

**FAIRFIELD TOWNSHIP  
RESOLUTION NO. 18-27**

**RESOLUTION TO APPROVE PAYMENT TO CAREWORKSCOMP IN THE AMOUNT OF \$6,719.00.**

**WHEREAS:** CareWorksComp is Fairfield Township's third party administrator for Ohio Bureau of Workers' Compensation claims; and

**WHEREAS:** Fairfield Township has qualified for the 2019 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program; and

**WHEREAS:** In addition to premium savings, joining a CareWorksComp administered group rating program gives access to the industry leader in workers' compensation.

**WHEREAS:** The projected discount is 48% with an Annual Group Premium Savings of \$27,870.00.

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

**SECTION 1:** The Board hereby approves the payment of \$6,719.00 to CareWorksComp, 5500 Glendon Court, Dublin, OH 43016, for services as set forth in the Agreement attached hereto as Exhibit "A".

**SECTION 2:** The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

**SECTION 3** 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 4:** 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 5:** This resolution shall take effect at the earliest period allowed by law.

**Adopted:** February 14, 2018

**Board of Trustees**

Susan Berding:

Susan Berding

Shannon Hartkemeyer:

Shannon Hartkemeyer

Joe McAbee:

Joe McAbee

**Vote of Trustees**

YES

YES

YES

**AUTHENTICATION**

This is to certify that this is a resolution which was duly passed, and filed with the Fairfield Township Fiscal Officer this 14th day of Feb, 2018.

**ATTEST:**

Shelly Schultz  
Shelly Schultz, Fairfield Township Fiscal Officer

**APPROVED AS TO FORM:**

L. E. Barbieri  
Lawrence E. Barbieri, Township Law Director



**BILL TO:**

FAIRFIELD TOWNSHIP / BUTLER COUNTY  
 ATTN: JULIE VONDERHAAR  
 6032 MORRIS RD  
 HAMILTON, OH 45011

Invoice	
Policy Number	Date
30920104	January 16, 2018
Due Date	
With Enrollment Papers	
Amount	
\$ 6,719.00	

93-42-92001

**Workers' Compensation Group Rating Program**

OHIO TOWNSHIP ASSOCIATION - 42  
 2019 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	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Check Enclosed
Credit Card Number _____	
Print Name as it Appears on Credit Card _____	
Address as it appears on your Credit Card Bill, if different from above _____	
Expiration Date _____	Amount to be paid _____
Authorized Signature _____	



\*1448393-004\*



January 16, 2018

Policy 30920104

JULIE VONDERHAAR  
FAIRFIELD TOWNSHIP / BUTLER COUNTY  
6032 MORRIS RD  
HAMILTON, OH 45011

## Welcome!

Your organization has qualified for the 2019 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:

Savings Overview	
Projected Discount	48 %
Annual Group Premium Savings	\$ 27,870

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

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 (AG-26)*, *Permanent Authorization Form (AC-2)* and *Invoice* to CareWorksComp in the provided envelope. CareWorksComp will accept enrollment applications until **May 23, 2018**.
2. View the *Participation Agreement* found at [www.careworkscomp.com/groupsponsors](http://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.

5500 Glendon Court • P.O. Box 8101 • Dublin, OH 43016  
Toll-free: 1-800-837-3200 • Local: (614) 764-7600 • Fax: (614) 764-7629



# ANALYSIS

## Estimated Group Savings

NCCI Manual	Annual Payroll	Individual Rate	Individual Premium	Group Rate	Group Premium
9433	\$3,698,746	0.0241	\$89,351	0.0166	\$61,481
<b>Total :</b>	<b>\$3,698,746</b>		<b>\$89,351</b>		<b>\$61,481</b>
<b>Total Projected Group Savings: \$ 27,870</b>					

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.



Employer Statement for Group-Experience-Rating Program

Instructions

- Please print or type.
Please return completed statement to the attention of the sponsoring organization you are joining.
If you have any group-experience-rating questions call BWC at 614-466-6773.

BWC USE ONLY
Application effective with policy year beginning

NOTE: The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer name: FAIRFIELD TOWNSHIP / BUTLER COUNTY
Telephone number: 5137852299
BWC policy number: 30920104
Address: 6032 MORRIS RD
City: HAMILTON
State: OH
Nine-digit ZIP code: 45011

Group-Experience-Rating Program Enrollment

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-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 sponsoring organization or a certified affiliate organization and would like to be included in the group named OHIO TOWNSHIP ASSOCIATION - 42 it sponsors for the policy year beginning January 1, 2019. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the organization's representative CAREWORKSCOMP, 150-80 (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-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating 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 am associated with the sponsoring organization or a certified affiliate sponsoring organization

X
Yes

No

OHIO TOWNSHIP ASSOCIATION

352450

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

Employer Must Complete

Certification

Employer Must Complete

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

(Employer name), the employer referred to above, and

that all of the information is true to the best of his/her knowledge, information, and belief, after careful investigation.

(OFFICER SIGNATURE)

(DATE)





To: Ohio Bureau of Workers' Compensation
[X] Employer Services Department, 22nd floor
[ ] Self-Insured Department, 27th floor

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

Fax - (614) 728-0456

Form with fields: Policy number (30920104), Entity (FAIRFIELD TOWNSHIP / BUTLER COUNTY), DBA, Address (6032 MORRIS RD, HAMILTON, OH 45011)

Note: For this to be a valid letter, the employer services department, or the self-insured department for self-insuring employers, must stamp it.

This is to certify that effective: July 1, 2018 (Date)

CareWorksComp, Rep ID # 000150-80, 5500 Glendon Ct. Dublin, OH 43016
(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 Ohio Bureau of Workers' Compensation and the Industrial Commission of Ohio in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation checked below. Please check only one type of representation. See description of representatives on side 2.

Table with 2 columns: Checkmark, Type of authorized representation. Rows include Employer-risk claim representative (ERC), Risk-management representative (RISK), and Claim-management representative (CLM).

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 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.

Form with fields: Telephone number, Fax number, E-mail address, Print name and title, Employer signature, Date

