

RESOLUTION NO. 2019-7

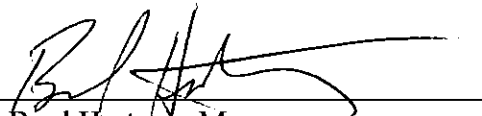
A RESOLUTION AUTHORIZING THE CITY MANAGER TO RE-ENROLL AND EXECUTE PAYMENT TO COMPMANAGEMENT, INC., OF DUBLIN, OHIO, FOR THIRD PARTY ADMINISTRATION SERVICES RELATING TO THE 2019 - 2020 WORKERS COMPENSATION GROUP RATING ENROLLMENT PROGRAM IN THE AMOUNT OF THREE THOUSAND FOUR HUNDRED NINETY 00/100 DOLLARS (\$3,490.00)

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

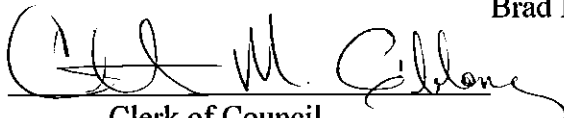
SECTION 1. That the City Manager is authorized and directed to submit payment of the re-enrollment fee to CompManagement, Inc., of Dublin, Ohio, for third party administration services relating to the 2019-2020 Workers' Compensation Group Rating Enrollment program in an amount not to exceed Three Thousand Four Hundred Ninety and 00/100 Dollars (\$3,490.00), 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: 12 FEB 2019



compmanagement

a sedgwick company

P. O. BOX 89456, CLEVELAND OH 44101-6456

To view the CompManagement service agreement referenced in this Exhibit, visit <https://viaone.compmgt.com/Rating/2020PEgroupcontract.pdf>
password: group2020

INVOICE

Bill To:
ANDY WHITE
CITY OF HURON
417 MAIN ST
• HURON, OH 44839

Invoice Date: January 14, 2019
Invoice #: 1201941
Policy #: 32205102
Group #: 6123
Rating Year: 2020
Due Date: Upon Receipt

GROUP RATING	
The enrollment fee covers: ♦ Services for the annual contract period beginning September 1, 2019 ♦ Policy Year: Group Rating enrollment for January 1, 2020 to December 31, 2020	Annual Fee: \$ 3,490
2020 Projected Group TM% / Effective Discount: -50% / -43% 2020 Estimated Savings: \$20,358	

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:	
Amount to be charged: \$ 3,490	Expiration date:
Print name as it appears on card:	
Signature:	
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.	

Pay online at 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
andy.white@huronohio.us	419 433 5000		
Email Address	Phone number	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="checkbox"/>	

Questions? Contact Lacey Cain at (800) 825-6755 ext. 65424 or Lacey.Cain@sedgwickcms.com

Ohio Rural Water Association group #6123 2020
Ohio Rural Water Association / 32205102