

# compmanagement

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



Attachment VIII

## INVOICE

**Bill To:**  
MICK DAVIS  
CELINA SCHOOLS  
585 EAST LIVINGSTON STREET  
CELINA, OH 45822-1742

**Invoice Date:** February 25, 2015  
**Invoice #:** 1043665  
**Policy #:** 35405151  
**Group #:** 5203  
**Rating Year:** 2016  
**Due Date:** Upon Receipt

**DESCRIPTION**

**AMOUNT**

The enrollment fee into the program covers:

- ◆ CompManagement claims administration services and online claims access for the annual contract service period beginning **9/1/2015**
- ◆ Policy Year: Group Rating enrollment for **January 1, 2016 to December 31, 2016**

**Annual Fee:**  
**\$ 2,245**

Association: Ohio School Boards Association/Ohio Association of School Business Officials

**2016 Projected Group TM% / Effective Discount: -57% / -51%      2016 Estimated Savings: \$28,802**

**Payment Information**

For payment, **enclose check** (payable to CompManagement) or select credit card



Credit card account number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Amount to be charged: **\$ 2,245**

Print name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing above you authorize CompManagement (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.

Please sign and include the following with your payment:

\* Invoice

Return signed copy of invoice with remittance to:

**CompManagement**  
**PO Box 89456 • Cleveland • Ohio • 44101-6456**  
Or pay online at [www.compmgt.com](http://www.compmgt.com)  
Questions? Call (800) 825-6755, option 3

**TOTAL**

**\$ 2,245**

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.

Also, you agree that there have not been any mergers or acquisitions with another company in the last 5 years, nor will there be up through the end of the policy year noted above, without prior consent from CompManagement.

If a merger or acquisition is anticipated during this time period, check here and contact our office immediately to review your options.

Printed Name

Signature

Title

Date

mick.davis@celinaschools.org

Email Address

For future renewal information to be sent via email, please check here

## 2016 Group Savings Summary

Policy: 35405151  
Employer: Celina Schools

Group ID: 05203  
Association: Ohio School Boards Association

Manual	Base Rate	Annual Payroll	Estimated Individual Rating =	Individual Premium	Estimated Group Discount =	Group Premium
9434	0.63	17,448,190	-27 %		-51 %	
			Indiv Rate**		Group Rate**	
		17,448,190	0.5669	98,914	0.4018	70,107
			Estimated Individual Premium*	98,914	Estimated Group Premium*	70,112

Estimated Group Savings	\$28,802
Annual Fee	\$2,245

\*The 2016 premium amounts are for the payroll period from 1/01/2016 to 12/31/2016.

\*\*Rates are based on \$100 of reportable payroll and include: BWC administrative costs of 10.0600% of premium, a DWRF rate of 0.06, a DWRF II rate of 0.001 of base rate.

Projections of individual and group rates are estimated using BWC loss information as of the last quarter and the most recent historical payroll information provided by the BWC. Estimates of premium must be projected in advance of the application deadline. Therefore the actual premium will vary from the estimates depending upon group enrollment level, BWC rates, experience calculations, and actual payroll.

**ALL PREMIUMS ARE STILL PAYABLE TO THE BUREAU OF WORKERS' COMPENSATION.**