

WE ARE YOUR DOL



Workplace Safety and Loss Prevention Program
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12240
(518) 485-9766

Workplace Safety and Loss Prevention Incentive Program Employer Renewal Application

Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credits are granted for a three-year approval period. At the end of a three-year approval period, you must apply to the Department of Labor (DOL) for a renewal of the Incentive to continue to receive a credit. Submit this application with an annual report to the DOL. Do this no later than 90 days **prior** to the policy renewal date. For self-insured employers, the deadline is no later than 90 days **prior** to the end of the calendar year.

The DOL will notify you when we approve your WSLPIP renewal application. We will issue a certificate of approval that covers a three-year period. You must submit annual reports to receive the credit during the three year approval period.

Please check one or more of the WSLPIPs you are renewing:

<input type="checkbox"/> WSLPIP Safety Incentive Program Section 1.13	Certificate Number:	Date of Expiration:
<input type="checkbox"/> WSLPIP Drug and Alcohol Prevention Program Section 1.14	Certificate Number:	Date of Expiration:
<input type="checkbox"/> WSLPIP Return to Work Program Section 1.15	Certificate Number:	Date of Expiration:

Section A: Employer Information

Company Name			Contact Person		
Company Address			Title	E-mail address	
City			Phone Number		
State	Zip Code	NAICS	Number of employees	FEIN	

Section B: Workers' Compensation Insurance Information

Provide the information for the workers' compensation policy for which you are seeking the incentive credit. Fill out one report per policy.

Insurer		Contact person			
Address		Title			
City		Phone number			
State	Zip code	E-mail address			
Annual policy renewal date		Policy number			
Experience rating (current policy year)		Experience rating (previous policy year)		<input type="checkbox"/> Check box if self-insured	
Annual insurance premium		Annual security deposit (if self-insured)			

Section C: Company Location(s) Information

Give the physical address for all locations covered by the workers' compensation policy listed in Section B. Use Appendix A (SH 933) to list additional locations.

Company Location #1	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #2	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #3	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #4	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative
Company Location #5	Management Contact Name	Management Contact Phone	No. of Employees	Employee Representative

Section D: Employee Representative(s) Information

Use Appendix A (SH 933) to list additional employee representatives.

Employee Representative (#1)	Bargaining Unit (if applicable)
Work location	Phone number
Employee Representative (#2)	Bargaining Unit (if applicable)
Work location	Phone number
Employee Representative (#3)	Bargaining Unit (if applicable)
Work location	Phone number

Section E: Designated Program Contact

Enter information for the person(s) designated for employees to contact about the program.

Safety Incentive Program contact name	Phone number
Work location	E-mail address
Drug and Alcohol Prevention Program contact name	Phone number
Work location	E-mail address
Return to Work Program contact person	Phone number
Work location	E-mail address

Section F: Required Documents

Check the following boxes to indicate that you attached the required documents to this renewal application form:

- The employer's Annual WSLPIP Report, completed using data from the first six months of the third year of the approval period, for each implemented program.

Section G: Employer Verification

Each employer that applies for credits under the WSLPIP must verify that:

- the information about the WSLPIP on this report is true and accurate,
- the employer's program(s) meet(s) program requirements, and
- the employer agrees to continue to operate the program(s) in accordance with the law.

A verification is a statement made by an authorized agent of an employer, under the penalty of perjury.

The employer confirms that it has complied with all requirements of these regulations concerning the participation of employee representatives. This includes designated employee representatives and the recognized representative of each collective bargaining unit, where applicable. These requirements can be found in sections 60-1.2, 60-1.6, and 60-1.8 of the law.

In addition, the employer certifies that the information contained in this report is accurate and true and that the incentive program(s) implemented, as indicated in this report, meet(s) the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by 12 NYCRR Part 60.

Signature: _____ Date: _____

- By checking this box, you indicate that you fully understand the liabilities associated with providing your signature and employer verification.

Issuance of the Incentive

- (a) The Superintendent of Insurance is responsible for establishing the incentive credit amount for each program implemented by an insured employer. The Workers' Compensation Board is responsible for determining the reduction in security deposit provided to self-insured employers.
- (b) Once the employer's WSLPIP is approved, the Labor Department will issue a certificate of approval to the employer. The employer will receive the incentive for the next policy renewal period following the date of the Department's approval certificate.
- (c) To receive the credit, the employer must send a copy of the certificate of approval to its workers' compensation carrier, or to the Workers' Compensation Board, if self-insured.

Approval, monitoring and appeal

- (a) Applications for Incentives may be denied, revoked, or suspended if the Department determines that that the employer failed to implement and/or maintain a WSLPIP that complies with the law.
- (b) Any approved Workplace Safety and Loss Prevention Incentive Program is subject to monitoring. Monitoring may include responding to complaints, on-site visits, discussions with employee representatives (including designated employee representatives or the recognized representative of each collective bargaining unit) and review of all WSLPIP records and documents requested by the Department.
- (c) If an employer's application is denied, revoked or suspended, the employer may appeal the denial under Article 78 of the civil practice law and rules.

Return the completed renewal application with the annual WSLPIP report to:

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

www.labor.ny.gov/WSLPIP