

2026-067

A Resolution Approving the Re-Enrollment in the 2027 Group Retrospective Rating for BWC in the Ohio Township Association Retro Group

The Board of Trustee of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 6:00 p.m. on Thursday, April 2, 2026, at 2193 Frank Road, Columbus, Ohio. The Trustee marked below made a motion for the adoption of the following resolution:

Trustee Fleshman

Trustee Blevins

Trustee Fuller

WHEREAS, the Board of Trustees of Franklin Township has determined it to be in the best interest of the Township to continue its participation in the 2027 Ohio Township Association Group Retrospective Rating Program, effective July 1, 2026, for the enrollment period of January 1, 2027 through December 31, 2027; and

WHEREAS participation in the program is not guaranteed and is subject to the group's overall performance, but may result in an estimated savings to Franklin Township of up to \$23,105.06 after service fees;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Franklin Township:

Section 1. The appropriate Township officials are hereby authorized to execute the agreement for participation in the Ohio Township Association Group Retrospective Rating Program through Ohio Managed Care (Sedgwick), acting as Third-Party Administrator (TPA), for the Ohio Bureau of Workers' Compensation insurance program, dated March 24, 2026, as attached hereto as Exhibit A.

Section 2. The service fee in the amount of \$14,890.00 has been duly appropriated from the General Fund.

Section 3. 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.

Section 4. 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:

Trustee Fleshman

Trustee Blevins

Trustee Fuller


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

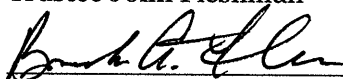
Fleshman: YES/ NO

Blevins: YES/ NO

Fuller: YES/ NO


Trustee Mike Blevins


Trustee John Fleshman


Trustee Brenda Fuller



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 / FRANKLIN COUNTY	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, 2027. 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

BRENDA FULLER certifies that he/she is the Trustee 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 Brenda Fuller

(Officer Signature)

4/2/26

(Date)

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

U-153

Ohio Township Association Retro Group, group #3579 (2027)
Sedgwick / policy #32520504

Bill To:

ROBYN WATKINS
FRANKLIN TOWNSHIP / FRANKLIN COUNTY
2193 FRANK RD
COLUMBUS, OH 43223

Policy Number	Invoice Date
32520504	March 11, 2026
Invoice Number	Payment Due Date
1611436	UPON RECEIPT
Group Number	
3579	
Rating Year	Annual Fee
2027	\$ 14,890

Ohio Workers' Compensation Group Retrospective Rating Program

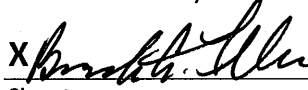
The enrollment fee of \$ 14,890 includes:

- Services for the annual contract period beginning 7/1/2026
- Policy Year: Group Retrospective Rating enrollment for January 1, 2027 to December 31, 2027

<p>To enroll online quickly and securely using your credit card, visit www.sedgwick.com/ohiotpa/enroll</p>	<p>To enroll by mail, make the check payable to Sedgwick, and include the signed enrollment forms and invoice with your payment. Mail to: Sedgwick PO Box 89456 Cleveland OH 44101-6456</p>
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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/2027PEgroupcontract.pdf> (password: group2027).

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.

 Signature	Brandy A. Fuller Printed Name	trustee Title	04/02/2026 Date
Rwatkins@franklin-township.com Email Address	614 279 9411 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>

Group Retrospective Rating



Date: March 24, 2026

ROBYN WATKINS
FRANKLIN TOWNSHIP / FRANKLIN COUNTY
2193 FRANK RD
COLUMBUS, OH 43223

Re: Group Retrospective Rating Enrollment for Policy # 32520504

We are pleased to announce that your organization has qualified for re-enrollment in the 2027 Ohio Township Association Retro Group. With your enrollment, you have access to significant refund opportunities and Sedgwick's industry-leading claims and risk management support. Our programs are successful because of our focus on safety best practices, client education, and aggressive claims management.

2027 Group Retrospective Rating Projection:		Max Refund	Max Assessment
Projected Premium	\$191,660		
Target Refund %	32%	62.82%	5%
Target Refund \$	\$61,331	\$120,401	\$ 9,583

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.

To discuss our Group Retrospective Rating Program or related services, please contact **Ken Main** at 201-204-7269 or Ken.Main@sedgwick.com.

Enroll today to receive these workers' compensation services

Claims Management

Hearing Representation

Review of BWC rates and invoices

Education opportunities

Education opportunities

Online account access

BWC Updates

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, Claim Impact Reduction and Substance Use Prevention & Recovery Bonus. However, Group Retro has the potential to provide **significant refunds** in comparison to these other alternative rating programs.

2027 Group Retrospective Rating Analysis

Employer: Franklin Township / Franklin County

Policy No.: 32520504

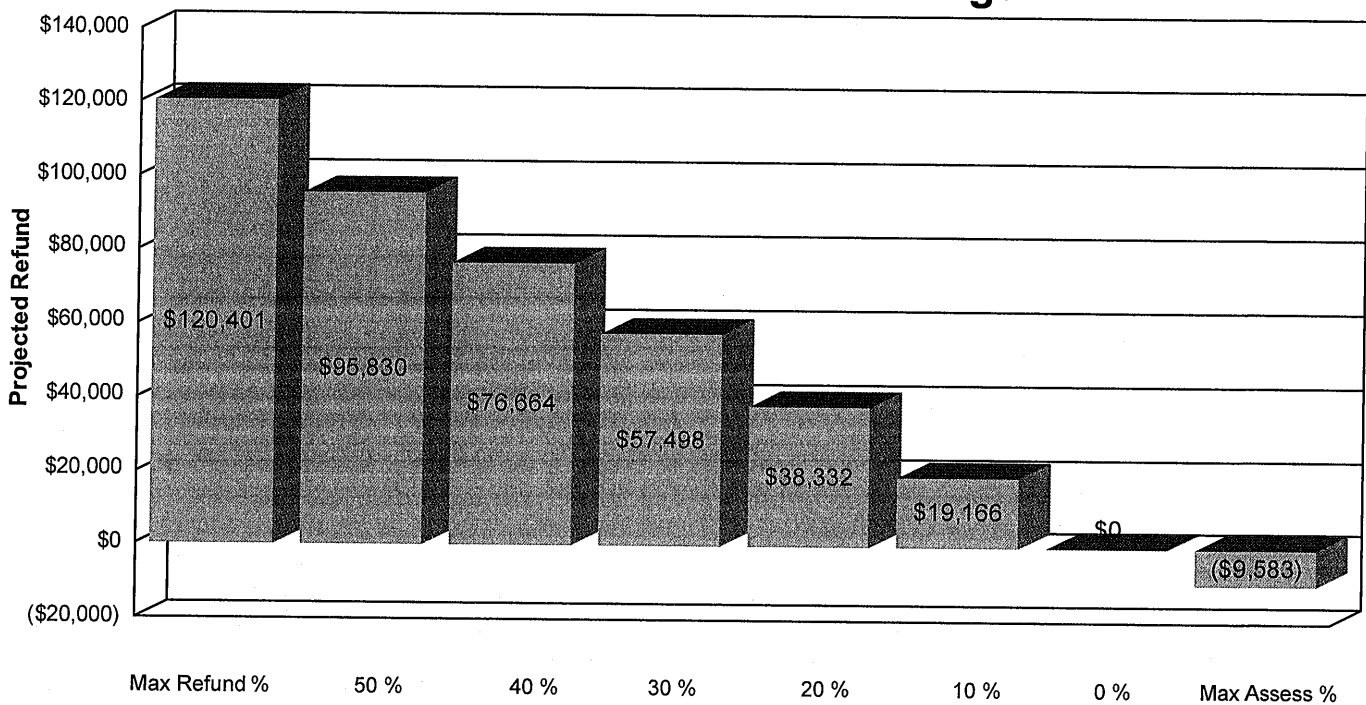
Projections based on: TM: 67% EMR: 1.67

Estimated Standard Premium:	\$191,660
BWC Assessments:	\$0
Estimated Individual Premium:	\$191,660

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.

Max Refund: 62.82%	Max Assessment: 5%
Projected Maximum Refund: \$ 120,401	Projected Maximum Assessment: \$ 9,583

Estimated Refund Range



*The 2027 premium amounts are for the payroll period from 1/01/2027 to 12/31/2027.

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.