



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, 2025 and September 15, 2025

- 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 1ST 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