

Resolution 2025-082
Re-Enrollment in the 2026 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 5:30 p.m. on Thursday, June 12, 2025. The trustee marked below made a motion for the adoption of the following Resolution:

☐ **Fleshman**

☐ **Leezer**

☐ **Blevins**

BE IT RESOLVED by the Board of Trustees of Franklin Township, the Board has agreed to continue their re-enrollment in the 2026 Ohio Township Association Group Retrospective Rating Program effective July 1, 2025, for the enrollment period 1/1/2026 – 12/31/26; and,

WHEREAS Participation in the program, while not guaranteed, is subject to the group's performance, and may save Franklin Township upwards of \$24,898.47 after service fee.

Section 1. The Township Administrator was 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 dated April 2, 2025. (See Exhibit)

Section 2. the Township Administrator is authorized to pay the service fee of \$14,180.00 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:

☐ **Fleshman**

☐ **Leezer**

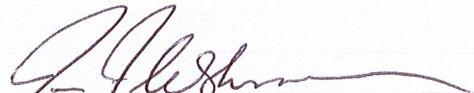
☐ **Blevins**

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

Fleshman: ☐ YES/ ☐ NO


Leezer: ☐ YES/ ☐ NO

Blevins: ☐ YES/ ☐ NO



John Fleshman, Trustee

James Leezer, Trustee



Mike Blevins, Trustee



RENEWAL INVOICE

EXHIBIT A

Bill To:

STEVEN MAZER
FRANKLIN TOWNSHIP
2193 FRANK RD
COLUMBUS, OH 43223

Policy Number	Invoice Date
32520504	March 7, 2025
Invoice Number	Payment Due Date
1552289	UPON RECEIPT
Group Number	
3579	
Rating Year	Annual Fee
2026	\$ 14,180

Ohio Workers' Compensation Group Retrospective Rating Program

The enrollment fee of \$ 14,180 includes:

- Services for the annual contract period beginning 7/1/2025
- Policy Year: Group Retrospective Rating enrollment for January 1, 2026 to December 31, 2026

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: \$ 14,180	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/2026PEgroupcontract.pdf> (password: group2026).

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.

	STEVEN MAZER	Administrator	04/08/25
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>

Invoice #: 1552289

Ohio Township Association Retro Group, group #3579 (2026) GRC-M
Sedgwick / policy #32520504



Bureau of Workers' Compensation

Employer Statement for Group-Retrospective-Rating Program

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, 2026**. 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

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.

X

[Signature]
(Officer Signature)

4-2-25
(Date)

BWC-7659 (Rev. Oct. 1, 2024)

U-153

Ohio Township Association Retro Group, group #3579 (2026)
Sedgwick / policy #32520504



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
Company Name	Franklin Township
Doing Business As	
Address	2193 FRANK ROAD
	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 01/01/1900

Sedgwick, Rep. I.D.# 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 desired. See description of representatives below.

X 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"/> 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 614-279-9411	Fax number	Email Address smazer@franklin-township.com
Print name and title STEVEN MAZER Administrator	Employer Signature "Electronic Signature"	Date 04/02/2025

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).