

CLEVELAND SOUTHWEST SAFETY COUNCIL

(a cooperative effort of the Berea, Brook Park & Middleburg Hts. Chambers)

OHIO SAFETY COUNCIL

NEW ENROLLMENT FORM

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, the BWC's Division of Safety & Hygiene and your local safety council co-sponsor this program.

In signing this enrollment form, the employer makes a commitment to send representatives to the majority of safety council meetings and to submit semi-annual reports by the deadline dates.

Company _____ Phone: _____

Contact Person _____ FAX: _____

Address _____ City _____ Zip _____

E-mail: _____

(please print clearly)

Average Number of Employees _____

Type of Work _____

BWC Policy Number _____ Enrollment Year 2008-2009

Name _____

Signature _____

Title _____

No fee for members of the following Chambers (check if applicable) Berea ___ Brook Park ___ Middleburg Hts. ___

All others: \$125 fee (check payable to Cleveland Southwest Safety Council)

If you wish to use a credit card, please furnish the following information:

Credit Card # _____ Exp. Date _____ 3 digits from back of card _____
(VISA/MASTERCARD/DISCOVER)

Digits of address & zip code linked to credit card _____

Employers must meet all the following eligibility requirements to earn a 2% premium reduction:

1. Enroll with the local safety council by **July 31, 2008**.
2. Attend 10 meetings or events, at least 8 through the local safety council. Employer has option to gain credit for up to two meetings through attendance at WCU, Ohio Safety Congress, DSH safety training courses or industry-specific training.
3. CEO (highest ranking authority) must attend any one safety council sponsored function or meeting (CEO attendance counts as credit toward one of 10 meetings required).
4. Submit semi-annual reports for the 2008 calendar year.

Employers can also earn an additional 2% performance bonus for reducing either frequency or severity by 10 percent, or with maintenance of both frequency and severity at zero. Employer must meet all eligibility requirements outlined above to be eligible for the performance bonus.

Attendance requirement

- ❖ Any representative of the employer is welcome to attend to meet the eligibility requirement.
- ❖ A person can only represent ONE policy number with their attendance at a safety council meeting

**We will schedule 12 breakfast meetings in order for you to meet your 10 meeting requirement.
Meeting cost is \$15 per meeting. You may pay in advance for all meetings for a discounted price of \$165.**

Mail completed form to Kathy Kellums, Cleveland Southwest Safety Council P O Box 163, Berea OH 44017
Ph: 440-346-4235 Fax: 440-235-4891 E-mail: cssc163@sbcglobal.net web site: www.clevelandswsafetycouncil.com

To Be Completed By the Safety Council

Safety Council Account Number (Must be completed before forwarding to DSH)

_____ / ____ / ____ / ____ / ____