



# AUTHORITY Only

[NOT A COUNTY GOVERNMENT]

**DEFINITION OF AUTHORITY:** Separate companies created as a means of providing specific services to their citizens

**EXAMPLES:** Water & Sewer, Libraries, and Development Authorities

## 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, 2024 and September 16, 2024

- The appointed **ACCG-GSIWCF Safety Coordinator** is \_\_\_\_\_  
(Safety Coordinator is responsible for the Safety Program)

Position \_\_\_\_\_ Email: \_\_\_\_\_

- Yes  No If there is a change in the safety coordinator, please advise if the previous contact is still affiliated with the county to maintain a current database.

#### TRAINING REQUIREMENTS

- SAFETY COORDINATORS**

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

- ANY MEMBER EMPLOYEE**

ATTEND LGRMS TRAINING COURSE OR WEBINARS \_\_\_\_\_  
(COURSE / DATE)

**DEPARTMENTAL SAFETY MEETINGS**  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

**SAFETY COMMITTEE MEETINGS**  OCT-DEC  JAN-MAR  APR-JUN  JUL-SEP

**SAFETY ACTION PLAN [DUE APRIL 1<sup>ST</sup> to LGRMS]** \_\_\_\_\_  
(DATE SUBMITTED)

Director of the \_\_\_\_\_ Authority hereby  
(Name of Authority)

verifies that the organization fully complies with the requirements of the Safety Discount Program.

\_\_\_\_\_  
Executive Director Signature

\_\_\_\_\_  
Date

Email [accginsurance@accg.org](mailto:accginsurance@accg.org)