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**Agreement Between Employer and
the Ohio Bureau of Workers' Compensation
Regarding Amount of Self-insured Buyout**

_____ (hereinafter "employer"), an employer doing business in the State of Ohio and having its principal offices of authorized agent at _____ Ohio, in consideration of the Ohio Bureau of Workers' Compensation (BWC) granting the privilege of self-insuring its liabilities arising under Chapter 4123 of the Ohio Revised Code (ORC), voluntarily and knowingly executes this agreement with the express intention of being legally bound and effecting the obligations herein described for itself, its assigns and successors in interest.

1. Both parties covenant that this agreement is a full and complete statement of the matters contained herein, extinguishing and making null and void any and all prior and contemporaneous agreements.
2. The employer hereby agrees to pay within 30 calendar days of notification by BWC of approval of self-insurance the sum of _____ dollars in cash or certified check, payable to BWC as the proper amount specified in Rule 4123-19-03 (L) of BWC for the employer's proportionate share of any deficit in the Ohio State Insurance Fund. The employer's liability shall be determined by applying factors, determined by the actuary of BWC, to pure premium paid by the employer based upon gross payroll for a seven year period. The timely and proper payment in full of the buyout amount shall be an express condition precedent of the privilege of self-insurance by the employer.
3. The employer hereby agrees to pay BWC for any amounts determined to be due and owing under ORC §4123.411(C), whether arising out of state-fund or self-insured claims.
4. Both parties hereby agree that the sum contained in paragraph two shall be the complete and total amount of the buyout, subject solely to the following adjustments:
 - A. Future increases or decreases based upon protest letters, applications for handicap reimbursement or other requests expressly set forth herein which the employer, its assigns and successors in interest has actual or constructive knowledge, filed with BWC prior to this agreement. The employer expressly agrees that any protest letters, applications for handicap reimbursement, or other requests effecting the employer's state-fund risk experience filed subsequent to this agreement shall be considered invalid for both rebate of premium on state-fund experience and for calculation of the buyout amount as described in Rule 4123-19-03 (L) of the rules of BWC.

The following constitutes a full and complete listing of all such outstanding applications, letters, and claims known to the employer:

The following consists of adjustments as proposed by BWC:

- B. The final adjustments of all premiums due the state fund for the final payroll reports and final BWC audit as provided for in Rule 4123-19-03 (N) (5), Rules of BWC.
5. The employer agrees that any billings made by BWC in accordance with paragraph four of this agreement, shall be paid within 15 calendar days of billing.
 6. The employer, its assigns and successors in interest expressly waives forever any claims for premium or loss adjustments not expressly contained in this agreement. The employer, its assigns and successors in interest also expressly waives its claim to any future rebates or dividends from the Ohio State Insurance Fund for state fund employers payable after the effective date of the employer's self-insurance.
 7. Both parties agree that any ambiguity in connection with the interpretation or execution of this agreement shall be resolved in accordance with Rule 4123-19-03, rules of BWC and other pertinent rules as set forth by BWC as of the date of this agreement.

Entered into this _____ day of _____, _____ at _____

by _____, authorized agent for _____
this employer.

BWC-7216 (Rev. 12/12/2008)
SI-16

Summary of Monthly Payroll Report

Regular Supplemental Other (See Instructions)

City/State: _____

City/Zip: _____

Code	Description	Amount	Rate	Rate %	Rate %	Rate %
1	Employer's Contribution (Not for Self)					
2	Employee's Contribution					
3	Employer's Contribution (Not for Self)					
4	Employee's Contribution					
5	Employer's Contribution (Not for Self)					
6	Employee's Contribution					
7	Employer's Contribution (Not for Self)					
8	Employee's Contribution					
9	Employer's Contribution (Not for Self)					
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* Separation by adjustment section 4123.411(C)

For 2008 Use Only



MTQ – Montana Employer's Quarterly Tax Report – Unemployment Insurance Only (UI-107)

Table with 2 columns: Field Name, Value. Fields include Quarter End Due Date, Customer Id, Federal Id (FEIN), UI Contribution Rate, UI Administrative Fund Tax Rate, UI Total Tax Rate.

UI Annual Taxable Wage Base \$

A report must be filed to avoid penalties. Please refer to MTQ instructions for information on completing this form.

Step 1. Check box(es), if applicable, and provide information requested.

- No wages paid for the quarter covering this report
Sold business - name and address of new owner:
Ceased employing - last payroll date
Change in name, address, telephone number and/or identification number (list corrections here):
Amended report

Step 2. Unemployment Insurance Employees Wage Listing
You are required to fill in all Employees Names, Social Security Numbers and Wages on the enclosed UI-5A

Table for Step 3. Calculate Tax. Columns include Line Number, Description, and State Unemployment Insurance (UI). Rows 1-12 cover wages, tax rates, credits, and adjustments.

Step 4. Number of UI Employees.
Number of covered workers who worked during or received pay for the payroll, which includes the 12th day of the month.

Table for Step 5. Summary of WH Tax Liability for Monthly Payers Only. Columns for 1st, 2nd, 3rd Month and Total Liability.

Step 6. Payment Coupon. Complete the coupon by entering the amounts from 11a and 12 from Step 3 above onto the coupon below.

Step 7. Sign and make a copy of this form for your records. Mail to: Department of Revenue, PO Box 6339, Helena, MT 59604-6339. Includes signature and date fields.



Have questions? Need to contact someone? Find the right department below. For information related to your policy or agency, log into our website. Every state has their own laws to determine how employees must be covered and how they must be classified for rating premium.

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