

**RESOLUTION #18-0604-09**

**Authorizing and approving payment of 2018 BWC Group Retrospective Rating Program Annual Administrative Fees**

**WHEREAS**, Liberty Township has participated in a BWC group retrospective rating program, which continues to be the best option for the Township for 2017, and

**WHEREAS**, CareWorksComp is the current provider for both Third Party Administrator (TPA) and Managed Care Organization (MCO) services, and

**WHEREAS**, staff recommends renewing this contract and continuing with CareWorksComp as the Township Third Party Administrator (TPA) for 2018, with no change in the annual fee of \$5,850.

**NOW, THEREFORE BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO** to re-enroll in the Ohio Township Association Group BWC Retrospective Rating Pool administered by CareWorksComp, and **further**, to authorize the Township Administrator to sign any and all necessary documents and make payment of the \$5,850.00 administrative fee payable to CareWorksComp, 5500 Glendon Court, Dublin, OH 43016.

Motion made by M. Gemperline and seconded by S. Eichhorn.

**Vote:** Yes Mrs. Eichhorn Yes Mr. Gemperline N/P Mrs. Leneghan

This Resolution shall be in force and become effective immediately upon its execution.

June 4, 2018

Date

-- not present --

Melanie Leneghan, Trustee

Mike Gemperline  
Mike Gemperline, Trustee

Shyra Eichhorn  
Shyra Eichhorn, Trustee

CERTIFIED BY:

Nancy Denutte  
Nancy Denutte, Fiscal Officer



January 16, 2018

Policy 32120904

CATHY BUEHRER  
LIBERTY TOWNSHIP / DELAWARE COUNTY  
10104 BREWSTER LANE STE 125  
POWELL, OH 43065

## Welcome!

Your organization has qualified for the 2019 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program. With just a few simple steps, you can benefit from industry-leading discounts through a workers' compensation group rating program with Ohio's premier third party administrator, CareWorksComp.

Let's review the most important part of group rating - your savings:

Savings Overview	
<b>Projected Discount</b>	<b>48 %</b>
<b>Annual Group Premium Savings</b>	<b>\$ 41,091</b>

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

### Completing Enrollment is Simple:

1. Please return the completed *Group-Experience Rating Form* (AC-26), *Permanent Authorization Form* (AC-2) and *Invoice* to CareWorksComp in the provided envelope. CareWorksComp will accept enrollment applications until **May 23, 2018**.
2. View the *Participation Agreement* found at [www.careworkscomp.com/groupspromos](http://www.careworkscomp.com/groupspromos)
3. Make check 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.



## ANALYSIS

### *Estimated Group Savings*

NCCI Manual	Annual Payroll	Individual Rate	Individual Premium	Group Rate	Group Premium
9433	\$3,863,023	0.0272	\$105,302	0.0166	\$64,211
Total :	\$3,863,023		\$105,302		\$64,211
<b>Total Projected Group Savings: \$ 41,091</b>					

Projected group savings is calculated after using the BWC's break even factor.

Total rates include BWC administrative costs, DWRF, and DWRF II assessments.

Statements made to the employer describing the group plan concept and all its possible benefits (savings) are not guarantees, but projections based upon information available from the BWC at the time of review and include the maximum credibility as adopted by the Ohio BWC. This offer may be withdrawn or revised based on year end BWC experience data which negatively affects your eligibility.

All BWC premiums are still payable to the Bureau of Workers' Compensation via the BWC payroll report. Failure to make these payments can cause rejection from a group rating program.



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 32120904
Entity LIBERTY TOWNSHIP / DELAWARE COUNTY
DBA
Address 10104 BREWSTER LANE
POWELL, OH 43065

**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, 2018  
(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 <u>740.938.2000</u>	Fax number <u>740.938.2001</u>	E-mail address <u>cbuehrer@Libertytwp.org</u>
Print name and title <u>Matt Huffman, Twp. Admin.</u>	Employer signature <u>Matt Huffman/cb</u>	Date <u>May 30, 2018</u>

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

AC-2



\*1448198-003\*



Bureau of Workers'  
Compensation

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

**Instructions**

- Please print or type.
- Please return completed statement to the attention of the sponsoring organization you are joining.
- If you have any group-experience-rating questions call BWC at 614-466-6773.

<b>BWC USE ONLY</b>
Application effective with policy year beginning

**NOTE:** The employer programs unit group underwriters must review and approve this application before it becomes effective.

Employer name LIBERTY TOWNSHIP / DELAWARE COUNTY	Telephone number 7409382000	BWC policy number 32120904
Address 10104 BREWSTER LANE	City POWELL	State OH Nine-digit ZIP code 43065

**Group-Experience-Rating Program Enrollment**

I agree to comply with BWC's group-experience-rating program rules (Ohio Administrative Code Rules 4123-17-61 through 4123-17-68). I understand my participation in the group-experience-rating program is contingent on such compliance. This form supersedes any previously filed AC-26.

I understand only a BWC group-experience-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 sponsoring organization or a certified affiliate organization and would like to be included in the group named OHIO TOWNSHIP ASSOCIATION - 42 it sponsors for the policy year beginning January 1, 2019. In addition, I would like to be included in this group each succeeding policy year until rescinded by the timely filing within the preceding policy year of another AC-26 or until the group administrator does not include my company on the employer roster for group-experience-rating. I understand the employer roster submitted by the group administrator will be the final, official determination of the group in which I will or will not participate. Submission of this form does not guarantee participation.

I understand the 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-experience-rating program will continue as my individual representative in the event that I no longer participate in the group-experience-rating 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 am associated with the sponsoring organization or a certified affiliate sponsoring organization



OHIO TOWNSHIP ASSOCIATION

352450

Yes

No

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

<i>Cathy Buehrer</i> (Officer name)	<b>Certification</b>	<i>HR Specialist</i> (Title)
<i>Liberty Township - Delaware Co.</i> (Employer name)	certifies that he/she is the employer referred to above, and	
<i>Cathy Buehrer</i> (OFFICER SIGNATURE)	that all of the information is true to the best of his/her knowledge, information, and belief, after careful investigation.	
		<i>5/30/2018</i> (DATE)



**BILL TO:**

LIBERTY TOWNSHIP / DELAWARE COUNTY  
ATTN: CATHY BUEHRER  
10104 BREWSTER LANE  
POWELL, OH 43065

<b>Invoice</b>	
<b>Policy Number</b>	<b>Date</b>
32120904	January 16, 2018
<b>Due Date</b>	
With Enrollment Papers	
<b>Amount</b>	
	\$ 5,850.00

93-42-92001

**Workers' Compensation Group Rating Program**

OHIO TOWNSHIP ASSOCIATION - 42  
2019 Workers' Compensation Group Rating Program

Please note: BWC requires that your organization is a member in good standing with either the sponsoring organization or the affiliate sponsor.

**TOTAL DUE** ..... \$ 5,850.00

Policy ID: 32120904

Mail or fax this form with payment to:

CareWorksComp  
5500 Glendon Court  
Dublin, OH 43016  
Phone: (614) 764-7600  
Fax: (614) 764-7629

<b>Payment Information</b>							
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/> Check Enclosed							
Credit Card Number							
Print Name as it Appears on Credit Card							
Address as it appears on your Credit Card Bill, if different from above							
Expiration Date				Amount to be paid			
Authorized Signature							



\*1448198-004\*