

Date: March 17, 2026

DAWN SNYDER
 CITY OF WILLOWICK
 30435 LAKE SHORE BLVD.
 WILLOWICK, OH 44095

Re: Group Retrospective Rating Enrollment for Policy # 34305902

We are pleased to announce that your organization has qualified for re-enrollment in the 2027 Ohio Association of Public Treasurers Retro Group. With your enrollment, you have access to significant refund opportunities and Sedgwick's industry-leading claims and risk management support. Our programs are successful because of our focus on safety best practices, client education, and aggressive claims management.

2027 Group Retrospective Rating Projection:		Max Refund	Max Assessment
Projected Premium	\$109,512		
Target Refund %	32%	62.90%	5%
Target Refund \$	\$35,044	\$68,883	\$ 5,476

Actual group refunds/assessments will be dependent on the performance of the entire group. BWC will conduct three (3) annual evaluations to determine the refund/assessment. Evaluations will take place at 12, 24, and 36 months after the end of the policy year.

To discuss our Group Retrospective Rating Program or related services, please contact **Ben Shutler** at **740-827-0640** or **Ben.Shutler@sedgwick.com**.

Enroll today to receive these workers' compensation services

- Claims Management
- Hearing Representation
- Review of BWC rates and invoices
- Educational opportunities
- Online account access
- BWC Updates

To re-enroll, simply sign and return the enclosed U-153 enrollment form with invoice and payment, or enroll online at www.sedgwick.com/ohiotpa/enroll.

As a reminder, when enrolling in a group retrospective rating program, BWC does not allow the stacking of discounts with any of the following programs: \$15k Medical Deductible, Claim Impact Reduction and Substance Use Prevention & Recovery Bonus. However, Group Retro has the potential to provide **significant refunds** in comparison to these other alternative rating programs.



INSTRUCTIONS

- * Please print or type
* Return completed statement to the attention of the sponsoring organization you are joining.
* The sponsoring organization's third-party administrator will submit this form.
* If you have any questions, please call BWC at 614-466-6773.

NOTE: This application must be reviewed and approved by BWC's employers program unit BEFORE it becomes effect

Employer Name: CITY OF WILLOWICK, Telephone number: (440)585-3700, BWC policy number: 34305902, Address: 30435 LAKE SHORE BLVD., City: WILLOWICK, State: OH, 9-digit Zip Code: 44095

Group-retrospective-rating program enrollment

I agree to comply with the Ohio Bureau of Workers' Compensation Group Retrospective Rating Program rules (Ohio Administrative Rule 4123-17-73). I understand that my participation in the program is contingent on such compliance.

This form super-sedes any previously executed U-153.

I understand that only a BWC Group Retrospective Rating Program certified sponsor can offer membership into the program. I also understand that 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 Retro Group sponsoring organizations or a certified affiliate organization and would like to be included in the Group-Retrospective-Rating Program it sponsors for the policy year beginning January 1, 2027.

I understand the sponsoring organization's representative Sedgwick #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 understand a new U-153 shall be filed each policy year I participate in the Group-Retrospective-Rating Program.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization Ohio Association of Public Treasurers Retro Group 1581124

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy

Note: For injuries that occur during the period an employer is enrolled in the Group Retrospective Rating Program, employers may not use or participate in the Deductible Program, Group Rating, Retrospective Rating, \$15,000 Medical-Only Program, or the Drug-Free Safety Program.

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.

X (Officer Signature)

(Date)

2027 Group Retrospective Rating Analysis

Employer: City Of Willowick
Policy No.: 34305902

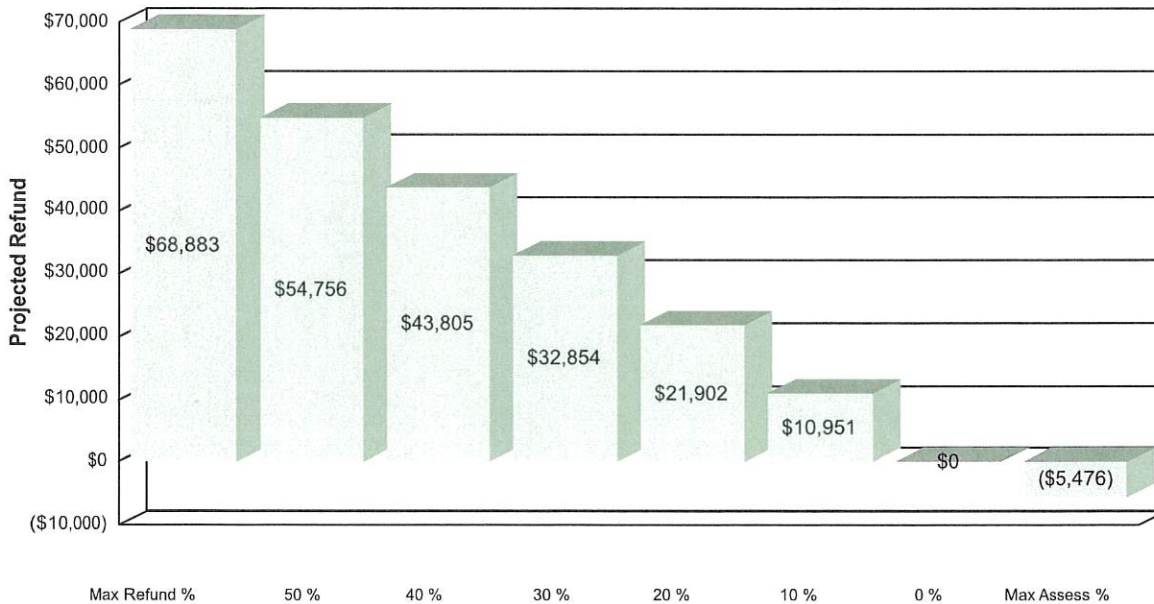
Projections based on: TM: -8% EMR: 0.92

Estimated Standard Premium:	\$109,512
BWC Assessments:	\$0
Estimated Individual Premium:	\$109,512

BWC will conduct three (3) annual evaluations to determine the refund/assessment. Evaluations will take place at 12, 24, and 36 months after the end of the policy year.

Max Refund: 62.90%	Max Assessment: 5%
Projected Maximum Refund: \$68,883	Projected Maximum Assessment: \$5,476

Estimated Refund Range



*The 2027 premium amounts are for the payroll period from 1/01/2027 to 12/31/2027.

Actual group refunds/assessments will be dependent on the performance of the entire group. This projection is to be used as a guideline only for decision making purposes. The results should not be construed as actual.

Policy Number	Invoice Date
34305902	March 17, 2026
Invoice Number	Payment Due Date
1612248	UPON RECEIPT
Group Number	
06142	
Rating Year	Annual Fee
2027	\$3,360

Bill To:

DAWN SNYDER
 CITY OF WILLOWICK
 30435 LAKE SHORE BLVD.
 WILLOWICK, OH 44095

Ohio Workers' Compensation Group Retrospective Rating Program

The enrollment fee of \$3,360 includes:

- Services for the annual contract period beginning 09/01/2026
- Policy Year: Group Retrospective Rating enrollment for January 1, 2027 to December 31, 2027

* Ohio Association of Public Treasurer membership dues

<p>To enroll online quickly and securely using your credit card, visit www.sedgwick.com/ohiotpa/enroll</p>	<p>To enroll by mail, make the check payable to Sedgwick, and include the signed enrollment forms and invoice with your payment. Mail to: Sedgwick PO Box 89456 Cleveland OH 44101-6456</p>
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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 <https://viaoneohio.sedgwick.com/Rating/2027PEgroupcontract.pdf> password: group2027

This invoice is for Sedgwick's workers' compensation third party administration services pursuant to a service agreement between your company and Sedgwick. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

X

Signature	Printed Name	Title	Date
<u>dsnyder@cityofwillowick.com</u>		(440)585-3700	
Email Address		Phone Number	

Questions? Contact Ben Shutler at 740-827-0640 or Ben.Shutler@sedgwick.com

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.

If a W-9 is needed visit <https://viaoneohio.sedgwick.com/Rating/SedgwickW9.pdf>

Invoice #: 1612248 Ohio Association of Public Treasurers Retro Group Grp # 06142 (2027) GRC-M
 Ohio Association of Public Treasurers - C / policy # 34305902