

## Hawaii Employers' Mutual Insurance Company Workers' Compensation Safety Credit Application

**HEMIC values employers who work to provide a safe workplace for their employees.** If your company adopts safety and claim mitigation programs that meet HEMIC requirements, your company's policy may qualify for preferred rating and/or one or more of the premium credits listed below. If we choose to apply any safety credits, they are considered estimated and tentatively applied for premium estimation purposes only. Credits are not fully earned until we have received and validated all supporting documentation. All supporting documents are required to be submitted 45 days after your policy effective date or the date we receive your completed Safety Credit Application. Lack of proper documentation will result in safety credits being removed retroactively to the date of non-compliance.

| <b>A. Basic Written Safety Program</b>   | <b>COMPLETED</b>   |
|--|--|
| <p><u>Your policy premium shall be reduced by 5%</u> if you have implemented a Certified Safety and Health Program in accordance with HRS Chapter 431:14-103c and the Hawaii Safety Credit Rule of the Hawaii Workers' Compensation and Employers' Liability manual.</p> <p style="text-align: center;">- Or -</p> <p><u>Alternatively, your policy premium may be reduced by a maximum of 6% for HEMIC's Construction Division members and 3% for members of all other HEMIC Divisions</u> if, to HEMIC's satisfaction, <b>you complete all of the following:</b></p> <ol style="list-style-type: none"> <li>1. You implement a written safety program.</li> <li>2. Your management reviews with all employees the formal written safety policy and they each receive a copy of the safety policy.</li> <li>3. You conduct and keep adequate records of regularly scheduled safety meetings, including initial safety orientation of all new employees.</li> <li>4. You provide appropriate safety training and enforce safety practices as required by statute and HEMIC standards.</li> </ol> | <p>Yes ___ No ___</p><br><br><p>Yes ___ No ___</p><br><br><p>Yes ___ No ___</p><br><br><p>Yes ___ No ___</p> |
| <b>B. Timely Return-to-Work</b>  |  |
| <p><u>Your policy premium may be reduced by a maximum of 5% to HEMIC's Construction Division members and 3% to members of all other HEMIC Divisions</u> if you have implemented a timely return-to-work (also known as alternate duty) policy that meets HEMIC's standards and applies to every employee who, during the policy term, is medically released to return to work with or without restrictions.</p>  | <p>Yes ___ No ___</p>  |
| <b>C. Drug-Free Workplace</b>  |  |
| <p><u>Your policy premium may be reduced by a maximum of 2%</u> if you have implemented and consistently execute a drug-free workplace program that meets HEMIC's criteria with the following minimum requirements: To the extent permitted by law, <b>post-offer/pre-employment testing</b> for all employees, <b>random testing</b> for 25% of all employees annually including management, and <b>for-cause testing</b> including reasonable post-injury testing.</p>   | <p>Yes ___ No ___</p>  |
| <b>D. Management Attitude Demonstrated by Exemplary Safety Performance</b>   |  |
| <p><u>Your policy premium may be reduced by a maximum of 5%</u> if management attitude and practices regarding safety are exemplary as evidenced to HEMIC's satisfaction by earning credits A, B &amp; C above or implementing other safety and training programs and practices that achieve objective claim results demonstrating the effectiveness of your overall safety program.</p>   | <p>Yes ___ No ___</p>  |

**Copies of written safety, return to work, and drug-free workplace programs and supporting documentation such as safety meeting attendance sheets and medical service provider invoices will be required within 45 days of policy inception.**

Employer \_\_\_\_\_

Quote/Policy Number: \_\_\_\_\_ Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Signature: \_\_\_\_\_

Rev 09/03/2014