

**Yes, as the owner/Senior Manager, I would like to apply on the behalf of my company to participate in the Safety Groups Program for 2012.**

**Firm Information:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                      |                                                                |                                                                            |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------|----------------------------------------------------------------|----------------------------------------------------------------------------|--------------|
| Firm (full name):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                      |                                                                |                                                                            |              |
| Parent Company (if any):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      |                                                                |                                                                            |              |
| WSIB Account Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                      | WSIB Firm Number(s):                                           |                                                                            |              |
| Annual WSIB Premium:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Number of Employees: | Union <input type="checkbox"/> yes <input type="checkbox"/> no | If <b>yes</b> , state Union name.                                          |              |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                      | City/Town:                                                     | Province:                                                                  | Postal Code: |
| Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | FAX Number:          |                                                                | E-mail Address                                                             |              |
| Contact Name (please print):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                      |                                                                | Language: <input type="checkbox"/> English <input type="checkbox"/> French |              |
| Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                      |                                                                |                                                                            |              |
| <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                      |                                                                | Date (dd/mm/yyyy)                                                          |              |
| Safety Group Sponsor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                      |                                                                |                                                                            |              |
| Indicate the completed year(s) in the program.  <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <b>Note: Firms may complete up to five years in the program.</b> |  |                      |                                                                |                                                                            |              |

**Please forward to the Safety Groups Sponsor of the group you are joining.**

**Financial Information Disclosure:**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|
| We authorize the Workplace Safety & Insurance Board (WSIB) to disclose to the "Safety Group Sponsor" all financial information required for the administration of a Safety Group. This information would include files regarding: <ul style="list-style-type: none"> <li>• Our premiums, classification, experience rating and claims frequency and severity.</li> </ul> This authorization is valid for a minimum of 12 months from the date of this application or to the following date of .....<br>(Written notice to the Standards and Incentives Branch of the WSIB is required to cancel this agreement) |                               |                   |
| <b>Signature:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Title (Owner/senior manager): | Date (dd/mm/yyyy) |

## Safety Groups Program

### Terms and Conditions of Participation

- 1.** Employers must submit their signed application form to their sponsor by December 31, 2011.
- 2.** Applicants to the Safety Groups Program must participate for at least one calendar year, and may participate for up to five completed years.
- 3.** Employers applying to participate in the Safety Groups Program must be a schedule 1 employer with the WSIB and have an account in good standing without changes or convictions under the Workplace Safety & Insurance Act. An employer that experiences a traumatic fatality will be disqualified during that year from participating in the rebate.
- 4.** Employers can participate in only one Safety Group at a time and cannot participate in the Safe Communities Incentive Program or Accreditation Program during the same year.
- 5.** Employers participating in the Safety Groups Program are required to complete 5 elements annually from the Program Element List as set out in the program guidelines. Employers must successfully complete a minimum of 3 elements to share in any potential rebate. For an element to be considered complete, all five steps of the management system have to be in place and documented.
- 6.** Employers must complete an annual baseline assessment of their workplace to identify their current prevention programs strengths and weaknesses. They will use this information to select their Program Elements and develop their action plan.
- 7.** Employer's are required to complete the Year-end Achievement Report by December 15.
- 8.** Employers must appoint a Safety Groups Coordinator to fulfill the administrative activities required as a participant in the Safety Groups Program. Should the person appointed change during the year, the WSIB should be advised.
- 9.** Employers must attend and participate in at least three Safety Groups meetings/workshops per year as organized by the Safety Group Sponsor.
- 10.** Employers must participate in networking activities with other group members.
- 11.** If asked, employers must cooperate with WSIB mid-year progress visits, and validation audits as part of the evaluation process. Employers selected for a validation audit will be required to provide documentation to demonstrate what they reported to the WSIB.
- 12.** Employers must maintain regular contact with their Safety Group Sponsor.
- 13.** Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the ongoing Safety Groups Program evaluation.
- 14.** Employers are required to adhere to the Safety Groups Program requirements as outlined in the Employer Guidelines, current Edition.

**Signature**

Title (Owner/senior manager)

Date (dd/mmm/yyyy)