LEXIPOL SUBSCRIPTION SUBSIDY PROGRAM

PARTICIPATION AGREEMENT

The undersigned being authorized by and acting on behalf of, ____________________________________________, and all persons or concerns (hereinafter referred to as member) seeking to participate in the Ohio Plan Risk Management, Inc. (hereinafter referred to as the Ohio Plan) Lexipol Subscription Subsidy Program (hereinafter referred to as Subsidy), has read and understands the following and is in agreement with the terms and conditions set forth.

1. DOCUMENTATION
   To participate in the Subsidy an entity must be a current Ohio Plan member. The undersigned acknowledges and agrees this signed Participation Agreement and a receipt of payment to Lexipol must be submitted to the Ohio Plan Program Administrator for review to be considered eligible for participation in the Subsidy.
   It is further agreed all monies paid from the Subsidy will not be disbursed to the member until all required documentation has been provided and reviewed by the Ohio Plan Program Administrator.

2. PROVISIONS
   This Subsidy provides financial assistance for a subscription with Lexipol as follows:
   1st year Lexipol subscription ................................ 50% reimbursement of the subscription fee
   2nd year Lexipol subscription ............................... 30% reimbursement of the subscription fee
   3rd year Lexipol subscription ............................... 20% reimbursement of the subscription fee

   NOTE: The amount of financial assistance paid by the Ohio Plan for all eligible members’ Lexipol subscription fees is subject to approval by the Ohio Plan Board of Directors on an annual basis.

3. MEMBER PARTICIPATION CONDITIONS
   a. Membership Commitment
      The undersigned agrees that to be eligible for the Subsidy, the member commits to:
      1. Membership in the Ohio Plan for 3 consecutive annual periods; and
      2. If a current Lexipol subscription member, then continue existing subscription to Lexipol for an additional 3 consecutive annual periods; or
      3. If a new Lexipol subscription member, then commitment to the Lexipol subscription for 3 consecutive annual periods.

   b. Lexipol Subscription Participation
      The member agrees to actively use both the Lexipol Policy Manual and Daily Training Bulletin service. The Ohio Plan Program Administrator will monitor the member’s utilization of the Lexipol services. Failure to use these services will result in termination from the Subsidy and will require reimbursement to the Ohio Plan as per the Subsidy Repayment Provision below.

4. SUBSIDY PAYMENT
   To receive payment from the Subsidy, the member must provide documentation as outlined in section 1. After receipt and review of the documentation, the Ohio Plan will issue the reimbursement check payable to
member entity. All documentation must be received within the first quarter of the member’s Lexipol subscription term and within the first quarter of each Lexipol subscription renewal. Failure to provide required documentation within the first quarter may disqualify member for the Subsidy.

5. SUBSIDY REPAYMENT PROVISION

The member agrees to actively participate (per section 3b) and continue membership/subscription in both the Ohio Plan and Lexipol for three consecutive years (per section 3a). Should the member leave the Ohio Plan prior to the three year commitment, the member will be responsible to repay the Ohio Plan 50% of the total reimbursements made under the Subsidy. This is a cumulative amount of ALL monies reimbursed to the member under the Subsidy.

At the end of the initial three year commitment, the member will no longer be responsible for any subsidy repayment provision.

Should the Ohio Plan decide to cancel or non-renew a member participating in the Subsidy, no repayment of monies will be required of the member.

The conditions for the Subsidy as presented here do not affect a member’s subscription with Lexipol. Please review your Lexipol subscription agreement for provisions that affect Lexipol.

The conditions for the Subsidy as presented here do not affect membership in the Ohio Plan.

The review and evaluation of the undersigned in reference to the Lexipol Subscription Subsidy Program Participation Agreement does not bind the Ohio Plan to reimburse Lexipol subscription fees under the Subsidy subsequent to such a review and evaluation.

Signed: __________________________________________

Title: __________________________________________

Date: __________________________________________

CONTACT US

Ohio Plan Risk Management, Inc.
c/o Hylant Administrative Services, Inc.
811 Madison Ave., 11th Floor
Toledo, Ohio 43604
P 1.800.249.5268 | F 419.259.6099
E info@ohioplan.org | www.ohioplan.org