



**WE MAKE WORKERS' COMP WORK**

**Drug Credit Program - REQUEST FORM**

**AGREEMENT NUMBER:** \_\_\_\_\_

**MEMBER NAME:** \_\_\_\_\_

TBG offers two drug credit options. Please select which of the options you have chosen to implement. Each option will result in a 3% credit. In the case you do both, maximum credit is 3%.

**Drug-Testing Program** Complete information below.

**Reasonable Suspicion** Complete information below on following page.

**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 members whose drug-testing program is limited to the drug-testing mandates of governmental regulatory authorities (DOT).**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**REASONABLE SUSPICION PROGRAM CREDIT - REQUEST FORM**

**AGREEMENT NUMBER:** \_\_\_\_\_

**MEMBER NAME:** \_\_\_\_\_

This is to advise that the above member does have a reasonable suspicion program in place and is requesting the application of the **TBG Reasonable Suspicion Program Credit**.

Name of Individual Trained	Date Trained	Training Facility Location	Training Program Used

**Note, TBG does require that training be conducted by a TBG approved training program. Please contact your safety service representative for further information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

December 2023