



# ROSS TOWNSHIP RESOLUTION

## RESOLUTION NUMBER 2015-027

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

WHEREAS, the BWC, sponsored through the CareWorksComp Company provides a Group Retrospective Rating Program for 2016 BWC premium costs; and

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

WHEREAS, Ross Township desires to enter into an agreement with the BWC for said rating program for fiscal year 2016.

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 BWC through the CareWorksComp 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 2016 Group Retrospective Rating Program Agreement with the BWC as authorized herein.

### SECTION 2:

This resolution shall take effect on May 7, 2015 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:**

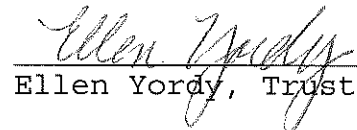
Trustee Willsey introduced the foregoing Resolution and moved its adoption, Trustee Yordy seconded the Motion. The roll being called upon the question of adoption of the Resolution by the Township Fiscal Officer, the vote resulted as follows:

Trustees: Willsey A4E Wurzelbacher A4E Yordy A4E

Adopted at the meeting of the Ross Township Board of Trustees this 7<sup>th</sup> day of May, 2015.

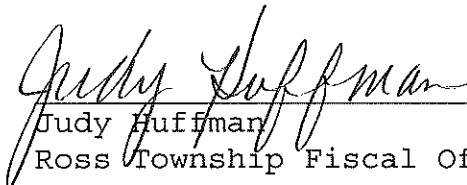
  
\_\_\_\_\_  
Thomas Willsey, President

  
\_\_\_\_\_  
Raymond Wurzelbacher, Vice President

  
\_\_\_\_\_  
Ellen Yordy, 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 7<sup>th</sup> day of May, 2015.

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

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## WORKERS' COMPENSATION GROUP RATING PLAN Participation Agreement

The undersigned Sponsoring Organization (Plan Administrator) and the undersigned Employer (Employer) agree that the Plan Administrator, pursuant to Section 4123.29 of the Ohio Revised Code, has established a group of employers for workers' compensation premium rating purposes ("Plan"); and the Employer desires to participate in the Plan subject to the following terms and conditions:

**1. Purpose and Eligibility.** The purpose of the Plan is to achieve all reductions in workers' compensation premium rates which are reasonably available to employers in the Plan. While it is the intention of the Plan Administrator to accept as many applicants as possible for inclusion in the Plan, such acceptance is not only subject to legal and regulatory requirements, but must also be consistent with achieving and maintaining a favorable experience record for the Plan. For this reason, the Plan Administrator retains the right at all times to decide which employers are eligible to participate in the Plan. All decisions with respect to who may participate and with respect to the administration of the Plan shall be made by the Plan Administrator and the designated authorized service representative for the Plan. All decisions of the Plan Administrator shall be final. Participation in the Plan in any prior year does not automatically qualify an Employer for participation in the Plan for this particular or any subsequent Plan Year. Plan Administrator may establish criteria for new applicants to the Plan different from criteria for employers continuing in the Plan.

**2. Participation Fee.** Employer shall pay a participation fee when billed. The participation fee is subject to change during subsequent renewals of this Agreement. The first billing received by an Employer who is a new participant in the Plan may include a one-time set up fee.

**3. Payment of Premiums.** Payment of workers' compensation premiums is the responsibility of each Employer in the Plan. Neither the Plan Administrator nor its authorized service representative is required to pay any workers' compensation premiums for or on behalf of any employer in the Plan. Employer shall pay all workers' compensation premiums attributable to it. Employer agrees to hold Plan Administrator and the authorized service representative harmless from and shall indemnify the Plan Administrator and the service representative for any workers' compensation premiums due on behalf of Employer. Employer understands that this Plan is being formed to attempt to obtain savings on workers' compensation premiums for Employer, however, there is no guarantee that a savings for Employer will be realized. Past performance is no guarantee that there will be similar savings in the future. Rate reduction under this Participation Agreement, if any, shall begin to be realized with the reporting of payroll to BWC for the period beginning July 1 of the year this Agreement is effective

**4. Service Representative.** Plan Administrator has designated CareWorksComp to be the authorized service representative for representation of the Plan before the BWC and the Industrial Commission in any and all risk related matters pertaining to participation in the workers' compensation fund. Employer understands and agrees that CareWorksComp is performing its services for Employer as an independent contractor and not as an agent of Plan Administrator. Employer agrees to sign whatever documents or authorization cards may be necessary in order to qualify CareWorksComp or other representative designated by Plan Administrator to act as the representative of the Plan. Plan Administrator may for any reason change the authorized representative for the Plan at any time.

### **5. Services Provided.**

A. CareWorksComp shall provide the necessary representation services to properly qualify applicants for the Plan in accordance with BWC rules. CareWorksComp will provide Employer with full service account and claims administration services and other services deemed necessary and important to servicing the Plan and Employers of the Plan as a whole. CareWorksComp will represent Employer in all risk, payroll and claims related matters before the BWC.

B. Employer shall advise CareWorksComp of all claims and deliver to CareWorksComp all claims related filings required by BWC in sufficient time to permit a review and timely filing by CareWorksComp with BWC. It is understood that CareWorksComp is prohibited from and not engaged in the practice of law or medicine. Employer

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**EXHIBIT "A"**

will be responsible for payment of any medical exam fees and investigative and attorneys' fees related to the processing of a claim involving an employee of the Employer. Employer may retain the services of an attorney or other authorized representative for claims related matters such as representation at claims hearings before the BWC and Industrial Commission at the Employer's sole expense.

**6. Term.** This Agreement covers the one year period commencing July 1, 2015 through June 30, 2016 for claims administration and representation before the BWC as provided in Section 5.A above, the four months immediately preceding. An application for group rating is applicable to only one Plan Year. Because the BWC requires that a group remain constant for the experience period, no Employer will be allowed to withdraw from the Plan prior to the end of the Plan Year. The Agreement shall automatically renew for successive one (1) year experience periods and shall remain in full force and effect, unless modified or terminated by Plan Administrator or the Employer submits a Notice of Withdrawal (a Notice of Withdrawal must be submitted to Plan Administrator and the authorized representative between December 15 and January 15, and in the event a Notice of Withdrawal is timely given, the withdrawal shall become effective on the nearest July 1 subsequent to the Notice of Withdrawal)

**7. Prohibition of Change.** Employer understands that its application and acceptance into the Plan is based upon its current organizational structure. Employer has not and will not be involved in a reorganization, acquisition, merger, employee leasing organization/professional employer organization (PEO) or change of organizational structure in any way (herein collectively referred to as "change") which negatively affects the Plan. In the event Employer is contemplating a change, Employer shall give immediate written notice to the Plan Administrator and CareWorksComp of any such change so that the effect on the Plan may be determined. In the event such change has a negative effect on the Plan, Employer agrees to indemnify and save harmless the Plan from all losses, costs, expenses incurred by the Plan resulting from any change in which Employer may be involved.

**8. Failure to Meet Requirements.** In the event it is determined by a court, BWC, other governmental agency, the Plan Administrator, or CareWorksComp that the Employer fails to meet the requirements for participation in the Plan, this Agreement shall automatically be terminated, and in the event of such termination, the Plan Administrator and CareWorksComp shall have no liability to the Employer. It is understood that the final approval for the makeup of the Plan rests solely with the BWC and final approval results are not available from the BWC until the June preceding the Plan Year. Further, if the employer is denied participation or renewal into the group rating plan for the upcoming rate year the employer agrees to automatically become a CareWorksComp State Fund client.

**9. Compliance.** Employer shall comply with all rules and regulations and policies established by the Plan Administrator and its authorized representative and all statutes of the state of Ohio and rules adopted by the Administrator of Workers' Compensation with respect to group rating, including, but not limited to, O.A.C. 4123-17-61 et seq. Employer shall also comply with the Group Rating Minimum Safety Program Guidelines adopted by the BWC and any safety program and policies established by Plan Administrator.

**10. Governing Laws and Entire Agreement.** This Agreement is governed by the laws of the State of Ohio. This Agreement contains the entire Agreement and understanding of the parties hereto with respect to the Plan and supersedes any prior agreement or understanding between the parties with respect to the subject matter of this Agreement. This Agreement shall not be modified or amended except by an instrument in writing signed by or on behalf of the parties hereto.

IN WITNESS WHEREOF, the parties have signed this Participation Agreement as of the date set forth next to their signatures.

Date: \_\_\_\_\_

**EMPLOYER**

\_\_\_\_\_  
(Name of Company)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
(Must be an authorized officer of the Company)



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 employer programs unit BEFORE it becomes effective.**

Company Name ROSS TOWNSHIP / BUTLER COUNTY		Telephone number (513) 863-2337	BWC policy number 30921004
Address P.O. BOX 31		City ROSS	State OH
			9-digit ZIP code 45061

**Group Retrospective Rating Plan 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 the Group-Retrospective-Rating Program it sponsors for the policy year beginning 1/1/2016. 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 CareWorksComp (150-80) (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 that I must file a Permanent Authorization (AC-2) 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 program.

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 use or participate in the Deductible Program, Group Rating, Retrospective Rating, Safety Council Rebate Program, \$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.

\_\_\_\_\_  
(Officer signature) (Date)

BWC-7659 (Rev. 12/21/2010) PC  
U-153



\*1281683-011\*



**Permanent Authorization**

To: Ohio Bureau of Workers' Compensation  
 Employer Services Department, 22nd floor  
 Self-Insured Department, 27th floor

Please mark a box and return to  
 30 W. Spring St.  
 Columbus, OH 43215-2256

Fax – (614) 728-0456

Policy number 30921004
Entity ROSS TOWNSHIP / BUTLER COUNTY
DBA
Address P.O. BOX 31
ROSS, OH 45061

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

This is to certify that effective: July 1, 2015  
(Date)

CareWorksComp, Rep ID # 000150-80, 5500 Glendon Ct. Dublin, OH 43016  
(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 Industrial Commission of Ohio 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 side 2.

√	Type of authorized representation
√	Employer-risk claim representative (ERC)
	Risk-management representative (RISK)
	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	Email address
Print name and title	Employer signature	Date

BWC-0502 (Rev. 7/21/2009)  
 AC-2



\*1281683-003\*



April 22, 2015

Policy 30921004

JUDY HUFFMAN  
ROSS TOWNSHIP / BUTLER COUNTY  
P.O. BOX 31  
ROSS, OH 45061

## Congratulations!

Your entity is one of a select few to receive an offer for the January 1, 2016 OHIO TOWNSHIP ASSOCIATION Group Retrospective Rating Program (Group Retro) and Unemployment Consultation Program. Unlike traditional group rating, Group Retro offers the potential for premium refunds paid over a three year period at 12, 24, and 36 months following the end of the group retro policy year. These premium refunds are based on the total group's cost control performance.

Projected Premium w/o Assessments	\$ 28,511
Premium Refund %	40.0 %
Premium Refund Value	\$11,404
Premium Assessment Cap %	15 %
Premium Assessment Cap Value	\$4,276
CareWorksComp's Administrative Fee	\$2,682

In addition to premium savings, joining a CareWorksComp administered group retrospective rating program gives you access to the industry leader in workers' compensation. Here are some of the services included in your group retrospective rating offer:

- Hearing Representation
- Safety Programming
- BWC Discount Program Evaluation
- Rate & Underwriting Analysis
- Day-to-Day Claims Management

Please contact CareWorksComp, toll-free at, 1-800-837-3200 with any questions. Ask for a Group Sales Associate.

To enroll, please review, complete and submit the following to CareWorksComp no later than July 27, 2015:

1. Completed *Group Retrospective Rating Program Form (U-153)*, *Permanent Authorization Form (AC-2)* and *Payment of your participation fee* to CareWorksComp in the provided envelope.
2. Make checks payable to CareWorksComp for the amount listed on the enclosed invoice. Please include your policy number on the check or complete the credit card portion of the invoice.

### Important Deadline Change

The Ohio Bureau of Workers' Compensation is transitioning to a prospective premium payment model in 2016. As a result, the Group Retrospective Rating enrollment deadline is changing. The new enrollment deadline will be July of 2015 instead of October of 2015.

*As noted above there is a limited assessment potential for your company in this program that could increase your individual premium. However to ensure program success and premium savings, the sponsor requires plan participants to work with CareWorksComp in managing the following: safety program, salary continuation, transitional duty program, lump sum settlement and onsite safety visits. Statements made to the employer describing the group retrospective rating plan concept and all its possible benefits (savings) are not guarantees, but projections based upon information available from BWC at the time of review. This offer may be withdrawn or revised based upon participation levels.*