

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 21-92**

RESOLUTION TO APPROVE PAYMENT TO SEDGWICK IN THE AMOUNT OF \$7,270.00.

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

WHEREAS: Fairfield Township has qualified for the 2022 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program; and

WHEREAS: In addition to premium savings, joining a Sedgwick administered group rating program gives access to the industry leader in workers' compensation; and

WHEREAS: The projected discount is 42% with an Annual Group Premium Savings of \$45,457.00; and

WHEREAS: This payment will be taken out of the following fund numbers, #1000, #2021, #2081 & #2111.

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 \$7,270.00 to Sedgwick, PO Box 89456, Cleveland, OH 44101-6456, 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: June 9, 2021

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 9th day of June, 2021.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

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



2022 Group Retrospective Rating Analysis

Employer: FAIRFIELD TOWNSHIP

TM: -6%

Policy No.: 30920104

EMR: 0.94

Max Refund: 64.10%

Max Assessment: 15%

Target Refund : 42%

Target Refund: \$ 29,785

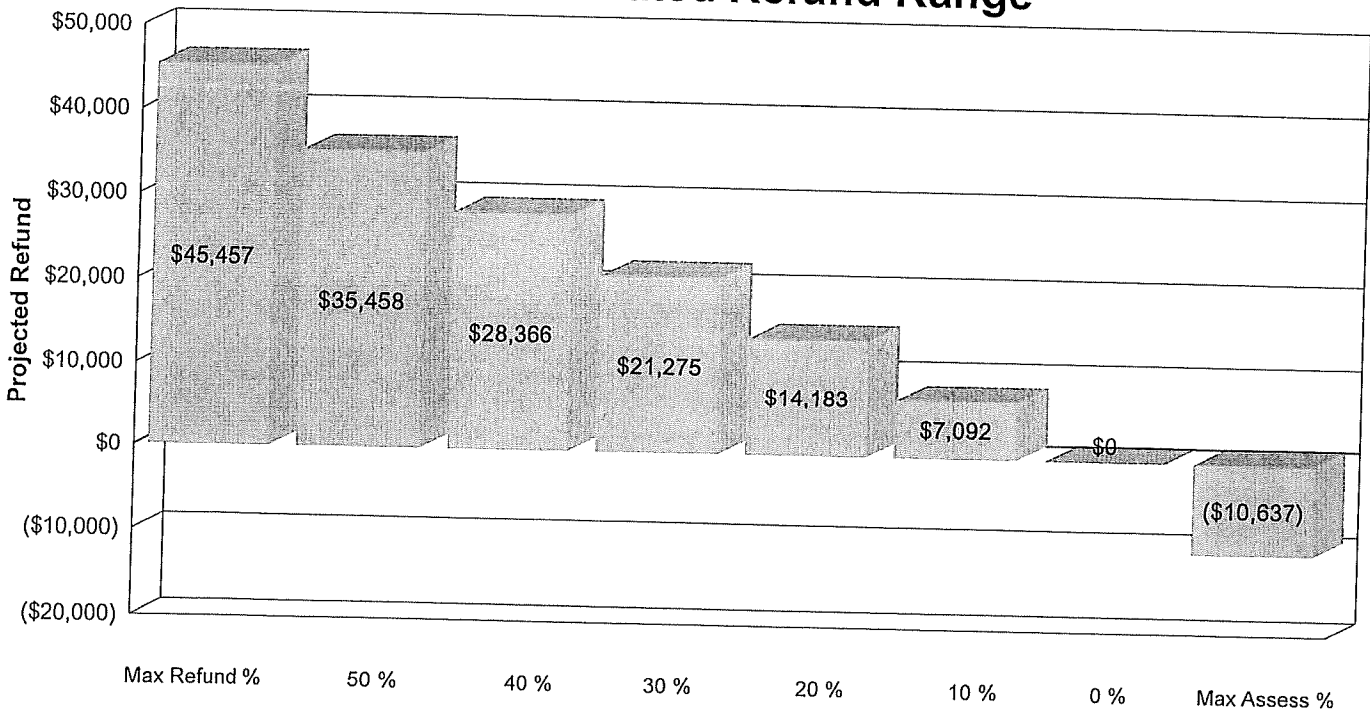
Estimated Individual Premium:	\$89,220
Less BWC Admin & DWRF:	\$18,304
Estimated Standard Premium:	\$70,916

Estimated Maximum Savings:	\$45,457
Estimated Maximum Assessment:	\$10,637

BWC will conduct three (3) annual evaluations to determine the refund/assessment.
Your projected annual refunds are:

1st Evaluation Refund	\$23,828
2nd Evaluation Refund	\$5,361
3rd Evaluation Refund	\$596

Estimated Refund Range



*The 2022 premium amounts are for the payroll period from 1/01/2022 to 12/31/2022.

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.

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 FAIRFIELD TOWNSHIP	Telephone number 513 785 2299	BWC Policy Number 30920104
Address 6032 MORRIS RD	City HAMILTON	State OH
		Nine-digit Zip Code 45011

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 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, 2022. 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, Safety Council Performance Rebate Program, \$15,000 Medical-Only Program or the Drug-Free Safety Program.

Certification

JULIE VONDERHAAR certifies that he/she is the ADMINISTRATOR of
(Officer Name) (Title)

FAIRFIELD TWP, BUTLER CITY, 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 Julie Vonderhaar
(Officer Signature)

5/28/21
(Date)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Sedgwick Claims Management Services, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

P.O. Box 89456

6 City, state, and ZIP code

Cleveland, OH 44101-6456

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					

or

Employer identification number									
3	6	-	2	6	8	5	6	0	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Keith Gates*

Date ▶ *2/5/2021*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

TO: Ohio Bureau of Workers' Compensation
 Employer Services 22nd floor
 Self-Insured Department 22nd floor

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

Fax: 614-621-1405

Policy Number	30920104
Entity (Company Name)	FAIRFIELD TOWNSHIP
DBA (Doing Business As)	
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-insured employers, must stamp it.

This is to certify that effective 7/1/2021

Sedgwick #000900-80

(Representative name and rep ID number)

including its agents or representatives identified to you by them, has been terminated or retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission 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 at the bottom of this form.

<input checked="" type="checkbox"/> 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"/> Claim-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 513-785-2247	Fax number 513-887-4405	Email address jvonderhaar@fairfieldtwp.org
Print name and title JULIE VONDERHAAR/ADMIN	Employer signature x Julie Vonderhaar	Date 5/28/21

BWC authorized representative service/roles

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).