

RESOLUTION NO. 2018-34

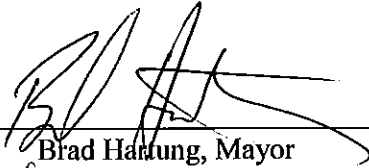
A RESOLUTION AUTHORIZING THE CITY MANAGER TO RE-ENROLL AND EXECUTE PAYMENT TO COMPMANAGEMENT, INC., OF DUBLIN, OHIO, FOR THIRD PARTY ADMINISTRATION SERVICES RELATING TO THE 2019 WORKERS COMPENSATION GROUP RATING ENROLLMENT PROGRAM IN THE AMOUNT OF FOUR THOUSAND THREE HUNDRED SIXTY 00/100 DOLLARS (\$4,360.00)

BE IT RESOLVED BY THE COUNCIL OF THE CITY OF HURON, OHIO:

SECTION 1. That the City Manager is authorized and directed to submit payment of the re-enrollment fee to CompManagement, Inc., of Dublin, Ohio, for third party administration services relating to the 2019 Workers' Compensation Group Rating Enrollment program in an amount not to exceed Four Thousand Three Hundred Sixty 00/100 Dollars (\$4,360.00), which re-enrollment notification shall be in substantially the form of Exhibit "A" attached hereto and made a part hereof.

SECTION 2. That this Council hereby finds and determines that all formal actions relative to the adoption of this Resolution were taken in an open meeting of this Council and that all deliberations of this Council and of its Committees, if any, which resulted in formal action, were taken in meetings open to the public in full compliance with applicable legal requirements, including O.R.C. §121.22.

SECTION 3. That this Resolution shall go into effect, and be in full force and effect, immediately upon its passage.


Brad Hartung, Mayor

ATTESTED: 
Clerk of Council

ADOPTED: 24 APR 2018

Date: April 12, 2018

ANDY WHITE
CITY OF HURON
417 MAIN ST
HURON, OH 44839

Re: 2019 Group Rating Enrollment for Policy # 32205102

We are pleased to announce that your organization has qualified for re-enrollment in the Ohio Rural Water Association 2019 Workers' Compensation Group Rating program.

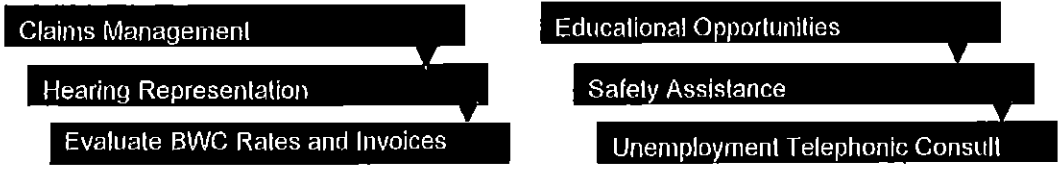
2019 Projections:

Group Savings
\$26,028

Projected Individual Premium	\$73,203
Projected Group Premium	\$47,175
Group TM%/Effective Discount %	-60% / -54%

* BWC mandated break-even factor applied

When you join our program, the following services are included with your enrollment:



In addition to Group Rating savings, you could save up to an additional \$8,089 in premiums by stacking BWC Program rebates that are available (Drug Free Safety, Industry Specific Safety, Safety Council, Transitional Work Bonus). As an alternative to Group Rating, your organization may qualify for Group Retrospective Rating. To discuss your options, please contact CompManagement's Customer Support Unit at (800)825-6755, option 3.

To re-enroll, simply return the enclosed invoice with payment, or enroll online at www.compmt.com and click on the group enrollment box under Quick Links.

Exhibit A

To view the CompManagement service agreement referenced in this Exhibit
Visit <https://vaone.compmgt.com/Rating/2019PRRatingcontract.pdf>
password: grating2019

compmanagement

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

RENEWAL INVOICE

Bill To:

ANDY WHITE
CITY OF HURON
417 MAIN ST

HURON, OH 44839

Invoice date: April 12, 2018

Invoice #: 1170136

Policy #: 32205102

Group #: 21001

Rating Year: 2019

Due Date: Upon Receipt

GROUP RATING	
<p>The enrollment fee covers:</p> <ul style="list-style-type: none"> Services for the annual contract period beginning September 1, 2018 Policy Year: Group Rating Enrollment for January 1, 2019 to December 31, 2019 <p>2019 Proj. Group TM% / Effective Discount: -60% / -54% 2019 Estimated Savings: \$ 26,028</p>	<p>Annual Fee \$ 4,360</p>


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: \$ 4,360	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>	

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.

Andrew D. White

Printed Name

Signature

City Manager

Title

Date

4-25-18

andy.white@huronohio.us

Email Address

(419)433-5000

Phone Number

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

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

Ohio Rural Water Association Grp # 21001 (2019)

Ohio Rural Water Association / 32205102