

Workers' Compensation - Drug-Free Workplace Application

Florida statutes provide for a 5% Workers' Compensation premium credit for any business that complies with the requirements of the statute as shown on the application.

This program is intended to encourage employers to implement formal Drug-Free Workplace programs by providing a significant financial incentive. In addition to a 5% premium reduction, there are many additional benefits that can be derived from having a drug-free workplace, including:

1. A reduction in expenses that are incurred as a result of accidents, injuries and lawsuits that result from drug or alcohol use while on the job.
2. Reduced employee turnover and improved attendance resulting from the employment of individuals that are drug and alcohol-free while on the job.
3. Improved work quality and productivity that can result from hiring employees that are free of substance abuse.

If your company does not currently satisfy the requirements stated on the application, we encourage you to consider implementing a formal Drug-Free Workplace program. We can assist you in implementing and managing your Drug-Free Workplace program in an effective manner. For additional information or for assistance in implementing your own program, please contact your IRMS Risk Manager.

If your company satisfies the requirements stated in the application and you wish to apply for this credit, please complete the application, have it notarized, and return the application to us at your earliest opportunity.

The most current Drug-Free Workplace Application can be obtained in the Our Services/Business Insurance/Workers' Compensation Credit Applications section of the IRMSinc.com website.



NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer: _____

Date Program Implemented: _____ Policyholder Number: _____

Testing:

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- Job applicant
- Routine fitness for duty
- Reasonable suspicion
- Follow-up testing to Employee Assistance Program

Notice of Employer's Drug Testing Policy:

- Copy to all employees prior to testing
- Show notice of drug testing on vacancy announcements
- Posted on employer's premises
- Copies available in personnel office or other suitable location
- Copy to job applicants prior to testing
- No notice required because the employer had a drug testing program in place prior to July 1, 1990
- General notice given 60 days prior to testing

Education:

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer:

A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory:

B. Phone No.: () _____

C. Address: _____

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.

Under penalties of perjury, I declare that I have read the foregoing Application for Drug-Free Workplace Premium Credit Program, and that the facts stated in it are true.

_____ Employer Name	_____ Date	_____ Officer/Owner Signature*
		_____ Title

* Application must be signed by an officer or owner.