



Instructions

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

| Employer information | | | |
|----------------------|-------|---------------------|-------------------|
| Company name and DBA | | Number of employees | BWC policy number |
| Address | | | |
| City | State | ZIP code | County |
| Program contact name | | Title | |
| Email address | | Phone number | |

| Reimbursement type |
|---|
| <input type="checkbox"/> Drug testing <input type="checkbox"/> Supervisor training |

| Eligibility requirements |
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| <p>Employers applying for funding shall:</p> <ul style="list-style-type: none"> • Have its location in one of the pilot counties. • Be current with respect to all payments due BWC as defined in OAC 4123-17-14. • 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. This does not include 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. • Submit the following back up documentation with application. <ul style="list-style-type: none"> ○ W-9 form <p>Note: An employer meeting the above requirements is eligible for reimbursement of drug testing or supervisor training costs through this program. Further requirements and limitations on reimbursement of drug testing or supervisor training costs can be located in the program policy on www.bwc.ohio.gov.</p> |

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| I hereby certify that my company is applying for the Substance Use Recovery and 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 |