



February 2017

At the Ohio Association of Public Treasurers (OAPT), we rely on our third party administrator, CompManagement, for their workers' compensation industry expertise and the best available savings options for our members.

The OAPT used to work with CareworksComp, but with our program in decline we made the decision to switch to CompManagement. Since CompManagement began administering our program in 2014, we have experienced substantial growth and our members are now receiving better service, as well as the highest cost reduction programs available to public employers.

### **Why Choose OAPT and CompManagement?**

- CompManagement is the public employer expert. They work with the largest number of public employers in Ohio servicing Counties, Cities, Villages, Schools, Transit Authorities and Townships
- Experts in program consultation and cost reduction strategies that annually save clients \$120 million
- Colleagues are imbedded strategically across the state of Ohio with offices in Canton, Cincinnati, Cleveland, Columbus, Toledo and Youngstown to provide a local presence and respond quickly to your service needs
- CompManagement is the industry leader in cost control strategies such as settlements and handicaps reimbursements
- Industry leading client education program that has sessions designed specifically for public employers
- Better service at a lower cost

We encourage you to evaluate your options and ensure that your program is garnering the most savings possible at the lowest possible cost for the upcoming 2018 policy year.

Sincerely,

Jack Krise  
Executive Director, OAPT

**Ohio Association of Public Treasurers**  
2113 Oaklawn Drive | Parma, Ohio 44134  
Phone: (216) 577 - 3076 | Fax: (216) 767-5860 | [www.ohioapt.org](http://www.ohioapt.org)



Bureau of Workers' Compensation

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: RUSSELL TOWNSHIP
Telephone number: (440)338-8155
BWC policy number: 32821404
Address: 8501 KINSMAN RDPO BOX 522
City: NOVELTY
State: OH
Nine-digit Zip Code: 44072

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 Townships it sponsors for the policy year beginning January 1, 2018. 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 CompManagement 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 [X] No [ ]

Ohio Association of Public Treasurers Name of sponsor or affiliate sponsor Sponsor or affiliate sponsor policy number 1581124

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.

(OFFICER SIGNATURE) (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

Form with fields: Policy Number (32821404), Company Name (RUSSELL TOWNSHIP), Doing Business As, Address (8501 KINSMAN RD PO BOX 522, NOVELTY, OH 44072)

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 1, 2017

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: Selection box, Type of Authorized Representation. Rows: X Employer Risk/Claim Representative (ERC), Risk Management Representative (RISK), 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 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, Date

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

## 2018 Group Savings Summary

**Policy:** 32821404  
**Employer:** RUSSELL TOWNSHIP

**Group ID:** 05627  
**Association:** Ohio Association of Public Treasurers

Manual	Base Rate	Annual Payroll	Estimated Individual Rating = -2 %		Estimated Group Discount = -39 %	
			Indiv Rate**	Individual Premium	Group Rate**	Group Premium
9433	2.42	1,921,943	2.6248	50,447	1.6391	31,503
9439	12.57	12,300	13.6444	1,678	8.4945	1,045
		<b>1,934,243</b>	<b>Estimated Individual Premium*</b>	<b>\$52,125</b>	<b>Estimated Group Premium*</b>	<b>\$32,547</b>

<b>Estimated Group Savings</b>	<b>\$19,578</b>
<b>Annual Fee</b>	<b>\$1,565</b>

\*The 2018 premium amounts are for the payroll period from 1/01/2018 to 12/31/2018.

\*\*Rates are based on \$100 of reportable payroll and include: BWC administrative costs of 10.7500% of premium, a DWRP rate of 0.00, a DWRP II rate of 0.000 of base rate.

Projections of individual and group rates are estimated using BWC loss information as of the last quarter and the most recent historical payroll information provided by the BWC. Estimates of premium must be projected in advance of the application deadline. Therefore the actual premium will vary from the estimates depending upon group enrollment level, BWC rates, experience calculations, and actual payroll.

**ALL PREMIUMS ARE STILL PAYABLE TO THE BUREAU OF WORKERS' COMPENSATION.**

March 16, 2017

Submitted By: Ohio Association of Public Treasurers

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

To view the CompManagement service agreement referenced in this Exhibit visit

<https://viaone.compmgt.com/Rating/2018PEgRatingcontract.pdf>  
password: grating2018

# INVOICE

**Bill To:**

CHARLES WALDER  
RUSSELL TOWNSHIP  
8501 KINSMAN RD  
PO BOX 522  
NOVELTY, OH 44072

Invoice date: March 16, 2017

Invoice #: 1129883

Policy #: 32821404

Group #: 05627

Rating Year: 2018

Due Date: Upon Receipt

GROUP RATING	
<p>The enrollment fee covers:</p> <ul style="list-style-type: none"> <li>* Services for the annual contract period beginning <b>September 1, 2017</b></li> <li>* Policy Year: Group Rating Enrollment for <b>January 1, 2018 to December 31, 2018</b></li> </ul> <p><b>2018 Proj. Group TM% / Effective Discount: -46% / -39%</b> <b>2018 Estimated Savings: \$ 19,578</b></p>	<p><b>Annual Fee</b> <b>\$ 1,565</b></p>

Please sign and return all enclosed enrollment forms and invoice with remittance to:

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

OR

Credit card account number:	<input type="text"/>
Amount to be charged: \$ 1,565	Expiration date: <input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
<p>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.</p>	

OR

Pay online at [www.compmgt.com](http://www.compmgt.com)

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.

Printed Name	Signature	Title	Date
cwalder@russelltownship.us	(440)338-8155		
Email Address	Phone Number	<p>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"/></p>	

**Questions? Call (800) 825-6755, option 3**

Ohio Association of Public Treasurers  
Ohio Association of Public Treasurers / 32821404

Date: February 22, 2017

CHARLES WALDER  
 RUSSELL TOWNSHIP  
 PO BOX 522  
 NOVELTY, OH 44072



Re: 2018 Group Rating Enrollment for policy #: 32821404

We are pleased to announce that your township is invited to join the 2018 Workers' Compensation Group Rating program sponsored by Ohio Association of Public Treasurers.

**2018 Projections:**

Group Savings \$19,578	Annual Fee and Dues \$1,565
Projected Individual Premium	\$52,125
Projected Group Premium	\$32,547
Group TM%/Effective Discount %	-46% / -39%

\* BWC mandated break-even factor applied. Please be advised that premium may vary from estimates depending upon group rating program changes, group enrollment level, BWC rates, experience calculations, actual payroll and other relative information provided by BWC.

**Already enrolled with CareWorks, but like our fee better?** If so, you still have time to provide them with a Notice of Withdrawal and switch to our program. According to their contract, it appears that you can submit a Notice of Withdrawal up until May 15th if you do not wish to continue in their program. The difference in fees alone will make you want to take this action!

Visit our website at [www.compmgt.com](http://www.compmgt.com) or refer to see all the reasons why you should choose CompManagement as your group rating administrator. Then simply sign and return the enclosed forms with payment.

To discuss your options or to learn more about our program, please contact **CompManagement's Customer Support Unit at (800) 825-6755, option 3.**

### 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 RUSSELL TOWNSHIP	Telephone number (440)338-8155	BWC policy number 32821404	
Address PO BOX 522	City NOVELTY	State OH	Nine-digit Zip Code 44072

### 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.

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I am associated with the sponsoring organization or a certified affiliate sponsoring organization      Yes       No

Ohio Association of Public Treasurers  
Name of sponsor or affiliate sponsor

1581124  
Sponsor or affiliate sponsor policy number

### Certification

\_\_\_\_\_ certifies that he/she is the \_\_\_\_\_ of \_\_\_\_\_  
(Officer name) (Title)

\_\_\_\_\_, the employer referred to above, and  
(Employer name)

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

\_\_\_\_\_  
(OFFICER SIGNATURE)

\_\_\_\_\_  
(DATE)

Exhibit A



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

To view the CompManagement service agreement referenced in this

Exhibit visit

<https://viaone.compmgt.com/Rating/2018PEqRatingcontract.pdf>

password: grating2018

# INVOICE

Bill To:

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RUSSELL TOWNSHIP

PO BOX 522  
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Invoice date: February 22, 2017

Invoice #: 1129883

Policy #: 32821404

Group #: 05627

Rating Year: 2018

Due Date: Upon Receipt

GROUP RATING	
<p>The enrollment fee covers:</p> <ul style="list-style-type: none"> <li>* Services for the annual contract period beginning <b>September 1, 2017</b></li> <li>* Policy Year: Group Rating Enrollment for <b>January 1, 2018 to December 31, 2018</b></li> </ul> <p><b>2018 Proj. Group TM% / Effective Discount: -46% / -39%</b>  <b>2018 Estimated Savings: \$ 19,578</b></p>	<p><b>Annual Fee</b> <b>\$ 1,565</b></p>

Please sign and return all enclosed enrollment forms and invoice with remittance to:

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

OR

Credit card account number:	<input type="text"/>
Amount to be charged: \$ <b>1,565</b>	Expiration date: <input type="text"/>
Print name as it appears on card:	<input type="text"/>
Signature:	<input type="text"/>
<p>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.</p>	

OR

Pay online at [www.compmgt.com](http://www.compmgt.com)

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.

Printed Name	Signature	Title	Date
cwalder@russelltownship.us	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<p>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"/></p>		

Questions? Call (800) 825-6755, option 3

Ohio Association of Public Treasurers  
Ohio Association of Public Treasurers / 32821404



# compmanagement

## Projected Experience and Premium

<b>Employer:</b>	RUSSELL TOWNSHIP		
<b>PolicyNo:</b>	32821404	<b>Payroll Period:</b>	1/01/2018 through 12/31/2018
<b>ExperienceYear:</b>	Est. 2018	<b>Costs projected based on Quarter End:</b>	12/31/2016
		<b>Admin Rate:</b>	0.107500

Claim Number	Injured Worker Name	Comp Award	Reserve	Medical Paid	TML	Unlimited TML	CHP%	Note
12-340599	GALLAGHER, JOHN T	0	0	5,671	5,671	5,671	0	
12-834182	KROPIWNICKI, DONALD D	0	0	19,907	19,907	19,907	0	
13-358220	GAMBINO, VINCENT J	0	0	2,667	2,667	2,667	0	
13-359499	MACHNICS, RICHARD J	1,117	0	9,664	10,781	10,781	0	
14-324306	ROMAGNI, MATTHEW W	0	0	90	90	90	0	
14-801609	BELL, JAMES L	1,066	0	716	1,782	1,782	0	
15-300531	KRAUSE, TODD D	0	0	3,297	3,297	3,297	0	
<b>TOTALS</b>		<b>2,183</b>	<b>0</b>	<b>42,012</b>	<b>44,195</b>	<b>44,195</b>		

### Claim Cost Summary

Year Beginning	# Lost Time Clms	# Med Only Clms	Comp	Reserve	Medical	TML	Unlimited TML
01/01/2012	2	0	0	0	25,578	25,578	25,578
01/01/2013	1	1	1,117	0	12,331	13,448	13,448
01/01/2014	1	1	1,066	0	806	1,872	1,872
01/01/2015	0	1	0	0	3,297	3,297	3,297

\* From predecessor policy

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# compmanagement

## Projected Experience and Premium

### Projected Experience Rating

<u>TML</u>	<u>TLL</u>	<u>DIFF</u>	<u>DIFF/TLL</u>		<u>C%</u>		<u>TM%</u>	<u>EMR</u>	<u>Ratio</u>	<u>Max Value Amount</u>
44,195	48,127	-3,932	-0.08	X	27	=	-0.02	0.98	-0.23	55,000

### Manual Rate Projections

RUSSELL TOWNSHIP (32821404)									
<u>Manual</u>	<u>FourYear Payroll</u>	<u>Expected LossRate</u>	<u>Expected Losses</u>	<u>Limited Loss Ratio</u>	<u>Limited Losses</u>	<u>Industry Group</u>	<u>Base Rate</u>	<u>Individual Rate</u>	
9433	7,606,372	0.86	65,415	0.7072	46,261	4	2.42	2.37	
9439	49,200	5.18	2,549	0.7320	1,866	7	12.57	12.32	
<b>Employer Total:</b>			<b>67,963</b>		<b>48,127</b>				

### Premium Projection

<u>Manual</u>	<u>Base Rate</u>	<u>Individual Rate</u>	<u>Individual Admin</u>	<u>DWRF 1</u>	<u>DWRF 2</u>	<u>Total Rate</u>	<u>Estimated Payroll</u>	<u>Individual Premium</u>
9433	2.42	2.37	0.2548	0.0000	0.0000	2.6248	1,921,943	50,447
9439	12.57	12.32	1.3244	0.0000	0.0000	13.6444	12,300	1,678
<b>Total Premium:</b>								<b>52,125</b>

### Non-Group Threshold

For every \$ 1,782 increase/(decrease) in TML, annual individual premiums will increase/(decrease) an estimated \$ 444.

This projection is to be used as a guideline only for decision making purposes. The results should not be construed as actual. Estimated claims costs are based on most recently available MIRA reserves as provided by BWC. Projections of rates and/or premium changes are estimated using the most recent loss information and historical data as provided by BWC, therefore, actual numbers may vary from the estimates. Factors which may affect these numbers may include: rate changes by BWC, BWC updates to MIRA reserves, payroll fluctuations, acceptance into/removal from alternative rating plans, BWC discounts, etc.

Prepared by: RBell 3/13/2017 10:02:00AM

\* From predecessor policy

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RUSSELL TOWNSHIP  
 Policy # 32821404  
 Premium projections for the 2018 rating year

Annual Payroll: \$1,934,243  
 Base Rated Premium: \$48,057  
 Base Rated Premium (w/assessments): \$53,117  
 EMR: 0.98  
 Standard Premium: \$47,065  
 Assessments: \$5,060  
 Individual Premium: \$52,125  
 Average Annual Incurred Losses: \$11,048

See Fact Sheets for more information regarding each program and for BWC eligibility requirements. Employer eligibility and participation in these program is not guaranteed.

For every additional \$1,782 in claim losses paid (up to the claim max value), the EMR will change 1% resulting in a premium change of approximately \$444.

Claim costs as of: 12/31/2016  
 2017 Program: 0

	Small Deductible Program (\$)	Group Rating	Group Retro Rating	Merit Rated
Program Savings%:	n/a	39%	40%	0%
Program Savings:	n/a	\$19,653	\$18,826	\$0
Program Costs*:	\$7,011	\$0	\$0	\$0
<b>Net Program Savings:</b>	<b>n/a</b>	<b>\$19,653</b>	<b>\$18,826</b>	<b>\$0</b>
Potential Risk%:	unlimited	n/a	15%	n/a
Potential Risk:	unlimited	n/a	\$7,060	n/a
<b>Projected Net Program Premium:</b>	<b>n/a</b>	<b>\$32,472</b>	<b>\$33,299</b>	<b>\$52,125</b>
15K Medical Only	n/a	to be determined	n/a	to be determined
Drug Free Safety Program**	n/a	\$1,148	n/a	\$1,883
Go Green	n/a	\$318	\$521	\$521
Industry Specific Safety**	n/a	\$861	n/a	\$1,412
Lapse Free	n/a	\$318	\$521	\$521
Safety Council***	n/a	\$574	\$941	\$1,883
Transitional Work Bonus**	n/a	\$2,871	n/a	\$4,707
<b>Stacking Programs Total Savings</b>	<b>\$0</b>	<b>\$6,090</b>	<b>\$1,984</b>	<b>\$10,928</b>
<b>Total Net Savings:</b>	<b>n/a</b>	<b>\$25,743</b>	<b>\$20,810</b>	<b>\$10,928</b>
<b>Projected Net Premium:</b>	<b>n/a</b>	<b>\$26,382</b>	<b>\$31,316</b>	<b>\$41,198</b>
BWC Filing Deadline:	Last business day in July	Last business day in May	Last business day in July	n/a

Actual savings from programs that are stacked are not additive, therefore the total net savings will be slightly overstated. Also, savings may not be applicable if premium is less than or equal to the BWC minimum annual premium.

\* Program Costs do not include training and implementation costs.

\*\* Enrollment deadline for Drug Free Safety Program, Industry Specific Safety, and Transitional Work Bonus is the last business day of May for Private employers and last business day of November for Public employers.

\*\*\* Enrollment deadline for Safety Council is the last business day in July.

This projection is to be used as a guideline only for decision making purposes. The results should not be construed as actual. Estimated claims costs are based on most recently available MIRA reserves as provided by the BWC. Projections of rates and / or premium changes are estimated using the most recent loss information and historical data as provided by the BWC, therefore, actual numbers may vary from the estimates. Factors which may affect these numbers may include: rate changes by the BWC, BWC updates to MIRA reserves, payroll fluctuations, acceptance into / removal from alternative rating plans, BWC discounts, etc.

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Date: March 16, 2017

CHARLES WALDER  
 RUSSELL TOWNSHIP  
 8501 KINSMAN RD PO BOX 522  
 NOVELTY, OH 44072



Re: 2018 Group Rating Enrollment for policy #: 32821404

We are pleased to announce that your township is invited to join the 2018 Workers' Compensation Group Rating program sponsored by Ohio Association of Public Treasurers.

**2018 Projections:**

<b>Group Savings</b> <b>\$19,578</b>	<b>Annual Fee and Dues</b> <b>\$1,565</b>
<b>Projected Individual Premium</b>	<b>\$52,125</b>
<b>Projected Group Premium</b>	<b>\$32,547</b>
<b>Group TM%/Effective Discount %</b>	<b>-46% / -39%</b>

\* BWC mandated break-even factor applied. Please be advised that premium may vary from estimates depending upon group rating program changes, group enrollment level, BWC rates, experience calculations, actual payroll and other relative information provided by BWC.

**Already enrolled with CareWorks, but like our fee better?** If so, you still have time to provide them with a Notice of Withdrawal and switch to our program. According to their contract, it appears that you can submit a Notice of Withdrawal up until May 15th if you do not wish to continue in their program. The difference in fees alone will make you want to take this action!

Visit our website at [www.compmtg.com](http://www.compmtg.com) or refer to see all the reasons why you should choose CompManagement as your group rating administrator. Then simply sign and return the enclosed forms with payment.

To discuss your options or to learn more about our program, please contact **CompManagement's Customer Support Unit at (800) 825-6755, option 3.**