



MINUTEMEN HR MANAGEMENT SERVICES

February 2023

Mary Ann Nowak
Clearview Board of Education
4700 Broadway Avenue
Lorain, OH 44052-5542

POLICY NO: 34750351

Dear Mary Ann,

Minute Men HR has thoroughly reviewed your claims history and determined that your organization meets our initial criteria for enrollment in the Manufacturing Works Retrospective Rating Program. Manufacturing Works, as an approved Group Retrospective Rating sponsor in partnership with Minute Men, **an expert in the field of workers' compensation with superior claims management and some of the lowest fees in the industry** extends this invitation for the plan year January 1, 2024 thru December 31, 2024.

Public employers, choosing to participate in the program are pooled together and receive refunds and/or assessments based on the overall performance of the group. As a participant, you will continue to pay for BWC premiums for the plan year as required. The BWC will then re-evaluate the group's performance on December 31, 2025 / 2026 and 2027.

As with any group, the Group Retrospective Program does not come without risks. If the group performs worse than expected, then you may owe the BWC additional premiums. *This applies to all Retro Groups.*

Below is a summary of your savings and risk potential:

Projected Premium*	Maximum Savings	Est Refund %	Est Prem Refund	Loss Cap %	Loss Cap	Service Fee
\$37,799	\$23,814	38	\$14,363	15	\$5,670	\$750

*Does not include BWC Assessments

ENROLLING IS EASY

Complete, sign and return the following forms in the enclosed envelope by March 31, 2023:

1. Employer Statement for Group Retrospective Rating (U-153)
2. 2024 Retro Returns Employer Safety Assessment

You will continue to be billed in your customary manner on or around January 1, 2024. For fee information please see 'Service Fee' above.

If you have any questions please contact me, Mike Pollack at (216) 225-4381 x 1310 or mike.pollack@minutemenhr.com



MINUTEMEN
FAMILY OF COMPANIES



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Employer Statement for Group-Retrospective-Rating Program

Instructions

- Please print or type.
Please return completed statement to the attention of the sponsoring organization you are joining.
The Group Administrator's third party administrator will submit your original U-153 to:
Ohio Bureau of Workers' Compensation
Attn: employer programs unit
30 W. Spring St., 22nd floor
Columbus, OH 43215-2256
If you have any questions please call BWC at 614-466-6773

NOTE: This application must be reviewed and approved by BWC's employers programs unit BEFORE it becomes effective.

Table with 4 columns: Employer name, Telephone number, BWC Policy number, Address, City, State, 9-digit ZIP code.

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 that if the sponsoring organization listed below, is not certified, this application is null and void.

I am a member of the NOAAC sponsoring organization or a certified affiliate organization and would like to be included in that Group-Retrospective-Rating Program that they sponsor for the policy year beginning January 1, 2024.

I understand that the sponsoring organization's representative Ohio Group Management (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 that a new U-153 shall be filed each policy year I participate in the group-retrospective-rating plan.

I am associated with the sponsoring organization or a certified affiliate sponsoring organization [X] Yes [] No

NOAAC 1324758
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 or 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

MARY ANN NOWAK certifies that he/she is the TREASURER / CFO of
(Officer name) (Title)

Clearview Board of Education, the employer referred to above, and
(Employer name)

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

Mary Ann Nowak 3/14/2023
(OFFICER SIGNATURE) (DATE)

2024 RETRO RETURNS EMPLOYER SAFETY ASSESSMENT

34750351

Please indicate "Yes" or "No" on this assessment. Answering "No" does not preclude your company from eligibility in this program but one of our safety specialists will assist you in establishing that particular safety plan element prior to the begin of the policy year.

1 – Visible, active senior management leadership

- Y N Our company has a safety policy statement signed by top management.
 Y N We discuss safety processes and improvements regularly during staff and/or employee meetings.

2 – Employee involvement and recognition

- Y N We provide employees with safety participation opportunities

3 – Medical treatment and return-to-work practices

- Y N We have developed a written procedure for reporting accidents within a specified time frame and for obtaining medical treatment after a workplace injury.
 Y N We have developed a return-to-work policy or statement.

4 – Communication

- Y N Our company uses written safety communications to employees. (For example, company news letter or payroll stuffer).
○ List the types of written safety communications that you use within your company

5 – Timely notification of claims

- Y N When an employee notifies us of an occupational injury or illness, we report the claim to the managed care organization and our third party administrator immediately.

6 – Accident prevention or facility safety coordinator

- Y N We have designated an employee as accident-prevention coordinator who will work with employees and management to implement safety strategies.

Name: JEROME DAVIS
Title: SUPERINTENDENT

7 – Written orientation and training plan

- Y N We have developed a written safety and health training plan that documents specific training objectives and instructional procedures.
 Y N We train all employees on all relevant safety and health topics at least annually.
 Y N We document our safety training and maintain a signed list of attendees.

8 – Written and communicated safe work practices

- Y N We have developed general and job specific safe work practices.
 Y N We provide employees with a copy of the safe work practices, and they sign a statement indicating they have read the rules and understand their responsibilities.

9 – Written safety and health policy

- Y N We have developed a written safety and health statement signed by the top company official, which includes the responsibilities of all employees to maintain a safe workplace.
 Y N We review our safety and health policy with all employees at least once a year.

10 – Recordkeeping and data analysis

- Y N We keep records of workplace accidents and near-miss incidents.
 Y N We manage injuries by identifying accident causes and controlling or eliminating them.

Signature Mary Ann Nowak Date 3/14/2023

Title Treasurer/CFO Company Clearview L&S

Clearview Board of Education

Pol # 34750351

22-195389 Marcella M. Diaz

Allowed on 12/6/2022 Sprain of Right Wrist / IW remains working FD

22-178690 Nicholas Dimachia

Allowed on 10/11/2022 Sprain of cervical Spine and sprain of Thoracic Spine. Last C9 was denied for treatment on 12/5/2022. No further activity since. IW RTW FD on 9/6/2022.

22-108644 Susan L. Tomusko

Allowed on 5/10/2022 Strain of Lower Back. Per BWC notes, no work time missed.

21-190787 Susan L. Tomusko

Claim was Disallowed for No Injury

19-206746 Mary Pat Harris

Allowed on 12/14/2019 Mallet of left fingers and distal phalanx of left ring finger
RTW FD as of 10/30/2019. No activity since 12/8/2020

19-180535 Danyxa Flecha

Allowed on 9/23/2019 Laceration of left hand. No activity since 12/9/2020.

19-167346 Ronald E. Newman

Allowed on 8/19/2019 Sprain of left shoulder joint. No activity since 10/28/2019