RESOLUTION NO. 2020-18

Introduced by Mark Claus

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 2020-2021 WORKERS COMPENSATION GROUP RATING ENROLLMENT PROGRAM IN THE AMOUNT OF THREE THOUSAND FIVE HUNDRED NINETY-FIVE AND 00/100 DOLLARS (\$3,595.00)

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 2020-2021 Workers' Compensation Group Rating Enrollment program in an amount not to exceed Three Thousand Five Hundred Ninety-Five and 00/100 Dollars (\$3,595.00), 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.

Sam Artino, Mayor

ATTESTED:

Clerk of Council

ADOPTED:

MAR 2020



password: group2021



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

RENEWAL INVOICE

Bill To:

ANDY WHITE CITY OF HURON 417 MAIN ST HURON, OH 44839 BY:Invoice Date: February 26, 2020

Invoice #: 1237514

Policy #: 32205102

Group #: 6308

Rating Year: 2021

Due Date: **Upon Receipt**

GROUP RATING

The enrollment fee covers:

Services for the annual contract period beginning September 1, 2020

Policy Year: Group Rating enrollment for January 1, 2021 to December 31, 2021

Annual Fee: \$ 3.595

2021 Projected Group TM% / Effective Discount: -53% / -42% 2021 Estimated Savings: \$15,316

OR

Please sign and return invoice with remittance to:

Make Check Payable to:

CompManagement PO Box 89456 Cleveland, OH 44101-6456

OR

Pay online at www.compmgt.com

Mastercard VISA DIS	COVER
Credit card account number:	
Amount to be charged: \$ 3,595	Expiration date:
Print name as it appears on card:	
Signature:	
By signing above you authorize CompN	Nanagement (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.

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.

Andrew D. White	X		City Manager			
Printed Name	Signature		Title		Date	
andy.white@huronohio.us		419 433 5000	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			
Email Address		Phone number	office immedia	tely to review y	our options.	