

**Resolution 2023-070**

**A Resolution Authorize Participation In The Ohio Township Association Group Retrospective Rating Program For BWC**

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Tuesday, May 23<sup>rd</sup>, 2023. The trustee marked below made a motion for the adoption of the following Resolution:

*Fleshman*

*Leezer*

*Horn*

**WHEREAS**, Franklin Township has received an offer to participate in the Ohio Township Association Group Retrospective Rating Program effective July 1, 2023, for the enrollment period 1/1/2024 – 12/31/24; and,

**WHEREAS**, Participation in the program, while not guaranteed, is subject to the group’s performance, with a target refund of \$41,641 through the Bureau of Workers Compensation.

**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 with 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 \$12,740.00 from appropriations in the General Fund. Exhibit A.

*The following trustee marked below seconded the motion:*

*Fleshman*

*Leezer*

*Horn*

*Roll was called for the adoption of the Resolution, and the vote was as follows:*

**Fleshman:**  YES/  NO    **Leezer:**  YES/  NO    **Horn:**  YES/  NO

\_\_\_\_\_  
Trustee John Fleshman

\_\_\_\_\_  
Trustee James Leezer

\_\_\_\_\_  
Trustee Ralph Horn

*Attested to on this 23<sup>rd</sup> day of May 2023*

\_\_\_\_\_  
*Fiscal Officer, Marguerite Trodden*

*Adopted: May 23<sup>rd</sup>, 2023*



EXHIBIT A

Date: May 16, 2023

GROUP RETRO

STEVEN MAZER  
FRANKLIN TOWNSHIP  
2193 FRANK RD  
COLUMBUS, OH 43223

Re: 2024 Group Retrospective Rating Enrollment for Policy # 32520504

We are pleased to announce that your organization has qualified for re-enrollment in the 2024 Ohio Township Association Retro Group.

**2024 Group Retrospective Rating projection:**

Target Refund %	40%
Target Refund*	\$41,641

\* Refund is based on estimated standard premium of \$104,104.

Our group retrospective programs are successful and consistently produce positive results 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](http://www.sedgwick.com/ohiotpa/enroll).

Join our program and receive these services:

- Claims Management
- Hearing Representation
- Review of BWC Rates and Invoices
- Online Account Access
- Educational Opportunities
- BWC Updates

To discuss our Group Retrospective Rating Program or related services, please contact Ken Main at 201-204-7269 or [Ken.Main@sedgwick.com](mailto:Ken.Main@sedgwick.com).

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, Lapse Free, Transitional Work Bonus and One Claim. However, Group Retro has the potential to provide significant refunds in comparison to these other alternative rating programs.

#### 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 reviewed and approved by BWC's employers program unit BEFORE it becomes effect**

Employer Name FRANKLIN TOWNSHIP	Telephone number (614)279-9411	BWC policy number 32520504	
Address 2193 FRANK RD	City COLUMBUS	State OH	9-digit Zip Code 43223

#### 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 super-sedes any previously executed U-153.

I understand that only a BWC Group Retrospective Rating Program certified sponsor can offer membership into the program. I also understand that 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 organizations 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, 2024. 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 that 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 group, I understand that I must file 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

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, \$15,000 Medical-Only Program, or the Drug-Free Safety Program.

#### Certification

STEVE MAZER certifies that he/she is the ADMINISTRATOR of  
(Officer Name) (Title)

FRANKLIN TOWNSHIP, 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.

[Signature] 5-16-2023  
(Officer Signature) (Date)

# Ohio

Bureau of Workers' Compensation

## Permanent Authorization

TO:  Employer Services 22nd Floor  
 Self-Insured Department 26th Floor

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

Fax -- (614) 728-0456

Policy number	32520504
Entity (Company Name)	FRANKLIN TOWNSHIP
DBA (Doing Business As)	
Address	2193 FRANK RD  COLUMBUS, OH 43223

**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 07/01/2023

**Sedgwick # 000900-80**

(Representative name and Rep I.D. number)

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

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

<b>X Type of authorized representation addition/change or termination</b>		<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"/> Claims 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 <i>614 279 9411</i>	Fax Number <i>614 279 6097</i>	E-mail Address <i>SHAZER@FRANKLIN-TOWNSHIP.COM</i>
Print name and title <i>STEVE MAZER, ADMINISTRATOR</i>	Employer Signature <i>[Signature]</i>	Date <i>5-16-2023</i>

### 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](http://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](http://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](http://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](http://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).



## 2024 Group Retrospective Rating Analysis

**Employer:** FRANKLIN TOWNSHIP  
**Policy No.:** 32520504

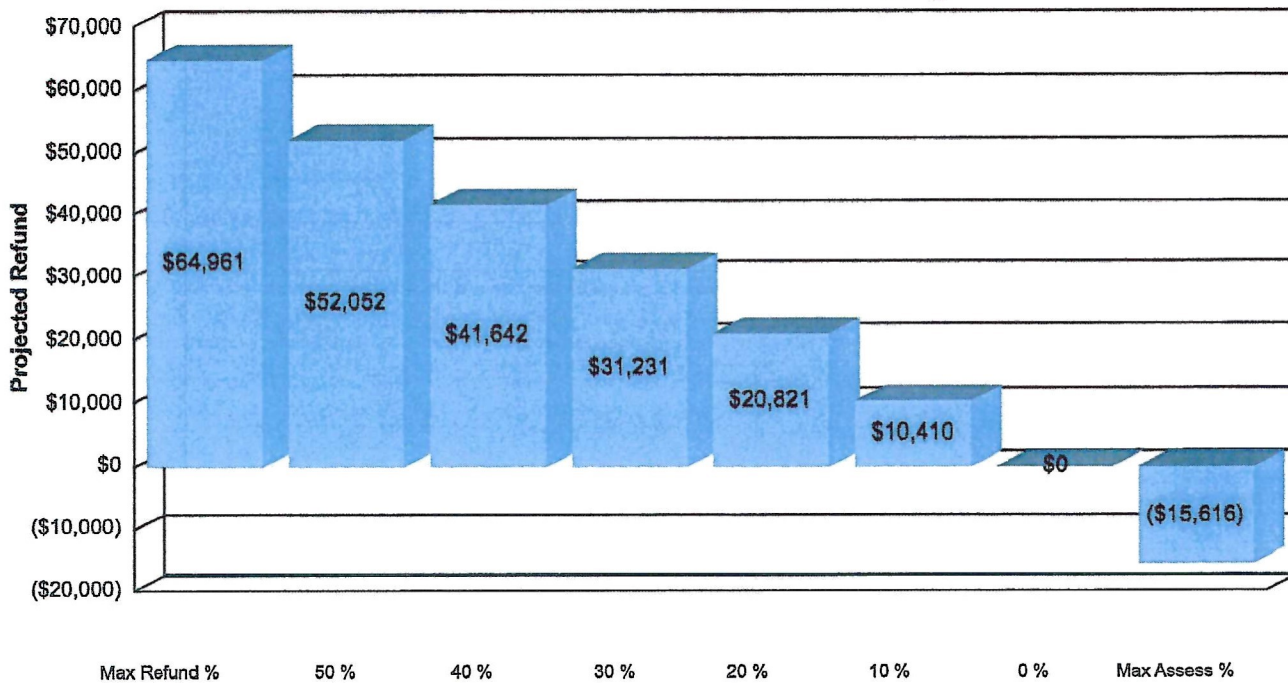
Projections based on:            TM: 97%                            EMR: 1.97

Estimated Standard Premium:	\$104,104
BWC Admin & DWRP:	\$23,798
Estimated Individual Premium:	\$127,902

BWC will conduct three (3) annual evaluations to determine the refund/assessment.  
 Evaluations will take place at 12, 24, and 36 months after the end of the policy year.

<b>Max Refund: 62.40%</b>	<b>Max Assessment: 15%</b>
<b>Projected Maximum Refund: \$64,961</b>	<b>Projected Maximum Assessment: \$15,616</b>

### Estimated Refund Range



\*The 2024 premium amounts are for the payroll period from 1/01/2024 to 12/31/2024.

*Please note that 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.*

Exhibit A

To view the Sedgwick service agreement covering participation in this exhibit visit  
<https://viaoneohio.sedgwick.com/Rating/2024PEgroupcontract.pdf>  
password: group2024



**RENEWAL INVOICE**

Bill To:

STEVEN MAZER  
FRANKLIN TOWNSHIP  
2193 FRANK RD  
COLUMBUS, OH 43223

Invoice date: May 16, 2023  
Invoice #: 1419352  
Policy #: 32520504  
Group #: 03579  
Rating Year: 2024  
Due Date: Upon Receipt

GROUP RETROSPECTIVE RATING	
The enrollment fee covers: * Services for the annual contract period beginning 07/01/2023 * Policy Year: Group Retrospective enrollment for <b>January 1, 2024 to December 31, 2024</b>	<b>Annual Fee</b> <b>\$12,740</b>

Please sign and return enclosed U-153 enrollment form and invoice with remittance to:

For checks make payable and send to:  
**Sedgwick**  
PO Box 89456  
Cleveland, OH 44101-6456

Credit card account number:	<input type="text"/>
Amount to be charged: <b>\$12,740</b> 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

Or to enroll and pay online visit  
[www.sedgwick.com/ohiotpa/enroll](http://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.

Printed Name	Signature	Title	Date
smazer@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. <input type="text"/>	

Questions? Contact Ken Main at 201-204-7269 or [Ken.Main@sedgwick.com](mailto:Ken.Main@sedgwick.com)