



# MINUTEMEN HR MANAGEMENT SERVICES

March 2026

Anne Spence  
Tiffin Schools  
244 South Monroe Street  
Tiffin, OH 44883-2906

**POLICY NO: 37405351**

Dear Anne,

Minutemen HR has thoroughly reviewed your claims history and determined that your organization meets our initial criteria for enrollment in the Retrospective Rating Program. As an approved Group Retrospective Rating sponsor in partnership with Minutemen HR, **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, 2027 thru December 31, 2027.

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, 2028 / 2029 and 2030.

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
\$74,667	\$47,041	38	\$28,373	5	\$3,733	\$5,500

## ***ENROLLING IS EASY***

**Complete, sign and return the following forms in the enclosed envelope by June 1, 2026:**

- Employer Statement for Group Retrospective Rating (U-153)
- Invoice along with your payment to Minutemen HR

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



## 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 programs unit BEFORE it becomes effective.**

Employer name Tiffin Schools	Telephone number ( 419 ) 447-2515	BWC policy number 37405351
Address 244 South Monroe Street	City Tiffin	State OH
		Nine-digit ZIP code 44883

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

I am a member of the Cincinnati USA Regional Chamber sponsoring organization 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, 2027. 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 Sheakley UniService Inc. (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 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 program, I understand I must file a *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

NEOSC

35849

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

### Certification

Anne Spence  
(Officer name)

certifies that he/she is the

Treasurer  
(Title)

of

Tiffin 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.

Anne Spence  
(Officer signature)

5/4/2026  
(Date)