

ORDINANCE NO. 092-18

AN ORDINANCE AUTHORIZING THE CITY OF MEDINA TO JOIN THE OHIO ASSOCIATION OF PUBLIC TREASURER'S BUREAU OF WORKER'S COMPENSATION POOL AND AUTHORIZING THE EXPENDITURE TO COMPManagement TO CONTINUE TO BE THE CITY'S REPRESENTATIVE FOR BUREAU OF WORKER'S COMPENSATION MATTERS, AND DECLARING AN EMERGENCY.

BE IT ORDAINED BY THE COUNCIL OF THE CITY OF MEDINA, OHIO:

SEC. 1: That the Director of Finance is hereby authorized to join the Ohio Association of Public Treasurer's Bureau of Worker's Compensation (BWC) Pool for the City of Medina in order to receive the group discount rate.

SEC. 2: That the expenditure in the amount of \$5,085.00 is hereby authorized to CompManagement to be the City's representative for Bureau of Worker's Compensation Matters.

SEC. 3: That in accordance with Ohio Revised Code §5705.41(D), at the time that the contract or order was made and at the time of execution of the Finance Director's certificate, sufficient funds were available or in the process of collection, to the credit of a proper fund, properly appropriated and free from any previous encumbrance.

SEC. 4: That it is found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and any of its committees that resulted in such formal action, were in meetings open to the public, in compliance with the law.

SEC. 5: That this Ordinance shall be considered an emergency measure necessary for the immediate preservation of the public peace, health and safety and for the further reason to comply before the deadline of May 29, 2018; wherefore, this Ordinance shall be in full force and effect immediately upon its passage and signature by the Mayor.

PASSED: May 29, 2018

SIGNED: John M. Coyne, III
President of Council

ATTEST: Kathy Patton
Clerk of Council

APPROVED: May 30, 2018

SIGNED: Dennis Hanwell
Mayor



Bureau of Workers' Compensation

ORD 92-18
Employer Statement for Group-Experience-Rating Program

Instructions

Please print or type.

Please return complete 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.

BWC USE ONLY
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 CITY OF MEDINA	Telephone number (330)725-8861	BWC policy number 35205302
Address 132 NORTH ELMWOOD AVEPO BOX 703	City MEDINA	State OH
		Nine-digit Zip Code 44258

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 Association of Public Treasurers sponsoring organization or a certified affiliate organization and would like to be included in their group named Oapt Cities L2 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 ComManagement LLC #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 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 Yes No

Ohio Association of Public Treasurers

1581124

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

Certification

Keith Dirham

(Officer Name)

certifies that he/she is the

Director of Finance

(Title)

of

the City of Medina

(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 Keith Dirham

(Officer Signature)

5/29/18

(Date)



Bureau of Workers' Compensation

Permanent Authorization

TO: [X] Employer Services 22nd Floor
[] Self-Insured Department 26th Floor

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

Fax -- (614) 728-0456

Policy number 35205302
Entity (Company Name) CITY OF MEDINA
DBA (Doing Business As)
Address 132 NORTH ELMWOOD AVE
PO BOX 703
MEDINA, OH 44258

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 September 01, 2018

CompManagement LLC, Rep. I.D. # 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 desired. See description of representatives below.

Table with 2 columns: Type of Authorized Representation, and a selection column with 'X' in the first row (Employer Risk/Claim Representative (ERC)).

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 (330-722-9051), Fax Number (330-722-9058), E-mail Address (Finance@medinacoh.org), Print name and title (Keith Durham - Director of Finance), Employer Signature (Keith Durham), Date (5/29/18)

BWC Authorized Representative Service/Roles

Group-risk-claim Representative (GRC) - The GRC is responsible for management of group-rating plans. He or she is the authorized representative of each employer in the group for both risk- and claim-related issues. In addition, the GRC is the employer's authorized representative on each claim for all employers in the group. The GRC receives copies of all risk and claim correspondence. The GRC will have full access to each 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 the BWC's Web site, ohioabc.com.

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 be consider the GRC the authorized representative in handling claim-related issues for an employer if there is no designated claims-management representative (CLM).

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 ohioabc.com.

BWC will consider the ERC as the authorized representative in handling risk-related issues for an employer if there is no designated GRC. BWC also will considered the ERC as the authorized representative in handling claim-related issues for an employer if there is not 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 BWC's Web site, ohioabc.com.

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 the BWC's Web site, ohioabc.com.

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 BWC's Web site, ohioabc.com. BWC will consider the CLM the authorized representative in handling claims-related issues for an employer.

compmanagement

P. O. Box 89456, Cleveland OH 44101-6456

RENEWAL INVOICE

Bill To:

KEITH DIRHAM
 CITY OF MEDINA
 132 NORTH ELMWOOD AVE
 PO BOX 703
 MEDINA, OH 44258

Invoice date: May 16, 2018

Invoice #: 1170946

Policy #: 35205302

Group #: 21002

Rating Year: 2019

Due Date: Upon Receipt

GROUP RATING	
The enrollment fee covers: * Services for the annual contract period beginning September 1, 2018 * Policy Year: Group Rating Enrollment for January 1, 2019 to December 31, 2019	Annual Fee \$ 5,085
2019 Proj. Group TM% / Effective Discount: -55% / -48% 2019 Estimated Savings: \$ 48,834	

Please sign and return invoice with remittance to:

Make Check Payable to:
CompManagement
PO Box 89456
Cleveland, OH 44101-6456

OR

OR

Pay online at www.compmgt.com

	
Credit card account number:	<input type="text"/>
Amount to be charged: \$ 5,085	Expiration date: <input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
By signing above you authorize CompManagement (a Sedgwick company) 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 CompManagement's workers' compensation third party administration services pursuant to a service agreement between your company and CompManagement. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

<i>Keith Dirham</i>	<i>Keith Dirham</i>	<i>Director of Finance</i>	<i>5/29/18</i>
Printed Name	Signature	Title	Date

payroll@medinaoh.org	(330)725-8861	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? Call (800) 825-6755, option 3

Ohio Association of Public Treasurers Grp # 21002 (2019)
 Ohio Association of Public Treasurers - C2 / 35205302