NOTICE TO EMPLOYER: If you have a Drug-Free Workplace Program established and maintained in accordance with Florida law, and you would like to apply for the 5% premium credit that is available, please complete this form and forward it to your insurer. Re-certification is required annually.

APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of Employer:			
Date Program Implemented:			
Testing: Procedures for drug testing have been established an ☐ Job applicant ☐ Researchly quantities		Routine fitness for	_
☐ Reasonable suspicion	Ш	rollow-up testing to	b Employee Assistance Program
Notice of Employer's Drug Testing Policy: ☐ Copy to all employees prior to testing ☐ Posted on employer's premises			ng testing on vacancy announcements
 □ Copy to job applicants prior to testing □ General notice given 60 days prior to testing 		locations No notice required	personnel office or other suitable because the employer had a drug testing prior to July 1, 1990
Education: ☐ Resource file on providers ☐ Employee Assistance Program ☐ Education			
Name of Medical Review Officer:			
A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: B. Phone No.: () C. Address:			
Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with Florida law. Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information with the purpose of avoiding or reducing the amount of premiums for workers compensation coverage is guilty of a felony of the third degree, punishable as provided in Section 775.082, s. 775.083, or s. 775.084, Florida Statutes.			
Under penalties of perjury, I declare that I have read th Program, and that the facts stated in it are true.	ne for	egoing Application f	or Drug-Free Workplace Premium Credit
Employer Name		Date	Officer/Owner Signature [⁺]
		-	Title

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^{*} Application must be signed by an officer or owner.