

# APPLICATION FOR OKLAHOMA DRUG-FREE WORKPLACE PROGRAM PREMIUM CREDIT

If you have a drug-free workplace program and would like to apply for a premium credit of five percent, **please complete this form and return it, along with a copy of your drug-free workplace program. To return this form and your drug-free workplace program, email them to [DFWSPcreditadmin@summitholdings.com](mailto:DFWSPcreditadmin@summitholdings.com), fax them to 863-668-7566 or mail them to PO Box 988, Lakeland, FL 33802. To re-qualify for this credit, be sure to send in a new form before your policy renews annually.** Your certification is subject to physical verification by Summit. Your Oklahoma workers' compensation and employer's liability insurance policy may be subject to additional premium for reimbursement of premium credit, and cancellation, if it is determined that you do not have a drug-free workplace in compliance with the program requirements stated below.

Employer name	Date program implemented	
Medical review officer name		
Laboratory name <b>(Must be certified by the U.S. Department of Health and Human Services)</b>		
Laboratory address	Laboratory phone number	
Officer/Owner printed name	Officer/Owner signature <b>(required)</b>	Today's date

## PROGRAM REQUIREMENTS (Mark boxes of completed items)

### 1. Documented substance abuse policy statement

- Copy to all employees, including recipient acknowledgement
- Recipient acknowledgement returned to personnel office, human resources or other suitable location(s) and added to employee file

### 2. Testing procedures

- Procedures for the following types of alcohol/drug testing:
  - Applicant and transfer/reassignment
  - For cause
  - Post accident
  - Random testing
  - Scheduled, fitness for duty, return from leave and other periodic testing
  - Post-rehabilitation testing
- Testing of alcohol and nonprescribed controlled substances/drugs
- Positive testing and test refusal consequences
- Confidentiality

### 3. Notice of drug testing policy to all employees

- Copy to all employees prior to testing, either paper or electronic, including receipt acknowledgement
- One-time general notice given to employees 10 days prior to becoming subject to testing
- Posted on employer's premises
- Copies available in personnel office, human resources or other suitable location(s)



Know the people who know workers' comp.<sup>SM</sup>

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