



# 2+2% REBATE PROGRAM

## New Enrollment Form

### Must Be Returned By 7/31/2019

In an effort to reduce the number of workplace accidents and to share resources and information on accident prevention, risk management and workers' compensation in Ohio, BWC's Division of Safety & Hygiene and your local safety council co-sponsor this service.

**In signing this enrollment form, the employer makes a commitment to send representatives to the majority of the safety council meetings and to submit semi-annual reports by the deadline dates.**

Enrollment Date \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Average Number of Employees \_\_\_\_\_

Type of Work \_\_\_\_\_

BWC Policy # \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Safety Council Account Number  
*To be completed by the Safety Council before submission to BWC*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_