuando la ley solo la concede como una licencia sin pago, los empleados pueden elegir, o los empleadores pueden exigir, el uso de una licencia con pagos acumulados mientras tomen la licencia CFRA bajo ciertas circunstancias y los empleados pueden optar por usar una licencia con pagos acumulados mientras tomen la licencia NPLA.

Incluso de no reunir los requisitos para la licencia CFRA o la licencia NPLA, si se considera que está bajo una situación de discapacidad por motivo de un embarazo, parto o afección médica relacionada, usted tiene derecho a tomar una licencia de discapacidad por embarazo de hasta por cuatro meses, lo cual dependerá de sus períodos de discapacidad real. Si usted reúne los requisitos para la licencia CFRA o la licencia NPLA, usted tiene cierto derecho para tomar tanto una licencia de discapacidad durante el embarazo como la licencia CFRA o la licencia NPLA por motivo del nacimiento de su hijo. Ambas licencias incluyen una garantía de reincorporación: para la discapacidad del embarazo se encuentra en la misma posición y para CFRA o NPLA es para la misma posición o una posición comparable al final de la licencia, sujeto a cualquier defensa permitida por la ley.

Si es posible, debe proporcionar un aviso previo al menos con 30 días de anticipación para los eventos previsibles (como el nacimiento esperado de un niño o de un tratamiento médico planificado para usted o de un miembro de su familia). Para los eventos que son imprevisibles, necesitamos que nos notifique, al menos verbalmente, tan pronto cuando se entere de la necesidad del permiso de ausencia. El incumplimiento de estas reglas de aviso constituye base para, y puede resultar en, el aplazamiento de la ausencia solicitada hasta que se cumpla con esta póliza de notificación.

Nosotros podemos requerir la certificación de su proveedor de atención médica antes de concederle una ausencia de incapacidad por embarazo o por su propia condición de salud grave. También podemos requerir la certificación del proveedor de cuidados de atención médica de su hijo, padre o cónyuge, que tiene una condición de salud grave, antes de que se le autorice un permiso para cuidar a ese miembro de la familia. Cuando sea medicamente necesario, la ausencia se puede tomar de una manera intermitente o con el horario de trabajo reducido.

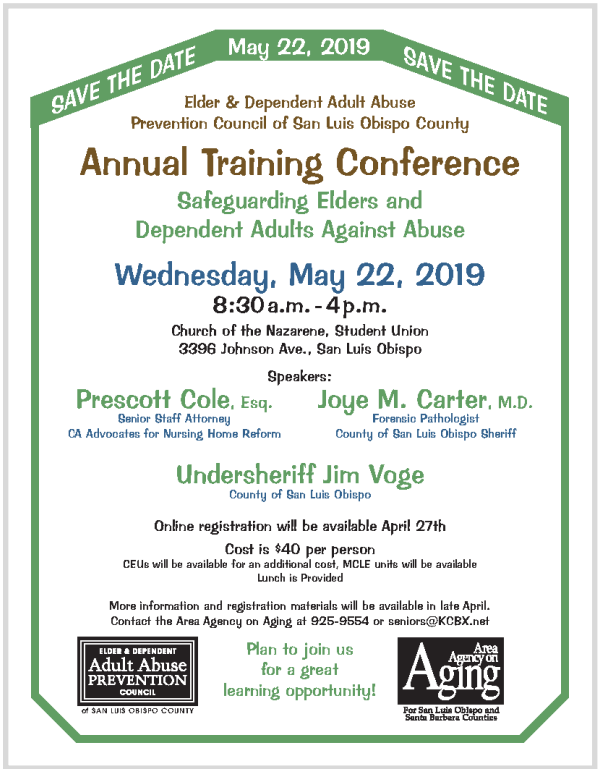
Si está tomando un permiso por el nacimiento, adopción, o colocación de cuidado tutelar de un niño/a, la duración mínima básica de la ausencia es de dos semanas y debe concluir el permiso dentro de un año del nacimiento o la colocación para adopción o cuidado tutelar.

El tomar una ausencia familiar o ausencia por incapacidad por embarazo puede afectar algunos de sus beneficios y su fecha de antigüedad. Si desea más información sobre su elegibilidad para una ausencia y/o el impacto del permiso en su fecha de antigüedad y beneficios, por favor comuníquese con _____

DFEH-100-21S (March 2019)

UPCOMING EVENTS

Contributed by: Louise Matheny, Human Resources Consultant



STATE DISABILITY INSURANCE (SDI) BENEFIT PAYMENT OPTIONS

Contributed by: Louise Matheny, Human Resources Consultant

The following is a message from the Employee Development Department of California regarding updates to the payment options for State Disability Insurance (SDI) Benefits and the accompanying forms and brochures.

Effective April 1, 2019, employees filing a claim with the State Disability Insurance (SDI) program now have two options on how they can receive benefit payments, by the EDD Debit Card℠ or by check sent through the mail.

The EDD Debit Card is the fastest and most convenient way to receive benefit payments. Benefit payments made through the EDD Debit Card are issued within 24 to 48 hours and immediately available to your employees.

Employees can opt to receive benefit payments by check by submitting the *Fee Disclosure and Other Important Disclosures* (DE 5617ID/IF) with their Disability Insurance (DI) or Paid Family Leave (PFL) claim. Allow seven to ten days for delivery of checks in the mail.

Your employees can file for DI and PFL through SDI Online. SDI Online is easy to use, secure, and available 24 hours a day, seven days a week. Employees submitting a claim via SDI Online can select their preferred payment method and review the *EDD Debit Card Fee Disclosure* (DE 5617PD) during the electronic application process. You, the employer, can also submit supporting documents through SDI Online.

Because of this new addition to the benefit payment methods, there have been changes made to the below forms and brochures. You can access the new versions by clicking on the corresponding links, or you can order them directly from the EDD by visiting the EDD Forms and Publications page or calling 1-800-480-3287 for DI and 1-877-238-4373 for PFL..

Forms

Claim for Disability Insurance (DI) Benefits (DE 2501 Rev. 80 (4-19))

Claim for Paid Family Leave (PFL) Benefits (DE 2501F Rev. 3 (4-19))

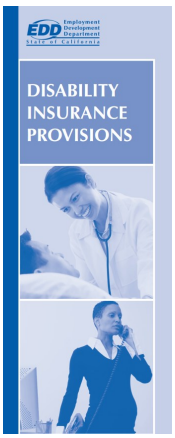
Brochures

Paid Family Leave Brochure
(DE 2511 Rev. 17 (3-19))

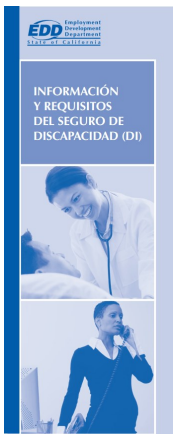
ENGLISH

SPANISH

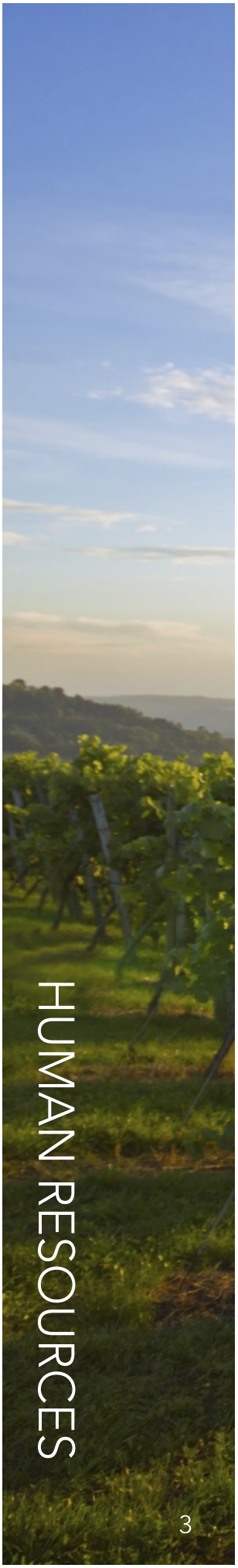
Disability Insurance Provisions
(DE 2515 Rev. 66 (3-19)

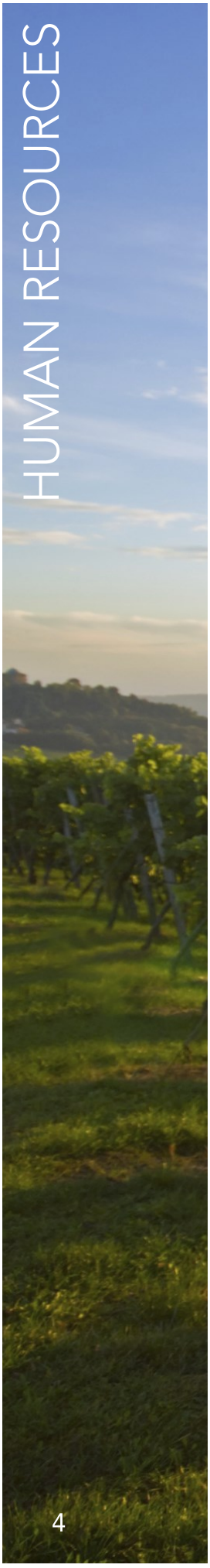


ENGLISH



SPANISH





SSN NO-MATCH LETTERS

Contributed by: Louise Matheny, Human Resources Consultant

For the first time since 2012, the Social Security Administration is sending Social Security number (SSN) no-match letters, also called an "Employer Correction Request Notice", to employers if it discovers their submitted W-2 records don't match the Administration's records of employee names and SSNs. The error could be as simple as a typo, but there is the potential for identity theft as well.

To help understand what actions should be taken if a letter is received, the Social Security Administration has step-by-step instructions and FAQs.

If you receive a letter, proceed carefully

The letters do not include the specific names or mismatched SSNs. To find this information, employers must first register online with the Social Security Administration's Business Services Online (BSO). Once the mismatch is determined, it is important that the employer look into the issue. If the employer does nothing, the U.S. Immigrations and Customs Enforcement (ICE) might consider the employer to have "constructive knowledge" that it is employing an unauthorized worker and may conduct an audit. However, if the employer takes adverse action, such as firing the employee solely based on the no-match letter, they could be sued for discrimination based on citizenship.

What to do if you receive a no-match letter

After receiving a no-match letter, according to Richard Alaniz, an attorney with Cruickshank & Alaniz in Houston, TX, employers should:

- Check their records for clerical errors;
- notify the employee of the mismatch; and
- provide the employee a reasonable period of time to resolve the issue with the Social Security Administration

The "reasonable period of time" for resolution is a bit of a grey area as there is not a regulated process for dealing with mismatched SSNs. Alaniz notes that if the employee doesn't respond after being informed of the mismatch, the employer should then reach out to the Social Security Administration. Oftentimes, if an employee is engaged in identity theft and is approached about a mismatched SSN, they will disappear.

The Social Security Administration does offer a service through BSO called Social Security Number Verification Service (SSNVS) that verifies SSNs before the employer files their W-2 submissions. However, once an employer registers for SSNVS, it must be used across their entire organization, which can be an administrative burden.

What causes a mismatched name and SSN

While the cause of a mismatch could be identity theft or a completely fabricated SSN, it could also be a simple mistake or oversight. If an employee was married or divorced and did not notify the Social Security Administration of a name change, that could cause an error. Or perhaps it is just a typo or transposed number.

Should an employer want an extra level of verification, they can utilize E-Verify to check the name, date of birth, and SSN of any new hire against the Social Security Administration's database. While it won't capture cases of identity theft, it could help prevent most SSN mismatches.

Employee Benefits Employee *Education*

We know that Employee Benefits can be an overwhelming topic—both for HR Administrators and for your employees. To help shed some light on the subject, each month we will provide you with helpful tips, tricks, and education that you can pass along to your employees.

NAVIGATING YOUR PRESCRIPTION PROGRAM - BE PROACTIVE!

Contributed by: Luzette Graves, Medical Case Manager

Taking the time to research your benefits in advance can eliminate unpleasant surprises at the pharmacy and help you get the most out of your plan. The easiest way to find out if a specific drug is covered and how much it will cost is to set up an online account with your insurance carrier.

If you need help getting this done, email us at advocateservices@morrisgarritano.com or call 855-662-1029

Once your account is set up:

1. Go the Pharmacy tab in your online account and look up your medication.
    a. Find out and write down:
        - What is the Copay Tier (1, 2, 3, 4) for each of your medications?
        - Is prior authorization required and/or quantity restricted?
        - Are any drugs labeled NF (non-formulary) or NC (Not covered)?
2. Then go to the Benefits tab in your account:
    a. Check to see if you have calendar year drug deductible which may apply to some or all medications. Please note that on some high deductible plans the calendar year medical deductible may apply.
    b. Look up the RX copay amounts for each of your medications based on the Tier.
        - Tier 1 copays cover low cost drugs - the deductible is waived on most plans but not all
        - Tier 2 copays cover moderately priced drugs after you have paid your annual deductible
        - Tier 3 copays cover higher cost drugs after you have met your deductible
        - Tier 4 copays covers Specialty drugs that are filled through a special mail order pharmacy
        - Drugs listed as NF (Non-formulary) are not covered on your plan but are sometimes approved as an exception
3. For medications that require prior-authorization or are non-formulary (NF), contact your doctor who will either
        - request authorization from your insurance carrier or
        - recommend switching to a lower cost drug
4. If one of your medications is not approved by the insurance carrier, you may qualify for a pharmacy assistance program which will pay some or most of the cost of the drug. You can discuss this option with your doctor or call the Alliance for Pharmaceutical Access' free services at 805-614-2040.

FEDERAL COURT STRIKES DOWN ASSOCIATION HEALTH PLAN RULES

Contributed by: Keith Dunlop, Director of Compliance and HR

On March 28, 2019, a federal judge in the District of Columbia ruled that the 2018 U. S. Department of Labor (DOL) final rules on association health plans (AHPs) are unlawful. The matter has been remanded back to the DOL with instructions to evaluate how the remaining provisions of the new regulations are affected by the ruling.

BACKGROUND

The DOL has always permitted AHPs through an association of employers with strict commonality, interest and control standards. Bona fide associations are based on criteria including:

1. the group or organization functions with a purpose unrelated to the provision of benefits;
2. the employers share commonality and a genuine organizational relationship unrelated to the provision of benefits, and;
3. the employers exercise control over the benefit program.

As such, unrelated employers who merely execute identically worded trust agreements as a means to provide benefits are not a bona fide association under ERISA rules.

On October 12, 2017, President Trump directed the DOL to consider expanding AHP plan rules based on common geography or industry. The stated intent of the Order was to provide alternatives to the constraints of the ACA.

On June 21, 2018, the DOL released its final rule on AHPs which modifies the definition of “employer” for purposes of forming a bona fide association. The new rule provides the following:

1. An association could be formed for the sole purpose of offering benefits;
2. Commonality of interest can be based on trade, industry, or profession; and
3. Geography can be the basis of common interest, including places of business located in the same state or metropolitan area (such metro areas can extend across state lines).
4. Sole owners with no employees could join associations in order to obtain benefits for themselves and their families.

Eleven states and the District of Columbia sued the DOL claiming that the new rules violate the intent and text of the Employee Retirement Income Security Act (ERISA).

COURT ACTION

United States District Judge John D. Bates agreed with states challenging the final rule and found in summary the following:

1. The DOL unreasonably expands the definition of employers to include groups with no real commonality of interest;
2. The inclusion of working owners with no employees violates the scope of ERISA which is intended to cover benefits arising from employment relationships.

In his summary, Judge Bates stated that the final rule was “clearly an end-run around the ACA”, and “expands AHPs in a way that allows small businesses and some individuals to avoid the healthcare market requirements imposed by the ACA.”

NEXT STEPS

This recent court action does not affect AHPs that were permitted under existing ERISA regulations. This ruling specifically addresses two (2) aspects of the new 2018 DOL final rule on Association Health Plans - the expansion of how groups can be grouped and form associations, and the inclusion of sole proprietors with no employees.

Companies and individuals who have formed, or are planning to form, an Association Health Plan under the new 2018 DOL regulations should take note of this ruling and seek guidance from their ERISA counsel.

Groups in AHPs that were formed under the prior ERISA regulations do not need to take any action at this time – the 2018 final rule did not alter longstanding AHP rules or multiple employer welfare arrangements (MEWAs). This ruling by the court does not disturb current regulation.

The matter has been remanded back to the DOL and employers are advised to monitor developments for any changes to the proposed Association Health Plan regulations.

IMPORTANT WELFARE PLAN COMPLIANCE DEADLINES – 2019

Contributed by: Keith Dunlop, Director of Compliance and HR

Welfare benefit plans are subject to a long list of compliance filing deadlines, some with due dates that are contingent on certain plan details, and some which only apply to certain kinds of plans. It can be confusing to keep it all straight – here's a summary to help plan for what's coming up in 2019.

Requirement	Deadline
1094 filing with IRS (paper)	February 28
1095 forms to employees	March 4
1094 filing with IRS (electronic)	April 1
CMS Creditable Coverage Disclosure	March 1, or 60 days after start of plan year
DOL Form 5500	July 31, or the end of the 7th month following end of plan year
PCORI Fee (self-funded plans only)	July 31
DOL Summary Annual Report (SAR)	September 30, or within 2 months of Form 5500
Medicare Part D Creditable Coverage Notice	October 15

Not all compliance requirements will apply to all welfare plans. For example, ACA informational reporting is only required of Applicable Large Employers (ALEs) with 50 or more full-time and full-time equivalent employees, and small self-insured employers.

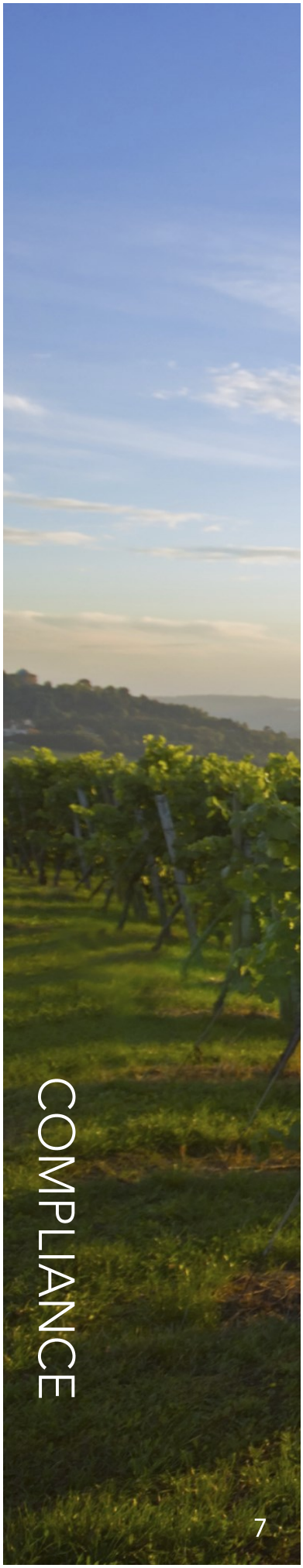
ALEs should keep in mind that the deadline to deliver ACA informational reporting is usually January 31, however the IRS has been providing extensions for the past several years. Those automatic extensions may not be continued for the coming reporting years.

Other plan factors will determine whether a particular filing is required or not. For example, the Form 5500 requirement only applies to plans with 100 or more participants at the start of the plan year.

It is also important to make note of the fact that some compliance due dates are firm, and others are contingent solely on the welfare plan year. For example, if your welfare plan ends on August 31, the Form 5500 filing requirement deadline becomes March 31 (e.g. the end of the 7th month following the end of the plan year).

Finally, self-funded welfare plan administrators should take note that the annual PCORI Fee requirement is coming to a close. This fee requirement sunsets for plans ending on or after October 1, 2019.

Contact Morris & Garritano Director of Compliance Keith Dunlop for more information about these important compliance deadlines.



WHEN THE FLOOD GATES OPEN

Contributed by: Audrey Mora, Commercial Risk Advisor/Winery Specialist

In the wake of record breaking natural disasters that have hit California in the past year, it's time to start preparing for what could become our new normal. Many people believe that disaster won't hit their business, so they opt out of purchasing insurance that covers the worst-case scenario. Unfortunately, we are hearing more and more stories of people being caught unaware by mother nature and losing everything because of it. Take the recent flooding in Sonoma county for example.

Initial assessments believe 578 businesses suffered approximately $35 million in damages over a two-day time when the county received over 5.5 inches of rain in 24 hours. A shopping district in Sebastopol, CA was hit especially hard. Many boutique wineries had tasting rooms in this district and suffered worst-case scenario losses, with some businesses having over 50 inches of standing water in their building. One winery lost all their furniture and over 90 cases of wine, while another is now closed indefinitely. Most of the businesses affected by the flooding didn't have flood policies in place and now must find other ways to recover their losses.

Flood insurance is a separate policy that is purchased to provide coverage for structures and contents when damaged by flooding. The annual cost of these polices often range between $600 - $2,500, depending on the level of coverage needed. Considering flood claims are often over $30,000, having a flood policy in place is a great way to make sure you won't be put out of business if a flood should hit your area.

Natural disasters in California are becoming not only more common, but more severe. In two years we have seen record breaking fires, floods, mudslides, and storms. Don't idly wait for catastrophe to find you. Ensure you have the proper policies in place so a disaster doesn't cause your livelihood to be destroyed.

Not sure where to start? Have a conversation with your Risk Advisor to discuss your options.

https://sanfrancisco.cbslocal.com/2019/03/02/russian-river-flood-damage-sonoma-county/
https://www.winespectator.com/webfeature/show/id/After-Floods-Sonoma-County-Wine-Industry-Tallies-Losses

WHO IS RESPONSIBLE FOR MAINTAINING THE SIDEWALK?

Contributed by: Contributed by: Heather Ross, Claims Advocate

If you are a property owner or manager, it is important that you know your responsibilities when it comes to sidewalk maintenance.

Many people incorrectly assume that the city is responsible for maintaining sidewalks and curbs, but in many municipalities, that is not the case. For example, in the City of San Luis Obispo, property owners are generally responsible for maintaining the sidewalk, parkway strip, curb, and gutter located adjacent to their property.

Occasionally, when the City has planted a street tree, it will repair the sidewalk when the concrete has been damaged by that tree. However, that does not relieve the property manager of his or her responsibility to notify the City of the hazard, since property owners and managers can be found liable if their negligence leads to another person's injury.

I encourage you take a moment to research the rules and ordinances regarding sidewalk and parkway maintenance in -your city, and make sure that you know who is responsible. If you don't already have a plan to periodically inspect your property for hazards, you may want to develop a plan and a schedule, being sure to document each inspection. By taking these simple actions, not only will you help shield yourself from liability should an accident occur, but you will be helping create a safer, more pedestrian-friendly city for everyone to enjoy.

WHAT ARE SUPPLEMENTAL JOB DISPLACEMENT BENEFITS?

Contributed by: Mary Jean Collins, Workers' Compensation Claims Analyst

A supplemental job displacement benefit (formerly called "vocational rehabilitation retraining") is a voucher that can be used by an injured worker to help pay for the cost of school or training in order to gain the skills needed to enter a new line of work.

When would the voucher be applicable?

If an employer is unable to accommodate permanent work restrictions, the injured employee is entitled to supplemental job displacement benefits/voucher.

How does an employee receive the voucher?

The claims administrator must offer the injured employee the voucher within 20 days after the end of the period when an employer may offer regular, modified, or alternative work. The voucher will be sent to the employee on a form called "Supplemental Job Displacement Nontransferable Voucher Form".

What does the voucher cover?

The voucher is worth up to $6,000 to pay the following expenses for retraining, building skills, and getting started in a new occupation:

- tuition, fees, books, and other required expenses for training or skills courses at a California public school or a program run by an organization on the state's eligible training provider list;
- the cost of occupational licensing or professional certification fees, as well as the exams and preparation courses to get those licenses;
- tools required for a training course;
- up to $1,000 for computer equipment;
- up to $600 to pay for the services of a licensed placement agency, a qualified vocational counselor, and resume preparation; and
- up to $500 for miscellaneous educational expenses, such as transportation and uniforms.

The employee must use the voucher within **two years** of being issued or **five years** from the date of injury, whichever comes later.

MORRIS & GARRITANO · INSURANCE · SERVICES · SINCE 1885 · | Think HR

Morris & Garritano ThinkHR

Have you heard about ThinkHR, the newest addition to our existing HR Business Consulting service?

If you are involved with employee and compliance issues, this HR knowledge solution is a value-added benefit that will save you time and money.

With Morris & Garritano ThinkHR, you receive:

HR Live | HR Comply | HR Learn | Mobile App

If you are interested in learning more about ThinkHR, please contact Louise Matheny at lmatheny@morrisgarritano.com.

VALLEY FEVER BILL TO IMPROVE WORKER SAFETY

Contributed by: Michael Schedler, Loss Control Analyst

Last month The Assembly Committee on Labor unanimously approved Assembly Bill (AB) 203, proposed by Assemblyman Rudy Sala, Jr. (D-Bakersfield), addressing the increasing problem of Valley Fever exposure and the need for effective awareness training for outdoor workers.

Valley Fever is a sometimes-fatal condition that is caused by exposure to or inhalation of *Coccidioidomycosis* spores that get released from topsoil when it is disturbed. Digging, grading, or earthmoving are all prime examples of such activities. The Central Valley and Central Coast counties have a high concentration of spores in their topsoil, raising concern for those regions' workers.

AB 203 requires construction employers in Fresno, Kings, Madera, Merced, Monterey, San Luis Obispo, and Tulare counties to provide Valley Fever awareness training to employees by May 1, 2020, and annually thereafter. Employers would have the option to incorporate the training into their Injury and Illness Prevention Program or have it be a standalone training program.

Training would consist of the following items:

- What Valley Fever is and how it is contracted
- Identification of high-risk areas and the types of work where the risk is highest
- Personal factors that may increase the risk for some individuals, such as pregnancy, diabetes, or a compromised immune system
- Personal and environmental exposure prevention methods
- Recognizing common signs and symptoms
- The importance of early detection, diagnosis, and treatment to help prevent the disease from progressing

The next step is for AB 203 to move to the Assembly Committee on Appropriations.

Our COO, Kerry Morris, promotes growth and development, leads by example, and embraces our core values. No wonder she was named one of Pacific Coast Business Times Top 50 Women in Business - for the second year in a row!

M&G SPONSORS NEW CORPORATE RELAY CHALLENGE AT 2019 SLO HALF MARATHON

New this year at the SLO Half Marathon - the Corporate Relay Challenge presented by Morris & Garritano Insurance!

Are you an employer looking for a way to promote health and wellness in your organization? Are you looking for a fun creative team building exercise? Then this is a perfect opportunity!

Form one or multiple teams (male, female or coed) for a 3-leg half marathon (2-3 persons per team) and run for fun, for health, and for bragging rights!

To learn more and to register visit https://slomarathon.com/teams/

Team M&G will be there….will you?!

"We've always promoted health and wellness as part of our corporate culture, so it was a natural fit to partner with Race SLO to encourage other companies and community groups to do the same. We've been involved with the SLO marathon and half marathon since its first year and are happy to continue the tradition."

Gabe Garcia
M&G CFO & SLO Marathon Legacy Runner

MORRIS & GARRITANO INSURANCE

With a tradition of excellence in insurance services since 1885, we offer all lines of business and personal coverage with a staff of over 120 professionals.

Our monthly newsletter is where you can find informative articles relating to the Commercial Lines and Employee Benefits industries.

For day-to-day updates and more information about our community and our company, follow us on Facebook, Twitter, Instagram, or LinkedIn. Visit our website or check us out on Yelp!

Please contact us for more information or questions on anything mentioned in this newsletter.

San Luis Obispo
1122 Laurel Lane
San Luis Obispo, CA 93401

Phone: 805-543-6887
Fax: 805-543-3064

Santa Maria
2721 Santa Maria Way
Santa Maria, CA 93455

Phone: 805-361-1750
Fax: 805-361-1728

E-mail:
info@morrisgarritano.com

This information is not to be considered specific legal advice and should not be relied upon in lieu of advice from your attorney. Morris & Garritano does not engage in the practice of law, accounting, or taxation. Therefore, the contents of this communication should not be regarded as a substitute for legal or tax advice.