

RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION TO THE BUREAU OF WORKERS' COMPENSATION FOR 2025

WHEREAS, The Bureau of Workers Compensation offers a program to employers known as The Retrospective Rating Plan which allows an employer to assume a portion of the financial claim liabilities (risk) for on-the-job injuries in return for a possible reduction in Workers Compensation premiums; and

WHEREAS, the Plan is designed to allow employers to customize the Plan to control the amount of risk assumed and the potential savings by selecting a maximum premium and maximum claims costs the employer is willing to pay. The greater the assumed risk, the greater the potential reduction in premiums; and

WHEREAS, Ashtabula County desires to apply to the Bureau of Workers Compensation for inclusion in the Retrospective Rating Plan establishing a claim limit of \$300,000 per claim and a 200% maximum premium; and

WHEREAS, Ashtabula County was included in the Retrospective Rating Plan since the year 2005 and has demonstrated consistent claims history and implemented proven safety practices which has greatly benefited Ashtabula County; now

THEREFORE, BE IT RESOLVED, By the Board of County Commissioners of Ashtabula County, Ohio, that the Board authorizes itself to make application to the Ohio Bureau of Workers Compensation for inclusion in the Retrospective Rating Plan for Ashtabula County for the policy year effective 2025.

BE IT FURTHER RESOLVED that the President of the Board, on behalf of the Board of Commissioners of Ashtabula County, is authorized to execute any and all necessary documents.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2024-344

July 18, 2024

**RESOLUTION AUTHORIZING THE FILING OF AN APPLICATION TO THE BUREAU
OF WORKERS' COMPENSATION FOR 2025**

Upon the motion of Casey R. Kozlowski, seconded by J.P. Ducro IV.

VOTE:

Kathryn L. Whittington

Aye

J.P. Ducro IV

Aye

Casey R. Kozlowski

Aye

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio



Instructions

- An owner/partner/officer must sign the application.
You must file a new application for each policy year.
Once BWC approves the application, the plan will remain in force for the entire policy year.
Employers must file the application and all other required documentation by the last business day of July for the policy year beginning Jan 1.
BWC charges an annual minimum premium based on a factor of the estimated policy year experience-rated/base-rated premium even if there are no losses.
BWC offers Tier I and Tier II plans. Tier I is available to employers meeting all BWC requirements including financial strength. Tier II is available to employers who do not meet Tier I requirements, but do meet other requirements as specified by BWC. Applicants must submit audited financial statements (according to GAAP standards) for the last five years, which includes a balance sheet, income statement and a retained earnings statement.
Public employer taxing districts must attach their current bond rating.
Application for any retrospective rating plan is optional; but if application is made, all operations of the employment entity are subject to retrospective rating.
Direct questions concerning this application to the employer programs' retrospective rating unit at 614-466-8773.
You may submit a completed application in one of three ways:

Online - bwc.ohio.gov; Fax - 614-621-1405; Mail - BWC, Employer Programs, Retrospective Rating Unit, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256.

While participating in the Retrospective-Rating Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the discount calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Form with fields for Federal ID number, Email address, Policy number, Employer name, Address, City, State, ZIP code, Contact name, Telephone number, Contact title, Fax number.

Retrospective-rating plan parameter selections: The employer must select the retrospective-rating plan parameters listed below. BWC will determine the minimum and maximum premium level, as well as the exposure to claim losses by the selections made.

Tier I parameters form with checkboxes for claim limits (\$200,000, \$300,000, \$400,000, No claim limit) and maximum premium (150 percent, 200 percent).

If you do not meet the requirements for Tier I, do you wish BWC to consider you for the Tier II plan? Yes [] No [X]

Tier II parameters form with checkboxes for claim limits (\$100,000, \$125,000) and a note that the Tier II plan only offers a maximum premium of 150 percent.

[] Financial statements are attached for consideration.

Estimated policy year payroll

You must provide the estimated payroll you will report during the policy year for each manual classification assigned to your policy number (attach additional pages as needed). The public employer taxing district policy year is Jan. 1 to Dec. 31.

The payroll information below will be used to set the estimated annual premium for the policy year beginning July 1.

You must use NCCI manual classification numbers for BWC to consider your application.

Table with 6 columns: NCCI manual number, Payroll, NCCI manual number, Payroll, NCCI manual number, Payroll. Contains data for manual numbers 9430, 9439, and 9444.

Retrospective-Rating Application - Statement of agreement: I have been authorized to sign and execute this application for the retrospective-rating plan on behalf of the company. I have read and understand the retrospective-rating plan rules in their entirety and agree to comply with the terms of the retrospective-rating plan, including payment of the annual claims billings in accordance with the plan and the governing rules.

Signature block with fields for Owner/partner/officer name (type or print), Title, Signature, and Date.

Note: BWC's employer programs' retrospective-rating unit must review and approve this application before it becomes effective. BWC will provide written notification of application acceptance/rejection and applicable minimum premium percentage following the review.



Bureau of Workers' Compensation

BWC will reject incomplete applications

Application for Retrospective-Rating Plan for Public Employers

Instructions

- An owner/partner/officer must sign the application.
- You must file a new application for each policy year.
- Once BWC approves the application, the plan will remain in force for the entire policy year.
- Employers must file the application and all other required documentation by the last business day of July for the policy year beginning Jan 1.
- BWC charges an annual minimum premium based on a factor of the estimated policy year experience-rated/base-rated premium even if there are no losses.
- BWC offers Tier I and Tier II plans. Tier I is available to employers meeting all BWC requirements including financial strength. Tier II is available to employers who do not meet Tier I requirements, but do meet other requirements as specified by BWC. Applicants must submit audited financial statements (according to GAAP standards) for the last five years, which includes a balance sheet, income statement and a retained earnings statement.
- Public employer taxing districts must attach their current bond rating.
- Application for any retrospective rating plan is optional; but if application is made, all operations of the employment entity are subject to retrospective rating.
- Direct questions concerning this application to the employer programs' retrospective rating unit at 614-466-8773.
- You may submit a completed application in one of three ways:

Online – bwc.ohio.gov;

Fax – 614-621-1405;

Mail – BWC, Employer Programs, Retrospective Rating Unit, 22nd Floor, 30 W. Spring St., Columbus, OH 43215-2256.

While participating in the Retrospective-Rating Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the discount calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Federal ID number 34-6000128	Email address jjarco@ashtabulacounty.us	Policy number 30400001-0
Employer name ASHTABULA COUNTY COMMISSIONERS		
Address 25 W JEFFERSON ST		
City JEFFERSON	State OH	ZIP code 44047-1027
Contact name Jamilie J Arcaro	Telephone number (440) 576-3748	
Contact title Workers Comp & Risk Specialist	Fax number	

Retrospective-rating plan parameter selections: The employer must select the retrospective-rating plan parameters listed below. BWC will determine the minimum and maximum premium level, as well as the exposure to claim losses by the selections made.

Tier I parameters	
To enroll in the Tier I plan, choose one of the claim limits and one maximum premium percentage below.	
(Claim limit) (maximum costs chargeable to a single claim)	Maximum premium
<input type="checkbox"/> \$200,000 <input checked="" type="checkbox"/> \$300,000 <input type="checkbox"/> \$400,000 <input type="checkbox"/> No claim limit	<input type="checkbox"/> 150 percent <input checked="" type="checkbox"/> 200 percent

If you do not meet the requirements for Tier I, do you wish BWC to consider you for the Tier II plan? Yes No

Tier II parameters	
To enroll in the Tier II plan, choose one of the claim limits below.	
(Claim limit) (maximum costs chargeable to a single claim)	The Tier II plan only offers a maximum premium of 150 percent.
<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$125,000	

Financial statements are attached for consideration.

Estimated policy year payroll

You must provide the estimated payroll you will report during the policy year for each manual classification assigned to your policy number (attach additional pages as needed). The public employer taxing district policy year is Jan. 1 to Dec. 31.

The payroll information below will be used to set the estimated annual premium for the policy year beginning July 1.

You must use NCCI manual classification numbers for BWC to consider your application.

Payroll rounded to the nearest \$1,000					
NCCI manual number	Payroll	NCCI manual number	Payroll	NCCI manual number	Payroll
9430	\$52,643,227.08				
9439	\$7,200.00				
9444	\$0.00				

Retrospective-Rating Application – Statement of agreement: I have been authorized to sign and execute this application for the retrospective-rating plan on behalf of the company. I have read and understand the retrospective-rating plan rules in their entirety and agree to comply with the terms of the retrospective-rating plan, including payment of the annual claims billings in accordance with the plan and the governing rules.

Owner/partner/officer name (type or print) <i>Kathryn Whittington</i>	Title President, BOACC
Signature <i>[Signature]</i>	Date 7/9/2024

Notes: BWC's employer programs' retrospective-rating unit must review and approve this application before it becomes effective. BWC will provide written notification of application acceptance/rejection and applicable minimum premium percentage following the review.

For the policy year effective 2025