FAIRFIELD TOWNSHIP RESOLUTION NO. 17-14

RESOLUTION AUTHORIZING ADMINISTRATOR TO CONTINUE WORKERS COMPENSATION GROUP RATING PROGRAM WITH CAREWORKS IN THE TOTAL AMOUNT OF \$6,719.00.

WHEREAS: Fairfield Township has qualified for the 2018 Ohio Township Association Workers' Compensation Group Rating Program; and

WHEREAS: Fairfield Township will benefit from discounts through the use of a third party administration; and

WHEREAS: Use of Careworks Compensation administered group rating program provides many services including Hearing Representation, Safety Programming, BWC Discount Program Evaluation, Rate & Underwriting Analysis, Day-to-Day Claims Management;

NOW, THERFORE, BE IT RESOLVED, by the Trustees of Fairfield Township, Butler County, Ohio, as follows;

- SECTION 1: The Board of Trustees does hereby authorize the Administrator to continue Workers Compensation Group Rating Program with CareWorks in the total amount of \$6,719.00, As set forth on the attached Exhibit "A".
- SECTION 2: This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.
- SECTION 3: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.
- **SECTION 4:** This resolution shall take effect at the earliest period allowed by law.

Adopted: February 8, 2017

Board of Trustees	Vote of Trustees
Shannon Hartkemeyer: Shannon Hartkemeyer: Shannon Hartkemeyer:	Voic of Frustees
Joe McAbee: Och Selm	1/6 \
Susan Berding: Susan Berdina	11.00
AUTHENTICATION	C
This is to certify that this is a resolution which was duly passed, and filed	with the Fairfield Townshir
Fiscal Officer this Sth day of Albrusia	2017.

A

ATTEST:

Nancy Bock, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Lawrence E. Barbiere, Township Law Director





FAIRFIELD TOWNSHIP / BUTLER COUNTY ATTN: NANCY BOCK 6032 MORRIS RD HAMILTON, OH 45011

Invoice			
Policy Number	Date		
30920104	December 13, 2016		
	Due Date		
	With Enrollment Papers		
	Amount		
	\$ 6,719.00		

93-42-92001

Workers' Compensation Group Rating Program

OHIO TOWNSHIP ASSOCIATION - 42 2018 Workers' Compensation Group Rating Program

Please note: BWC requires that your organization is a member in good standing with either the sponsoring organization or the affiliate sponsor.

TOTAL DUE \$ 6,719.00

Policy ID: 30920104

Mail or fax this form with payment to:

CareWorksComp 5500 Glendon Court Dublin, OH 43016 Phone: (614) 764-7600

Fax: (614) 764-7629

	Payment Information	
(AfasterCard)	DISCOVER VISA Check Enclose	d
Credit Card Number		-
Print Name as it Appea	rs on Credit Card	-
Address as it appears	on your Credit Card Bill, if different from above	-
Expiration Date	Amount to be paid	·
Authorized Signature		.







December 13, 2016

Policy 30920104

NANCY BOCK FAIRFIELD TOWNSHIP / BUTLER COUNTY 6032 MORRIS RD HAMILTON, OH 45011

Welcome!

Your organization has qualified for the 2018 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program. With just a few simple steps, you can benefit from industry-leading discounts through a workers' compensation group rating program with Ohio's premier third party administrator, CareWorksComp.

Let's review the most important part of group rating - your savings:

Annual Group Premium Savings	\$ 22,150
Projected Discount	46 %
Savings Overview	

In addition to premium savings, joining a CareWorksComp administered group rating program gives you access to the industry leader in workers' compensation. Here are some of the services included in your group rating offer:

- Hearing Representation
- Safety Programming
- BWC Discount Program Evaluation
- Rate & Underwriting Analysis
- Day-to-Day Claims Management

Please contact CareWorksComp, toll-free at, 1-800-837-3200 with any questions. Ask for a Group Sales Associate.

Completing Enrollment is Simple:

- 1. Please return the completed Group-Experience Rating Form (AC-26), Permanent Authorization Form (AC-2) and Invoice to CareWorksComp in the provided envelope. CareWorksComp will accept enrollment applications until May 24, 2017.
- 2. View the Participation Agreement found at www.careworkscomp.com/groupsponsors
- 3. Make check payable to CareWorksComp for the amount listed on the enclosed invoice. Please include your policy number on the check or complete the credit card portion of the invoice.





ANALYSIS

Estimated Group Savings

Annual Payroll	Individual Rate	Individual Premium	Group Rate	Group Premiun
\$3,773,417	0.0222	\$84,000	0.0163	\$61,850
\$3,773,417		\$84,000		\$61,850
	\$3,773,417	\$3,773,417 0.0222	\$3,773,417 0.0222 \$84,000	\$3,773,417 0.0222 \$84,000 0.0163

Projected group savings is calculated after using the BWC's break even factor.

Total rates include BWC administrative costs, DWRF, and DWRF II assessments.

Statements made to the employer describing the group plan concept and all its possible benefits (savings) are not guarantees, but projections based upon information available from the BWC at the time of review and include the maximum credibility as adopted by the Ohio BWC. This offer may be withdrawn or revised based on year end BWC experience data which negatively affects your eligibility.

All BWC premiums are still payable to the Bureau of Workers' Compensation via the BWC payroll report. Failure to make these payments can cause rejection from a group rating program.