



**Safety Groups Program
Firm Application Form**



Yes, as the owner/Senior Manager, I would like to apply on the behalf of my company to participate in the Safety Groups Program for 2007.

| | | | | | |
|--|--|----------------------|--|---|--------------|
| Firm Information: | | | | | |
| Firm (full name): | | | | | |
| Parent Company (if any): | | | | | |
| WSIB Account Number: | | | WSIB Firm Number(s): | | |
| Annual WSIB Premium: | | Number of Employees: | Union <input type="checkbox"/> yes <input type="checkbox"/> no | If "yes", state Union name. | |
| Address: | | | City/Town: | Province: | Postal Code: |
| Telephone Number: () | | FAX Number: () | E-mail Address | | |
| Contact Name (please print): | | | | Language: <input type="checkbox"/> English <input type="checkbox"/> French | |
| Title: | | | | | |
| Signature: | | | | Date (dd/mmm/yyyy) | |
| Safety Group Sponsor: CANADIAN MACHINE, TOOL, DIE & MOULD FEDERATION | | | Indicate the year(s) in the program. <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 | | |

Please forward to the Safety Groups Sponsor of the group you are joining.

**CANADIAN MACHINE, TOOL, DIE & MOULD FEDERATION
140 McGovern Drive, Unit #3
Cambridge, ON N3H 4R7
Tel: (519) 653-7265
Fax: (519) 653-6764
Email: info@ctma.com**

| | | |
|---|-------------------------------|--------------------|
| Financial Information Disclosure: | | |
| We authorize the Workplace Safety & Insurance Board (WSIB) to disclose to the "Safety Group Sponsor" all financial information required for the administration of a Safety Group. This information would include files regarding; | | |
| <ul style="list-style-type: none"> • Our premiums, classification, experience rating and claims costs. | | |
| This authorization is valid for a minimum of 12 months from the date of this application or to the following date of 31/12/2007 (dd/mmm/yyyy) | | |
| <i>(Written notice to the Prevention Services Branch of the WSIB is required to cancel this agreement)</i> | | |
| Signature: | Title (Owner/senior manager): | Date (dd/mmm/yyyy) |

SAFETY GROUPS PROGRAM

TERMS AND CONDITIONS OF PARTICIPATION (2007):

1. Employers must submit their signed application form and this document to their Sponsor, the Canadian MTDM Federation, by December 1, 2006.
2. Applicants to the Safety Groups Program must participate for at least one calendar year.
3. Employers applying to participate in the Safety Groups Program must be a schedule 1 employer with the WSIB and be in good standing. Participating firms are required to complete the WSIB's "Compliance Audit for Employers" to confirm their good standing.
4. Employers can participate in only one Safety Group at a time and cannot participate in the Safe Communities Incentive Program.
5. To be part of the Canadian MTDM Federation's Safety Group, employers must maintain membership in good standing with one of the following participating associations: Canadian Tooling & Machining Association (CTMA), Canadian Association of Mold Makers, Inc. (CAMM), or Mould Makers Council of CPIA (CPIA/MMC).
6. Employers must remit an annual registration fee to the Canadian MTDM Federation by January 31, 2007. Registration Fee is based on the company's number of employees: 1-19 employees \$350.; 20-49 employees \$475.; 50-99 employees \$650.; 100-199 employees \$800.; 200+ employees \$1,000. (6% GST is applicable to all registration fees).
7. Employers participating in the Safety Groups Program are required to complete at least five elements from the Achievement List as set out in the program guidelines. Employers must successfully complete a minimum of three elements to share in any potential rebate. For an element to be considered complete, all five steps of the management system have to be in place and documented.
8. Employers must complete a baseline assessment of their workplace to identify their current prevention programs strengths and weaknesses. They will use this information to select their Achievement List Elements and develop their Action Plan.
9. Employers must complete and submit periodic Progress Reports.
10. Employers must participate in a workplace assessment at the end of the year. Employers are required to complete a Year-End Achievement Report by December 15. The year-end assessment can act as a baseline assessment for the next year in the program, should they continue.
11. Employers must appoint a Safety Groups Coordinator to fulfill the administrative activities required as a participant in the Safety Groups Program. Should the person appointed change during the year, the CMTDMF and the WSIB should be advised.
12. Employers must attend and participate in at least four of five Safety Group meetings/workshops per year as organized by the Canadian MTDM Federation.
13. Employers must participate in networking activities with other group members.
14. If asked, employers must cooperate with WSIB's mid-year progress visits and year-end spot-checks as part of the evaluation process. Employers selected for a spot-check will be required to provide documentation to demonstrate what they reported to the WSIB.
15. Employers must remit 10% of any awarded Safety Group Rebate to the Canadian MTDM Federation.
16. Employers must maintain regular contact with their Safety Group Sponsor.
17. Employers and their employees may be asked to participate in questionnaires, surveys or interviews as part of the ongoing Safety Groups Program evaluation.

Agreement to Terms & Conditions Above:

Company Name: _____

Owner/Senior Manager Name: _____

Title: _____

Signature: _____ Date: _____