

# WE ARE YOUR DOL



## Workplace Safety & Loss Prevention Incentive Program Application for Approval Instructions

### 1. Qualifications

See the Application for Approval form (SH 927) for qualification criteria.

*If you are required to have a mandatory safety and loss prevention program under Section 134(1) of the Workers' Compensation Law, you may not apply for a WSLPIP credit until you have complied with that Section and Labor Law Regulation Part 59. You must also meet the criteria set forth in Labor Law Regulation Part 60 before you can apply. For more information about both regulations, visit [labor.ny.gov/WSLPIP.html](http://labor.ny.gov/WSLPIP.html).*

### 2. Application Process

An employer's WSLPIP must be implemented before they seek an incentive credit.

#### Evaluation

Before you can apply, a Specialist who is certified by the Department of Labor (DOL) must evaluate the implemented WSLPIP. The Specialist's Evaluation report follows Labor Law Section 60-1.16. You must send a copy of this report to the DOL with your application.

#### Forms

Complete form SH 927: Workplace Safety & Loss Prevention Incentive Program Application for Approval.

#### Section A:

- Must list the legal name of the employer and the Federal Employer Identification Number (FEIN).
- Must list the employer address where the DOL should mail a Certificate of Approval after the employer's WSLPIP is approved.
- Must list the name, title and email address for the employer's contact, who will handle all communication from the DOL about any WSLPIP.

#### Section B:

- Fill in the information for the workers' compensation policy for which you want the incentive. The incentive credit is given on a per-policy basis. You must submit an application for each policy, even if one WSLPIP serves workers covered by multiple policies.
- Give the information for the insurance company that supplies the workers' compensation coverage. The contact information should list the employee at the underwriting insurer that will apply the WSLPIP credit. *Once your WSLPIP is approved, you must give this person a copy of the Certificate of Approval so they can apply incentive credit.*

#### Section C:

- List the physical address of each location covered by the workers' compensation policy given in Section B. Also list the total number of staff members covered by this policy and the employee representative who represents each location.

#### Section D:

- List the contact information for each of the employee representatives.

#### Section E:

- List the contact information for the person employees can contact with questions for each WSLPIP.

#### Section F:

- List the information for the Specialist you hired to do the required Evaluation of the WSLPIP(s).

#### Section H:

- The contact listed in Section A must sign and date the application form, and check the appropriate box(es) below the signature line.

### **3. Submittal Information**

*You must complete this application and send it the DOL no later than 120 calendar days before your annual policy renewal date to get the credit for the next annual policy period. The deadline is 120 days before the end of the calendar year for self-insureds. You must send a copy of the application to the workers' compensation insurer, (or, for self-insured employers, the Workers' Compensation Board at the time you apply to the DOL.*

#### **Material**

Your application must include:

- Form SH 927: Workplace Safety & Loss Prevention Incentive Program Application for Approval,
- The Specialist's Evaluation report,
- A copy of the final and operative WSLPIP documents and a description of how you implemented the WSLPIP

#### **Addresses**

When possible, submit the application and additional program documents electronically to [WSLPIP@labor.ny.gov](mailto:WSLPIP@labor.ny.gov).

Or, mail to the following address:

New York State Department of Labor  
Workplace Safety and Loss Prevention Program  
State Office Campus, Building 12, Room 167  
Albany, NY 12240

### **4. General Information**

#### **Questions**

Send any questions about the Workplace Safety and Loss Prevention Incentive Program to the mailing address shown above, to [WSLPIP@labor.ny.gov](mailto:WSLPIP@labor.ny.gov) or call 518-485-9766.

#### **Certification**

Once we get your complete application and review it, we will inform you in writing if the incentive was approved or denied. If it was approved, you will get a Certificate of Approval. Send a copy of this to your insurer or the Board. Also, post copies at all locations covered by the WLSPIP.

#### **Term of Incentive**

The incentive is valid for three years. To get the incentive for the second and third years of the approval period, you must file an Annual Report. File this report with the DOL 90 days before your annual policy renewal date.

#### **Renewal**

You can renew your incentive credit for additional three-year approval periods. Send a renewal application form and an Annual Report to the DOL. This is due at least 90 days before the annual policy renewal date, or 90 days before the end of the calendar year for self-insured employers.

#### **Web site**

We posted a list of certified specialists on our web site at [www.labor.ny.gov/WSLPIP.html](http://www.labor.ny.gov/WSLPIP.html).