



SMT Safety Series



Achieving a Certified Safety Committee
Premium Discount

February 24, 2022

BENECON



SUSQUEHANNA MUNICIPAL TRUST

**A premier self-funded
worker's compensation
program for Pennsylvania
municipal entities and their
employees.**

Established in 1995 and administered in
partnership with Benecon.

Trust Membership

78 municipal entities

38 county service area



www.smtpa.org

Achieving a Certified Safety Committee Premium Discount

- ❖ PA Workers' Compensation Act
- ❖ SMT Policy 2021-1
- ❖ SMT Membership Renewal – Policy Year 2023

- ❖ Benefits of a Certified Safety Committee
- ❖ Certification Requirements
- ❖ Achieving Certification
- ❖ Records Retention



Roni Ryan
Executive Director, SMT
Benecon

Premium Discount for Certified Safety Committees

PA Workers' Compensation Act

- ❖ Chapter 129, Subchapter F titled Workplace Safety Committees
- ❖ Provides for the eligibility of a 5% workers' compensation premium discount for employers with a certified workplace safety committee.

SMT Policy 2021-1

- ❖ Effective policy year 2023
- ❖ Discount applied the policy renewal period next following the date of certification by the PA Bureau of Workers' Compensation
- ❖ Applied to total premium following the Experience Modification Factor adjustment

SMT Documents Required At Policy Renewal

At the time of policy renewal (mid-August) SMT will send each member a membership renewal application and Concentration of Risk worksheet for the next policy year.

Return to SMT for policy renewal (due mid-September):

- 1) Completed renewal application with payroll estimates for each applicable employee class code
- 2) Completed Concentration of Risk worksheet

Also return to SMT for 5% premium discount with a certified safety committee:

- 3) Letter of workplace safety committee certification from the PA Bureau of Workers' Compensation
- 4) Verification of the most recent annual certified safety committee training

If documentation is received from the Bureau after September, submit separately ASAP and no later than December 1

Safety Committees



www.smtpa.org



William (Bill) J. Foehlinger III
Assistant Vice President &
Senior Risk Control
Consultant

PARIS

(PA Risk & Control Services)

A division of
Murray Insurance



Safety Educational Webinar Series – Achieving a Certified Safety Committee Premium Discount



The Challenge

- Positions dedicated solely to safety are not found in most municipalities.
- This makes the use of Safety Committees extremely important



Benefits

- Forum for employee and employer representatives to come together.
- PROACTIVELY PROMOTE



Benefits

- A strong committee structure can:
 - Highlight safety and health problems;
 - Point out corrective action
 - Help investigate accidents; and
 - Conduct periodic safety self-audits



Certified Safety Committee Requirements



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Recap

- Reduce workers' compensation premiums by 5 percent each year by setting up a workplace safety committee that meets the requirements for state certification.





Committee Requirements

- Must have at least 4 members – 2 *ER* and 2 *EE*
- Never more *ER* than *EE*
- Members must be covered under the Work Comp policy!!
- Membership must come from ALL major areas
- Each monthly meeting must have 51% membership
- What about ER / EE split for each monthly meeting?
- Documentation is KEY!

Committee Requirements

- All Committee members must be trained by a qualified trainer in safety committee operation, accident investigation including substance abuse awareness, and hazard inspection prior to submitting the Application.
- Training of the safety committee members is required on an annual basis after obtaining certification.

Committee Requirements

- The Committee should be composed of at least an equal number of applicant-employer and employee-representatives unless otherwise agreed upon by both parties.
- Committees must meet monthly, keep meeting agendas, attendance lists, and meeting minutes.
- The Committee membership should represent all primary operations of the workplace.

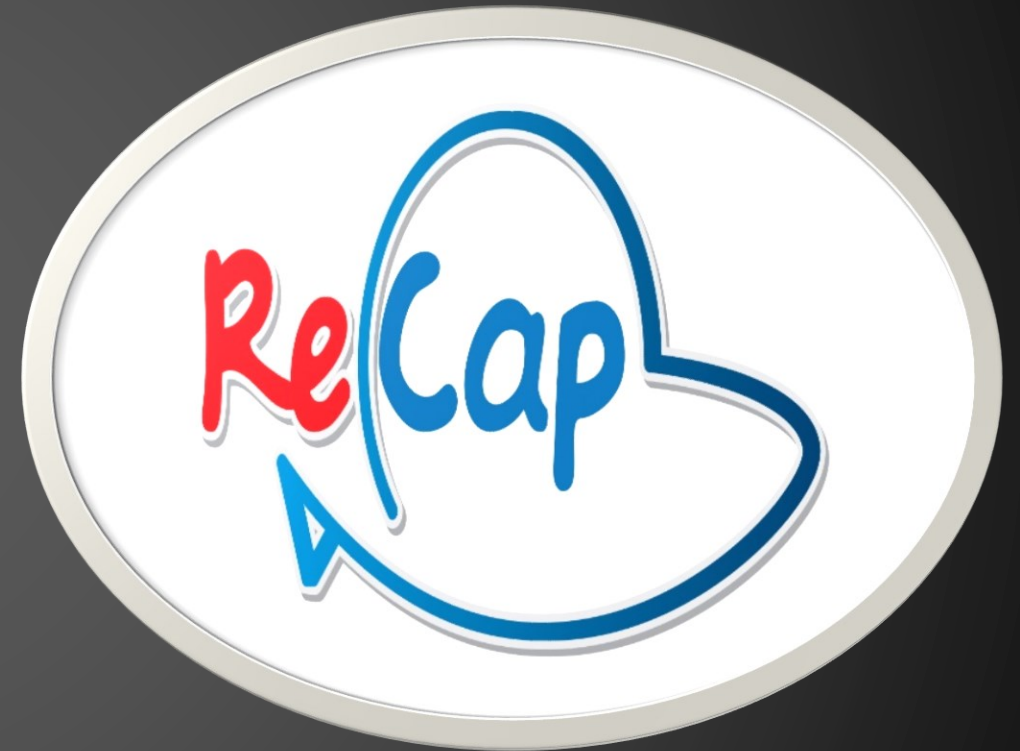
Training Recap

- Provided to all members.
- Must be completed when committee initially formed.
- Can not take the place of a regular meeting.
- Make up sessions!



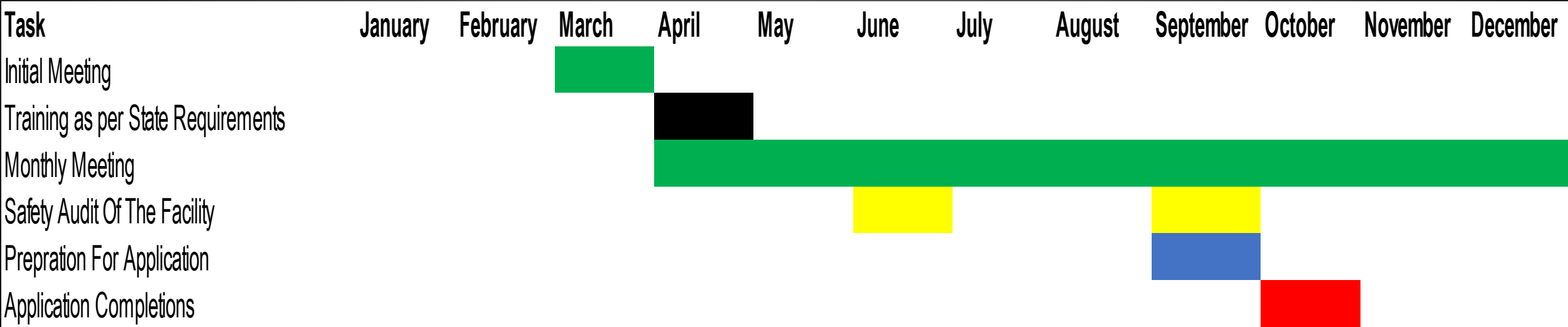
Submission Recap

- Driven by the workers' compensation policy renewal date.
- SMT member = Policy Year 2023



Submission Recap

- Since SMT members have a January 1 renewal date, your committee must have been formed on or before **March 1, 2022**, and your first formal meeting should be conducted prior to **March 31, 2022!!**



Safety Committee Documentation



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Section 4: Safety

Sample Safety Committee Bylaws

To obtain/maintain safety committee certification procedures, such as rules or bylaws that pre to a committee's success by documenting h simple or complex as the committee desires bylaws that conform to your business's spec

Safe

Name of Committee

Example: Safety Company Incorporated Saf

Purpose

The purpose of (name of committee) is to p tribute to workplace safety in hope of achiev

Goal

The goal of (name of committee) is to elimir and managers in identifying hazards and su This can be facilitated by reviewing incidents prevent future incidents.

Objectives

The (name of committee) has four objective

- Provide measures for employee invol
- Promptly review all safety-related inc
- Conduct monthly, or as needed, work for eliminating or controlling hazards. reported hazards.
- Annually evaluate the (name of comm improvements to management.

Representatives

The (name of committee) will have committ committee will be comprised of at least four employer representatives then employee re volunteer for committee service or can be el appointed by the employer. Employee repres Employer representatives can be rotated on one experienced representative serves on th terms of the members.

Committee Chair and Vice-Chair

The committee should elect a committee ch basis.

Duties of the Committee Chair

- Schedule monthly committee meeting
- Develop and distribute written agend
- Conduct committee meetings.
- Present committee correspondence a
- Ensure the preparation and distributi

Section 4: Safety Comm

Sample Safety Committee Meeting Agenda

Safety Committ

Date:

ROLE CALL:

Review Minutes from Previous Me

Review Incident Report(s):

Committee Report(s):

Old Business:

New Business:

Schedule Next Meeting Date:

Adjourn:

Section 4: Safety Committee Reference Materials

Sample Safety Committee Meeting Minutes

Safety Committee Meeting Minutes

Recorder:

Members Present:

Members Absent:

Guests:

Call To Order:

Review and Approve Agenda:

Review of meeting minutes from previous month:

Review Incident Reports:

Committee Reports:

Old Business:

New Business:

Schedule Next Meeting Date:

Adjourn:

Certification Process Overview

- Online filing

Health & Safety Division Introduces HandS System

Take the "H" in Health, the "S" in Safety, and
put "and" in the middle: you have HandS.



First Time Users

HandS - Publicly Available Services - Windows Internet Explorer

https://www.hands.state.pa.us/HandS.Web/PubliclyAvailableServices.aspx

File Edit View Favorites Tools Help

Share Browser WebEx

HandS - Publicly Available Services

HandS

Contact Help Line View Help

Publicly Available Services

Contact Health & Safety

Please select the action that you wish to perform from the choices given below.

- Login to HandS using an existing profile
- Create a user profile in HandS

VeriSign Trusted

ABOUT SSL CERTIFICATES

Done Internet 100%

start L&I Home - Windows ... HandS - Publicly Avail... Safety Manual maste... Inbox - Microsoft Out... 3:08 PM

Registration Page



- User ID must be 4 to 10 characters and can contain only characters from the following categories: Upper case letters (A through Z), lower case letters (a through z), and numerals (0 through 9).
- Password must be 8 to 12 characters long and must contain characters from at least three of the following categories: Upper case letters, lower case letters, numerals; non-alphanumeric characters (! @ # % \$).
- Enter all required information. Select Yes for Electronic Notification if you want to use this feature in HandS and receive notices electronically instead of by paper.



Bureau Codes: Group Self-Insured Employers



Department of Labor & Industry

5502	PENN PRIME WORKERS' COMPENSATION TRUST
5507	PENNSYLVANIA COMMUNITY PROVIDERS ASSOC. GROUP WC TRUST FUND
5514	PENNSYLVANIA ELITE TRANSPORTATION RISK ORGANIZATION
5526	PENNSYLVANIA HOME CARE & HUMAN SERVICES WC TRUST
5504	SCHOOL DISTRICTS INSURANCE CONSORTIUM
5519	STATE ASSOCIATION FOR TRANSPORTATION INSURANCE WC FUND
5520	SUSQUEHANNA MUNICIPAL TRUST
5522	UNITED METHODIST WC TRUST FUND
5525	UNIVERSITY & COLLEGE CONSORTIUM



Achieving a Certified Safety Committee Premium Discount

Sign and Consent Page

The screenshot shows a web browser window titled "Hands - Sign and Consent - Microsoft Internet Explorer". The address bar shows the URL "https://www.hands.state.pa.us/Hands.Web/SignAndConsent.aspx". The page header features the "Hands" logo (two hands shaking) and navigation links for "Contact Help Line" and "View Help". A red asterisk indicates a required field.

Sign and Consent

Organization Information	
Organization Name	Safety Org
Are you a Commonwealth Agency?	No
Organization Type	Workplace Safety Committee
FEIN	00-0000009

Acknowledgement and Agreement

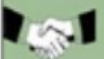
By establishing this profile in the Hands system, I verify that I am authorized to represent the organization named above and to conduct business related to Article X of the Pennsylvania Workers' Compensation Act, Health and Safety regulations.*

Employer Login Page

Hands - Login - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <http://www.handspring.state.pa.us/Hands/Web/Login.aspx>

 **Hands** [Contact Help Line](#) [View Help](#) * = Required Field

Login

[Register for an Online Account](#)

Login

User ID*

Password*

Notification Dashboard

The screenshot shows a web browser window titled "Hands - Customer Notification Dashboard - Microsoft Internet Explorer". The address bar shows the URL: <https://www.handstaging.state.pa.us/hands/web/CustomerNotificationDashboard.aspx>. The page header features the "Hands" logo (two hands shaking) and the text "Hands". To the right of the logo, there are links for "Contact Help Line", "View Help", "View Dashboard", and "Log Out". The user is identified as "User: WSC - 5". Below the header, the main content area is titled "Customer Notification Dashboard". There is a "Change Password" link. A table titled "Notifications" has two columns: "Message" and "Received On". Below the table, there is a section titled "Please select the action that you wish to perform from the choices below" with two links: "Begin a Renewal Application for certification of a workplace safety committee online" and "Modify Organization Registration".

Sections 1 – 2

Hands - Initial Application (Sections 1-2) - Windows Internet Explorer

https://www.handsatag.state.pa.us/Hands-Web/Certification/InitialApplicationPage.asp

Hands

User: Rachel Sh

Initial Application for Safety Committee Certification (Sections 1-2)

Section 1: Applicant/Employer Information

An applicant/employer desiring to apply for certification of its workplace safety committee shall file an initial application inclusive of all Pennsylvania workplaces represented by the workplace safety committee(s) between 90-30 calendar days prior to the annual renewal of a workers' compensation policy, self insurance renewal year or group self insurance fund year.

Enter your current Policy Period Begin and End Dates to verify that you are eligible to submit an Initial Application for Certification.

Policy Period Begin Date:

Policy Period End Date:

FEB# 00-000000

Confirm FEB# 00-000000

NAICS: 000000

Applicant/Employer Name:

Address Line1:

Address Line2:

City:

State: Pennsylvania

ZIP: 00000 ZIP + 4:

Contact Person: Prefix: First Name: Last Name:

Email Address:

Phone Number: (717) 555-0123 EX:

Fax:

Is Applicant-Employer covered by Collective Bargaining? No

Is Applicant-Employer Self-Insured or a member of a Self-Insurance Group Fund? Not Applicable

Section 2: Committee Structure Information

The safety committee structure must conform to one of the following types:
Please indicate which type of safety committee is in effect.*

Single — one workplace within the Commonwealth represented by a Single workplace safety committee at that workplace.

Centralized — more than one workplace covered by a Centralized workplace safety committee representing all workplaces within the Commonwealth.
If the safety committee structure is Centralized, enter the number of workplaces covered by the Centralized workplace safety committee:

Multiple — more than one workplace covered by separate and individual (Multiple) workplace safety committees at each workplace within the Commonwealth.
If the safety committee structure is Multiple, enter the number of workplaces covered by Multiple (separate and individual) workplace safety committees:

Save and Submit Save and Continue Cancel

Section 3

The screenshot shows a web browser window titled "Hands - Initial Application (Section 3) - Microsoft Internet Explorer". The address bar shows the URL: <http://www.handstraining.state.pa.us/Hands.Web/Certification/InitialApplicationPage2.aspx>. The page header features the "Hands" logo and navigation links: [Contact Help Line](#), [View Help](#), [View Dashboard](#), and [Log Out](#). The user is identified as "User: UAT 3 - WSC".

The main content area is titled "Initial Application for Certification (Section 3)". Below this title is a dropdown menu set to "Section 3" and a "Go" button. The primary section is "Section 3. FEIN Details Section".

General Instructions: Please document all FEINs in use by the applicant/employer for each of the PA workplaces covered by the safety committee(s). Each FEIN must be listed only once and must show the official Entity Name used by each FEIN.

FEIN Details

FEIN Number	Entity Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Buttons at the bottom of the form include "Add New FEIN Details", "Save and Suspend", "Save and Continue", and "Cancel".

Section 4

Hands - Initial Application (Section 4) - Windows Internet Explorer

http://www.handsforpa.state.pa.us/Hands/InitialCertification/InitialApplicationPage3.aspx

Hands User: Rachel Shower

[Contact Help Line](#) [View Help](#) [View Dashboard](#) [Logout](#)

Initial Application for Certification (Section 4) Section 4

Section 4 - Current Workers' Compensation Policy Details

General Instructions: Please document all workers' compensation policies in use by the applicant/employer for each PA workplace covered by a safety committee(s). Each policy should be listed only once and must show the current carrier name, current policy number, and the current policy period dates.

Policy Details

Policy Number	Carrier Name	Policy Date From	Policy Date To
<input type="text"/>	<input type="text"/>	<input type="text" value="07/01/2010"/>	<input type="text" value="07/01/2011"/>
<input type="button" value="Add New Details"/>			
<input type="button" value="Save and Upload"/> <input type="button" value="Save and Continue"/> <input type="button" value="Cancel"/>			

Section 5

The screenshot shows a web browser window titled "Hands - Initial Application (Section 5) - Windows Internet Explorer". The address bar shows the URL: <https://www.hands-tag.org/state.pa.us/Hands/WEB/Certification/InitialApplicationPage1.aspx>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The Hands logo is visible in the top left, and the user is identified as "User: Rachel Shover" in the top right. Navigation links for "Contact Help Line", "View Help", "View Dashboard", and "Log Out" are present. A "Required Field" indicator is shown in red. The main heading is "Initial Application for Certification (Section 5)". A dropdown menu is set to "Section 5".

Section 5. Workplace Details Section

General Instructions For each FA workplace covered by the workplace safety committee(s), please enter the workplace name, address, and number of employees.

Enter at least one FEIN from Section 3 and one workers' compensation policy number from Section 4 for each individual workplace(s). If there are multiple FEINs and policies in place for the workplace, please enter additional FEIN/Policy pairs as necessary.

Workplace Details

Workplace # 1 Step 1: Edit Workplace Details

Workplace Name	
Address (line 1)	
Address (line 2)	
City	
State	
Zip Code	
No. of Employees	

FEIN(s) and Policy(s) for this Workplace

FEIN Number	Policy Number

Buttons: Save and Update, Save and Continue, Cancel

Sections 6 – 9

The screenshot shows a web browser window titled "Hands - Initial Application [Sections 6-9] - Windows Internet Explorer". The URL is "http://www.handsatgig.state.pa.us/Hands/InitialApplicationPage5.aspx". The page header includes the "Hands" logo and navigation links: "Contact Help Line", "View Help", "View Dashboard", and "Log Out". The user is identified as "User: Rachel Shearer".

The main content area is titled "Initial Application for Certification (Sections 6-9)". It is divided into four sections:

- Section 6. Eligibility Requirements:** Includes fields for "Date committee formed*", "Total number of committee members*", "Number of employer-representatives (RE)*", and "Number of employee-representatives (EE)*". It also has dropdown menus for "The committee membership represents all primary operations of the workplace(s).*" and "The committee represents all applicant/employer workplaces within the Commonwealth.*".
- Section 7. Membership Information:** A table with columns: "Member First Name", "Member Last Name", "Job Title", "Rep Type", and "Training Completion Dates". The "Rep Type" column has a dropdown menu. The "Training Completion Dates" column has three sub-columns: "Hazard detection and inspection", "Incident Investigation & Prevention", and "Safety Committee Operation".
- Section 8. Committee Member Training:** Includes a statement: "All committee members have received their required training prior to submitting this application:". It has dropdown menus for "Hazard Detection and Inspection*", "Incident Investigation and Prevention*", and "Safety Committee Operation*". It also has a dropdown for "Applicant employer maintains written records of safety committee training which includes:" followed by a bulleted list: "Names of committee members trained", "Dates of training", "Training time period", "Training methodology", "Names and credentials of personnel conducting training", "Training location", and "Training topics".
- Section 9. Trainer Information:** Includes a statement: "For each instructor, enter the complete name, organization type, trainer type, and the dates and topics of training that they delivered:". It has a table with columns: "Trainer First Name", "Trainer Last Name", "Organization Type", "Trainer Type", "Credential Code", and "Training Completion Dates". The "Training Completion Dates" column has three sub-columns: "Hazard detection and inspection", "Incident Investigation & Prevention", and "Safety Committee Operation".

The bottom of the browser window shows the Windows taskbar with the Start button and several open applications: "Microsoft Office...", "Hands - Initial Applic...", "Renewal Safety Comm...", "Safety Renewal netw...", and "New Word 2007 Docu...".

Section 10

Hands
User: Rachel Shearer
Contact Help Line View Help View Dashboard Log Out
* = Required Field

Initial Application for Certification (Section 10)

Section 10. Committee Responsibilities	
A quorum (simple majority) of committee members meets at least monthly.*	-select
The committee develops and maintains membership lists for each committee meeting.*	-select
Members of the committee are rotated according to the applicant/employer's established procedure which retains a core group of experienced members to serve on the committee at all times.*	-select
The committee develops written agendas for each committee meeting.*	-select
The committee maintains meeting attendance lists for each committee meeting.*	-select
The committee takes and maintains minutes of each committee meeting.*	-select
Minutes of committee meetings are posted or made available for all employees; minutes are sent to each committee member.*	-select
Committee decisions are made by majority vote.*	-select
The committee develops operating procedures, such as rules or bylaws, prescribing the committee's duties.*	-select
Copies of the required documents of the functioning committee are maintained for 5 years by the applicant/employer.*	-select

Save and Suspend Save and Continue Cancel

Section 11

Hands S

User: Rachel Shearer

[Contact Help Line](#) [View Help](#) [View Dashboard](#) [Log Out](#)

* = Required Field

Initial Application for Certification (Section 11)

Section 11. Committee Meeting Information

In the spaces below, provide required information (agendas, minutes, and attendance lists) for the six (6) months of committee meetings prior to the signing, dating, and submission of this application.

These text boxes below are to be used to copy & paste each month's meeting information into the application. If your meeting documents are in electronic format, you may simply copy (Ctrl-C) and paste (Ctrl-V) them directly into the text boxes instead of manually typing or mailing them via USPS.

If some or all of your committee meeting information is missing, your application cannot be approved until this section is complete.

Meeting #1

Monthly Meeting Date:

Agenda:

Meeting Minutes:

Attendance List:

Meeting #2

Monthly Meeting Date:

Agenda:

Section 12

Hands - Initial Application for Certification (Section 12) - Windows Internet Explorer

http://www.handsapp.state.pa.us/Hands/Hands/Certification/InitialApplicationPage1.aspx

Hands

User: Rachel Shover

Contact Help Line View Help View Dashboard Log Out

Initial Application for Certification (Section 12)

Section 11. Effectiveness Measures

Injury and illness information supplied by employees will provide an indication as to whether certified safety committees contribute to the overall success of Accident and Illness Prevention efforts.

Employers that have not been in business for one calendar year can proceed to Section 13.

Years in business

Injury and Illness Information

	Calendar Year Jan. - Dec.	Total Number of Employees Employed	Total number of Employees Injured or who became ill Due to Work Related Work Duties and/or Responsibilities
Prior Calendar Year January - December	2011	<input type="text"/>	<input type="text"/>
One Year Prior To Last Calendar Year January - December	2010	<input type="text"/>	<input type="text"/>
Two Years Prior To Last Calendar Year January - December	2009	<input type="text"/>	<input type="text"/>

Year: Prior Calendar Year Jan. - Dec.

Total Number of Employees: Total Number of Employees employed during the calendar year. (Averaged over 12 calendar Months)

Total Number of Employees Injured or Became Ill: All Employees Injured or Became Ill as a result of events or/and exposure occurring in the work environment.

Save and Suspend Save and Continue Cancel

Section 13

The screenshot shows a web browser window titled "Hands - Initial Application (Section 13) - Windows Internet Explorer". The address bar shows the URL: <https://www.handsapp.state.pa.us/Hands/440/Certificates/InitialApplicationPage.asp>. The page header includes the "Hands" logo and navigation links: "Contact Help Line", "View Help", "View Dashboard", and "Log Out". The user is identified as "Rachel Shearer".

The main heading is "Initial Application for Certification (Section 13)". A dropdown menu is set to "Section 13".

Section 13. Acknowledgments And Agreements
In consideration of the approval of this application for or Renewal of Certification of a Workplace Safety Committee (Application), the applicant/employer expressly agrees and acknowledges the following:

1. That all information contained in this application is accurate as to all legal entities of the applicant/employer;
2. That the information contained in this application accurately reflects the practices of all of the applicant/employer's workplaces within this commonwealth;
3. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations that explain or enforce Section 1002 of the Act;
4. That the Safety Committee is continuing in good faith for the purpose of preventing accident and illness in the workplace and to detect and correct hazards in the workplace;
5. That the Safety Committee is permanent and will not be disbanded by the employer except for valid business reasons;
6. That the applicant will immediately notify the Bureau of Workers' Compensation upon disbanding the committee or altering any information contained in this application;
7. That the Department of Labor & Industry (Department) may verify the information contained in this application including pertinent supporting documentation, and may review any such information for accuracy and sufficiency;
8. That false statements and/or omissions contained on this application may result in revocation of certification, the imposition of sanctions, the assessment of penalties, the loss of the privilege of a self-insurance, the loss of an insurance premium discount, and may result in criminal prosecution;
9. That the Department will notify the Pennsylvania Compensation Rating Bureau and the applicant/employer of the approval of this Application;
10. That final approval of the application is at the Department's discretion and is expressly conditioned upon the applicant's accurate and satisfactory completion of all information required on the application;
11. That certification of the Safety Committee does not constitute a finding by the Department that the employer has complied with applicable labor laws and/or labor agreements in the formation of its committee.

An authorized employee of the applicant/employer must sign this application.

I, the undersigned, verify that the facts set forth in the attached Application for Certification of Workplace Safety Committee are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A. § 4904, relating to sworn falsification to authorities."

If this document is being filed electronically, I hereby sign and attest that the facts set forth in the preceding Application are true and correct. By filing electronically and selecting the submit button below, I acknowledge, agree and represent that I am authorized to submit this information as or on behalf of the Applicant. I acknowledge, represent and agree that the act of typing my name below constitutes my lawful signature, which the Department of Labor & Industry will retain for future verification. As an authorized user, I acknowledge, represent and agree that I am identified and authenticated by the use of usernames and passwords selected by me. As an authorized user, I acknowledge, represent and agree that I am now and shall remain solely responsible for ensuring that usernames and passwords are provided only to those individuals authorized to act on behalf of the Applicant, that I am now and shall remain solely responsible for verifying the status of authorized users, and that I am now and shall remain solely responsible for updating any of the prior information.

Prefer: **First Name*** **Last Name***

Email Address* **Phone Number***

Date of signature* **Signature Full Name*** **Title/Position***

Please click on the "Submit application" button below to submit the application. Once you submit the application you will no longer be able to modify the application.

Communication Process

- Certification Approval
- Certification Disapproval
- Renewal Certification Filing Procedures



Additional Information

- PA Labor and Industry Health and Safety Division
 - 717.772.1635
- Pennsylvania Department Of Labor & Industry
 - http://www.portal.state.pa.us/portal/server.pt/community/health_safety_division/10387
- HandS System
 - <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=552336&mode=2>

Questions, Comments or Concerns?



Contact Information



William J. Foehlinger III

Assistant Vice President, Risk Control Services

39 N. Duke St., Lancaster, PA 17602

Office: 717.735.3052 | Mobile: 717.475.0865

wfoehlinger@murrayins.com

Thank you!



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MUNICIPAL TRUST**