

**Application for Drug-Free Workplace Premium Credit
Workers' Compensation - Mississippi**

Note: The following items must be included as a part of an employer's established drug-free workplace policy and procedures (Mississippi Code, Sections 71-3-201 through 71-3-225). Please complete all items before submission to your Workers' Compensation carrier.

Workers' Compensation Carrier/Policy # _____

Date this Drug-Free Workplace Program was implemented ___/___/___

Written Drug-Free Workplace Policies and Procedures

Testing procedures must include:

_____ Pre-employment	_____ Random
_____ Post accident	_____ Return to duty
_____ Reasonable cause	_____ List of drugs sought in a test

Education and Employee Assistance

_____ Initial / annual employee education completed. Date of completion ___/___/___

_____ Initial / annual supervisor education completed. Date of completion ___/___/___

_____ This company provides an Employee Assistance Program (EAP), or

_____ This company maintains a resource list of providers of Employee Assistance.

Required Agreements

_____ Recognized Drug-Free Workplace administration firm. Date of agreement ___/___/___

Name of firm _____

_____ Testing provider. Date of agreement ___/___/___

Name of provider _____

_____ SAMHSA Laboratory for positive test confirmation. Date of agreement ___/___/___

Name of Lab _____

The insured's workers' compensation policy shall be subject to an additional premium for the purposes of reimbursement of a previously granted premium discount if it is determined that such insured misrepresented the compliance of its drug-free workplace program with the provisions of the Drug-Free Workplace Workers' Compensation Premium Reduction Act, Mississippi Code, Sections 71-3-201 through 71-3-225.

The under-signed certifies that the information contained herein is a true and factual depiction of this employer's current program.

Employer Name _____ Date _____

Type or print name of officer/owner _____ Title _____

Signature of officer/owner _____