

Ninth District PTA Observer Insert

August/September 2010

Please use this form to remit the PTA Insurance Premium.
We have included the Worker's Compensation Report which must be filled out for each PTA association.
Please follow the directions on the form.

Ninth District



Insurance Billing Statement

6401 Linda Vista Road, Annex A
San Diego, CA 92111
Phone: 858-268-8077
Fax: 858 -268-8017
Email: phoebe@sdcoe.net

Statement Date	Policy Period
August 5, 2010	From 1/5/2011 to 1/4/2012

COMMENTS:
* Payments are due on or before 11/15/2010
* Submit a copy of Workers' Compensation form with insurance payment.

BILL TO: Name of Unit _____
Name of Council _____

DESCRIPTION	RATE	AMOUNT
Unit PTA Premium	196.00	
Council PTA Premium	120.00	
Late Fee - Must accompany payment for processing if received after 12/15/2010	25.00	
TOTAL DUE		\$ -

REMITTANCE	
Due Date	11/15/2010
Check #	
Amount Enclosed	-

All PTA checks must have two signatures
Unit PTA/PTSA make checks payable to your council PTA
Council PTAs & out of council PTA/PTSA make all checks payable to Ninth District PTA
Thank You for Your Payment!

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EVERY UNIT, COUNCIL AND DISTRICT PTA
MUST COMPLETE AND RETURN THIS FORM EVEN IF NO ONE WAS PAID

WORKERS' COMPENSATION ANNUAL PAYROLL REPORT

(Attach insurance premium payment to Report and forward to council/district PTA as directed by their deadline date. Payment must be received from district PTA on or before January 31)

Name of PTA _____ District _____
 Address _____ Council _____
 City _____ Zip _____

Please note: List only those employees that PTA pays directly. Attach copies of all DE-6 and DE-542. Do NOT list when monies are donated to school district for employee salaries.. Do NOT list company name, only individual names.

Name of Worker	TYPE OF WORK BE SPECIFIC	DOES PERSON PAID CARRY HIS/HER OWN WORKERS' COMPENSATION INSURANCE?		DATES WORKED JAN 5, 2010 TO JAN 4, 2011	PAYROLL AMOUNT PAID
		YES*	NO		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
A	<i>Total Payroll for ALL Employees</i>				
B	<i>Less \$1000</i>				- \$1,000.00
C	<i>Gross Payroll</i>				
D	<i>Premium due for additional Workers' Compensation insurance coverage. 5% of Gross Payroll (Line C)</i>				

*If yes, worker must supply the PTA with a Certificate of Insurance from his/her Workers' Compensation insurance carrier.

This report form must be completed and forwarded through channels to reach the California State PTA office no later than January 31.

- Unit, council and district PTAs are required to file this form, even if no one was paid.
- Report ALL paid workers – attach additional Payroll Report detail pages(s) as necessary.
- Attach copies of quarterly employee reporting forms DE-6 and DE-542 for Independent Contractors.
- Write "NO ONE PAID" across form if no one was paid.
- Signed by treasurer or president..
- Forward through channels (unit to council to district). DO NOT send directly to the California State PTA office.
- Insurance premium received in the California State PTA office after January 31 is subject to a \$25 late fee by State PTA.
- See California State PTA Toolkit, "Workers' Compensation Annual Report," 5.6.5 for more information.

Date _____ Signed _____

Phone (____) _____ Position _____

		<small>FOR COUNCIL/DISTRICT PTA USE ONLY</small>	
<small>PAYMENT DATE</small>	<small>CHECK NUMBER</small>	<small>AMOUNT OF CHECK</small>	<small>TOTAL PREMIUM (LINE D)</small>
			<small>AMOUNT DUE</small>
<small>SIGNATURE (Council/district PTA president or treasurer):</small>			