

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 24-48**

RESOLUTION APPROVING PAYMENT TO SEDGWICK IN THE AMOUNT OF \$8,425.00.

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

WHEREAS: Fairfield Township has qualified for the 2025 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 26,428.00; 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 \$8,425.00 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 9, 2024

Board of Trustees

Shannon Hartkemeyer: _____

Michael Berding: _____

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 April, 2024.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM: .

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



RENEWAL INVOICE

EXHIBIT A

Bill To:

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

Table with 2 columns: Policy Number, Invoice Date, Invoice Number, Payment Due Date, Group Number, Rating Year, Annual Fee. Values include 30920104, March 19, 2024, 1488424, UPON RECEIPT, 3579, 2025, \$ 8,425.

Ohio Workers' Compensation Group Retrospective Rating Program

The enrollment fee of \$ 8,425 includes:

- Services for the annual contract period beginning 7/1/2024
Policy Year: Group Retrospective Rating enrollment for January 1, 2025 to December 31, 2025

To enroll:

- Pay online at www.sedgwick.com/ohiotpa/enroll or
Sign and return enclosed U-153 enrollment form and invoice with remittance
o Email to ohio.group@sedgwick.com or mail to: Sedgwick, PO Box 89456, Cleveland OH 44101-6456
o Include check made out to Sedgwick or complete credit card portion of this invoice.

Credit card payment form with fields for credit card number, amount to be charged (\$ 8,425), expiration date, print name as it appears on card, and authorized signature.

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/2025PEgroupcontract.pdf password: group2025).

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.

X

Signature: jvonderhaar@fairfieldtpw.org
Printed Name:
Title: 513 785 2299
Date:
Email Address:
Phone number:

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

Invoice #: 1488424

Ohio Township Association Retro Group, group #3579 (2025) GRC-M
Sedgwick / policy #30920104

March 19, 2024

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 2025 Ohio Township Association Retro Group.

2025 Group Retrospective Rating projection:		Max Refund	Max Assessment
Projected Premium	\$ 66,069		
Target Refund %	40%	64.1%	15%
Target Refund \$	\$26,428	\$ 42,350	\$ 9,910

*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.*

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 **significant refunds** in comparison to these other alternative rating programs.

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 / BUTLER COUNTY		Telephone number 513 785 2299	BWC Policy Number 30920104
Address 6032 MORRIS ROAD	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 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, 2025. 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

Name of sponsor or affiliate sponsor

352450

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

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

_____, 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 _____
(Officer Signature)

(Date)