



ROSS TOWNSHIP RESOLUTION NUMBER 2016-027

RESOLUTION ENTERING INTO AN AGREEMENT WITH THE OHIO BUREAU OF WORKERS COMPENSATION (BWC), SPONSORED THROUGH THE CAREWORKSCOMP COMPANY FOR THE BWC'S 2017 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 2017 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 CareWorksComp Company for the BWC said rating program for fiscal year 2017.

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 19, 2016 following the filing of this resolution with the Ross Township Fiscal Officer.

SECTION 3:

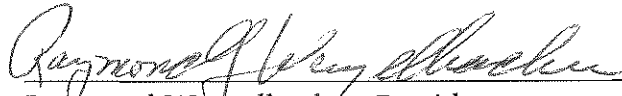
It is hereby determined that all formal actions of the Board of Trustees relating to the adoption of this Resolution were taken in an open meeting of the Board of Township Trustees and that all deliberations of such Board of Trustees were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

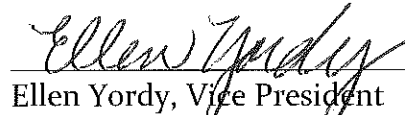
INTRODUCTION AND VOTE RECORD:

Trustee Wurzelbacher 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 ABSENT Wurzelbacher AYE Yordy AYE

Adopted at the meeting of the Ross Township Board of Trustees this 19th day of May, 2016.

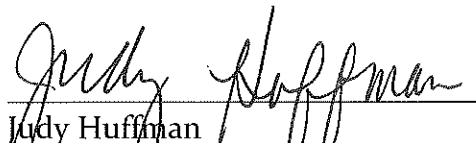

Raymond Wurzelbacher, President


Ellen Yordy, Vice President

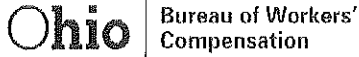
Thomas Willsey, Trustee

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 19th day of May, 2016.


Judy Huffman
Ross Township Fiscal Officer

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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 1/1/2017. 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 CareWorksCamp (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)

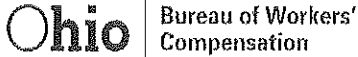
Information is true to the best of his/her knowledge, information, and belief, after careful investigation.

(Officer signature) (Date)

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



1349093-011



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, 2016
(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.

<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.

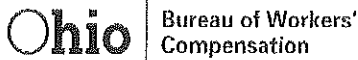
Telephone number	Fax number	Email address
Print name and title	Employer signature	Date

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



1349093-003

**RESOLUTION NUMBER 2016-027
EXHIBIT "A"**



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

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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



1349093-003



ROSS TOWNSHIP RESOLUTION NUMBER 2016-028

RESOLUTION DECLARING A NUISANCE FOR ACCUMULATED DEBRIS, EXCESSIVE VEGETATION AND/OR JUNK MOTOR VEHICLE AT 4150 HAMILTON CLEVES ROAD

WHEREAS, Section 505.87 of the Ohio Revised Code authorizes the Board of Trustees to abate, control or remove vegetation, garbage, refuse or other debris determined to constitute a nuisance (“nuisance” or “nuisance conditions”); and

WHEREAS, Section 505.871 of the Ohio Revised Code authorizes the Board of Trustees to provide for the removal of junk motor vehicles from public or private property in the Township (“junk motor vehicles”); and

WHEREAS, the Ross Township Administrator has received information concerning accumulated debris, excessive vegetation or junk motor vehicle(s) located at 4150 Hamilton Cleves Road; and

WHEREAS, the Ross Township Administrator has inspected the subject premises and the Ross Township Board of Trustees has determined that it contains accumulated debris, excessive vegetation or junk motor vehicle(s);

BE IT RESOLVED by the Board of Trustees of Ross Township, Butler County, Ohio, pursuant to Section 505.87 and Section 505.871 of the Revised Code, as follows:

SECTION 1-A:

That based upon the evidence presented the Board of Trustees finds that the accumulated debris, excessive vegetation or junk motor vehicle(s) located at the premises known as 4150 Hamilton Cleves Road, premises also known as K4610-033-000-063 of the Butler County Auditor’s Tax Plats constitutes a nuisance and as such is detrimental to the health, safety and general welfare of all persons who live, work or own property within Ross Township and accordingly is hereby declared a nuisance.

SECTION 1-B:

That the Ross Township Administrator is hereby directed to abate the nuisance in full compliance with Section 505.87 and Section 505.871 of the Ohio Revised Code including but not limited to notice to the owner and record lien holders that the owner is to remove all accumulated debris; cut and remove all excessive vegetation and remove any junk motor vehicle within the time specified and that upon the owner’s failure to failure to comply with this resolution, the Board of Trustees will provide for the abatement of the nuisance and that any expenses incurred by the Board of Trustees will be assessed to the owner’s property.

SECTION 2:

This resolution shall take effect on May 19, 2016 upon the filing of this resolution with the Ross Township Fiscal Officer.

SECTION 3:

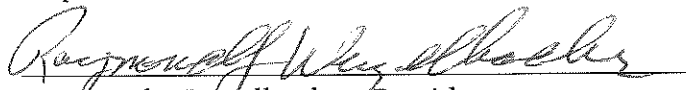
It is hereby determined that all formal actions of the Board of Trustees relating to their adoption of this Resolution were taken in an open meeting of the Board of Trustees and that all deliberations of such Board of Trustees were in meetings open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

INTRODUCTION AND VOTE RECORD:

Trustee _____ introduced the foregoing Resolution and moved its adoption, Trustee _____ 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____ Wurzelbacher____ Yordy____

Adopted at the meeting of the Ross Township Board of Trustees this 19th day of May, 2016.

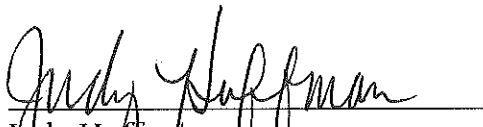

Raymond Wurzelbacher, President

Ellen Yordy, Vice President

Thomas Willsey, 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 19th day of May, 2016.


Judy Huffman
Ross Township Fiscal Officer

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