

March 19, 2024

CHERYL BENEDICT  
CITY OF WILLOWICK  
30435 LAKE SHORE BLVD.  
WILLOWICK, OH 44095

Re: Group Retrospective Rating Re-Enrollment for Policy # 34305902

We are pleased to announce that your organization has qualified for re-enrollment in the 2025 Ohio Association of Public Treasurers Retro Group.

2025 Group Retrospective Rating projection:		Max Refund	Max Assessment
Projected Premium	\$ 145,078		
Target Refund %	41%	64.4%	15%
Target Refund \$	\$59,482	\$ 93,430	\$21,762

*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.*

Our group retrospective programs are successful and consistently generate significant refunds because of our focus on safety best practices, client education, and aggressive claims management.

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](http://www.sedgwick.com/ohiotpa/enroll).

Join our program and receive these services:

- Claims management
- Hearing representation
- Review of BWC rates and invoices
- Online account access
- Educational opportunities
- BWC updates

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

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, Drug Free Safety, Transitional Work Bonus and One Claim. 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 review and approve by BWC's employers programs unit BEFORE it becomes effective.

Employer Name CITY OF WILLOWICK	Telephone number 440 585 3700	BWC Policy Number 34305902	
Address 30435 LAKE SHORE BLVD.	City WILLOWICK	State OH	Nine-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 supersedes 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 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 organization 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, 2025**. I understand the employer roster submitted by the group will be the final, official determination of the group in which I will or will not participate. Submission of their form does not guarantee participation.

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 also understand the representative for the Group-Retrospective-Rating Program will continue as my individual representative in the event that I no longer participate in the 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 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.  Yes  No

Ohio Association of Public Treasurers Retro Group

1581124

Name of sponsor or affiliate sponsor

Sponsor or affiliate sponsor policy number

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**

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

\_\_\_\_\_, the employer referred to above, and that all of the  
(Employer Name)

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

X \_\_\_\_\_  
(Officer Signature)

\_\_\_\_\_  
(Date)