

HURON COUNTY SAFETY COUNCIL ENROLLMENT FORM FOR FY 2011

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.

Attendance Requirement:

- **Any representative of the employer is welcome to attend to meet the eligibility requirement.**
- **A person can only represent ONE (1) BWC Policy number with their attendance at the safety council meeting.**

Company Name _____

Name of CEO (or Highest Ranking LOCAL Officer) _____

Company Address _____

Average Number of Employees _____ BWC Policy Number _____

Type of Work _____ Enrollment Year _____

Contact Information:

Name (Printed) _____ Signature _____

Title _____ Phone _____ Fax _____

E-mail _____ Today's Date _____

(REQUIRED for Notification of Meetings)

In signing this enrollment form, the employer makes a commitment to send representatives to the safety council meetings; remit membership fees and submit semi-annual reports by the deadline dates.

A fee of \$100.00 per fiscal year per company is required. Any additional person fee is \$75.00 per fiscal year. (July 2010 – June 2011)

Employers must meet all of the following eligibility requirements to earn a 2% 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 have the 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 LOCAL officer) must attend any one local safety council meeting (CEO attendance counts as credit toward one of 10 meetings required).
4. Submit semi-annual reports for the 2010 calendar year.
5. The rebate excludes self-insured, state agencies, employers participating in the BWC's group-rating or group-retrospective programs.

Employers can also earn an additional 2% performance bonus for reducing either frequency or severity by 10 %, 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.

To Be Completed By the Safety Council: Safety Council Account Number

_____ / 00 / 59 / _____

Huron County Safety Council

Huron County Chamber of Commerce

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