

Resolution 2024-049

Re-Enrollment in the 2025 Group Retrospective Rating for BWC in the Ohio Township Association Retro Group

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, April 4, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED by the Board of Trustees of Franklin Township, the Board has agreed to continue their re-enrollment in the 2025 Ohio Township Association Group Retrospective Rating Program effective July 1, 2024, for the enrollment period 1/1/2025 – 12/31/25; and,

WHEREAS Participation in the program, while not guaranteed, is subject to the group's performance, and may save Franklin Township upwards of \$57,718 after service fee.

Section 1. The Fiscal Office or Township Administrator is authorized to sign the Ohio Township Association Group Retrospective Rating Program agreement via Ohio Managed Care, 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 \$13,505 from appropriations in the General Fund.

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to the adoption of this Resolution were passed in an open meeting of this Board and that all deliberations of this Board and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and shall be in full force effective immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

Resolution 2024-049

Re-Enrollment in the 2025 Group Retrospective Rating for BWC in the Ohio Township Association Retro Group

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

Leezer: YES/ NO **Fleshman:** YES/ NO **Blevins:** YES/ NO

excused

Trustee James Leezer

[Signature]

Trustee John Fleshman

[Signature]

Trustee Mike Blevins

Adopted on April 4, 2024
Attested to on this 4th day of April 2024

[Signature]

Fiscal Officer, Lizzie Justus

Bill To:

STEVEN MAZER
 FRANKLIN TOWNSHIP
 2193 FRANK RD
 COLUMBUS, OH 43223

Policy Number	Invoice Date
32520504	March 19, 2024
Invoice Number	Payment Due Date
1488447	UPON RECEIPT
Group Number	
3579	
Rating Year	Annual Fee
2025	\$ 13,505

Ohio Workers' Compensation Group Retrospective Rating Program


The enrollment fee of \$ 13,505 includes:

- Services for the annual contract period beginning 7/1/2024
- Policy Year: Group Retrospective Rating enrollment for January 1, 2025 to December 31, 2025

To enroll:

- Pay online at www.sedgwick.com/ohiotpa/enroll or
- Sign and return enclosed U-153 enrollment form and invoice with remittance
 - Email to ohio.group@sedgwick.com or mail to:

Sedgwick
PO Box 89456
Cleveland OH 44101-6456
 - Include check made out to Sedgwick or complete credit card portion of this invoice.

	
Credit card number:	
Amount to be charged: \$ 13,505	Expiration date:
Print name as it appears on card:	
Authorized Signature:	

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 (<https://viaoneohio.sedgwick.com/Rating/2025PEgroupcontract.pdf> password: group2025).

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.

X

Signature	Printed Name	Title	Date
smazer@franklin-township.com		614 279 9411	
Email Address		Phone number	

Questions?

 Contact Ken Main at 201-204-7269 or Ken.Main@sedgwick.com

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.

 If a W-9 is needed visit <https://viaoneohio.sedgwick.com/Rating/SedgwickW9.pdf>

March 19, 2024

STEVEN MAZER
FRANKLIN TOWNSHIP
2193 FRANK RD
COLUMBUS, OH 43223

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

We are pleased to announce that your organization has qualified for re-enrollment in the 2025 Ohio Township Association Retro Group.

2025 Group Retrospective Rating projection:		Max Refund	Max Assessment
Projected Premium	\$ 144,295		
Target Refund %	40%	64.1%	15%
Target Refund \$	\$57,718	\$ 92,493	\$21,644

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

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.

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**.

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, Transiti ork 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 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 RD	City COLUMBUS	State OH
		Nine-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 supersedes 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 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, 2025**. 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, \$15,000 Medical-Only Program or the Drug-Free Safety Program.

Certification

_____ certifies that he/she is the _____ of
(Officer Name) (Title)

_____, 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.

X _____
(Officer Signature)

(Date)