



WE MAKE WORKERS' COMP WORK

DRUG TESTING PROGRAM CREDIT - REQUEST FORM

AGREEMENT NUMBER: _____

MEMBER NAME: _____

This is to advise that the above member does have a drug-testing program in place and is requesting the application of the **TBG Drug Testing Program Credit**.

The Name of the Drug Testing Program Administration Company is: _____

Effective Date of Enrollment in Program: _____

This member conducts the following categories of drug tests to all safety sensitive positions:

Pre-Employment Testing

Post Accident Testing

**Note: TBG does require that both pre-employment and post-accident testing is completed to receive the 3% credit.*

This credit will not apply to member's whose drug-testing program is limited to the drug testing mandates of governmental regulatory authorities (DOT).

Signature

Date

Revised: November 2019