



Mark Gordon
Governor

State of Wyoming
Department of Workforce Services
 DIVISION OF WORKERS' COMPENSATION
 RISK MANGEMENT
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Safety Discount Annual Application

This application is intended for new applicants, or renewal applications *with* policy changes. Please note, the company's health and safety policies must be attached to this application for consideration.

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

ELIGIBILITY REQUIREMENTS

- **Requirement 1:** Employer must have a Wyoming Workers Compensation employer number.
- **Requirement 2:** Employer must have at least one (1) employee.
- **Requirement 3:** Employer must be in good standing with Wyoming Workers' Compensation and the Secretary of State.

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 health and safety program/policy

APPLICATION INSTRUCTIONS

- **Step 1**
 - Complete the Employer Information section.
 - Select your discount level.
- **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 section.
- **Step 4:** Submit the Application

SAFETY

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Risk Management
Phone 307-777-6763
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SAFETY DISCOUNT PROGRAM

New Application/Renewal with Policy Changes

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 Number:

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 health and safety policies must be submitted.

This is a Renewal Application with policy changes:
The employer's health and safety policies must be submitted.

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%

SAFETY DISCOUNT PROGRAM

New Application/Renewal with Policy Changes

This is calculated by Risk Management

POLICY CHECKLIST

Instructions

- Listed below are 12 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 Policy: A formal declaration in writing of a company-wide loss prevention policy.	
2. Safety Coordinator Policy: A designation of a safety coordinator and (for tier 2) a formal creation of a safety committee with at least one member.	
3. Hazard & Injury Prevention Training: A statement attesting the employer shall provide all employees hazard and injury prevention training as necessary for their job. Employers shall retain training records that document attendee signatures, dates and training topics.	
4. Claims Management: Written policies and procedures on claims management.	
5. Safe Driving & Seat Belt Use: 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.	
6. 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.	
7. 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. Provide an explanation of the consequences of violation of the employer's drug-free policy, which may include a referral for therapeutic help, discipline and/or discharge. 	

SAFETY DISCOUNT PROGRAM

New Application/Renewal with Policy Changes

8. **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
9. Smoke-Free Workplace: Our safety program encourages the designation of a totally or partially smoke-free workplace.	
10. 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. This may be in the form of an Employee Assistance Program.	
11. Treatment & Intervention Costs: Employers <i>are not</i> required to pay the costs of treatment or any other intervention to qualify for the safety discount program.	
12. Effective Date: Employers enrolling on or after the effective date of these rules shall comply with the drug-free workplace requirements upon enrollment.	

SAFETY DISCOUNT PROGRAM
New Application/Renewal with Policy Changes

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

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