

Earn a premium rebate through safety education



Thousands of Ohio employers find value and workers' compensation premium savings by actively participating in their local safety councils. And you can join them.

Get a 2-percent rebate on your premiums by becoming an active member of one of 80 BWC sponsored safety councils*. Reduce either the severity or frequency of injuries in your workplace by 10 percent, or keep both at zero, and you will earn an additional 2-percent performance bonus rebate.

BWC Safety Councils can help you:

- Learn techniques for increasing safety in your workplace.
- Learn how to better manage your workers' compensation program.
- Network with other employers in your community.
- Access useful, money-saving workers' comp and risk management information.

For more information, call 1-800-OHIOBWC. You may also visit ohiobwc.com, and click on Safety services, Training services and Safety councils.

* The rebate offer excludes self-insuring employers, state agencies and employers enrolled in BWC's group-rating and group-retrospective programs. Limitations apply to a professional employer organization. BWC encourages all employers to become active safety council members.

** At least eight through the local safety council. You can get credit for up to two meetings through attendance at BWC's safety training courses or industry-specific training.

To qualify for the BWC Safety Council rebate, you must meet the following eligibility requirements:

1. Join your local safety council by July 31, 2010;
2. Attend 10 safety council meetings**;
3. Send a qualified senior-level manager to a safety council sponsored meeting;
4. Submit semiannual workplace accident reports for the 2010 calendar year.

TRI-STATE AREA SAFETY COUNCIL
OHIO SAFETY COUNCIL
2010-2011 ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Average Number of Employees: _____ BWC Policy Number: _____

Type of Work: _____

Designated Senior Management Representative: _____

Please provide email addresses for everyone in your company who should receive meeting information, the semi-annual reports and CEO notices.

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

In signing this enrollment form, the employer makes a commitment to:

Employers must meet all the following eligibility requirements to earn a 2 percent premium reduction:

1. Enroll with the local safety council by **July 31, 2010**.
2. Attend 10 meetings or events, at least 8 through the local safety council. Employer has option to gain credit for up to two meetings through attendance at BWC's Division of Safety & Hygiene (DSH) safety training courses or industry-specific training.
3. CEO (highest ranking authority) must attend any one safety council sponsored function or meeting (CEO attendance counts as credit toward one of 10 meetings required).
4. Submit semi-annual reports for the 2010 calendar year.
5. Pay \$150 Program Fee by JULY 31, 2010.

Employers who reduce their frequency or severity by 10 percent or more below the previous year's frequency or severity, or employers who maintain both frequency and severity at zero will receive an additional 2-percent refund of their annual premium. Employer must meet all eligibility requirements outlined above to be eligible for the performance bonus.

Signature: _____

Title: _____

Please fax completed form to 513-221-8023 or mail to ACI, 3 Kovach Drive, Cincinnati, OH 45215 or email Sherry Leadbetter: slleadbetter@aci-construction.org

<p>To Be Completed By the Safety Council Safety Council Account Number (Must be completed before forwarding to DSH) _____ / _____ / 77 / _____</p>
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