

ORDINANCE NO. 2025-23 FIRST READING March 24, 2025
INTRODUCED BY: CHRIS BELL SECOND READING WAIVED
THIRD READING WAIVED

ORDINANCE APPROVING THE RENEWAL OF THE WORKERS' COMPENSATION SERVICE AGENCY AGREEMENT BETWEEN THE VILLAGE OF SOUTH RUSSELL AND SEDGWICK CLAIMS MANAGEMENT SERVICES, INC. IN THE AMOUNT OF \$465 FOR THE SERVICES FOR THE ANNUAL CONTRACT PERIOD BEGINNING JULY 1, 2025 FOR THE OHIO WORKERS' COMPENSATION GROUP RATING PROGRAM AND POLICY YEAR FOR GROUP RATING ENROLLMENT FOR JANUARY 1, 2026 TO DECEMBER 31, 2026, AUTHORIZING THE MAYOR AND FISCAL OFFICER TO EXECUTE THE AGREEMENT ON BEHALF OF THE VILLAGE, AND DECLARING AN EMERGENCY.

WHEREAS, Council desires to renew the Workers' Compensation Service Agency Agreement ("Agreement") between the Village of South Russell and Sedgwick Claims Management Services, Inc. ("Sedgwick") in the amount of \$465 for Sedgwick's services for the annual contract period beginning July 1, 2025 for the Ohio Workers' Compensation Group Rating Program and Policy Year for Group Rating Enrollment for January 1, 2026 to December 31, 2026.

NOW, THEREFORE, BE IT ORDAINED by the Council of the Village of South Russell, Geauga County, Ohio that:

SECTION 1. The Agreement between the Village of South Russell and Sedgwick Claims Management Services, Inc., attached hereto and incorporated herein by reference as **Attachment A**, renewing the annual contract period beginning July 1, 2025 for Sedgwick's services for the Ohio Workers' Compensation Group Rating Program and Policy Year for Group Rating Enrollment for January 1, 2026 through December 31, 2026 in the amount of \$465, is hereby approved.

SECTION 2. The Mayor and Fiscal Officer are hereby authorized to execute the Agreement on behalf of the Village and are authorized to take all necessary and other action in accordance with Agreement.

SECTION 3. It is hereby found and determined that all formal actions of this Council concerning and relating to the passage of this Ordinance were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees on or after December 2, 1975, that resulted in formal actions, were in meetings open to the public in compliance with all legal requirements, including Section 121.22, Ohio Revised Code.

SECTION 4. That this Ordinance is declared to be an emergency measure necessary for the immediate preservation of the public peace, property, health and safety of the inhabitants of

the Village and for the further reason to enable the Agreement not to lapse; wherefore, provided it receives the affirmative vote of at least two-thirds (2/3) of all members elected to Council, this Ordinance shall be in full force and effect from and immediately upon its passage by this Council and approval by the Mayor.

William J. Kama
Mayor - President of Council

ATTEST:

Danielle Romanowski
Fiscal Officer

I certify that Ordinance No. 2025-23 was duly enacted on the 24TH day of MARCH, 2025, by the Council of the Village of South Russell, and published in accordance with the Codified Ordinances of the Village.

Danielle Romanowski
Fiscal Officer



RENEWAL INVOICE

EXHIBIT A

Bill To:

DANIELLE RMANOWSKI
SOUTH RUSSELL VILLAGE
5205 CHILLICOTHE RD
SOUTH RUSSELL, OH 44022-4334

| | |
|----------------|------------------|
| Policy Number | Invoice Date |
| 32810703 | March 4, 2025 |
| Invoice Number | Payment Due Date |
| 1549799 | UPON RECEIPT |
| Group Number | |
| 30001 | |
| Rating Year | Annual Fee |
| 2026 | \$ 465 |

Ohio Workers' Compensation Group Rating Program

The enrollment fee of \$ 465 includes:

- Services for the annual contract period beginning 7/1/2025
- Policy Year: Group Rating enrollment for January 1, 2026 to December 31, 2026

To enroll:

- Pay online at www.sedgwick.com/ohiotpa/enroll or
- Sign and return invoice with remittance
 - Email to ohio.group@sedgwick.com or mail to:

Sedgwick
PO Box 89456
Cleveland OH 44101-6456
 - Include check made out to Sedgwick or complete credit card portion of this invoice.

| | |
|--|------------------|
| | |
| Credit card number: | |
| Amount to be charged: \$ 465 | Expiration date: |
| Print name as it appears on card: | |
| Authorized Signature: | |

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 <https://viaoneohio.sedgwick.com/Rating/2026PEgroupcontract.pdf> (password: group2026).

This invoice is for Sedgwick's workers' compensation third party administration services pursuant to a service agreement between your company and Sedgwick. Client acknowledges that payment of this invoice does not constitute or guarantee enrollment in any workers' compensation discount/alternative rating program.

X Danielle Romanowski DANIELLE Romanowski FISCAL OFFICER 3.25.25
 Signature Printed Name Title Date
 fiscalofficer@southrussell.com 440 338 6700
 Email Address Phone number

Questions?
Contact Brittany Harris at 614-526-7231 or
Brittany.Harris@sedgwick.com

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 office immediately to review your options.

If a W-9 is needed visit <https://viaoneohio.sedgwick.com/Rating/SedgwickW9.pdf>