

**ORDINANCE NO. 2022-035**

**AN ORDINANCE AUTHORIZING THE MAYOR OF THE CITY OF FINDLAY, OHIO TO ENROLL THE CITY OF FINDLAY IN THE BUREAU OF WORKER'S COMPENSATION (BWC) GROUP RETROSPECTIVE RATING PLAN, AND DECLARING AN EMERGENCY.**



WHEREAS, it has become apparent to the Mayor of the City of Findlay, Ohio that the City can eliminate substantial workers compensation liability and costs by enrolling in the Group Retrospective Rating Plan, and it is this Council's intent to give the Mayor of the City of Findlay, Ohio the authority to execute said agreement.

NOW, THEREFORE, BE IT ORDAINED by the Council of the City of Findlay, State of Ohio, two-thirds (2/3) of all members elected thereto concurring:

SECTION 1: That the Mayor of the City of Findlay, Ohio, Hancock County, State of Ohio be, and she is hereby authorized to, enroll the City of Findlay in the Ohio Association of Public Treasurer's Retrospective Rating Plan approved by the Ohio Bureau of Workers Compensation, commencing January 1, 2023.

SECTION 2: This Ordinance is hereby declared to be an emergency measure necessary for the immediate preservation of the public peace, health and safety of the inhabitants of the City of Findlay, Ohio, and for the further reason it is immediately necessary to authorize said agreement so that the new rating plan is in effect January 1, 2023.

WHEREFORE, this Ordinance shall take effect and be in force from and after its passage and approval by the Mayor.

  
PRESIDENT OF COUNCIL *Pro-Tem*  
  
Acting MAYOR

PASSED June 7, 2022

ATTEST Devin DeVore  
CLERK OF COUNCIL

APPROVED June 7, 2022



## GROUP RETRO

Date: May 05, 2022

DON ESSEX  
CITY OF FINDLAY  
318 DORNEY PLZ STE 313  
FINDLAY, OH 45840

Re: 2023 Group Retrospective Rating Enrollment for Policy # 33205102

We are pleased to announce that your organization has qualified for re-enrollment in the 2023 Ohio Association of Public Treasurers Retro Group.

### 2023 Group Retrospective Rating projection:

Target Refund %	42%
Target Refund*	\$90,373

\* Refund is based on estimated standard premium of \$215,175.

Our group retrospective programs are successful and consistently produce positive results 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](http://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 **Joseph Miller** at (800) 825-6755 ext. 65586 or [Joseph.Miller@sedgwick.com](mailto:Joseph.Miller@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, Drug Free Safety, Industry Specific Safety, Transitional Work Bonus and One Claim. However, Group Retro has the potential to provide **significant refunds** in comparison to these other alternative rating programs.



INSTRUCTIONS

- \* Please print or type
\* Return completed statement to the attention of the sponsoring organization you are joining.
\* The sponsoring organization's third-party administrator will submit this form.
\* If you have any questions, please call BWC at 614-466-6773.

NOTE: This application must be reviewed and approved by BWC's employers program unit BEFORE it becomes effective .

Table with 4 columns: Employer Name (CITY OF FINDLAY), Telephone number ((419)424-7123), BWC policy number (33205102), Address (318 DORNEY PLZ STE 313), City (FINDLAY), State (OH), 9-digit Zip Code (45840)

Group Retrospective-rating program enrollment

I agree to comply with the Ohio Bureau of Workers' Compensation Group Retrospective Rating Program rules (Ohio Administrative Rule 4123-17-73). I understand that my participation in the program is contingent on such compliance.

This form super-sedes any previously executed U-153.

I understand that only a BWC Group Retrospective Rating Program certified sponsor can offer membership into the program. I also understand that if the sponsoring organization listed below, is not certified, this application is null and void.

I am a member of the Ohio Association of Public Treasurers Retro Group sponsoring organizations or a certified affiliate organization and would like to be included in the Group-Retrospective-Rating Program it sponsors for the policy year beginning January 1, 2023. I understand the employer roster submitted by the group will be the final, official determination of the group in which I will or will not participate. Submission of their form does not guarantee participation.

I understand the sponsoring organization's representative Sedgwick #000900-80 (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 that the representative for the Group Retrospective Rating Program will continue as my individual representative in the event that I no longer participate in the program. At the time I am no longer a member of the group, I understand that I must file permanent authorization (AC-2) to cancel or change individual representation.

I understand a new U-153 shall be filed each policy year I participate in the Group-Retrospective-Rating Program.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization [X] Yes [ ] No
Ohio Association of Public Treasurers Retro Group 1581124
Name of sponsor or affiliate sponsor Sponsor or affiliate sponsor policy

Note: For injuries that occur during the period an employer is enrolled in the Group Retrospective Rating Program, employers may not utilize or participate in the Deductible Program, Group Rating, Retrospective Rating, Safety Council Discount Program, \$15,000 Medical-Only Program, or the Drug-Free Safety Program.

Certification

(Officer Name) certifies that he/she is the (Title) of (Employer Name), the employer referred to above, and that all of the

information is true to the best of his/her knowledge, information, and belief, after careful investigation.

X (Officer Signature) (Date)



Bureau of Workers' Compensation

Permanent Authorization

TO: x Employer Services 22nd Floor
o Self-Insured Department 26th Floor

Please mark a box and return to
30 West Spring St.
Columbus, OH 43215-2256

Fax -- (614) 728-0456

Form with fields: Policy number (33205102), Entity (Company Name) (CITY OF FINDLAY), DBA (Doing Business As), Address (318 DORNEY PLZ STE 313, FINDLAY, OH 45840)

Note: For this to be a valid letter, the employer services department, or the self-insured department for self-insured employers, must stamp it. This is to certify that effective 09/01/2022

Sedgwick # 000900-80

(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 Bureau of Workers' Compensation and the Ohio Industrial Commission in matters pertaining to our participation in the Workers' Compensation Fund according to they type of representation checked below.

Please check only one type of representation. See description of representatives at the bottom of this form.

Form with checkboxes for representation types: X Employer Risk/Claim Representative (ERC), Risk Management Representative (RISK), Claims Management Representative (CLM), Payroll Service Vendor (PSV). Includes 'Add' and 'Terminate' options.

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 that 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.

Form with fields: Telephone Number, Fax Number, E-mail Address, Print name and title, Employer Signature (with X), Date

BWC Authorized Representative Service/Roles

Employer-risk claim representative (ERC) - The ERC is designated as the employer's authorized representative for both risk - and claims-management-related issues. He or she is also the employer's authorized representative on each claim under the employer's policy number . The ERC receives copies of all risk and claim correspondence. The ERC has full access to the employer's risk information and information pertaining to the workers' compensation claims filed against the employer . He or she will also have the authority to access such information on www.bwc.ohio.gov.

BWC will consider the ERC as the authorized representative in handling risk-related issues for an employer if there is no designated group-risk claim representative (GRC). BWC also will consider the ERC as the authorized representative in handling claim-related issues for an employer if there is no designated CLM or GRC.

Risk-management representative (RISK) - The RISK is the employer's designated authorized representative for risk-related issues. He or she represents an employer on risk-related issues only. The RISK receives copies of all risk correspondence. A RISK will have access to only the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

BWC will consider the RISK as the authorized representative in handling risk-related issues for an employer if there is no designated GRC or ERC. The RISK will have no authority to represent the employer on any matters if either a GRC or ERC is appointed. In addition, the RISK will have access only to the employer's risk-related information and authority to access that information on www.bwc.ohio.gov.

Claims-management representative (CLM) - The CLM is the employer's designated authorized representative on each claim associated with the employer . He or she will receive copies of all claim correspondence. The CLM represents an employer on claim-related issues only. A CLM will have access only to information pertaining to the workers' compensation claims filed against the employer and authority to access that information on www.bwc.ohio.gov.

BWC will consider the CLM the authorized representative in handling claims-related issues for an employer.

Payroll service vendor (PSV) - A payroll service vendor provides payroll services , including reporting and/or withholding and remittance services for workers' compensa-tion premium payments.

Note: Based on the designation made by the group's sponsor , only the employer services group-rating unit can update a GRC.

You cannot use the AC-2 to select a GRC authorization. This representative type only applies to private employers and public employer taxing districts. BWC will consider the GRC the authorized representative in handling risk-related issues for an employer. In addition, BWC will consider the GRC the authorized representative in handling claim-related issues for an employer if there is no designated claims-management representative (CLM).



# — Why Sedgwick public employers

## Sedgwick is the preferred partner of Ohio public employers

Sedgwick is proud to deliver workers' compensation claims management and cost containment strategies to nearly 65,000 hard-working Ohio employers and have the endorsement of more than 340 associations, chambers of commerce, governmental agencies and public-sector organizations.

Sedgwick represents 3,100 Ohio public employers. With 89 percent of the Ohio public employer market share (group and group retrospective rating combined) choosing Sedgwick is the clear choice for Ohio public employers over all other third party administrators.

3,100

Ohio public employer clients

89%

total public market share

91%

traditional group market share

5.5x more

number of groups

\$7.65M

2022 estimated public group savings

\$147M

Public group retro earned refunds 2010-2019 (all other TPAs under \$24M)

## A true customer-centric approach



Savings



Hearing representation



Personalized service



Technology & reporting



Industry expertise



Educational programs



Claims management



Lower rates



## 2023 Group Retrospective Rating Analysis

<b>Employer:</b>	City Of Findlay	<b>TM:</b>	-23%
<b>Policy No.:</b>	33205102	<b>EMR:</b>	0.77
<b>Max Refund:</b>	64.40%	<b>Max Assessment:</b>	15%

**Target Refund : 42%** **Target Refund: \$90,374**

Estimated Individual Premium:	\$272,286
Less BWC Admin & DWRF:	<u>\$57,111</u>
Estimated Standard Premium:	\$215,175

Estimated Maximum Savings:	\$138,573
Estimated Maximum Assessment:	\$32,276

BWC will conduct three (3) annual evaluations to determine the refund/assessment.  
Your projected annual refunds are:

1st Evaluation Refund	72,299
2nd Evaluation Refund	16,267
3rd Evaluation Refund	1,807

### Estimated Refund Range



\*The 2023 premium amounts are for the payroll period from 1/01/2023 to 12/31/2023.

*Please note that 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.*

May 05, 2022

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Exhibit A

To view the Sedgwick service agreement covering participation in this exhibit visit <https://viaoneohio.sedgwick.com/Rating/2023PEgroupcontract.pdf>  
password: group2023



**RENEWAL INVOICE**

Bill To:

DON ESSEX  
CITY OF FINDLAY  
318 DORNEY PLZ STE 313  
FINDLAY, OH 45840

Invoice date: May 05, 2022  
Invoice #: 1341978  
Policy #: 33205102  
Group #: 06142  
Rating Year: 2023  
Due Date: Upon Receipt

GROUP RETROSPECTIVE RATING	
The enrollment fee covers: * Services for the annual contract period beginning 09/01/2022 * Policy Year: Group Retrospective enrollment for <b>January 1, 2023 to December 31, 2023</b>  * Ohio Association of Public Treasurer membership dues	<b>Annual Fee</b>  <b>\$5,470</b>

Please sign and return enclosed U-153 enrollment form and invoice with remittance to:

For checks make payable and send to:  
**Sedgwick**  
PO Box 89456  
Cleveland, OH 44101-6456

OR

Or to enroll and pay online visit  
[www.sedgwick.com/ohiotpa/enroll](http://www.sedgwick.com/ohiotpa/enroll)

Credit card account number:	<input type="text"/>
Amount to be charged: <b>\$5,470</b> Expiration date:	<input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
By signing above you authorize Sedgwick to charge your credit card in the amount as shown above, and agree to pay the amount shown above according to your credit card agreement	

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 (see link above).

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.

**X**

Printed Name	Signature	Title	Date
dessex@findlayohio.com	(419)424-7123	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.	<input type="text"/>
Email Address	Phone Number		

Questions? Contact Joseph Miller at (800) 825-6755 ext. 65586 or [Joseph.Miller@sedgwick.com](mailto:Joseph.Miller@sedgwick.com)