



ROSS TOWNSHIP RESOLUTION NUMBER 2017-017

RESOLUTION ENTERING INTO AN AGREEMENT WITH THE OHIO BUREAU OF WORKERS COMPENSATION (BWC), SPONSORED THROUGH THE CAREWORKSCOMP COMPANY FOR THE BWC'S 2018 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 2018 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 4, 2017 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 Willsey 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 4th day of May, 2017.



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 4th day of May, 2017.



Judy Huffman
Ross Township Fiscal Officer

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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, 2017
(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



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