

MISSISSIPPI DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT APPLICATION

If you have a drug-free workplace program and would like to apply for a premium credit of 5% for your Mississippi workers' compensation insurance policy, please complete this form and return it by email to DFWSPcreditadmin@summitholdings.com, mail to PO Box 988, Lakeland, FL 33802, or fax to 863-668-7566. To continue receiving the credit, be sure to send a new form each year before your policy renewal date.

Employer name: _____

Policy Number: _____

Program implementation date: _____

Medical review officer name: _____

Laboratory name (Must be certified by the U.S. Department of Health and Human Services): _____

Laboratory address: _____

Laboratory phone number: _____

PROGRAM REQUIREMENTS (Mark boxes of completed items)

1. Notice of drug testing policy to all employees

- Copy to all employees, paper or electronic, including recipient acknowledgement added to the employee file
- One-time general notice to employees 30 days prior to implementation of a drug and alcohol testing program
- Copies available in personnel office, human resources, or other suitable locations
- Posted on employer's premises

2. Testing procedures

Procedures have been established for the following types of alcohol/drug testing:

- Pre-employment (**Summit requirement**)
- Reasonable suspicion
- Post work-related injury (**Summit requirement**)
- Random (neutral selection)
- Scheduled, fitness for duty, return from leave, and other periodic testing
- Post-rehabilitation testing

Procedures have also been established for the following:

- Positive testing and test refusal consequences
- Confidentiality protocols in compliance with the drug-free workplace program

3. Employee assistance

- Employer provides an employee assistance program
- Or the employer maintains a list of providers for employee assistance

4. Education

- One-hour initial/annual employee alcohol/drug abuse education
- Two-hour initial/annual supervisory alcohol/drug abuse education

Your drug-free workplace program is subject to verification by Summit. Your workers' compensation insurance policy may be subject to additional premium for reimbursement and cancellation of premium credit if it is determined that you do not have a drug-free workplace in compliance with the program requirements stated above.

Officer/owner printed name: _____

Officer/owner signature (required): _____

Date: _____



Summit's loss prevention services are advisory only. We assume no responsibility for management or control of customer safety activities nor for implementation of recommended corrective measures. This report is based on information supplied by the customer and observations of conditions and practices during our visit(s). We have not tried to identify all hazards. We do not warrant that requirements of any federal, state, or local law, regulation or ordinance have or have not been met. We disclaim any liability for legal action that may arise out of our loss prevention services. Contact your attorney if you have any questions about the applicability of this information provided to your business and its legal ramifications.