TRI-STATE AREA SAFETY COUNCIL
OHIO SAFETY COUNCIL

2008 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, 2007**.
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 WCU, Ohio Safety Congress, 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 2007 calendar year.

Employers can also earn an additional 2 percent performance bonus for reducing either frequency or severity by 10 percent, or with maintenance of both frequency and severity at zero. 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

To Be Completed By the Safety Council

Safety Council Account Number

(Must be completed before forwarding to DSH)

_____ / ____ ____ / 7 7 /___ ____