



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 221059

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Ify Omokaro	4156464786
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
MTA Municipal Transportation Agency	Ify.omokaro@sfmta.com

5. CONTRACTOR	
NAME OF CONTRACTOR Intercare Holdings Insurance Services	TELEPHONE NUMBER 800-771-5454
STREET ADDRESS (including City, State and Zip Code) 6020 W Oaks Blvd, Rocklin, CA 95765	EMAIL AHoerberling@Intercareins.com

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 221059
DESCRIPTION OF AMOUNT OF CONTRACT \$33,771,962		
NATURE OF THE CONTRACT (Please describe) <p>The SFMTA is a self-insured employer for purposes of workers' compensation claims, as authorized by State law. The SFMTA assumed responsibility for managing its workers' compensation claims on July 1, 2000, under the authority of San Francisco Charter Section 8A.104(c). The SFMTA and the Department of Human Resources (DHR) have had joint contracts with Intercare Holdings Insurance Services Inc. (Intercare) for workers' compensation claims administration since November 1, 2012. The current contract with Intercare expires on October 31, 2022. On May 4, 2022, the SFMTA, jointly with DHR, issued a Request for Proposals for two separate contracts for workers' Compensation Claims Administration Services. A selection panel evaluated two proposals and ranked Intercare's proposal highest. The current contract annual administrative fee for SFMTA is \$2,970,060. The annual administrative fee under the proposed contract with Intercare would be \$3,324,303.76 for the first year, increasing in each subsequent year by three percent.</p>		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Hoeberling	Agnes	CEO
2	Ellington	Jodi	CFO
3	Avriett	Alan	Other Principal Officer
4	Galtney	Rob	Other Principal Officer
5	Lord	Jon	Other Principal Officer
6	Jaltorossian	Maggie	Other Principal Officer
7	Evans	Amy	Other Principal Officer
8	Miller	Jayne	Other Principal Officer
9	Buri	Danielle	Other Principal Officer
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9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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