



Bureau of Workers' Compensation

30 W. Spring St.
Columbus OH 43215-2256

Governor **Mike DeWine**
Administrator/CEO **Stephanie McCloud**

www.bwc.ohio.gov
1-800-644-6292



10/23/2020
Date Mailed

#BWNFVSQ
#XX21691056#

MAYFIELD VILLAGE
6622 WILSON MILLS RD
MAYFIELD VLG, OH 44143-3407



Policy Number: 31814103

Re: 2021 Policy Year Renewal

Dear Employer:

This letter is a notification of your **Estimated Annual Premium** and **Premium Installment** schedule for the renewal of your workers' compensation policy for the policy year that begins Jan. 1, 2021. Included with this letter is your certificate of coverage for the upcoming workers' compensation policy year. We understand this is a difficult and unprecedented time for employers, therefore we've made some changes to help you get through it. We have created a new Public Employer classification code, 9444-Clerical Telecommuter (see page 2 for more details).

You can view your premium and installment schedule information online. First, create a BWC e-account. Visit www.bwc.ohio.gov and click on **Account**, followed by **Create an account**. After creating your e-account, select the option about the information you want from the **My Policy** page.

You will receive your first invoice for the 2021 policy year in December. Payment is due by Dec. 21. You have the option to receive a 2-percent discount by paying the full 12-month estimated annual premium on or before Jan. 4, 2021. You can find details concerning the early payment discount on page 2.

#117,898.00

How do we estimate your premium?

We based your premium estimate on your most recently reported payroll. Notify us either by phone or through our website if you believe the payroll estimate is incorrect.

If you would like to request a change in your installment schedule, you will have until Nov. 15, 2020, or your premium installment schedule will remain the same. Failure to pay a premium installment by the due date will result in penalties and a lapse in coverage. You will also be responsible, dollar for dollar, for the costs of any claims that occur during any period of non-coverage (lapsed).

If you have questions, visit our website or call us at 1-800-644-6292.

Sincerely,

Stephanie McCloud

Stephanie McCloud
Administrator/CEO

Policy number: 31814103
 Coverage status: Active
 #BWNFVSQ

Important - please read!
 Your policy will lapse and penalties will be billed if installments are not paid timely and in full.

MAYFIELD VILLAGE
 6622 WILSON MILLS RD
 MAYFIELD VLG, OH 44143-3407

The due date shown only applies to items billed in the current billing cycle.

Prior balance	\$139,101.00
Charges	\$424,137.86
Payments/credits	(\$445,340.86)
Amount due	\$117,898.00

Current billing cycle

Bill date	Description	Period dates	Amount
11/27/2020	Installment	01/01/2021 - 01/01/2022	\$117,898.00
10/27/2020	Refund		\$154,802.44
10/27/2020	Policy Holder Dividend		(\$154,802.44)
04/22/2020	Refund		\$130,517.40
04/22/2020	Policy Holder Dividend		(\$130,517.40)
01/28/2020	Audit True-Up	01/01/2019 - 01/01/2020	\$18,138.00
01/28/2020	Go Green Rebate	01/01/2019 - 01/01/2020	(\$1,592.00)
01/28/2020	Cash Receipt		(\$16,546.00)
01/06/2020	Refund		\$2,782.02

Please refer to the back of the invoice for additional information.

Pay online at www.bwc.ohio.gov or detach and return bottom portion with your payment.

Insured name: MAYFIELD VILLAGE

Policy number	31814103
Invoice number	1008956774
Due date	12/21/2020
Amount due	\$117,898.00
Amount enclosed	

Mail payment to:
 Ohio Bureau of Workers' Compensation
 P.O. Box 89492
 Cleveland, Ohio 44101-6492

Make your checks payable to the Ohio Bureau of Workers' Compensation.
 Include a policy number on all checks, and be sure to include this remittance with your payment.
 Do not staple your check to the remittance.

31814103000001008956774900000000011789800

Payroll history Results

MAYFIELD VILLAGE
Policy number 31814103-0

Policy period
01/01/2021 - 01/01/2022

Estimated annual premium
\$117,898.00

Show entries

Search

Payroll history

Class code	Description	Number of employees	Rate	Estimated payroll	Premium
9432	VILLAGE EMPLOYEES: ALL EMPLOYEES & CLERICAL, CLERICAL TELECOMMUTER, SALESPERSONS, DRIVERS	N/A	0.020304	\$5,806,643.00	\$117,898.00

Showing 1 to 1 of 1 entries

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Related links

[Enter policy number](#) | [Demographic information](#) | [Coverage history](#) | [Elective coverage](#) | [Coverage cancellation](#) | [Payroll reports](#) | [Payroll history](#) | [Payroll true-up reports](#) | [Account Balance Management](#) | [Account transaction history](#) | [Coverage certificate reprint](#) | [Premium installment schedule](#)