



**MMA WORKERS' COMPENSATION SAFETY INCENTIVE PROGRAM
RESOLVE FORM**

WHEREAS, the _____ is a member of the Maine Municipal Association Workers' Compensation Fund (hereinafter "WC Fund"); and

WHEREAS, Maine Municipal Association (hereinafter "MMA") provides risk management services and workers' compensation coverage; and

WHEREAS, MMA developed the Workers' Compensation Safety Incentive Program (hereinafter "the Program") to help reduce the incidents and impact of workplace injuries by implementing WC claim best practices; and

WHEREAS, MMA will provide necessary written program information, and offer assistance to participants; and

WHEREAS, WC Fund members that participate in the Program and complete the required activities, will have the opportunity to earn a credit to their annual contribution; and

WHEREAS, the _____ is committed to providing a safe environment for its employees, citizens, and visiting public; and

WHEREAS, the Program will help enhance such an environment and promote a self-sustaining culture of safety with participating members,

NOW THEREFORE BE IT RESOLVED BY THE _____
to elect to participate in the MMA Workers' Compensation Safety Incentive Program.

DATED THIS _____ DAY OF _____, 20____

ATTEST by Governing Board (signatures or e-signatures):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____