**Instructions**

* Complete all fields in this application.
* An officer, partner or owner must sign this application.
* Submit the completed form to your local ADAMH Board.

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| Employer information | | | | | |
| Name of employer and DBA | | | BWC policy number | | Number of employees |
| Address | | | | | |
| City | State | | Zip code | County | |
| Opioid Workplace Safety Program employer contact name | | Title | | | |
| Email address | | Phone number | | | |

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| Reimbursement Type |
| - Drug Testing  - Supervisor Training |

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| **Eligibility requirements**  Employers applying for funding shall:   * Be located in one of the pilot counties; * Be current with respect to all payments due BWC as defined in OAC [4123-17-14](http://codes.ohio.gov/oac/4123-17-14v1); * Be current on the payment schedule of any part-pay agreement into which the employer has entered for payment of premiums or assessment obligations; * Be in an active policy status. “Active policy status” does not include an employer with a coverage status of “no coverage” or “lapsed”; * Timely report actual payroll for the preceding policy year and pay any premium due upon reconciliation of estimated premium and actual premium. An employer will be deemed to have met this requirement if BWC receives the payroll report and the employer pays premium associated with such report before the expiration of any grace period; and * Submit the following back up documentation with application;   + W-9 form   **Please be aware that reimbursement of drug-testing or supervisor training costs through this program is eligible for an employer meeting the requirements above.  Further requirements and limitations on reimbursement of drug-testing or supervisor training costs can be located in the Opioid Workplace Safety Program Policy, located on the Ohio Bureau of Workers’ Compensation website,** [www.bwc.ohio.gov](http://www.bwc.ohio.gov/). |

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| I hereby certify that my company is applying for the Opioid Workplace Safety Program. I understand this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties. | |
| Owner/partner; officer name | Title |
| Signature  X | Date signed |