

WE ARE YOUR DOL



Workplace Safety and Loss Prevention Program
Harriman State Office Campus, Building 12, Room 167
Albany, NY 12226
(518) 485-9766

Workplace Safety & Loss Prevention Incentive Program Application for Approval

NYS employers may apply for a discount in their workers' compensation costs if they implement one or more of the required Workplace Safety and Loss Prevention Incentive Programs (WSLPIP). The Department of Labor (DOL) will approve an application based upon information provided by the employer and an Evaluation conducted by a certified Specialist or the DOL. The employer's insurance carrier or the Workers' Compensation Board will apply the credits for approved programs.

Employers are eligible to apply for WSLPIP if they are:

- Insured by any authorized issuer of workers' compensation insurance or by the New York State Insurance Fund, but not in a recognized safety group;
- Pay annual worker's compensation insurance premiums of at least \$5,000; and
- Maintain an experience rating under 1.30 in the previous year and in the years of the program approval period.
- OR - Individually self-insured.

Please check one or more of the WSLPIPs you are applying for:

<input type="checkbox"/> WSLPIP Safety Incentive Program Section 1.13	Implementation date of Safety Incentive	_____ DOL use only
<input type="checkbox"/> WSLPIP Drug & Alcohol Prevention Program Section 1.14	_____ Implementation date of DAPP	_____ DOL use only
<input type="checkbox"/> WSLPIP Return to Work Program Section 1.15	_____ Implementation date of RTW	_____ DOL use only

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

Please provide the below information for the workers' compensation policy for which the employer is seeking the incentive credit. Fill out one application 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

Enter the physical address for all locations covered by the workers' compensation policy listed above. Use Appendix A 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 to list additional employee representatives.

Employee (#1) representative	Bargaining unit (if applicable)
Work location	Phone number
Employee (#2) representative	Bargaining unit (if applicable)
Work location	Phone number
Employee (#3) representative	Bargaining unit (if applicable)
Work location	Phone number

Section E: Designated Program Contact Information

Enter information for the individual designated for employees to refer to the implemented WSLPIP.

Safety Incentive Program

Name	Phone number
Work Location	Email address

Drug and Alcohol Prevention Program Contact

Name	Phone number
Work Location	Email address

Return to Work Program Contact

Name	Phone number
Work Location	Email address

Section F: Specialist Information

Name	Certification number	
Company	Certification expiration date	
Address	Phone number	
City	State	Zip code

Section G: Required Documents

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

- A copy of the final and operative WSLPIP documents for each implemented program and a description of the means by which the particular WSLPIP was implemented.
- A copy of the Specialist's Evaluation for each implemented program.

Section H: Employer Verification

Each employer that applies for one or more of the ~~incentives~~ under the Workplace Safety and Loss Prevention Incentive Program must verify that the information provided on each application is true and accurate and that each program implemented for an incentive credit ~~meets~~ the requirements of the law. A verification is a statement made under the penalty of perjury by an authorized agent of an employer confirming that:

- information about the employer's WSLPIP 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

The employer certifies that the information contained in this application is accurate and true and that the incentive programs implemented, as indicated in this application, meet the requirements of the Workplace Safety and Loss Prevention Incentive Program as required by Sections 60-1.13, 60-1.14 and 60-1.15.

Signature _____ Date _____

- By checking this box, you indicate that you fully understand the liabilities associated with providing your signature and employer verification.
- Check this box if you have ever received a notice that required you to undergo a mandatory Work-place Safety and Loss Prevention consultation and evaluation under ICR 59.

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 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 Commissioner determines 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 requests, 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 Commissioner.
- (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.

Send this completed application, with a copy of your Program and a copy of your Evaluation Report to:

New York State Department of Labor
Workplace Safety and Loss Prevention Program
State Campus Building 12, Room 167
Albany, NY 12226

www.labor.ny.gov/WSLPIP.html

Send questions regarding the application process and the procedures for Evaluations under the requirements of Industrial Code Rule 60 to WSLPIP@labor.ny.gov