



Bureau of Workers' Compensation

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

Due date: 12/21/2023
Invoice date: 11/24/2023
Invoice number: 1016795097

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.

Table with 2 columns: Description, Amount. Rows include Prior balance - May Be Overdue (\$0.00), Current billing (\$104,823.00), Payments/credits (\$0.00), and Amount due (\$104,823.00).

Current billing cycle

Table with 4 columns: Bill date, Description, Period dates, Amount. Row 1: 11/24/2023, Installment, 01/01/2024 - 01/01/2025, \$104,823.00.

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

Table with 2 columns: Field, Value. Fields include Policy number, Invoice number, Due date, Amount due, and 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.

31814103000001016795097600000000010482300

Important information

Due date – The due date does NOT apply to prior balances. Refer to your past invoices to determine when BWC billed prior balances. The due date on that invoice applies to the prior balance. If you do not pay your premium by the due date, your coverage will lapse. You may also incur late payment penalties. Failure to pay the balance due may result in further action. In addition, you may impact your coverage, your acceptance into alternative rating programs or your ability to qualify for self-insurance.

Account balance description

Prior balance – Balance from a prior invoice.

Charges – Amount billed during the current billing cycle.

Payments/credits – Amount credited during the current billing cycle.

Total balance – Amount due or credit BWC will refund.

BWC – Amount owed to BWC excluding amounts certified to the Office of the Attorney General or disputed.

Attorney General (AG) – BWC forwards balances not paid by the due date to the AG for collection. Contact the AG at 1-888-246-0688 to discuss amounts certified to the AG for collection.

Disputed – Amount disputed by the employer or employer representative.

Financial transaction description

Installment – Premium and assessments due for a specific reporting period. Installments also reflect changes in premiums related to rating plan participation, payroll changes, claim cost changes or other events that update an employer's experience modifier.

Audit True-Up – Bill or credit generated when an employer provides actual payroll to BWC for a policy period.

Audit – Bill or credit generated as the result of a premium audit.

No Coverage Penalty – Penalty assessed for the period an employer operated prior to the effective date of coverage.

Non-Compliance Claim – Billing related to claims occurring when coverage was not in force.

Payroll Report – Total premium and assessments due for a specific non-prospective reporting period.

Coverage Status

Active – BWC insurance coverage in force

Combined – BWC policy transferred to a successor policy

Canceled – BWC insurance coverage canceled

Lapsed – BWC insurance coverage not in force due to non-payment or underpayment

No coverage – Employer has not filed for BWC insurance coverage or BWC insurance is not in force

Reinstated – BWC insurance coverage in force after a period of coverage lapse

Policy updates

Notify us of policy updates by:

- Visiting www.bwc.ohio.gov and clicking on Employers, then Demographic information;
- Completing a *Notification of Policy Update (U-117)* or *Notification of Business Acquisition/Merger/Purchase/Sale (U-118)*;
- Calling 1-800-644-6292. We use an automated system to process invoices. Therefore, we cannot address questions or updates written on your invoice.

Payroll history Results

MAYFIELD VILLAGE
Policy number 31814103-0

Policy period
01/01/2024 - 01/01/2025

Estimated annual premium
\$104,823.00

Show 10 entries

Search

Payroll history

Class code	Description	Number of employees	Rate	Estimated payroll	Premium
9432	VILLAGE EMPLOYEES: ALL EMPLOYEES & SALESPERSONS, DRIVERS	N/A	0.014497	\$7,230,663.00	\$104,823.00
9444	PUBLIC EMPLOYEE CLERICAL AND CLERICAL TELECOMMUTER	N/A	0.001843	\$0.00	\$0.00

Showing 1 to 2 of 2 entries

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Related links

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