



MMA WORKERS' COMPENSATION FUND SAFETY INCENTIVE PROGRAM MEMBER ACKNOWLEDGMENT

Please provide the following information:

Member Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name/Title of Person Completing Application: \_\_\_\_\_

E-mail address of Person Completing Application: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Check here if Key Safety Contact is the same as person completing this form and skip completing the key safety contact information.

Key Safety Contact Person/Title: \_\_\_\_\_

Key Safety Contact E-mail Address: \_\_\_\_\_

An effective safety program includes all levels of management and personnel and will play a key role in the overall performance and success of our safety culture. The Worker's Compensation Safety Incentive Program is established to be of benefit first to the employees it represents, but it also establishes safeguards that protect the Member and the Member's assets. The goals of the 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 Member's assets
• Promote a self-sustaining safety culture
• Utilize best practices claim management
• Provide financial incentives which reward our partnership toward safety

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage has read and understands the registration, and declares all statements set forth herein are true, complete and accurate.

The signing of this registration and its subsequent forms, acknowledges the Member's request for participation in the Safety Incentive Program. Upon receipt an acknowledgment will be sent by e-mail to the Member.

E-Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN TO: WCSIP@memun.org or fax to (207)624-0127