

**RESOLUTION NO. 2019-76**

**A RESOLUTION AUTHORIZING THE CITY MANAGER TO MAKE AN ANNUAL PREMIUM PAYMENT TO THE BUREAU OF WORKERS COMPENSATION FOR THE POLICY PERIOD JANUARY 1, 2020 THROUGH JANUARY 1, 2021 IN AN AMOUNT NOT TO EXCEED FORTY-EIGHT THOUSAND SIX HUNDRED THIRTY-FOUR AND 001/100 DOLLARS (\$48,634.00).**

**WHEREAS**, the City Manager has recommended payment of the full annual premium to the Bureau of Workers Compensation for the policy period January 1, 2020 through January 1, 2021 in the amount of Forty-Eight Thousand Six Hundred Thirty-Four and 00/100 Dollars (\$48,634.00),

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


**SECTION 1.** That the City Manager is authorized and directed to pay the full premium payment to the Bureau of Worker's Compensation for the policy period of January 1, 2020 through January 1, 2021 in the amount of Forty-Eight Thousand Six Hundred Thirty-Four and 00/100 Dollars (\$48,634.00); a copy of the annual premium schedule and installment invoice are attached hereto as Exhibit "A".

**SECTION 2.** It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action, were in meeting open to the public, in compliance with all legal requirements, including Section 121.22 of the Ohio Revised Code.

**SECTION 3.** That this Resolution shall be in full force and effect from and immediately after its adoption.

ATTEST:

  
Clerk of Council

  
\_\_\_\_\_  
Sam Artino, Mayor

ADOPTED:

10 DEC 2019

# Premium installment schedule

HURON

Policy number 32205102-0

To see an estimated annual premium breakdown for a different policy period, click the drop-down arrow, and then click the period you want to see.

If you would like to see a breakdown of how your estimated annual premium was calculated, click **Show detail**.

Policy period

1/1/2020 - 1/1/2021 ▾

Estimated annual premium

\$48,634.00 [Show detail](#)

Current installment plan

Monthly (12)

Monthly installments for policy period 1/1/2020 - 1/1/2021

Bill date	Lapse effective date	Amount	Due date	Status
12/1/2019	1/1/2020	\$4,051.22	12/23/2019	Billed
1/1/2020	2/1/2020	\$4,051.22	1/21/2020	Pending
2/1/2020	3/1/2020	\$4,051.22	2/21/2020	Pending
3/1/2020	4/1/2020	\$4,051.22	3/23/2020	Pending
4/1/2020	5/1/2020	\$4,051.22	4/21/2020	Pending
5/1/2020	6/1/2020	\$4,051.22	5/21/2020	Pending
6/1/2020	7/1/2020	\$4,051.22	6/22/2020	Pending
7/1/2020	8/1/2020	\$4,051.22	7/21/2020	Pending
8/1/2020	9/1/2020	\$4,051.22	8/21/2020	Pending
9/1/2020	10/1/2020	\$4,051.22	9/21/2020	Pending
10/1/2020	11/1/2020	\$4,051.22	10/21/2020	Pending
11/1/2020	12/1/2020	\$4,070.58	11/23/2020	Pending

Showing 1 to 12 of 12 entries

## Related links



Policy number: 32205102

Coverage status: Active

#BWNFVSQ

#XX21692962#

HURON

417 MAIN ST

HURON, OH 44839-1652

Important - please read!

As a Group Retro Program participant, you can view or download detail information for the annual evaluation billing on this invoice from BWC's website, www.bwc.ohio.gov, or call 1-800-644-6292 for more details.

Your policy will lapse and penalties will be billed if installments are not paid timely and in full.

The due date shown only applies to items billed in the current billing cycle.

Prior balance	(\$1,894.85)
Charges	\$109,967.55
Payments/credits	(\$104,021.48)
<b>Amount due</b>	<b>\$4,051.22</b>

Current billing cycle

Bill date	Description	Period dates	Amount
11/29/2019	Installment	01/01/2020 - 01/01/2021	\$4,051.22
09/23/2019	Refund		\$77,500.32
09/23/2019	Policy Holder Dividend		(\$77,500.32)
06/05/2019	Refund		\$500.00
06/05/2019	Lapse Free Rebate	01/01/2018 - 01/01/2019	(\$500.00)
04/25/2019	Refund		\$26,021.16
04/25/2019	Group Retro Annual Evaluation	01/01/2016 - 01/01/2017	(\$8,131.17)
04/25/2019	Group Retro Annual Evaluation	01/01/2015 - 01/01/2016	(\$7,634.54)
04/25/2019	Group Retro Annual Evaluation	01/01/2017 - 01/01/2018	(\$10,255.45)

Please refer to the back of the invoice for additional information.

Pay online at www.bwc.ohio.gov or detach and return bottom portion with your payment.

Insured name: HURON

Policy number	32205102
Invoice number	1006816095
Due date	12/23/2019
<b>Amount due</b>	<b>\$4,051.22</b>
Amount enclosed	

Mail payment to:

Ohio Bureau of Workers' Compensation  
P.O. Box 89492  
Cleveland, Ohio 44101-6492

Make your checks payable to the Ohio Bureau of Workers' Compensation. Include a policy number on all checks, and be sure to include this remittance with your payment. Do not staple your check to the remittance.

3220510200000100681609590000000000405122

### Important information

**Due date** – The due date does NOT apply to prior balances. Refer to your past invoices to determine when BWC billed prior balances. The due date on that invoice applies to the prior balance. If you do not pay your premium by the due date, your coverage will lapse. You may also incur late payment penalties. Failure to pay the balance due may result in further action. In addition, you may impact your coverage, your acceptance into alternative rating programs or your ability to qualify for self-insurance.

### Account balance description

**Prior balance** – Balance from a prior invoice.

**Charges** – Amount billed during the current billing cycle.

**Payments/credits** – Amount credited during the current billing cycle.

**Total balance** – Amount due or credit BWC will refund.

**BWC** – Amount owed to BWC excluding amounts certified to the Office of the Attorney General or disputed.

**Attorney General (AG)** – BWC forwards balances not paid by the due date to the AG for collection. Contact the AG at 1-888-246-0688 to discuss amounts certified to the AG for collection.

**Disputed** – Amount disputed by the employer or employer representative.

### Financial transaction description

**Installment** – Premium and assessments due for a specific reporting period. Installments also reflect changes in premiums related to rating plan participation, payroll changes, claim cost changes or other events that update an employer's experience modifier.

**Audit True-Up** – Bill or credit generated when an employer provides actual payroll to BWC for a policy period.

**Audit** – Bill or credit generated as the result of a premium audit.

**No Coverage Penalty** – Penalty assessed for the period an employer operated prior to the effective date of coverage.

**Non-Compliance Claim** – Billing related to claims occurring when coverage was not in force.

**Payroll Report** – Total premium and assessments due for a specific non-prospective reporting period.

### Coverage Status

**Active** – BWC insurance coverage in force

**Combined** – BWC policy transferred to a successor policy

**Canceled** – BWC insurance coverage canceled

**Lapsed** – BWC insurance coverage not in force due to non-payment or underpayment

**No coverage** – Employer has not filed for BWC insurance coverage or BWC insurance is not in force

**Reinstated** – BWC insurance coverage in force after a period of coverage lapse

### Policy updates

Notify us of policy updates by:

- Visiting [www.bwc.ohio.gov](http://www.bwc.ohio.gov) and clicking on Employers, then Demographic information;
- Completing a *Notification of Policy Update (U-117)* or *Notification of Business Acquisition/Merger/Purchase/Sale (U-118)*;
- Calling 1-800-644-6292. We use an automated system to process invoices. Therefore, we cannot address questions or updates written on your invoice.

Current billing cycle (continued from page 1)

Bill date	Description	Period dates	Amount
02/04/2019	Refund		\$1,894.85