



**Instructions**

You can complete this form and:

1. Fax it to 614-621-1405; or
2. Mail to:  
 Attention: Employer Programs  
 Ohio Bureau of Workers' Compensation  
 30 W. Spring St., 22nd Floor  
 Columbus, OH 43215-2256

<b>Employer information</b>			
Name of employer and DBA		Federal Tax ID number	BWC policy number
Address	City	State	ZIP code
Our company has Internet access, and correspondence may be sent to us at the e-mail address below. Yes <input type="checkbox"/> No <input type="checkbox"/>		FAX number	
E-mail address for drug-free contact person		Telephone number	
Employer contact person for Drug-Free Safety Program (DFSP)		Contact person's telephone number	

**Note**

Employers may participate in the DFSP and another BWC rate program but are not eligible to receive a DFSP discount if concurrently participating in the following programs: EM cap; \$15,000 medical only; group-retrospective rating; individual/paid-loss/ retrospective rating; large deductible (choosing a deductible amount of \$25,000 or higher); one claim; and group-experience rating in conjunction with DFSP basic level. Group-experience-rated employers can participate at the advanced level of the DFSP and receive the incremental difference between the basic and advanced level benefits. A DFSP discount may be received in addition to the benefit for participating in the small deductible program, safety council program and salary continuation for claims with dates of injury prior to Jan. 1, 2011. This information is subject to change as BWC adds new programs and modifies existing programs.

Check the program/level for which you are requesting approval.		Number of employees _____
<input type="checkbox"/> Advanced level <input type="checkbox"/> Basic level <input type="checkbox"/> Comparable program		
Do you want BWC to place you in the State of Ohio construction contractor/subcontractor database, thereby making you eligible to bid and/or work on state construction projects? (Employer wants to be listed as "approved" in state construction database.)		Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby certify my organization is applying to implement a DFSP pursuant to Rule 4123-17-58 of the Ohio Administrative Code. I also certify my organization is willing to meet, at minimum, the requirements associated with the level of program for which I have applied (Advanced, Basic or Comparable). This includes timely submission of a fully completed annual report, which BWC must receive by the deadline date or be post marked by that date as specified by rule. When failing to fully implement the DFSP or meet the specified requirements, I agree to promptly repay to the BWC any DFSP discount received. Also, I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Name of designated employer representative certifying intent to comply and willingness to pay back discounts for non-compliance.

**X** \_\_\_\_\_

Signature Date signed