



COUNTY

[159 COUNTY GOVERNMENTS]

GROUP SELF-INSURANCE WORKERS' COMPENSATION FUND

SAFETY DISCOUNT VERIFICATION FORM

If the organization is a member of the ACCG - GSIWCF [workers' comp] Insurance Program, complete this SAFETY DISCOUNT VERIFICATION FORM and return between

August 1, 2019 and **September 19, 2019.**

The members of the Board of Commissioners of _____ County
(Name of County)

hereby verify that they fully comply with the requirements of the Safety Discount Program.

County Chairman Signature

Date

▪ The appointed **ACCG – GSIWCF Safety Coordinator** is _____
(Safety Coordinator is responsible for the Safety Program)

Position _____ Email: _____

TRAINING REQUIREMENTS

• SAFETY COORDINATORS

COMPLETE SAFETY COORDINATOR MODULES I, II, OR III _____
(COURSE / DATE)

• ANY MEMBER EMPLOYEE

ATTEND ONE LGRMS TRAINING COURSE _____
(COURSE / DATE)

QUARTERLY SAFETY MEETINGS OCT - DEC JAN - MAR APR - JUN JUL - SEP

SAFETY ACTION PLAN PROGRESS

- DEVELOP A CURRENT SAFETY ACTION PLAN AND SEND A SIGNED COPY ALONG WITH THIS FORM.
- HIGHLIGHT ACHIEVEMENT(S) OVER THE LAST 12 MONTHS ON PRIOR SAFETY ACTION PLAN.

Send 1 COPY ONLY (if applicable) to **Penny Henderson** to one of the following:

Fax 404-522-1897 / Email accginsurance@accg.org

ACCG Insurance Programs, 191 Peachtree Street, Suite 700, Atlanta, GA 30303