

TRI-STATE AREA SAFETY COUNCIL
OHIO SAFETY COUNCIL
2011-2012 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: _____

Employers not enrolled in a group-experience rating program can get a 2-percent participation rebate on their premium. To earn this rebate, employers must meet program eligibility requirements in one of 81 BWC-sponsored safety councils*. These Enrollees can earn an additional 2-percent performance bonus rebate. To earn this performance bonus, employers must reduce either the severity or frequency of injuries in their workplace by 10 percent or maintain both at zero. (* The rebate offer excludes self-insuring employers, state agencies and employers enrolled in BWC's group retrospective program. Employers enrolled in a group-experience rating program are eligible for the 2% performance bonus only. Limitations apply to a professional employer organization.)

Group-experience-rating program-employers who meet program eligibility requirement in one of 81 BWC-sponsored safety councils, can earn a 2% performance bonus rebate. To earn this performance bonus, these employers must fulfill all of the eligibility requirements below as well as reduce either the severity or frequency of injuries in their workplace by 10% or maintain both at zero.

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

Employers must meet all the following **eligibility requirements** to earn a 2 percent participation rebate:

1. Enroll with the local safety council by **JULY 31, 2011**.
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 2011 calendar year.
5. Pay \$150 Program Fee by **JULY 31, 2011**.

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

To Be Completed By the Safety Council Administrator

Safety Council Account Number

(Must be completed before forwarding to DSH)

_____ / ____ / 77 / ____