



## Ohio Plan Safety Allowance Reimbursement Form

Ohio Plan members are eligible to receive the Ohio Plan Safety Allowance. The Safety Allowance provides a member entity an annual credit up to \$300 for the following qualifying expenses. Please complete and return this form, along with the required documentation to your Ohio Plan Representative in order to receive the Ohio Plan Safety Allowance. The Safety Allowance will be applied to your renewal quote.

<u>Qualifying Expenses</u>	<u>Cost</u>
<input type="checkbox"/> <b>Seminar/Education Reimbursement</b> – The tuition fee(s) for any seminar/training event for an individual(s) – OR – any seminar conducted by a qualified third party for a group of the member’s employees. <i>Required Documentation: Certificate of Completion and Proof of Payment</i>	\$ _____
<input type="checkbox"/> <b>Conference Fees</b> – Registration fees are eligible for the following conferences: <ul style="list-style-type: none"> <li>• Ohio Township Association</li> <li>• Ohio Library Council</li> <li>• Ohio City/County Management Association</li> <li>• Ohio Association of Public Treasurers</li> <li>• Ohio Municipal League</li> <li>• Ohio Municipal Clerks Association</li> <li>• Ohio Association of Chiefs of Police</li> </ul> <i>Required Documentation: Conference Fee Receipt</i>	\$ _____
<input type="checkbox"/> <b>Certification for Herbicide/Pesticide Applicator’s License</b> – The cost incurred by a member to obtain or renew herbicide/pesticide applicator’s license for an employee. <i>Required Documentation: Copy of Certificate and Proof of Payment</i>	\$ _____
<input type="checkbox"/> <b>MVRs</b> – The cost of running Motor Vehicle Reports of the member’s employees by an outside service provider. <i>Required Documentation: Receipt from MVR Provider</i>	\$ _____
<input type="checkbox"/> <b>CDL Drug Testing</b> – The cost of CDL drug testing that is performed for the member. <i>Required Documentation: Receipt from Testing Facility</i>	\$ _____
<input type="checkbox"/> <b>Testing for a Drug-Free Workplace</b> – The cost of drug and/or alcohol testing for employees incurred by the member. <i>Required Documentation: Receipt from Testing Facility</i>	\$ _____
<input type="checkbox"/> <b>Personal Protective Equipment (PPE)</b> – The United States Department of Labor requires that PPE be provided by the employer. The cost for any of the following types of PPE is included: for the eyes, face, head and extremities as well as protective clothing, respiratory devices and protective shields and barriers. <i>Required Documentation: Purchase Receipt</i>	\$ _____
<input type="checkbox"/> <b>Global Positioning System (GPS) Units</b> – The cost to purchase GPS units for member’s vehicles <i>Required Documentation: Purchase Receipt</i>	\$ _____
<input type="checkbox"/> <b>Automatic Electronic Defibrillators (AEDs)</b> – The cost to purchase new AEDs and/or the associated employee training expenses for AED, CPR and first aid employee training. <i>Required Documentation: Purchase Receipt</i>	\$ _____
<b>Total Expenses (Maximum \$300)</b>	\$ _____

Questions regarding the Ohio Plan Safety Allowance should be directed to your Ohio Plan Representative.

Member Entity: \_\_\_\_\_ Signed by: \_\_\_\_\_