FAIRFIELD TOWNSHIP RESOLUTION NO. 23-53

RESOLUTION APPROVING PAYMENT TO SEDGWICK IN THE AMOUNT OF \$8,020.00.

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

WHEREAS: Fairfield Township has qualified for the 2024 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 40% with an Annual Group Premium Savings of \$25,326.00; 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 \$8,020.00 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: April 11, 2023

Board of Trustees	Vote of Trustees
Michael Berding:	yes
Shannon Hartkemeyer: Shannon H	yes
Joe McAbee:	yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this day of ________, 2023.

ATTEST:
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

Lawrence E. Barbiere, Township Assistant Law Director

EXHIBIT A

To view the Sedgwick service agreement referenced in this Exhibit, visit https://viaoneohio.sedgwick.com/Rating/2024PEgroupcontract.pdf password: group2024

sedgwick

PENEWAL INVOICE

หญ่ To:

JULIE VONDERHAAR FAIRFIELD TOWNSHIP / BUTLER COUNTY 6032 MORRIS ROAD HAMILTON, OH 45011 Invoice Date: March 7, 2023

Invoice #: 1419318

Policy #: 30920104

Group #: 3579 Rating Year: 2024

Due Date: Upon Receipt

GROUP RETROSPECTIVE RATING

The enrollment fee covers:

- ♦ Services for the annual contract period beginning 7/1/2023
- ♦ Policy Year: Group Retrospective Rating enrollment for 1/1/2024 to 12/31/2024

Annual Fee: \$8,020

Please sign and return enclosed <u>U-153 enrollment form</u> and invoice with remittance

For checks make payable and send to:

Sedgwick PO Box 89456 Cleveland, OH 44101-6456 OR

Master are VISA DISCOVER					
Credit card account number:					
Amount to be charged: \$ 8,02	0 Expiration date				
Print name as it appears on car	d:				
Signature:					
By signing above you authorize Sedgwick to charge your credit card in the amount as shown above, and agree to pay the amount shown above according to your credit card agreement.					

Or to enroll and pay online visit www.sedgwick.com/ohiotpa/enroll

By returning this invoice or by remit the workers' compensation service ag This invoice is for Sedgwick's work between your company and Sedgwick enrollment in any workers' compensa	greement. Said ers' compensa k. Client acknow	d agreement is hereby tion third party admir wledges that paymen	y incorporated by reference her nistration services pursuant to a t of this invoice does not consti	ein (see link above). I service agreement
Printed Name	Signature		Title	Date
jvonderhaar@fairfieldtwp.org		513 785 2299	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	
Email Address		Phone number	office immediately to review your	options.

Questions? Contact Tammy Ring at 614-266-9516 or Tammy.Ring@sedgwick.com

If a W-9 is needed visit https://viaoneohio.sedgwick.com/Rating/SedgwickW9.pdf



March 7, 2023

GROUP RETRO

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

Re: Group Retrospective Rating Re-Enrollment for Policy # 30920104

We are pleased to announce that your organization has qualified for re-enrollment in the 2024 Ohio Township Association Retro Group.

2024 Group Retrospective Rating projection:

Target Refund %	40%
Target Refund \$*	\$ 25,326

^{*}Refund is based on estimated standard premium of \$63,317.

Our group retrospective programs are successful and consistently generate significant refunds because of our focus on safety best practices, client education, and aggressive claims management.

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.

Join our program and receive these services:

- Claims Management
- Hearing Representation
- Review of BWC Rates and Invoices
- Online Account Access
- Educational Opportunities
- BWC Updates

To discuss our Group Retrospective Rating Program or related services, please contact Tammy Ring at 614-266-9516 or Tammy.Ring@sedgwick.com.

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, Drug Free Safety, Transitional Work Bonus and One Claim. However, Group Retro has the potential to provide <u>significant refunds</u> in comparison to these other alternative rating programs.



2024 Group Retrospective **Rating Analysis**

⊭mployer:

FAIRFIELD TOWNSHIP / BUTLER COUNTY

Policy No.:

30920104

Projections based on:

TM: -3%

EMR: 0.97

Estimated Standard Premium:

BWC Admin & DWRF:

\$63,317

<u>\$14,475</u>

Estimated Individual Premium:

\$77,792

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.

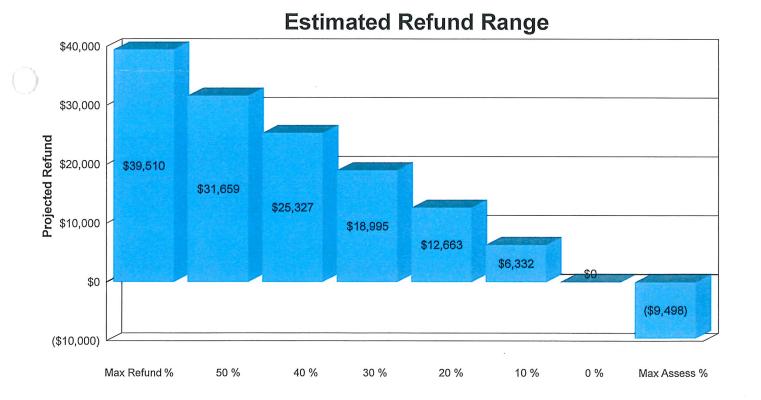
Max Refund: 62.40%

Max Assessment: 15%

Projected Maximum Refund: \$39,510

Projected Maximum Assessment:

\$ 9,498



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.

^{*}The 2024 premium amounts are for the payroll period from 1/01/2024 to 12/31/2024.