

APPLICATION FOR MISSISSIPPI 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, 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 Mississippi workers' compensation and employers 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 (Must be certified by the U.S. Department of Health and Human Services)		
Laboratory address		Laboratory phone number
Officer/Owner printed name	Officer/Owner signature (required)	Today's date

PROGRAM REQUIREMENTS (Mark boxes of completed items)

1. Notice of drug testing policy to all employees

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

2. Testing procedures

- ☐ Procedures for the following types of alcohol/drug testing:
 - ☐ Pre-employment
 - ☐ Reasonable suspicion
 - ☐ Post work-related injury
 - ☐ Random (neutral selection)
 - ☐ Scheduled, fitness for duty, return from leave and other periodic testing
 - ☐ Post-rehabilitation testing
- ☐ Positive testing and test refusal consequences
- ☐ Confidentiality protocols in compliance with the drug-free workplace program

3. Employee assistance

- ☐ This company provides an Employee Assistance Program (EAP) or
- ☐ This company maintains a resource 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



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