

**FAIRFIELD TOWNSHIP  
RESOLUTION NO. 26-40**

**RESOLUTION APPROVING PAYMENT TO SEDGWICK IN THE AMOUNT OF \$9,295.00.**

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

**WHEREAS:** Fairfield Township has qualified for the 2027 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 maximum premium will be \$137,615.00, refund amount will be \$44,037.00 up to \$86,450.00 with the maximum projected assessment being \$6,881.00 depending on the performance of the entire group; 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 \$9,295.00 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 14, 2026

**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 14<sup>th</sup> day of April, 2026.

**ATTEST:**

Shelly Schultz  
Shelly Schultz, Fairfield Township Fiscal Officer

**APPROVED AS TO FORM:**

L.E. Barbieri  
Katherine Barbieri, Township Law Director

# Group Retrospective Rating



March 11, 2026

KIMBERLY LAPENSEE  
 FAIRFIELD TOWNSHIP / BUTLER COUNTY  
 6032 MORRIS ROAD  
 HAMILTON, OH 45011

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

We are pleased to inform you that your organization has qualified for re-enrollment in the 2027 Ohio Township Association Retro Group. With your enrollment, you have access to significant refund opportunities and Sedgwick's Industry-leading claims and risk management support. Our programs are successful because of our focus on safety best practices, client education, and aggressive claims management.

2027 Group Retrospective Rating projection:		Max Refund	Max Assessment
Projected Premium	\$ 137,615		
Target Refund %	32%	62.82%	5%
Target Refund \$	\$44,037	\$ 86,450	\$ 6,881

*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.*

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

### Enroll today to receive these workers' compensation services



Claims Management



Hearing Representation



Review of BWC rates and Invoices



Educational opportunities



Online account access



BWC Updates

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](http://www.sedgwick.com/ohiotpa/enroll).

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, Claim Impact Reduction, and Substance Use Prevention & Recovery Bonus. However, Group Retro has the potential to provide significant refunds in comparison to these other alternative rating programs.



RENEWAL INVOICE

EXHIBIT A

Bill To:

KIMBERLY LAPENSEE
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 11, 2026, 1611460, UPON RECEIPT, 3579, 2027, \$ 9,295.

Ohio Workers' Compensation Group Retrospective Rating Program

The enrollment fee of \$ 9,295 includes:

- Services for the annual contract period beginning 7/1/2026
Policy Year: Group Retrospective Rating enrollment for January 1, 2027 to December 31, 2027

To enroll online quickly and securely using your credit card, visit www.sedgwick.com/ohiotpa/enroll
To enroll by mail, make the check payable to Sedgwick, and include the signed enrollment forms and invoice with your payment. Mail to: Sedgwick PO Box 89456 Cleveland OH 44101-6456

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/2027PEgroupcontract.pdf (password: group2027).

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 Kimberly Lapensee KIMBERLY Township Administrator 4.16.26
Signature Printed Name Title Date
klapensee@fairfieldtwp.org 513 785 2299
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



# Bureau of Workers' Compensation

## Employer Statement for Group-Retrospective-Rating Program

### 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, 2027. 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, \$15,000 Medical-Only Program or the Drug-Free Safety Program.

### Certification

Shelly Schuttz

(Officer Name)

certifies that he/she is the

Fiscal officer

(Title)

Fairfield Township

(Employer Name)

, the employer referred to above, and that all of the

information is true to the best of his/her knowledge, information, and belief, after careful investigation.

X

Shelly Schuttz

(Officer Signature)

4/16/20

(Date)

## 2027 Group Retrospective Rating Analysis

Employer: Fairfield Township / Butler County

Policy No.: 30920104

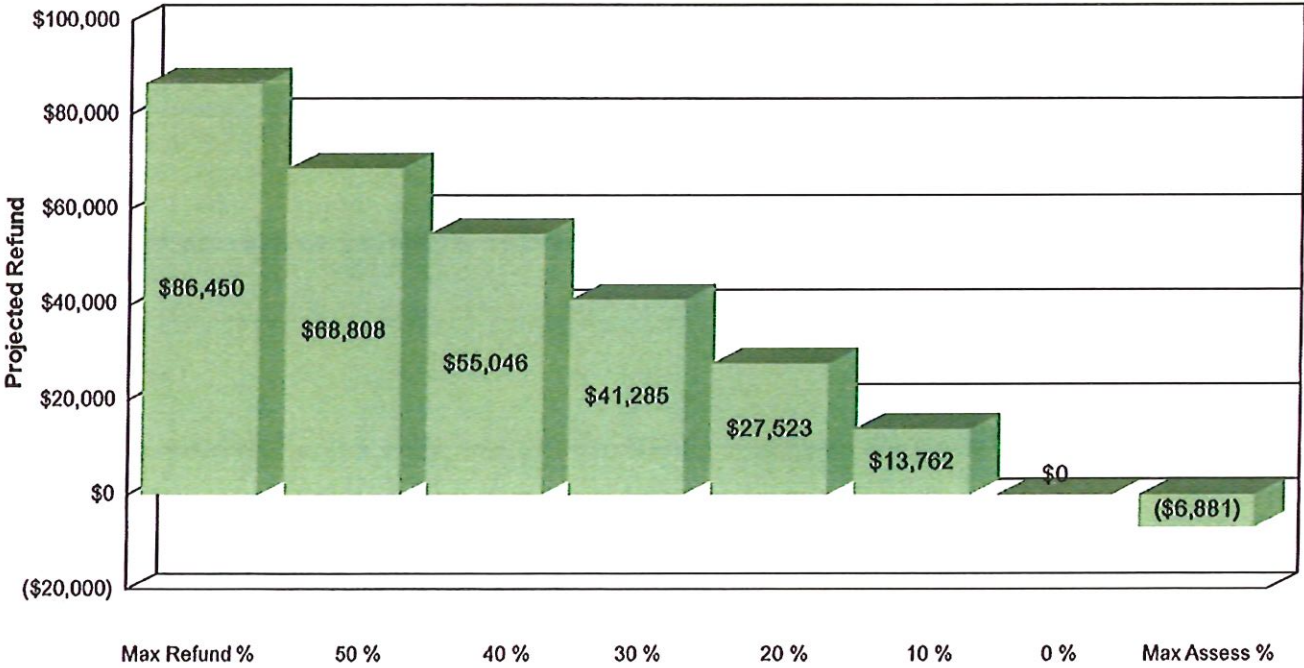
Projections based on: TM: -3% EMR: 0.97

Estimated Standard Premium:	\$137,615
BWC Assessments:	\$0
Estimated Individual Premium:	\$137,615

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: 62.82%	Max Assessment: 5%
Projected Maximum Refund: \$ 86,450	Projected Maximum Assessment: \$ 6,881

**Estimated Refund Range**



\*The 2027 premium amounts are for the payroll period from 1/01/2027 to 12/31/2027.

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.