

**FAIRFIELD TOWNSHIP  
RESOLUTION NO. 25-143**

**RESOLUTION AUTHORIZING PAYMENT TO WORKERS' COMPENSATION IN THE  
AMOUNT OF \$136,198.00 PAID FROM MULTIPLE FUNDS**

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

**WHEREAS:** Fairfield Township has qualified for the 2026 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program; and

**WHEREAS:** The Township has received notification from the Bureau of Workers Compensation that based on our estimated annual payroll for 2026, of \$6,353,410.00, our annual premium will be \$136,198.00; and

**WHEREAS:** This payment will be taken out of multiple funds (#1000 General, #2031 Road and Bridge, #2081 Police and #2111 Fire).

**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 estimated payment of \$136,198.00 to Workers Compensation for claims per Attachment "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:** November 12, 2025

**Board of Trustees**

Michael Berding: \_\_\_\_\_

Shannon Hartkemeyer: \_\_\_\_\_

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 12th day of November, 2025.

**ATTEST:**

Shelly Schultz  
Shelly Schultz, Fairfield Township Fiscal Officer

**APPROVED AS TO FORM:**

Katherine Barbieri  
Katherine Barbieri, Township Law Director



## Compensation

30 West Spring Street  
Columbus, Ohio 43215-2256

1-800-644-6292 BWC.Ohio.gov

Mike DeWine, Governor Jim Tressel, Lt. Governor Stephanie McCloud, Administrator/CEO

10/23/2025  
Date Mailed

#BWNFVSQ

FAIRFIELD TOWNSHIP  
6032 MORRIS RD  
HAMILTON OH 45011-5118

Policy Number: 30920104

Re: 2026 Policy Year Renewal, Notice of Estimated Annual Premium and Workers' Compensation Certificate

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2026. This letter includes your certificate of coverage for the upcoming workers' compensation policy year.

You will receive your first invoice for the 2026 policy year in December. Payment is due by Dec. 22. You have the **option to receive a 2% discount by paying the full 12-month estimated annual premium** on or before Jan. 2, 2026.

### How do we estimate your premium?

We base your premium estimate on your most recent reported payroll. Please notify us if you believe the payroll estimate needs to be corrected.

If you would like to request a change in your installment schedule, you have until Nov. 15, 2025, or your premium installment schedule will remain the same.

You can view your policy information online through our website. Your online account provides important information for managing your policy, including your estimated payroll and your premium installment schedule. We encourage you to visit this page often to ensure your information is accurate and up to date.

If you have questions, visit our website, [bwc.ohio.gov](http://bwc.ohio.gov), or call us at 1-800-644-6292.

Sincerely,

Stephanie McCloud  
Administrator/CEO



BWCAR1023A00112140100

## General Information

**Payment of premium:** Failure to pay the premium by the installment due date will result in a lapse in coverage and penalties. If a claim occurs during this lapsed period, you will be responsible for all claim costs associated with that claim. Pay all installment billings timely to avoid penalties.

**Policy cancellation:** You must notify us to cancel your policy. When canceling your coverage, you must file a final payroll true-up report. **Important note:** Once you cancel the policy, you may be eligible for a refund. We cannot modify the name on the refund. Before closing your business bank account, we recommend you confirm with us that no additional refunds are in order.

### Important dates to remember

Date	Item
Nov. 15, 2025	Last day to change your premium installment schedule
Dec. 2025	First installment / invoice mailed for 2026 policy year
Dec. 22, 2025	First installment due for 2026 policy year
Feb. 1, 2026	Summary of work-related injuries and illnesses (300AP) due to the Public Employment Risk Reduction Program (PERRP)

## Policy Information

Policy number: 30920104

Employer name: FAIRFIELD TOWNSHIP

Policy period is from January 1, 2026, to January 1, 2027.

Selected installments: 1

Total estimated annual premium: \$136,198.00

THIS IS NOT A BILL. DO NOT PAY AT THIS TIME. YOU WILL RECEIVE AN INVOICE.

Installment schedule	
Bill date	Amount
December 01, 2025	\$136,198.00

Breakdown of estimated premium calculation				
		(A)	(B)	(A x B)/100
Class code	Experience modifier (EM)	Blended rate per \$100 payroll	Estimated payroll	Estimated premium
9433	0.96	2.1437	\$6,353,410.00	\$136,198.00
9444	0.96	.185	\$0.00	\$0.00
Total estimated annual premium				\$136,198.00
For additional rating information, visit <a href="http://www.bwc.ohio.gov">www.bwc.ohio.gov</a> , and sign in with your e-account.				