



Bureau of Workers'
Compensation

Employer Statement for
Group-Retrospective-Rating Program

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 effective.

Employer Name BRECKSVILLE-BROADVIEW HTS SCHOOLS	Telephone number ()-	BWC policy number 31850851
Address 14600 DETROIT AVE., SUITE 450	City LAKEWOOD	State OH
		9-digit Zip Code 44107

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 School Business Officials/Ohio School Boards Association 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, 2019. 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 CompManagement LLC #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 that 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 group, I understand that I must file 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 Assoc of School Business Officials Retro Gr

718838

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 utilize of participate in the Deductible Program, Group Rating, Retrospective Rating, Safety Council Discount Program, \$15,000 Medical-Only Program, or the Drug-Free Safety Program.

Certification

JEFF M HALL

(Officer Name)

certifies that he/she is the

TREASURER / CFO

(Title)

of

BRECKSVILLE BROADVIEW HTS SCHOOLS

(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

Jeff M Hall

(Officer Signature)

7/10/18

(Date)