



Sponsor association (please print)		Policy number
Sponsor contact		
Address		
Telephone ()	Fax ()	
E-mail address		
Third-party administrator (TPA)		

I hereby attest that the information on this form is true to the best of my knowledge.

Signature	Date
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As outlined in the group-experience and group-retrospective safety program requirements (Rule 4123-17-68), briefly summarize your activities related to the safety program requirements as listed below.

- Report the number of members in your group.
- Outline the eight hours of safety training provided to your group members. Attach agendas and examples of promotional material.
- Specify how the eight hours of training is industry specific.
- Report the number of group members in attendance at safety training.
- What is the most common injury type among your group members?
- What strategies have been implemented to increase awareness, education and prevention of these injuries?
- Report the number of group members required to complete the online accident-analysis form and associated online training or two hours of safety training due to experiencing a claim in the green period.
- Report the number of group members who successfully completed the online accident-analysis form and associated online training or two hours of safety training due to experiencing a claim in the green period.
- If compliance was not fully met, outline steps intended in next rating year to increase fulfillment of this requirement.
- How have you promoted safety resources to group members?
- Outline ways in which the Group-Rating Safety Accountability letter was published and/or distributed to group members.