



## SCF ANNUAL DRUG AND ALCOHOL PROGRAM VERIFICATION FORM

### I. Eligibility Requirements

The insurance carrier has implemented a voluntary policy, reducing the amount of premium paid by a policyholder by five percent if the policyholder has established a policy of drug testing or alcohol impairment testing in accordance with ARS Section 23-493-04 and ARS 23-961K and maintains this policy on an ongoing basis. To receive this drug-free workplace premium credit, policyholders must:

1. Provide information to the insurer, as required, to confirm that a qualifying program has been established and is being maintained.
2. Comply with the alcohol and drug testing policy requirements in accordance with ARS Section 23-493-04 and ARS 23-961K. These laws require:
  - a. Conduct drug testing of prospective employees.
  - b. Conduct drug and alcohol testing of an employee after the employee has been injured.
3. Allow the Insurer to have access to the drug testing results under number 2 above.

### II. Attestation of Eligibility

The undersigned has authorization to certify that the policyholder meets all of the above-referenced criteria for eligibility to participate in the drug-free workplace premium credit program. The undersigned specifically certifies and attests that the policyholder conducts all post-accident drug and alcohol tests within 24 hours, or sooner, after the accident is reported and that drug and alcohol impairment testing is required after every accident. The undersigned further acknowledges that the policyholder has an ongoing obligation to maintain the above-referenced eligibility requirements in order to qualify for continued participation in the program.

It is further acknowledged that the policyholder has an obligation to immediately advise insured carrier should the policyholder no longer meet all of the eligibility requirements. The undersigned further recognizes that the policyholder is obligated to reimburse insured carrier for any benefits derived from this program during such time that the policyholder does not meet all eligibility criteria. **The undersigned specifically certifies and attests that the policyholder recognizes that credit will not be given without meeting all criteria as defined by all applicable statutes.**

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

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed name:

\_\_\_\_\_  
to  
Policy Period:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Policy Number:

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

**This program must be renewed each year and the renewal must be completed within 30 days of the policy renewal.**

## State Information

### Arizona—Alcohol- and Drug-Free Workplace Premium Credit—Clarification Circular

We are issuing this clarification regarding the administration of the Alcohol- and Drug-Free Workplace Premium Credit program. The program provides for a 5% premium credit for qualifying employers.

The *Basic Manual* rules regarding the credit require that employers must provide a written statement to the carrier prior to or within 30 days after the beginning of the policy effective date each year, certifying that the business has implemented a program meeting the requirements of Title 23. Qualification for the 5% credit requires the employer to uniformly drug test all employees.

The Department of Insurance has received inquiries regarding the application of the Alcohol- and Drug-Free Workplace Premium Credit program to government employers that are not allowed to perform drug testing on all employees. This circular is intended to clarify that government employers that do not perform drug testing on all employees are **not eligible** for the premium credit.

This circular is applicable to all carriers writing workers compensation insurance in Arizona.

### Contact Information

If you have any questions, please contact:

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