FAIRFIELD TOWNSHIP RESOLUTION NO. 25-82

RESOLUTION AUTHORIZING AN ADDITIONAL PAYMENT TO WORKERS' COMPENSATION IN THE AMOUNT OF \$11,840.00 PAID FROM THE GENERAL FUND

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: In years past, the township has always gotten a refund, but this year because of claims filed by the township over the last few years, the township received an additional assessment from Workers Compensation; and

WHEREAS: This payment will be taken out of the General Fund #1000.

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 \$11,840.00 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: May 13, 2025

Shelly Schultz, Fairfield Township Fiscal Officer

** I	
Board of Trustees	Vote of Trustees
Shannon Hartkemeyer: How Houtton	yle 495
Michael Berding:	465
Joe McAbee: You M ale	Yes
AUTHENTICATION	
This is to certify that this is a resolution which was duly Fiscal Officer this 13th day of, 20	
ATTEST:	APPROVED AS TO FORM:
Chillis Schuld	Kathurbels

Katherine Barbiere, Township Law Director



www.bwc.ohio.gov | 1-800-644-6292

Policy number: 30920104 Coverage status: Active

#BWNFVSQ

Due date: 05/21/2025 Invoice date: 05/01/2025 Invoice number: 1021350587

Important - please read!

As a Group Retro Program participant, you can view or download detail information for the annual evaluation billing on this invoice from BWC's website, www.bwc.ohio.gov, or call 1-800-644-6292 for more details.

FAIRFIELD TOWNSHIP 6032 MORRIS RD HAMILTON OH 45011-5118

The due date shown only applies to items billed in the current billing cycle.

Prior balance – May Be Overdue	\$0.00
Current billing	\$16,300.00
Payments/credits	(\$4,460.00)
Amount due	\$11,840.00

Current billing cycle

Bill date	Description	Period dates	Amount
04/30/2025	Group Retro Annual Evaluation	01/01/2023 - 01/01/2024	(\$4,460.00)
04/30/2025	Group Retro Annual Evaluation	01/01/2022 - 01/01/2023	\$5,578.00
04/30/2025	Group Retro Annual Evaluation	01/01/2021 - 01/01/2022	\$10,722.00
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Please refer to the back of the invoice for additional information.

Pay online at www.bwc.ohlo.gov or detach and return bottom portion with your payment.

Insured name: FAIRFIELD TOWNSHIP

Policy number	30920104
Invoice number	1021350587
Due date	05/21/2025
Amount due	\$11,840.00
Amount enclosed	

Mail payment to: Ohlo Bureau of Workers' Compensation P.O. Box 89492 Cleveland, Ohlo 44101-6492

Make your checks payable to the Ohio Bureau of Workers' Compensation. Include a policy number on all checks, and be sure to include this remittance with your payment. Do not staple your check to the remittance.