

RESOLUTION NO. 2021-053

**A RESOLUTION TO AUTHORIZE PARTICIPATION IN THE OHIO
TOWNSHIP ASSOCIATION GROUP RETROSPECTIVE RATING
PROGRAM FOR BWC**

The Board of Trustees of Franklin Township, Franklin County, Ohio met remotely via teleconference in a Regular session on March 25, 2021 at 6:30 p.m., and the following Trustees were present:

(√) Ralph Horn (√) John Fleshman (√) Aryeh Alex

Trustee Horn moved for the adoption of the following Resolution:

WHEREAS, Franklin Township has received an offer to participate in the Ohio Township Association Group Retrospective Rating Program effective July 1, 2021, for the enrollment period 1/1/2022 – 12/31/22; and,

WHEREAS, Participation in the program, while not guaranteed, is subject to the group's performance, and may save Franklin Township upwards of \$49,437 after service fees.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF FRANKLIN TOWNSHIP, FRANKLIN COUNTY:

SECTION 1, the fiscal officer is authorized to sign the Ohio Township Association Group Retrospective Rating Program agreement via CareWorks of Ohio Managed Care and CareWorks Comp Management, aka Sedgwick, as a Third-Party Administrator (TPA), for the Ohio Bureau of Workers' Compensation (BWC) insurance program.

Section 2, the fiscal officer is authorized to pay the service fee of \$11,550 from appropriations in the General Fund.

Trustee Fleshman seconded the motion, the roll was called for its adoption, and the vote was as follows:

√ YES/□ NO: **Horn** √ YES/□ NO: **Fleshman** √ YES/□ NO: **Alex**

Ralph Horn, Chairman, Trustee

John Fleshman, Vice Chair, Trustee

Aryeh Alex, Trustee

Attested to on this 25th day of March, 2021:

It is hereby certified that the amount of \$7,500 required to pay this liability has been lawfully appropriated and is in the treasury or in the process of collection to the credit of the 1000-110-311-0000 Accounting and Legal Fees account, in the general fund, free from any obligation or certification now outstanding.

Fiscal Officer, Mary Rhinehart

EXHIBIT A

To view the Sedgwick service agreement referenced in this Exhibit, visit <https://viaoneohio.sedgwick.com/Rating/2022PEgroupcontract.pdf>
password: group2022



Franklin Township
Franklin County, Ohio
Attn: Fiscal Department
2193 Frank Road
Columbus, OH 43223

RECEIVED MAR 19 2021

INVOICE

Bill To:

MARY RHINEHART
FRANKLIN TOWNSHIP
2193 FRANK ROAD
COLUMBUS, OH 43223-374

Invoice Date: March 16, 2021

Invoice #: 1268982

Policy #: 32520504

Group #: 3579

Rating Year: 2022

Due Date: Upon Receipt

GROUP RETROSPECTIVE RATING

The enrollment fee covers:

- Services for the annual contract period beginning 7/1/2021
- Policy Year: Group Retrospective Rating enrollment for 1/1/2022 to 12/31/2022

Annual Fee:
\$11,550

Please sign and return all enclosed enrollment forms and invoice with remittance

For checks make payable and send to:

Sedgwick
PO Box 89456
Cleveland, OH 44101-6456

OR

Credit card account number:	<input type="text"/>
Amount to be charged: \$11,550	Expiration date: <input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
By signing above you authorize Sedgwick to charge your credit card in the amount as shown above, and agree to pay the amount shown above according to your credit card agreement.	

Or to enroll and pay online visit www.sedgwick.com/ohiotpa/enroll

By returning this invoice or by remittance of the service fee, Client acknowledges and accepts all terms and conditions of the workers' compensation service agreement. Said agreement is hereby incorporated by reference herein (see link above).

This invoice is for Sedgwick's workers' compensation third party administration services pursuant to a service agreement between your company and Sedgwick. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

Mary Rhinehart

Mary Rhinehart

FISCAL OFFICER

Printed Name

Signature

Title

Date

MRHINEHART@FRANKLIN-TOWNSHIP.COM

614 279 9411

Email Address

Phone number

If your organization has merged with or acquired another company in the last year, or plans to up through the policy year noted above, initial here and contact our office immediately to review your options.

DATE:

Trustee

W-9 enclosed for your records – no action needed

Questions? Contact Ken Main at 614-769-4095 or Ken.Main@sedgwick.com



2022 Group Retrospective Rating Analysis

Employer: FRANKLIN TOWNSHIP

TM: 47%

Policy No.: 32520504

EMR: 1.47

Max Refund: 64.10%

Max Assessment: 15%

Target Refund : 42%

Target Refund: \$ 49,438

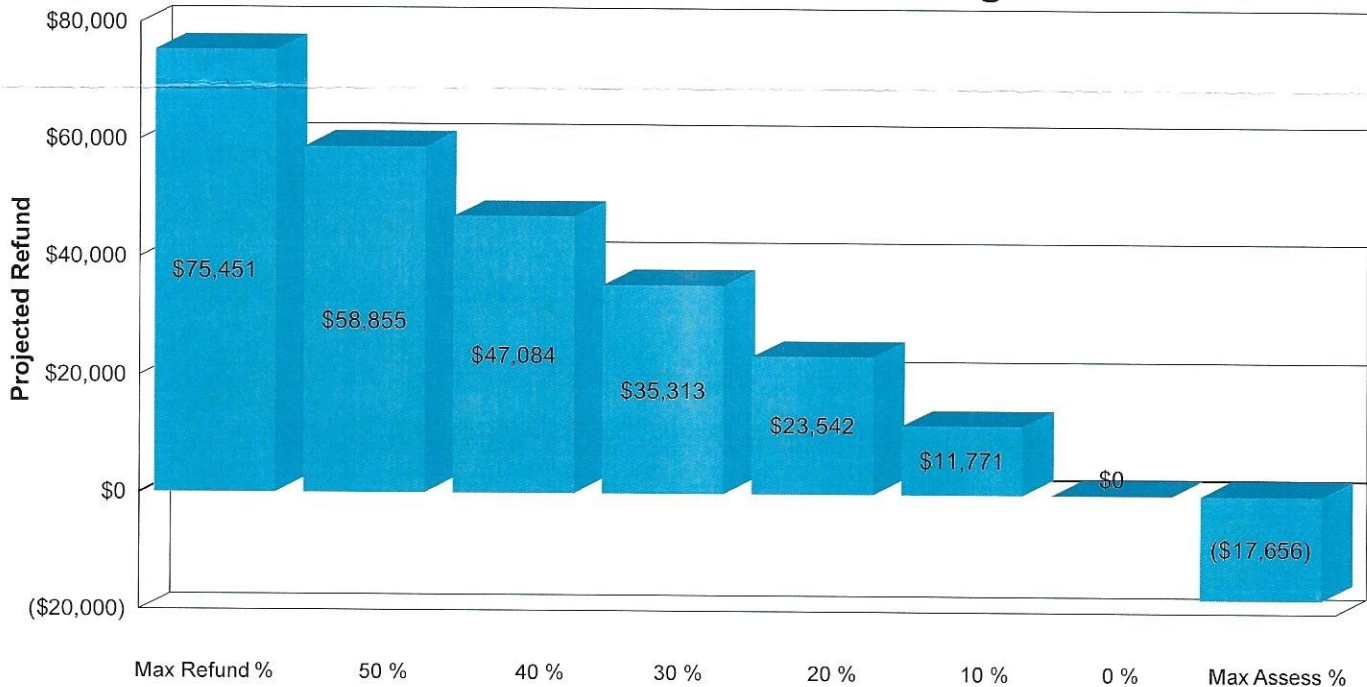
Estimated Individual Premium:	\$148,088
Less BWC Admin & DWRP:	<u>\$30,379</u>
Estimated Standard Premium:	\$117,709

Estimated Maximum Savings:	\$75,451
Estimated Maximum Assessment:	\$17,656

BWC will conduct three (3) annual evaluations to determine the refund/assessment.
Your projected annual refunds are:

1st Evaluation Refund	\$39,550
2nd Evaluation Refund	\$8,899
3rd Evaluation Refund	\$989

Estimated Refund Range



*The 2022 premium amounts are for the payroll period from 1/01/2022 to 12/31/2022.

Actual group refunds/assessments will be dependent on the performance of the entire group.

This projection is to be used as a guideline only for decision making purposes. The results should not be construed as actual.

Instructions

- Please print or type.
- Return completed statement to the attention of the sponsoring organization you are joining.
- The sponsoring organization's third-party administrator will submit this form.
- If you have any questions, please call BWC at (614) 466-6773.

Note: This application must be review and approve by BWC's employers programs unit BEFORE it becomes effective.

Employer Name FRANKLIN TOWNSHIP	Telephone number 614 279 9411	BWC Policy Number 32520504
Address 2193 FRANK ROAD	City COLUMBUS	State OH
		Nine-digit Zip Code 43223-374

Group-retrospective-rating program enrollment

I agree to comply with the Ohio Bureau of Workers' Compensation Group-Retrospective-Rating Program rules (Ohio Administrative Rule 4123-17-73). I understand that my participation in the program is contingent on such compliance.

This form supersedes any previously executed U-153.

I understand only a BWC Group-Retrospective-Rating Program certified sponsor can offer membership into the program. I also understand if the sponsoring organization listed below, is not certified, this application is null and void.

I am a member of the Ohio Township Association Retro Group sponsoring organization or a certified affiliate organization and would like to be included in the Group-Retrospective-Rating Program it sponsors for the policy year beginning January 1, 2022. I understand the employer roster submitted by the group will be the final, official determination of the group in which I will or will not participate. Submission of their form does not guarantee participation.

I understand the sponsoring organization's representative Sedgwick #000900-80 (currently, as determined by the sponsoring organization) is the only representative I may have in risk-related matters while I remain a member of the group. I also understand the representative for the Group-Retrospective-Rating Program will continue as my individual representative in the event that I no longer participate in the program. At the time I am no longer a member of the program, I understand I must file a *Permanent Authorization* (AC-2) to cancel or change individual representation.

I understand a new U-153 shall be filed each policy year I participate in the Group-Retrospective-Rating Program.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization. Yes No

Ohio Township Association Retro Group

352450

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

Note: For injuries that occur during the period an employer is enrolled in the Group-Retrospective-Rating Program, employers may not use or participate in the Deductible Program, Group Rating, Retrospective Rating, Safety Council Performance Rebate Program, \$15,000 Medical-Only Program or the Drug-Free Safety Program.

Certification

MARY RHINEHART certifies that he/she is the FISCAL OFFICER of
(Officer Name) (Title)

FRANKLIN TOWNSHIP, FRANKLIN COUNTY, the employer referred to above, and that all of the
(Employer Name)

information is true to the best of his/her knowledge, information, and belief, after careful investigation.

Mary Rhinehart
(Officer Signature)

(Date)



TO: Ohio Bureau of Workers' Compensation
 Employer Services 22nd floor
 Self-Insured Department 22nd floor

Please mark a box and return to
 30 West Spring St.
 Columbus, OH 43215-2256

Fax: 614-621-1405

Policy Number	32520504
Entity (Company Name)	FRANKLIN TOWNSHIP
DBA (Doing Business As)	
Address	2193 FRANK ROAD COLUMBUS, OH 43223-374

Note: For this to be a **valid** letter, the employer services department, or the self-insured department for self-insured employers, must stamp it.

This is to certify that effective 7/1/2021
Sedgwick #000900-80
(Representative name and rep ID number)

including its agents or representatives identified to you by them, has been terminated or retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the workers' compensation fund according to the type of representation checked below.

Please check only one type of representation. See description of representatives at the bottom of this form.

<input checked="" type="checkbox"/> Type of authorized representation addition/change or termination		<input checked="" type="checkbox"/> Add	<input type="checkbox"/> Terminate
<input checked="" type="checkbox"/> Employer-risk claim representative (ERC)		<input type="checkbox"/> Risk-management representative (RISK)	
<input type="checkbox"/> Claim-management representative (CLM)		<input type="checkbox"/> Payroll service vendor (PSV)	

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree BWC will process any letters, requests and actions initiated by a superseded authority.

I understand that this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the employer services or self-insured departments as appropriate.

Telephone number 614-279-9411	Fax number 614-279-6097	Email address mpotts@franklin-township.com
Print name and title Mark Potts, Administrator	Employer signature X	Date

BWC authorized representative service/roles

Employer-risk claim representative (ERC) – The ERC is designated as the employer's authorized representative for both risk- and claims-management-related issues. He or she is also the employer's authorized representative on each claim under the employer's policy number. The ERC receives copies of all risk and claim correspondence. The ERC has full access to the employer's risk information and information pertaining to the workers' compensation claims filed against the employer. He or she will also have the authority to access such information on www.bwc.ohio.gov.

BWC will consider the ERC as the authorized representative in handling risk-related issues for an employer if there is no designated group-risk claim representative (GRC). BWC also will consider the ERC as the authorized representative in handling claim-related issues for an employer if there is no designated CLM or GRC.

Risk-management representative (RISK) – The RISK is the employer's designated authorized representative for risk-related issues. He or she represents an employer on risk-related issues only. The RISK receives copies of all risk correspondence. A RISK will have access to only the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

BWC will consider the RISK as the authorized representative in handling risk-related issues for an employer if there is no designated GRC or ERC. The RISK will have no authority to represent the employer on any matters if either a GRC or ERC is appointed. In addition, the RISK will have access only to the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

Claims-management representative (CLM) – The CLM is the employer's designated authorized representative on each claim associated with the employer. He or she will receive copies of all claim correspondence. The CLM represents an employer on claim-related issues only. A CLM will have access only to information pertaining to the workers' compensation claims filed against the employer and authority to access that information on www.bwc.ohio.gov.

BWC will consider the CLM the authorized representative in handling claims-related issues for an employer.

Payroll service vendor (PSV) – A payroll service vendor provides payroll services, including reporting and/or withholding and remittance services for workers' compensation premium payments.

Note: Based on the designation made by the group's sponsor, only the employer services group-rating unit can update a GRC.

You cannot use the AC-2 to select a GRC authorization. This representative type only applies to private employers and public employer taxing districts. BWC will consider the GRC the authorized representative in handling risk-related issues for an employer. In addition, BWC will consider the GRC the authorized representative in handling claim-related issues for an employer if there is no designated claims-management representative (CLM).

GROUP RETRO



March 16, 2021

MARY RHINEHART
 FRANKLIN TOWNSHIP
 2193 FRANK ROAD
 COLUMBUS, OH 43223-374

Re: 2022 Group Retrospective Rating Re-Enrollment for Policy # 32520504

We are pleased to announce that your organization has qualified for re-enrollment in the 2022 Ohio Township Association Retro Group.

2022 Group Retrospective Rating projection:

Target Refund %	42%
Target Refund \$*	\$ 49,437

*Refund is based on estimated standard premium of \$117,709.

Our group retrospective programs are successful and consistently generate significant refunds because of our focus on safety best practices, client education, and aggressive claims management.



To re-enroll, simply sign and return the enclosed U-153 enrollment form with invoice and payment, or enroll online at www.sedgwick.com/ohiotpa/enroll.

As a reminder, when enrolling in a group retrospective rating program, BWC does not allow the stacking of discounts with any of the following programs: \$15k Medical Deductible, Drug Free Safety, Industry Specific Safety, Transitional Work Bonus and One Claim. However, Group Retro has the potential to provide **significant refunds** in comparison to these other alternative rating programs.

If you have questions, please contact **Ken Main** at **614-769-4095** or Ken.Main@sedgwick.com.