



Work Comp Associates, Inc.

Florida's Premier Source for Workers' Compensation Coverage & Information

Drug-Free Testing Application - Alliance Health & Safety Service

Revision date: 6/19/2007

Instructions:

Please complete the following information--blanks are in order from top-down and left to right:

1. "(Please indicate method of payment)": check the payment type that you are sending.
2. "Account #," "Exp Date," and "Signature": complete these if you are paying by credit card.
3. "To expedite the delivery of set up & test forms please provide": if you wish us to overnight your Drug-Free Workplace (DFWP) packet to you, provide your overnight account number and carrier.
4. "Employer name": your company's name
5. Address information
6. "Contact person": the contact for your DFWP program
7. Title, phone, and email information
8. "Number of employees"

Please return the application to us along with your company check for the \$35 setup fee (if paying by check).

This form is provided courtesy of Work Comp Associates, Inc.

DFWP Testing

Premium Discount Program

Adding the services of the Alliance substances of abuse management team to your staff, immediately provides your company with the best drug testing program available anywhere today.

Our completely turnkey program complies with all Department of Transportation & drug free workplace program criteria.

Drug free workplaces work - We've seen marked reductions in workers compensation claims, reduced labor costs & lost work hours plus declines in serious accidents. Companies have reported increases in productivity, improved moral and generally safer work environments.

The program continues to pay for itself in-reduced premiums and by making your company a contributing member of the growing "Drug Free" Workplace Community.

Alliance & Work Comp Associates
Working together to provide safe,
Drug-Free workplaces

Alliance Health & Safety Service
546 Franklin Ave. Massapequa NY 11758
(800) 526-9341 fax (800) 547-2966

How will your program work?

1. The required Medical Review Officer & laboratory information will be sent to you upon completion of your account set up.
2. We will supply you with Custody & Control Forms (these are the forms you need in order to have a test performed) & a collection site location.
3. All applicants must be drug tested after the required conditional offer of employment is made.
4. A urine drug & a blood alcohol test must be conducted on any accident/incident requiring Worker's Comp medical treatment.
5. When you need to have a test conducted, give the applicant/employee (donor), a Custody & Control Form & either send them, or take them (reasonable suspicion), to the assigned collection facility.
6. Donor must have photo identification & the Custody & Control Form when reporting for a drug test collection.
7. When the laboratory completes the testing, a report will be sent to the Medical Review Officer who will review it & report results to your drug program manager.

DFWP Testing

How do I begin?

Complete & submit with company set up fee.

(Please indicate method of payment)

M/C Visa AMEX Company Check

Account # _____

Exp Date _____

Authorized Signature _____

To expedite the delivery of set up & test forms please provide:

Overnight account number: _____ FedEx Airborne Other: _____

AUTHORIZATION TO BEGIN PROGRAM

By _____

Title _____

Employer Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____

Alternate Contact Person _____

Title _____

Phone _____ Fax _____

Email _____

Number of Employees _____

We also require Department of Transportation testing:

YES NO