



# ROSS TOWNSHIP RESOLUTION NUMBER 2018-015

## RESOLUTION ENTERING INTO AN AGREEMENT WITH THE OHIO BUREAU OF WORKERS COMPENSATION (BWC), SPONSORED THROUGH THE CAREWORKSCOMP COMPANY FOR THE BWC'S 2018 GROUP RATING PROGRAM AND AUTHORIZING THE TOWNSHIP ADMINISTRATOR TO EXECUTE THE AGREEMENT

WHEREAS, the BWC, sponsored through the CareWorksComp Company provides a Group 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 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 2018.

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 2018 Group Rating Program Agreement with the BWC as authorized herein.

### **SECTION 2:**

This resolution shall take effect on March 12, 2018 following the filing of this resolution with the Ross Township Fiscal Officer.

### **SECTION 3:**

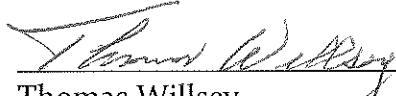
It is hereby determined that all formal actions of the Board of Trustees relating to the adoption of this Resolution were taken in an open meeting of the Board of Township Trustees and that all deliberations of such Board of Trustees were in meetings open to the public, in compliance with all legal requirements,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

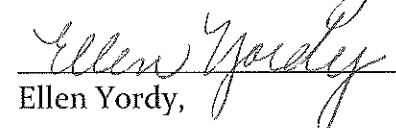
**INTRODUCTION AND VOTE RECORD:**

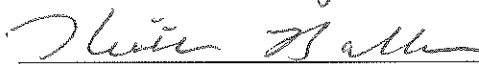
Trustee Willsey introduced the foregoing Resolution and moved its adoption, Trustee Yordy seconded the Motion. The roll being called upon the question of adoption of the Resolution by the Township Fiscal Officer, the vote resulted as follows:

Trustees: Ballauer AYE Willsey AYE Yordy AYE

Adopted at the meeting of the Ross Township Board of Trustees this 12<sup>th</sup> day of March, 2018.

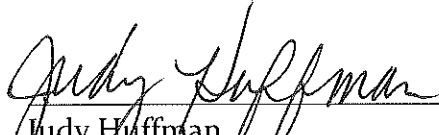
  
\_\_\_\_\_  
Thomas Willsey, President

  
\_\_\_\_\_  
Ellen Yordy, Vice President

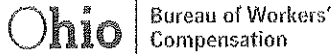
  
\_\_\_\_\_  
Keith Ballauer, Trustee

**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 12<sup>th</sup> day of March, 2018.

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

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**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 614-460-6773.

<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 ROSS TOWNSHIP / BUTLER COUNTY	Telephone number 5138632337	BWC policy number 30921004
Address P.O. BOX 31	City ROSS	State OH
		Nine-digit ZIP code 45061

**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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>OHIO TOWNSHIP ASSOCIATION</u>	<u>352450</u>
Yes	No	Name of sponsor or affiliate sponsor	Sponsor or affiliate sponsor policy number

<i>Employer Must Complete</i>	<b>Certification</b>	<i>Employer Must Complete</i>
<p>_____ certifies that he/she is the _____ of (Officer name) (Title)</p> <p>_____, the employer referred to above, and (Employer name)</p> <p>that all of the information is true to the best of his/her knowledge, information, and belief, after careful investigation.</p> <p>_____ (OFFICER SIGNATURE)</p> <p>_____ (DATE)</p>		

BWC-9526 (Rev. 12/21/2010) PC  
AC-26

93-42-92001



\*1448191-002\*



**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, 2018  
(Date)

CareWorksComp, Rep ID # 000150-80, 5500 Glendon Ct. Dublin, OH 43016  
(Representative name and rep ID 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	E-mail address
Print name and title	Employer signature	Date

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

