



Department of Labor

New York State Department of Labor
 Workplace Safety and Loss Prevention Program
 State Campus Building 12, Room 168
 Albany, NY 12240
 (518) 485-9766

**Workplace Safety & Loss Prevention Incentive Program
 Application for Approval**

NYS employers may apply for a discount in their workers' compensation costs if they implement one or more of the required Workplace Safety and Loss Prevention Incentive Programs (WSLPIP). The Department of Labor (DOL) will approve an application based upon information provided by the employer and an Evaluation conducted by a certified Specialist or the DOL. The employer's insurance carrier or the Workers' Compensation Board will apply the credits for approved programs.

Employers are eligible to apply for WSLPIP if they are:

- Insured by any authorized issuer of workers' compensation insurance or by the New York State Insurance Fund, but not in a recognized safety group;
- Pay annual worker's compensation insurance premiums of at least \$5,000; and
- Maintain an experience rating under 1.30 in the previous year and in the years of the program approval period.
- OR - Individually self-insured.

Please check one or more of the WSLPIPs you are applying for:

| | | |
|--|---|--------------------|
| <input type="checkbox"/> WSLPIP Safety Incentive Program Section 1.13 | Implementation date of Safety Incentive | _____ DOL use only |
| <input type="checkbox"/> WSLPIP Drug & Alcohol Prevention Program Section 1.14 | Implementation date of DAPP | _____ DOL use only |
| <input type="checkbox"/> WSLPIP Return to Work Program Section 1.15 | Implementation date of RTW | _____ DOL use only |

Section A: Employer Information

| | | | | |
|-----------------|----------|----------------|---------------------|------|
| Company name | | Contact person | | |
| Company address | | Title | E-mail address | |
| City | | Phone number | | |
| State | Zip code | NAICS | Number of employees | FEIN |

Section B: Workers' Compensation Insurance Information

Please provide the below information for the workers' compensation policy for which the employer is seeking the incentive credit. Fill out one application per policy.

| | | | | |
|---|----------|---|--|--|
| Insurer | | Contact person | | |
| Address | | Title | | |
| City | | Phone number | | |
| State | Zip Code | E-mail address | | |
| Annual policy renewal date | | Policy number | | |
| Experience rating (current policy year) | | Experience rating (previous policy year) | | <input type="checkbox"/> Check box if self-insured |
| Annual insurance premium | | Annual security deposit (if self-insured) | | |

Section C: Company Location(s) Information

Enter the physical address for all locations covered by the workers' compensation policy listed above. Use Appendix A to list additional locations.

| | | | | |
|---------------------|-------------------------|--------------------------|------------------|-------------------------|
| Company location #1 | Management Contact Name | Management Contact Phone | No. of employees | Employee representative |
| Company location #2 | Management Contact Name | Management Contact Phone | No. of employees | Employee representative |
| Company location #3 | Management Contact Name | Management Contact Phone | No. of employees | Employee representative |
| Company location #4 | Management Contact Name | Management Contact Phone | No. of employees | Employee representative |
| Company location #5 | Management Contact Name | Management Contact Phone | No. of employees | Employee representative |

Section D: Employee Representative(s) Information

Use Appendix A to list additional employee representatives.

| | |
|------------------------------|---------------------------------|
| Employee (#1) representative | Bargaining unit (if applicable) |
| Work location | Phone number |
| Employee (#2) representative | Bargaining unit (if applicable) |
| Work location | Phone number |
| Employee (#3) representative | Bargaining unit (if applicable) |
| Work location | Phone number |

Section E: Designated Program Contact Information

Enter information for the individual designated for employees to be referred to the implemented WSLPIP.

Safety Incentive Program Contact

| | |
|---------------|---------------|
| Name | Phone number |
| Work Location | Email address |

Drug and Alcohol Prevention Program Contact

| | |
|---------------|---------------|
| Name | Phone number |
| Work Location | Email address |

Return to Work Program Contact

| | |
|---------------|---------------|
| Name | Phone number |
| Work Location | Email address |

Section F: Specialist Information

| | | |
|---------|-------------------------------|----------|
| Name | Certification number | |
| Company | Certification expiration date | |
| Address | Phone number | |
| City | State | Zip code |

Section G: Required Documents

Check the following boxes to indicate that the required documents are attached to this application form:

- A copy of the final and operative WSLPIP documents for each implemented program and a description of the means by which the particular WSLPIP was implemented.
- A copy of the Specialist's Evaluation for each implemented program.

Section H: Employer Verification

Each employer that applies for one or more of the ~~incentives~~ under the Workplace Safety and Loss Prevention Incentive Program must verify that the information provided on each application is true and accurate and that each program implemented for an incentive credit meets the requirements of the law. A verification is a statement made under the penalty of perjury by an authorized agent of an employer confirming that:

- information about the employer's WSLPIP is true and accurate
- the employer's program(s) meet(s) program requirements
- and the employer agrees to continue to operate the program(s) in accordance with the law

The employer certifies that the information contained in this application is accurate and true and that the incentive programs implemented, as indicated in this application, meet the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by Sections 60-1.13, 60-1.14 and 60-1.15.

Signature _____ Date _____

- By checking this box, you indicate that you fully understand the liabilities associated with providing your signature and employer verification.
- Check this box if you have ever received a notice that required you to undergo a mandatory Workplace Safety and Loss Prevention consultation and evaluation under ICR 59.

Issuance of the Incentive

- (a) The Superintendent of Insurance is responsible for establishing the incentive credit amount for each program implemented by an insured employer. The Workers' Compensation Board is responsible for determining the reduction in security deposit provided to self-insured employers.
- (b) Once the employer's WSLPIP is approved, the Department will issue a certificate of approval to the employer. The employer will receive the incentive for the next policy renewal period following the date of the Department's approval certificate.
- (c) To receive the credit, the employer must send a copy of the certificate of approval to its workers' compensation carrier, or to the Workers' Compensation Board, if self-insured.

Approval, monitoring and appeal

- (a) Applications for Incentives may be denied, revoked, or suspended if the Commissioner determines that the employer failed to implement and/or maintain a WSLPIP that complies with the law.
- (b) Any approved Workplace Safety and Loss Prevention Incentive Program is subject to monitoring. Monitoring may include responding to requests, on-site visits, discussions with employee representatives (including designated employee representatives or the recognized representative of each collective bargaining unit) and review of all WSLPIP records and documents requested by the Commissioner.
- (c) If an employer's application is denied, revoked or suspended, the employer may appeal the denial under Article 78 of the civil practice law and rules.

Send this completed application, with a copy of your Program and a copy of your Evaluation Report to:

New York State Department of Labor
Workplace Safety and Loss Prevention Program
State Campus Building 12, Room 168
Albany, NY 12240
Attention: WSLPIP