

**FAIRFIELD TOWNSHIP
RESOLUTION NO. 25-56**

RESOLUTION APPROVING PAYMENT TO SEDGWICK IN THE AMOUNT OF \$8,850.00.

WHEREAS: Sedgwick is Fairfield Township's third-party administrator for Ohio Bureau of Workers' Compensation claims; and

WHEREAS: Fairfield Township has qualified for the 2026 OHIO TOWNSHIP ASSOCIATION Workers' Compensation Group Rating program; and

WHEREAS: In addition to premium savings, joining a Sedgwick administered group rating program gives access to the industry leader in workers' compensation; and

WHEREAS: The projected maximum refund amount will be up to \$76,211 with the maximum projected assessment being \$6,079.00 depending on the performance of the entire group; and

WHEREAS: This payment will be taken out of the following fund numbers, #1000, #2021, #2081 & #2111.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Trustees of Fairfield Township, Butler County, Ohio, as follows;

SECTION 1: The Board hereby approves the payment of \$8,850.00 to Sedgwick, PO Box 89456, Cleveland, OH 44101-6456, for services as set forth in the Agreement attached hereto as Exhibit "A".

SECTION 2: The Board hereby dispenses with the requirement that this resolution be read on two separate days, pursuant to RC 504.10, and authorizes the adoption of this resolution upon its first reading.

SECTION 3 This resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

SECTION 4: That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code.

SECTION 5: This resolution shall take effect at the earliest period allowed by law.

Adopted: April 8, 2025

Board of Trustees

Shannon Hartkemeyer: _____

Michael Berding: _____

Joe McAbee: _____

Vote of Trustees

yes

yes

yes

AUTHENTICATION

This is to certify that this is a resolution which was duly passed and filed with the Fairfield Township Fiscal Officer this 8th day of April, 2025.

ATTEST:

Shelly Schultz
Shelly Schultz, Fairfield Township Fiscal Officer

APPROVED AS TO FORM:

K.E. Barbieri
Katherine Barbieri, Township Law Director

March 7, 2025

KIMBERLY LAPENSEE
FAIRFIELD TOWNSHIP / BUTLER COUNTY
6032 MORRIS ROAD
HAMILTON, OH 45011

Re: Group Retrospective Rating Re-Enrollment for Policy # 30920104

We are pleased to announce that your organization has qualified for re-enrollment in the 2026 Ohio Township Association Retro Group.

2026 Group Retrospective Rating projection:		Max Refund	Max Assessment
Projected Premium	\$ 121,587		
Target Refund %	32%	62.68%	5%
Target Refund \$	\$38,908	\$ 76,211	\$ 6,079

*Actual group refunds/assessments will be dependent on the performance of the entire group.
BWC will conduct three (3) annual evaluations to determine the refund/assessment.
Evaluations will take place at 12, 24, and 36 months after the end of the policy year.*

Our group retrospective programs are successful and consistently generate significant refunds because of our focus on safety best practices, client education, and aggressive claims management.

To re-enroll, simply sign and return the enclosed U-153 enrollment form with invoice and payment, or enroll online at www.sedgwick.com/ohiotpa/enroll.

Join our program and receive these services:

- Claims management
- Hearing representation
- Review of BWC rates and invoices
- Online account access
- Educational opportunities
- BWC updates

To discuss our Group Retrospective Rating Program or related services, please contact Tammy Ring at 614-266-9516 or Tammy.Ring@sedgwick.com.

As a reminder, when enrolling in a group retrospective rating program, BWC does not allow the stacking of discounts with any of the following programs: \$15k Medical Deductible, Claim Impact Reduction, Substance Use Prevention & Recovery Bonus, and Transitional Work Bonus. However, Group Retro has the potential to provide significant refunds in comparison to these other alternative rating programs.

2026 Group Retrospective Rating Analysis

Employer: Fairfield Township / Butler County

Policy No.: 30920104

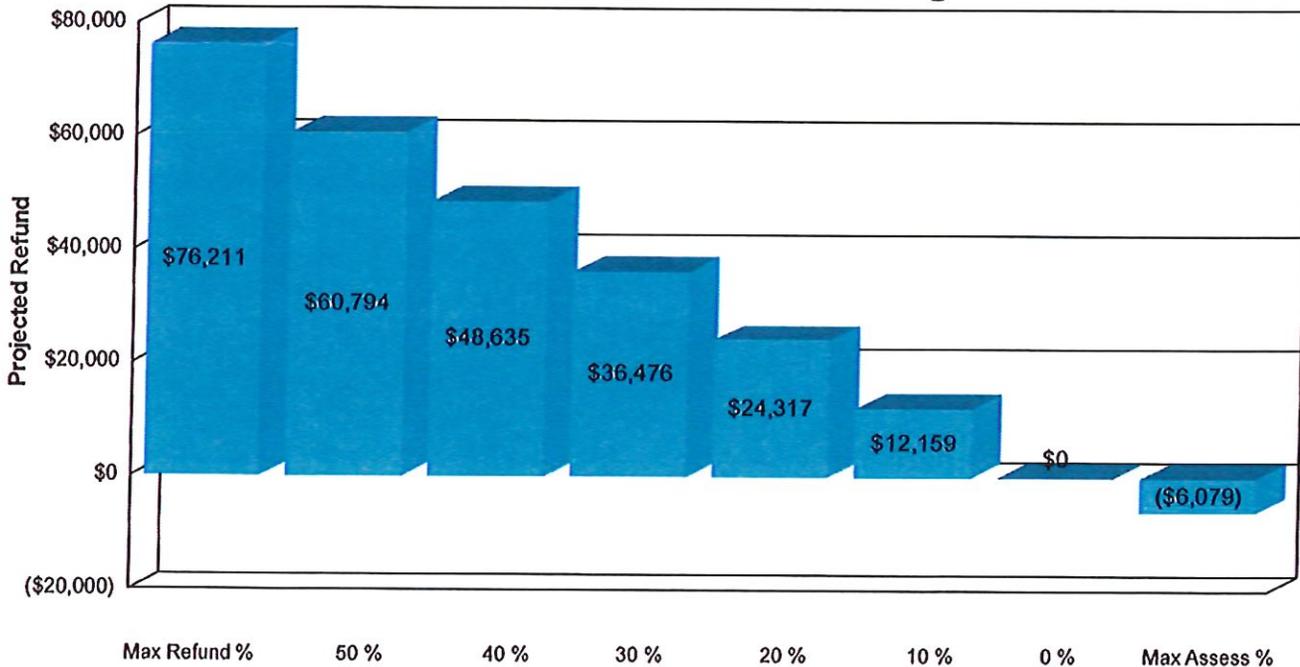
Projections based on: TM: -4% EMR: 0.96

Estimated Standard Premium:	\$121,587
BWC Assessments:	\$0
Estimated Individual Premium:	\$121,587

BWC will conduct three (3) annual evaluations to determine the refund/assessment. Evaluations will take place at 12, 24, and 36 months after the end of the policy year.

Max Refund: 62.68%	Max Assessment: 5%
Projected Maximum Refund: \$ 76,211	Projected Maximum Assessment: \$ 6,079

Estimated Refund Range



*The 2026 premium amounts are for the payroll period from 1/01/2026 to 12/31/2026.

Actual group refunds/assessments will be dependent on the performance of the entire group. This projection is to be used as a guideline only for decision making purposes. The results should not be construed as actual.



RENEWAL INVOICE

EXHIBIT A

Bill To:

KIMBERLY LAPENSEE
FAIRFIELD TOWNSHIP / BUTLER COUNTY
6032 MORRIS ROAD
HAMILTON, OH 45011

Table with 2 columns: Policy Number, Invoice Date, Invoice Number, Payment Due Date, Group Number, Rating Year, Annual Fee. Values include 30920104, March 7, 2025, 1552280, UPON RECEIPT, 3579, 2026, \$ 8,850.

Ohio Workers' Compensation Group Retrospective Rating Program

The enrollment fee of \$ 8,850 includes:

- Services for the annual contract period beginning 7/1/2025
Policy Year: Group Retrospective Rating enrollment for January 1, 2026 to December 31, 2026

To enroll:

- Pay online at www.sedgwick.com/ohiotpa/enroll or
Sign and return enclosed U-133 enrollment form and invoice with remittance
o Email to ohio.group@sedgwick.com or mail to: Sedgwick, PO Box 89456, Cleveland OH 44101-6456
o Include check made out to Sedgwick or complete credit card portion of this invoice.

Credit card payment form with fields for credit card number, amount to be charged (\$ 8,850), expiration date, print name as it appears on card, and authorized signature. Includes logos for American Express, MasterCard, VISA, and DISCOVER.

By returning this invoice or by remittance of the service fee, Client acknowledges and accepts all terms and conditions of the workers' compensation service agreement. Said agreement is hereby incorporated by reference herein https://viaoneohio.sedgwick.com/Rating/2026PEgroupcontract.pdf (password: group2026).

This invoice is for Sedgwick's workers' compensation third party administration services pursuant to a service agreement between your company and Sedgwick. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

Signature line with 'X' mark. Fields for Signature, Printed Name, Title, Date, Email Address, and Phone number.

Questions?
Contact Tammy Ring at 614-266-9516 or
Tammy.Ring@sedgwick.com

If your organization has merged with or acquired another company in the last year or plans to up through the policy year noted above, initial here and contact our office immediately to review your options. []

If a W-9 is needed visit https://viaoneohio.sedgwick.com/Rating/SedgwickW9.pdf

Invoice #: 1552280

Ohio Township Association Retro Group, group #3579 (2026) GRC-M
Sedgwick / policy #30920104