

## APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM FHMIC POLICY NO. 306-\_\_\_\_\_

Name of Employer:

Date Program Implemented:

### TESTING DRUG TESTING HAS BEEN CONDUCTED IN THE FOLLOWING AREAS

|                      |   |
|----------------------|---|
| Job applications     | Routine fitness for duty                  |
| Reasonable suspicion | Follow-up to Employee Assistance Programs |

### NOTICE OF EMPLOYER'S DRUG TESTING POLICY

|   |  |
|---|--|
| Copy to all employees prior to testing        | Show notice of drug testing on vacancy announcements   |
| Posted on employer's premises                 | Copies available in personnel office or other suitable locations   |
| Copy to job applicants prior to testing       | No notice required because the employer had a drug testing program in place prior to this rule's effective date (12/16/91) |
| General notice given 60 days prior to testing |  |

### EDUCATION

|                              |                         |
|------------------------------|-------------------------|
| Resource file on providers   | Annual education course |
| Employee Assistance Programs |                         |

Name of Medical Review Officer:

A. Name of approved Department of Health and Rehabilitative Service Lab or NIDA approved lab:

B. Telephone #: ( )

C. Address:

I (we) understand the premium credit will be revoked from inception if physical verification or other evidence reveals program not in compliance with Florida Statutes 440.101 and 440.102.

***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 is guilty of a felony of the third degree.***

|               |      |                         |
|---------------|------|-------------------------|
| Employer Name | Date | Officer/Owner Signature |
|---------------|------|-------------------------|

***Application must be signed by an officer or owner.***

**THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.**

|                           |      |                          |
|---------------------------|------|--------------------------|
| Notary Public's Signature | Date | Expiration of Commission |
|---------------------------|------|--------------------------|

**PLEASE NOTE:** Only ***notarized*** applications will be processed for the premium discount.