



RMWCP PREMIUM REDUCTION PROGRAM APPLICATION

OFFICE OF MANAGEMENT AND BUDGET

RISK MANAGEMENT DIVISION

SFN 53425 (6-2016)

State agencies must submit the application within 60 days after the beginning of the premium period to participate in the Risk Management Workers Compensation Program (RMWCP) premium reduction programs. Agencies who successfully implement and maintain the selected premium reduction program(s) will receive up to a maximum of fifteen (15) percent discount for the premium year of participation.

Contact Information

State Agency	Name of RMWCP Contact	
Title	Telephone Number	Email Address
Premium Period	Policy Number	

Discount Options

Ergonomics Program <input type="checkbox"/>	Application for 3% discount
Designated Medical Provider/Return to Work Program <input type="checkbox"/>	Application for 3% discount
Incident Investigation Program <input type="checkbox"/>	Application for 3% discount
Safe Lift Program <input type="checkbox"/>	Application for 3% discount
Hazard Identification and Control Program <input type="checkbox"/>	Application for 3% discount
Slips, Trips and Falls Program <input type="checkbox"/>	Application for 3% discount

By my signature, I acknowledge and understand the outlined requirements of the program. Risk Management may audit each program annually to determine if requirements have been met. Audits may be performed at the discretion of Risk Management by telephone, mail, internet or on-site visit.

Signature	Date
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Please retain a copy for your records and mail or fax the original to:

Risk Management Workers Compensation Program
Attn: Diane Waliser
1600 East Century Ave, Suite 4
Bismarck, ND 58503-0649
Fax: 701-328-7585