FFVA MUTUAL INSURANCE CO. APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

After reading and understanding the Drug-Free Workplace Workers' Compensation Premium Reduction Act (Mississippi Code Ann. § 71-3-201 through 71-3-225) please answer all questions. This form should be completed by the Employer and **must be signed by an owner/officer** of the company. Annual certification is required.

Employer:	Date Program Implemented:		
Telephone:	Program contact email:		
Testing:			
Procedures for drug te □Job applican □Reasonable	nt	nd/or drug testing has been conducted □Routine fitness for duty □Follow-up testing to Employee	· ·
Notice of Employer's	Drug Testing Policy:		
□Posted on e	employees prior to testing mployer's premises applicants prior to testing	☐Show notice of drug testing on □Copies available in personnel o	
Required Annual Em	ployee Education Dates		
SUPERVISOR	R: 2-hour Workplace Substan	ce Abuse Recognition training	<u> </u>
EMPLOYEE: 1-hour Workplace Substance Education and Awareness Program//			
	• , ,	esignated for substance abuse treatme	ent? ☐ Yes ☐ No
If answered " Do Employee: ☐ No		Dist of local EAP or Substance Abuse	Treatment centers? Yes
Drug Testing Progra	m: (Required on all applicat	ions.)	
Medical Review Offic	cer (MRO)	Phone:	
Address		City, State	
Testing Laboratory			
Lab Certification:	SAMHSA CAP-F	UDTAP Other	
	nium credit, and cancellation p	N BY THE INSURER. Your policy is subprovisions of the policy if it is determine	
employer's policy agai Workers' Compensation assistance through an	inst drug use in the work plac on premium Reduction Act,	drug program <u>contains a written policy</u> ce, advises employees of the existendaddresses confidentiality, advises elected programs, and which informs emp	ce of the Drug-Free Workplace mployees of the availability of