OMAG

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405.657.1400 • 800.234.9461 • FAX 405.657.1401

November 3, 2026

Amy Jones
City of Clinton
P.O. Box 1177
Clinton, OK 73601-1177

Re: Return from the 2023-2024 OMAG Workers' Compensation Plan Year

Dear Ms. Jones:

CONGRATULATIONS! As a result of favorable workers' compensation claims activity by the **City of Clinton**, your municipality is receiving a return from the Loss Fund deposited with the Oklahoma Municipal Assurance Group (OMAG) for the 2023-2024 Workers' Compensation Plan Year. OMAG's Board of Trustees has authorized the return to the of the unused portion of its Fiscal Year 2023-2024 Loss Fund in the amount of **$44,140.81.** This amount has been transferred to your Escrow Account. Your current Escrow Account balance is **$49,829.80** and can be used at any time upon your written request accompanied by a copy of the minutes of your governing body authorizing the distribution of the Escrow Account funds. ***If you have paid your premium in full for the current 2026-2027 policy, you do not need to send the Resolution Form back in to OMAG.***

This year, **$2.45 million** is being returned to **218** OMAG Workers' Compensation Plan members. In the first **41 years** of the Plan, it has returned over **$74 million.** We hope you will share this good news with your governing body, staff, citizens and neighboring municipalities.

This return is subject to the condition that upon receipt of the amount stated above, which is a conditional distribution of the whole or part of the Member's Loss Fund paid to OMAG for the 2023-2024 Fiscal Year, the Plan member may be liable for the whole or part of said amount to OMAG for benefits payable under the Oklahoma Workers' Compensation Act, 85 O.S. § 1, *et seq.*, contingent upon notification to OMAG by CompSource Mutual Insurance Company (CompSource) that benefits are due and payable for claims against the Plan member made for the Fiscal Year. Upon notice by CompSource to OMAG as described above, the Plan member shall make payment to OMAG within sixty (60) days from receipt of written notice of the payment due OMAG. In the event the Plan member fails to make payment to OMAG, the Plan member authorizes OMAG to debit the amount due from the Plan Member's Escrow Account.

Congratulations, again! Keep up the good work.

Sincerely,

Tina Kliewer

Tina Kliewer, CISR
Workers' Compensation Program Manager

RESOLUTION NO. _____

A RESOLUTION AUTHORIZING OMAG TO DISTRIBUTE ESCROW ACCOUNT FUNDS

WHEREAS, the City of Clinton desires to send a request to OMAG:

Return of Escrow Account Funds in the amount of $_____, or

Apply Escrow Account Funds in the amount of $_____to the Workers' Compensation / Property / GL&Auto (circle one or more of the previous policy types) Policy premium. Please indicate which plan and amount you want to apply the funds.

NOW, THEREFORE, BE IT RESOLVED BY THE COMMISSION OF THE CITY OF CLINTON, OKLAHOMA that we approve Resolution No. _____ and authorize the request of return.

APPROVED BY THE BOARD OF COMMISSIONERS FOR THE CITY OF CLINTON,

THIS _____ DAY OF _____, 20___

_____
, Mayor

Attest:

_____
(Municipal Official)
City of Clinton