



**MAINE MUNICIPAL ASSOCIATION
RISK MANAGEMENT SERVICES**

Workers' Compensation Fund Safety Incentive Program



Program Introduction

Maine Municipal Association Risk Management Services has designed a program to work in partnership with our Workers' Compensation Fund members to improve workplace safety and the member's workers' compensation experience. The goals of this program are to:

- Reduce the incidence of injury and illness throughout the operations
- Improve overall safety in the work environment
- Maintain lines of communication with all employees
- Protect members assets
- Promote a self-sustaining safety culture
- Utilize best practices claim management
- Provide financial incentives which reward our partnership toward safety

Participation in the program will be on a voluntary basis and eligible credits will be applied effective January 1, 2021. These credits will only be added at the next renewal (no mid-term adjustments will be made). Each member must elect to be part of the program on or before April 1 and provide all completed documentation by September 1. The Risk Management Services team will work with the member to help achieve its safety goals.

Each qualifying member may receive an incentive credit up to 10%. The program is tiered into three levels based on documented performance. The tiers and associated credits are:

| | |
|----------------|------|
| Tier I | 5% |
| Tier II | 7.5% |
| Tier III | 10% |

The application of a tier credit will not reduce the annual contribution below the minimum contribution level. However, for those members affected by the minimum contribution level (currently \$500 or less) they will receive additional consideration as part of a safety enhancement grant application.

IMPORTANT DATES

| | |
|-----------|---|
| 7/1 | Member Acknowledgment Form due. |
| 8/1 | Resolve Form due (Only for 1st Year in the Program) |
| 9/1 | Verification Data Form due |



Program Overview

Step 1. – Complete the Acknowledgment Form – Due on or before July 1

The [MEMBER ACKNOWLEDGMENT FORM](#) confirms your interest in participating in the program. The form must be completed and returned to WCSIP@memun.org on or before April 1 in order to allow risk management services to assist with program services to assist with program qualifications. This form is only required in the member's first year of participation.

Step 2. – Pass a Resolve – Due on or before August 1

Your governing board must pass a resolve electing to participate in this voluntary program. The [RESOLVE](#) is a critical document that sets the tone for your safety program. It lets all employees know that management has set the safety and health of your organization's workers as a top priority.

Leadership's commitment provides the motivating force and the resources for organizing and controlling all activities within an organization. In an effective safety program, management regards worker safety and health and the protection of property and the public as a fundamental value of the organization.

A copy of this resolution must be sent to WCSIP@memun.org. This Resolve should be received on or before September 1 of the year prior to joining the WCSIP and it is only required in the member's first year of participation in the program.

Step 3. – Verification Data Form – Due on or before September 1

The program is tiered into three levels based on documented performance. These tier levels are progressive in nature and to advance to the next tier level a member must comply with all components of prior tier levels. The [Verification Data Form](#) is used to document the member's tier level qualifications.

A member may submit a new Verification Data Form at any time during the policy year prior to September 1 seeking to enter the program or advance to a higher tier level. Tier levels changes will only take place at the next renewal. For example, a member who is in Tier II may submit a Verification Data Form on any date prior to September 1 indicating that they now meet all the criterion for Tier III. Upon approval of the information received, the change from Tier II to Tier III will take place at the next renewal on January 1.

The Verification Data Form needs to be submitted on or before the September 1 deadline in order to support the tier assignment. Submissions received after the deadline will not be considered until the following year. This form should help you to better understand your current tier placement and provide you with guidance on how to advance to the next tier. Verification of this information will be completed by MMA Risk Management Services.



The following are the programs tiering criteria:

| Item | Criterion Tier I |
|------|---|
| A. | The completed Resolve Form has been submitted to MMA |
| B. | Meets the required State of Maine Department of Labor (MDOL) compliance directives |
| C. | Agrees to respond within 30-days to Corrective Action Recommendations |
| D. | A Personal Protective Equipment (PPE) safety plan is implemented for all required departments |
| E. | Safety policies are reviewed and documented annually |
| F. | Key people have been assigned safety responsibilities |
| G. | A process to communicate safety concerns to all employees is in place |
| H. | Leadership is aware of and reviews accidents |

| Item | Criterion Tier II |
|------|--|
| A. | A slip, trip and fall safety policy is in place |
| B. | A lifting and back safety policy is in place |
| C. | An office ergonomics safety policy is in place |
| D. | A safety committee holds meetings at least quarterly and minutes are documented |
| E. | Incident reviews (i.e. accidents, near misses) are conducted to find root cause(s) of reported occurrences |
| F. | Facility self-inspection are completed annually and documented |
| G. | Preferred providers are used |

SPECIAL NOTE: The preferred provider list is a useful tool, but not meant to be restrictive. Other options may be available to you. For more information contact Sherry Gaudet at sgaudet@memun.org.

| Item | Criterion Tier III |
|------|---|
| A. | Employee training is documented |
| B. | A written incident review policy is in place |
| C. | A wellness program or similar alternative is offered to employees |
| D. | A return-to-work policy (light-duty) for all departments is in place |
| E. | Leadership attends/participates in Safety Committee meetings, trainings and other safety events |

Special Note: If a member chooses to withdraw from participation in the program or is non-compliant with any of the tiering criterion then program credit will be removed or amended at the next renewal. Non-compliance means the member no longer meets all of the required tier criteria and they will be placed in the highest qualifying tier or removed from the program.