



# ROSS TOWNSHIP RESOLUTION

## RESOLUTION NUMBER 2014-048

RESOLUTION ENTERING INTO AN AGREEMENT WITH THE OHIO BUREAU OF WORKERS COMPENSATION (BWC), SPONSORED THROUGH THE FRANK GATES SERVICE COMPANY FOR THE BWC'S 2015 GROUP RATING PROGRAM AND AUTHORIZING THE TOWNSHIP ADMINISTRATOR TO EXECUTE THE AGREEMENT

WHEREAS, the Ohio Bureau of Workers Compensation, sponsored through the Frank Gates Service Company provides a Group Rating Program which is the preferred rating plan for 2015 BWC premium costs; and

WHEREAS, on behalf of Ross Township, the Frank Gates Service Company has reviewed the Township's recent rating history and has determined that it qualifies for the BWC's Group Rating Program; and

WHEREAS, Ross Township desires to enter into an agreement with the Ohio Bureau of Workers Compensation for said rating program for fiscal year 2015.

BE IT RESOLVED, by the Trustees of Ross Township, Butler County, Ohio, as follows:

### SECTION 1-A:

That the Ross Township Board of Trustees hereby enters into an agreement with the Ohio Bureau of Workers Compensation through the Frank Gates Service Company, substantially in the form of the Agreement attached hereto as Exhibit "A", subject to modifications approved by the Township Legal Council on terms not adverse to the Township.

### SECTION 1-B:

That the Township Administrator be and hereby is authorized to execute the 2015 Group Rating Program Agreement with the Ohio Bureau of Workers Compensation as authorized herein.

### SECTION 2:

This resolution shall take effect on July 14, 2014 following the filing of this resolution with the Ross Township Fiscal Officer.

### SECTION 3:

It is hereby determined that all formal actions of the Board of Trustees relating to the adoption of this Resolution were taken

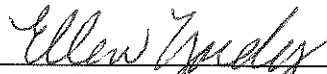
in an open meeting of the Board of Township Trustees and that all deliberations of such Board of Trustees were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

**INTRODUCTION AND VOTE RECORD:**

Trustee Yordy introduced the foregoing Resolution and moved its adoption, Trustee Wurzelbacher seconded the Motion. The roll being called upon the question of adoption of the Resolution by the Township Fiscal Officer, the vote resulted as follows:

Trustees: Willsey AYE Wurzelbacher AYE Yordy AYE

Adopted at the meeting of the Ross Township Board of Trustees this 14<sup>th</sup> day of July, 2014.


  
\_\_\_\_\_  
Ellen Yordy, President

  
\_\_\_\_\_  
Thomas Willsey, Vice President

  
\_\_\_\_\_  
Raymond Wurzelbacher, Trustee

**AUTHENTICATION**

This is to certify that this resolution was duly adopted by the Board of Trustees, and filed with the Ross Township Fiscal Officer, this 14<sup>th</sup> day of July, 2014.

  
\_\_\_\_\_  
Judy Huffman  
Ross Township Fiscal Officer

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THE FRANK GATES SERVICE COMPANY  
OHIO WORKERS' COMPENSATION  
GROUP RETROSPECTIVE RATING PROGRAM SERVICE AGREEMENT

The Frank Gates Service Company ("Frank Gates"), 5000 Bradenton Avenue, Dublin, Ohio 43017-3534, P.O. Box 182364, Columbus, Ohio 43218-2364, hereby offers its service as consultants to:

ROSS TOWNSHIP / BUTLER COUNTY ("Employer") Policy # 30921004  
PO BOX 31  
ROSS OH 45061

for a one year period beginning July 1, 2014 and ending June 30, 2015 ("Retro Policy Year") pursuant to the terms and conditions set forth in this Group Retrospective Rating Agreement ("Agreement") for the Ohio Township Association ("Sponsoring Organization") Ohio Workers' Compensation Group Retrospective Rating Program (the "Group Retro Program") In consideration of the mutual promises contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Frank Gates and Employer agree as follows.

Frank Gates shall perform the following services for Employer:

- (1) Consulting with Employer to determine the proper manual classifications for payroll reporting purposes based upon BWC rules and regulations.
- (2) Correcting erroneous classifications in order to bring them into conformity with BWC rules and regulations.
- (3) Assisting Employer in qualifying and entering the Group Retro Program.
- (4) Actuarially reviewing the reserves and costs assigned to claims in Employer's merit rating experience.
- (5) Providing advisory services concerning workers' compensation matters, including telephone consultation during normal business hours.
- (6) Continuing education of Employer regarding claim procedures, accident prevention, and significant amendments made to the Ohio Workers' Compensation law and related developments.
- (7) Representing Employer, upon proper notification, as is permissible under applicable law and BWC rules and regulations. Such representation shall include attendance at administrative hearings before the BWC unless requested otherwise by Employer.
- (8) Maintaining, managing, and monitoring individual claims of injured employees to establish control over all awards for compensation and medical payments chargeable to Employer's account and influencing its premium rate.

Frank Gates agrees that it will provide the above services in a professional manner and that it will exercise reasonable diligence in the performance of all of its contractual responsibilities.

Employer agrees to pay Frank Gates an annual flat fee of \$2,579 ("Service Fee"), payable in advance, within thirty (30) days of the billing date. The Service Fee does not include taxes or governmental charges. Employer is responsible for the payment of any applicable sales, use, value added, or other tax or government or regulatory agency charge imposed based on services hereunder, exclusive of net income or corporate franchise taxes. Late payments are subject to a service charge of 1½% per month (18% ANNUAL RATE). Employer authorizes Frank Gates to allocate a portion of the annual flat fee to pay for legal fees incurred by Employer for legal representation upon prior written approval.

If Employer notifies Frank Gates of their intent to withdraw their group retro application at least thirty (30) days prior to the BWC's deadline for filing group rating applications, Frank Gates will refund the balance of the service fee collected minus a processing fee of ten percent (10%) of the service fee but not less than fifty dollars (\$50). Any withdrawal request received within thirty (30) days of the deadline shall not be considered and Frank Gates shall not be obligated to refund any service fees. If the Sponsoring Organization or Frank Gates rescinds Employer's Program invitation before the group filing deadline, all of Employer's service fees will be refunded. If Employer is determined to be ineligible to participate after the group filing deadline, any refund shall be determined by the sole discretion of Frank Gates.

**RESOLUTION NUMBER 2014-048**  
**EXHIBIT "A"**

Employer hereby warrants and represents that (1) it has current, active workers' compensation coverage pursuant to BWC standards; (2) it has completed its U-153 application designating Sponsoring Organization for enrollment purposes; and (3) it has not grossly misrepresented information on its U-153 application. Furthermore, Employer agrees:

- (1) It shall not participate in programs prohibited by the BWC for the Group Retro Program;
- (2) It shall be a governing member of the Sponsoring Organization;
- (3) It shall comply with any and all safety requirements set forth by the Sponsoring Organization and applicable O.A.C. regulations. Employer acknowledges that additional fees may be charged for certain safety services provided to Employer;
- (4) It shall provide to Sponsoring Organization and/or Frank Gates documentation of its safety plan or program and the results of any prior Group Retro safety programs;
- (5) It is not a member of more than one Retro Group, or a Retro and non-retro Group;
- (6) It shall provide to the BWC and/or Sponsoring Organization any information required by the BWC to rule upon the application for Group Retro coverage, and comply with the Sponsoring Organization's Retro Group Program policies and guidelines;
- (7) It shall promptly forward all claim and related information to Frank Gates, and assist Frank Gates in the claims administration process; and
- (8) The Sponsoring Organization is authorized to elect a maximum premium ratio for the Retro Group Program.

In the event that Employer does not comply with the requirements of the preceding paragraph, Frank Gates and the Sponsoring Organization may terminate Employer's participation in the Group Retro Program, with the BWC consent.

Frank Gates shall not be liable to Employer for any damages caused by negligence or errors in the performance of its duties hereunder in excess of the amount of service fees paid by Employer. The Employer agrees to indemnify Frank Gates and hold Frank Gates harmless against any and all loss, damage, and expenses, including court costs and attorney's fees, resulting from or arising out of claims, demands, or lawsuits brought by employees to recover benefits under the Ohio Workers' Compensation law within the scope of this Agreement. Furthermore, Employer agrees to be jointly and severally liable to Frank Gates and the Retro Group for premium payments and any assessments related to the Retro Policy Year that is the subject of this Agreement, even if such assessments are made by the BWC after the conclusion of the Retro Policy Year, and Employer is no longer a member of the Retro Group for which such assessments were made.

All computerized data shall remain the exclusive proprietary property of Frank Gates. The services provided and obligations of the parties shall be in compliance with the rules and regulations of the BWC and shall specifically exclude any services which now or in the future may be deemed the practice of law. This Agreement shall be governed by and construed in accordance with the laws of the State of Ohio.

The Agreement shall renew itself at the end of the contractual period and each succeeding contractual period conditioned on Employer re-qualifying for the Program and providing Frank Gates with timely submitted application materials. Employer's ongoing privilege to participate in the Program is contingent on Employer's continued ability to meet the qualifications, rules, and standards established by the BWC and the Sponsoring Organization, including the timely payment of service fees and premiums and compliance with the Sponsoring Organization's Bylaws. This Agreement supersedes all prior written or oral agreements entered into by the parties. If this offer is not accepted by the Group Retro Program application deadline for the upcoming Retro Policy Year, this offer shall expire.

THE FRANK GATES SERVICE COMPANY

ROSS TOWNSHIP / BUTLER COUNTY

By David R. Sullivan

By \_\_\_\_\_

Title President

Title \_\_\_\_\_

Date June 30, 2014

Date \_\_\_\_\_



**Permanent Authorization**

To: Ohio Bureau of Workers' Compensation  
 Employer Services Department, 22<sup>nd</sup> Floor  
 Self-Insured Department 27<sup>th</sup> Floor

Please mark a box and return to:  
 30 West Spring Street  
 Columbus, Ohio 43215-2256

Fax – (614) 728-0456

Policy Number 30921004
Entity ROSS TOWNSHIP / BUTLER COUNTY
DBA
Address PO BOX 31
ROSS OH 45061

Note: For this to be a valid letter, the employer services department, or the self-insured department for self-insured employers, must stamp it.

This is to certify that effective July 1, 2014  
(Date)  
The Frank Gates Service Company – Rep. I.D. 000120-80  
(Representative name and Rep I.D. number)

including its agents or representatives identified to you by them, has been retained to represent us before the Ohio Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the Workers' Compensation Fund according to the type of representation checked below.  
 Please check only one type of representation. See description of representatives on page 2.

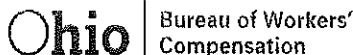
<input checked="" type="checkbox"/>	Type of Authorized Representation
<input checked="" type="checkbox"/>	Employer-risk claim representative (ERC)
<input type="checkbox"/>	Risk-management representative (RISK)
<input type="checkbox"/>	Claim-management representative (CLM)

This authorization supersedes all permanent authorizations on file for the type of representation indicated above.

I understand and agree BWC will process any letters, requests and actions initiated by a superseded authority.

I understand this authorization, now being granted, is of a continuous nature from the effective date indicated herein. However, I possess the right to terminate this authorization at any time through written notification to the employer services or self-insured departments as appropriate.

Telephone number	Fax number	E-mail address
Print name and title	Employer signature	Date



**Employer Statement for  
Group-Retrospective-Rating Program**

**Instructions**

- Please print or type.
- Please return completed statement to the attention of the sponsoring organization you are joining.  
The Group Administrator's third party administrator will submit your original U-153 to:  
Ohio Bureau of Workers' Compensation  
Attn: employer programs unit  
30 W. Spring St., 22nd floor  
Columbus, OH 43215-2256
- If you have any questions please call BWC at 614-466-6773

**NOTE: This application must be reviewed and approved by BWC's employers programs unit BEFORE it becomes effective.**

Employer name ROSS TOWNSHIP / BUTLER COUNTY		Telephone number (513) 863-2337	BWC Policy number 30921004
Address PO BOX 31	City ROSS	State OH	9-digit ZIP code 45061

**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 that if the sponsoring organization listed below, is not certified, this application is null and void.

I am a member of the Ohio Township Association sponsoring organization or a certified affiliate organization and would like to be included in that Group-Retrospective-Rating Program that they sponsor for the policy year beginning January 1, 2015. I understand that 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 that the sponsoring organization's representative The Frank Gates Service Company (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 that 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 that I must file an AC-2, permanent authorization form, in order to cancel or change individual representation.

I understand that a new U-153 shall be filed each policy year I participate in the group-retrospective-rating plan.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization  Yes  No

OHIO TOWNSHIP ASSOCIATION

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 utilize or participate in the Deductible Program, Group Rating, Retrospective Rating, Safety Council Discount Program, \$15,000 Medical-Only Program, or the Drug-Free Safety Program.

**Certification**

\_\_\_\_\_ certifies that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
(Officer name) (Title)

ROSS TOWNSHIP / BUTLER COUNTY, the employer referred to above, and  
(Employer name)

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

\_\_\_\_\_  
(OFFICER SIGNATURE)

\_\_\_\_\_  
(DATE)