



State of Wyoming Department of Workforce Services



Matthew H. Mead
Governor

DIVISION OF WORKERS' COMPENSATION
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Safety Discount Annual Application

This program offers approved employers up to ten percent (10%) off their base rate for the implementation of a workplace safety program.

DISCOUNT OVERVIEW

Discount Levels

Requirements	Tier 1 3.33%	Tier 2 6.66%	Tier 3 10%
Health & Safety Program	X	X	X
Health & Safety Program AND Safety Committee with Monthly Safety Meetings		X	X
All the above AND Loss Ratio ≤ 10%			X

EMPLOYER PROGRAM REQUIREMENTS

Tier 1 Requirements: Base Rate Discount: 3.33%

A Health and Safety Program must be established and documented with the following policies formally written, established, declared, maintained and posted for easy viewing by all employees - Example programs and policies are available on the DWS Risk Management website: <http://wyomingworkforce.org/businesses/osha/programs/> :

- Loss Prevention & Loss Control Policy
- Loss & Accident Prevention Rules
- Hazard Assessment Training
- Substance Abuse Training Plan
- Claims Management Policies & Procedures
- Safe Driving and Seat Belt Procedures
 - Must be available for all employees who drive for work.
- Drug Free Workplace Policy Statement (*This is NOT the Drug Free Workplace Discount Program*)
 - Must state the following: The unlawful use, possession, transfer or sale of illegal drugs or controlled substances and the misuse of alcohol by employees during work hours are prohibited.
 - Must explain the consequences of violation of the employer's drug-free policy, which may include a referral for therapeutic help, discipline and/or discharge.
 - Must provide a list of community resources that provide substance abuse treatment and prevention services. Employers are *not* required to pay for treatment or intervention costs.
- Drug-Free Workplace Policy Option: Implementation of an Employee Assistance Program



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- Explanation of how/when employees are trained on your Health & Safety Program.

Tier 2 Requirements: Premium Discount: 6.66%

- Meet Tier 1 requirements
- Establish a Health and Safety Committee or designate a Health & Safety Coordinator.
- Document monthly or quarterly safety meetings.

Tier 3 Requirements: Premium Discount: 10%

- Meet Tier 1 requirements
- Meet Tier 2 requirements
- Achieve and maintain a loss ratio equal to or less than 10%. Employer must not have had a fatality, catastrophe, willful or repeat serious offense.

ITEMS NEEDED TO COMPLETE THIS APPLICATION

1. The nine digit Wyoming Workers Compensation Employer Number.
2. The employer's contact information for the officer/owner and workplace safety coordinator.
3. A copy of the employer's workplace safety program/ policy.
4. (*Tier 2 and Tier 3 only*)The employer's contact information for the workplace safety coordinator.

APPLICATION INSTRUCTIONS

- **Step 1**
 - Complete the Employer Information section.
 - Complete the Employer's Application and Policy Status section.
 - Complete the Tier Level section.
- **Step 2:** Complete the Application Checklist.
 - After each required statement, enter the corresponding page number where the statement can be found in the employer's policy.
 - Each statement **MUST** be **HIGHLIGHTED** in the employer's policy. Adobe Reader allows text to be highlighted in PDF documents.
- **Step 3:** Complete the Employer Attestation and Signature sections.
- **Step 4:** Submit the Application
 - **Email Submission**
 - Step 1: Complete the form, save it as a PDF document, and attach it to an email.
 - Step 2: If this is a new application or renewal application with policy changes, **HIGHLIGHT** each Checklist Statement in the employer's policy and attach it to the email as a PDF document.
 - Step 3: Email the application, and policy if applicable, to BusinessRisk@wyo.gov.
 - **Mailed Submission**
 - Step 1: Complete the form.
 - Step 2: Print the form.
 - Step 3: If this is a new application or renewal application with policy changes, **HIGHLIGHT** each Checklist Statement in the employer's policy.
 - Mail the application, and policy if applicable, to the address below.

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EMPLOYER INFORMATION

Employer Number

Nine (9) digit Policy Number. If necessary, add zeros before the number to make it nine (9) digits.

Employer/Business Name:

Office/Owner Name:

Office/Owner Phone Number:

Workplace Safety Coordinator's Name:

Coordinator's Email:

Coordinator's Phone #:

Employer/Business Address:

Employer/Business City:

Employer/Business State:

Employer/Business ZIP:

EMPLOYER'S APPLICATION & POLICY STATUS

Choose Only 1

This is a New Application: The employer's workplace safety policy must be submitted.

This is a Renewal Application with policy changes:

The employer's workplace safety policy must be submitted.

This is a Renewal Application without policy changes: The employer's policy does not need to be submitted, but the application must be complete.

DISCOUNT LEVEL

**Choose All
That Apply**

Tier 1: Health & Safety Program

Tier 2: Health & Safety Committee with Monthly Safety Meetings

Tier 3: Loss Ratio \leq 10%

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POLICY CHECKLIST

Instructions

- Listed below are 15 sections. Each section is a required statement that must be included in an employer's policy to be eligible for the Safety Discount Program.
- Enter the page number where each statement is located in the employer's policy.
- Each statement **MUST** be **HIGHLIGHTED** in the employer's policy. Adobe Reader allows text to be highlighted in PDF documents.

Mandatory Policies	Policy Page #
1. Loss Prevention & Control Policy: A formal declaration, in writing of a company-wide loss prevention and control policy.	
2. Safety Coordinator Policy: A formal creation of a risk assessment (safety) committee or designation of a safety coordinator.	
3. Loss & Accident Prevention Rules: Clearly defined and posted loss prevention (accident prevention) rules.	
4. Hazard Assessment Training: A statement attesting the employer shall provide all employees hazard assessment training. Employers shall retain training records that document attendee signatures, dates and training topics.	
5. Substance Abuse Training Plan: A formal plan providing all employees substance abuse training. Employers shall retain training records that document attendee signatures, dates and training topics.	
6. Claims Management: Written policies and procedures on claims management.	
7. Safe Driving & Seat Belt Use (This is a new component starting in 2017): Written policies and procedures on safe driving and seat belt use requirements. Note: this policy is applicable for any employee driving for the purpose of work, whether in a personal or company-owned vehicle.	
8. Drug Free Workplace Policy (<i>This is NOT the Drug Free Workplace Discount Program</i>): Written policies and procedures establishing a drug free workplace, which include the following statements: <ol style="list-style-type: none"> a. The unlawful use, possession, transfer or sale of illegal drugs or controlled substances and the misuse of alcohol by employees during work hours are prohibited. b. Must explain the consequences of violation of the employer's drug-free policy, which may include a referral for therapeutic help, discipline and/or discharge. c. Must provide a list of community resources that provide substance abuse treatment and prevention services. Employers are not required to pay for treatment or intervention costs. d. Optional: Implementation of an Employee Assistance Program 	

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9. **Required Information:** Please explain how and when employees are trained on your health and safety policies:

Optional: Are employees required to sign any acknowledgement of training or a pledge to abide by your health and safety policy? Yes No

<u>POLICY ATTESTATIONS</u>	Initial All that Apply
10. Drug & Alcohol Prohibition: Our safety program prohibits the unlawful use, possession, transfer or sale of illegal drugs or controlled substances and the misuse of alcohol by employees during working hours are prohibited.	
11. Drug & Alcohol Violation: Our safety program provides an explanation of the consequences of violation of our drug free workplace policy, which may include a referral for the therapeutic help, discipline and/or discharge.	
12. Smoke Free Workplace: Our safety program encourages the designation of a totally or partially smoke free workplace.	
13. Community Resources: Our safety program requires the posting of a community resource list for substance abuse treatment and prevention services. It is posted in a conspicuous place where it may be regularly viewed by employees. The Department of Health shall provide the list on the website of the Substance Abuse Division or in hard copy to employers requesting the list.	
14. Treatment & Intervention Costs: Employers are not required to pay the costs of treatment or any other intervention to qualify for the safety discount program.	
15. Effective Date: Employers enrolling on or after the effective date of these rules shall comply with the drug free workplace requirements upon enrollment.	

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EMPLOYER ATTESTATION

I attest	Initial
The information in this application is a true and accurate representation of the employer's current safety program.	

SIGNATURE

Employer Name

Printed Name of Officer/Owner

Date

Officer/Owner Signature

Contact Information

Risk Management
Wyoming Department of Workforce Services
Wyoming Workers Compensation Division
PO Box 20161
Cheyenne, WY 82003
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BusinessRisk@wyo.gov