

RESOLUTION #17-0717-08

Authorizing and approving payment of 2017 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, after reviewing services offered and associated fees from available vendors, staff recommends renewing this contract and continuing with CareWorksComp as the Township Third Party Administrator (TPA) for 2017 at a reduced annual fee of \$5,850, which is a reduction of \$1,856.00.

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 Mitchell and seconded by Eichhorn.

Vote: yes Mrs. Eichhorn N/P Mrs. Leneghan yes Dr. Mitchell

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

July 17, 2017
Date

--not present--
Melanie Leneghan, Trustee

CERTIFIED BY:

Nancy Denuette
Nancy Denuette, Fiscal Officer

Dr. Thomas Mitchell
Dr. Thomas Mitchell, Trustee
Shyra Eichhorn
Shyra Eichhorn, Trustee



BILL TO:

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

Invoice	
Policy Number	Date
32120904	July 14, 2017
Due Date	
With Enrollment Papers	
Amount	
\$ 5,850	

95-41-92001

Workers' Compensation Group Retrospective Rating Program

Please use this checklist to ensure that you have completed all of the necessary steps to secure your participation for 2018:

- ☐ Verify all information, including BWC Policy Number, on the *Employer Statement for Group Retrospective Rating Program* (U-153). Complete all information required in the "Certification" section of the U-153 form.
- ☐ Verify all information, including BWC Policy Number, on the *Permanent Authorization Form* (AC-2).
- ☐ View the *Group Retro Participation Agreement* found at www.careworkscomp.com/groupspponsors. For a hard copy of the agreement, please contact CareWorksComp toll-free, at (800)-837-3200.
- ☐ Please review this invoice, sign, and return with payment. **Make check payable to CareWorksComp for the amount listed above.** Please include your BWC Policy Number on the check or complete the credit card portion of this invoice.

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

Payment Information	
<input type="checkbox"/>	<input checked="" type="checkbox"/> MasterCard
<input type="checkbox"/>	<input type="checkbox"/> DISCOVER
<input type="checkbox"/>	<input type="checkbox"/> AMERICAN EXPRESS
<input type="checkbox"/>	<input type="checkbox"/> VISA
<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	



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