



****CSRMA ALERT****

Employee Health and Risk Control Program Reimbursement Incentive

CSRMA is pleased to announce the first ever CSRMA employee health and risk control program reimbursement incentive! There are two incentive programs designed to encourage CSRMA members to enhance their employee health and risk control program efforts:

Claim Your Dollars Before They Expire!

Employee Health Promotion Reimbursement Program:

Why: The average age of an employee employed by a CSRMA member is 46 years old. The leading cause of injury is strain and overexertion and the most frequently injured body parts involve soft tissues. It is widely recognized that occupations that are largely sedentary with periodic episodes of strenuous activity (*i.e. most wastewater jobs*) are at greatest risk for injury. It is also widely acknowledged that employee health promotion or wellness programs can effectively address many of the underlying causes of these types of occupational and non-occupational injuries. This program is intended to assist members with the development and implementation of an onsite employee health promotion program.

How this Reimbursement Program Works:

1. The CSRMA Employee Health and Wellness Reimbursement Program is available to members of the CSRMA Workers' Compensation Program only.
2. Each member can request reimbursement for up to a total of \$1,200 per fiscal year (7/1-6/30).
3. The amount of reimbursement requested cannot exceed the cost of the item(s) purchased.
4. Each member may submit up to 4 reimbursement requests per fiscal year, so long as the total reimbursement amount does not exceed \$1,200 per fiscal year.
5. Reimbursement requests must be submitted during the same fiscal year that the expense was incurred.
6. The CSRMA Workers' Compensation Committee will review this request form at their next meeting. The Committee meets three times per year.
7. You will be notified following the Committee meeting in which it was reviewed of the status of your reimbursement request.
8. Please see the sample reimbursement form, attached.

Employee Health Promotion Reimbursement Program:

Why: Many CSRMA members have expressed a need for assistance in the following areas:

1. Utilizing the tools, resources and employee training management features available on CSRMA Risk Control Online
2. Developing the CalOSHA-required programs that apply to their agency.
3. Managing and tracking their employee safety training and safety program review, update and implementation.

How this Reimbursement Program Works:

1. The CSRMA Safety and Risk Control Reimbursement Program is available to members of the CSRMA Pooled Liability and Workers' Compensation Programs only.
2. Each member can request reimbursement for up to a total of \$1,000 per fiscal year (7/1-6/30).
3. The amount of reimbursement requested cannot exceed the cost of the item(s) purchased.
4. Each member may submit up to 4 reimbursement requests per fiscal year, so long as the total reimbursement amount does not exceed \$1,000 per fiscal year.
5. Reimbursement requests must be submitted during the same fiscal year that the expense was incurred.
6. The appropriate CSRMA Committee (*Workers' Compensation or Liability*) will review this request form at their next meeting. Each Committee meets three times per year.
7. You will be notified following the Committee meeting in which it was reviewed of the status of your reimbursement request.
8. Please see the sample reimbursement form, attached.

**For More Information, Please Contact David Patzer, CSRMA Risk Control Advisor at
707.373.9709 or at losscontrol@sbcglobal.net**



California Sanitation Risk Management Authority
FY 2009/10 Safety and Risk Control Reimbursement Program

Please Complete All Fields

Member Name:		Date:
Member Contact:	Phone:	Email:
Reimbursement Requested For <i>(please describe):</i>		
Date Purchased <i>(Please attach proof of purchase):</i>	Reimbursement Amount Requested <i>(please see guidelines at the bottom):</i>	
This is a <i>(check all that apply):</i>		
<input type="checkbox"/> Service	<input type="checkbox"/> Software	<input type="checkbox"/> Equipment
<input type="checkbox"/> Training	<input type="checkbox"/> Safety Program Development	<input type="checkbox"/> Safety Program Management
<input type="checkbox"/> Safety Consulting	<input type="checkbox"/> Other <i>(please describe):</i>	
Please explain how this will improve or enhance your safety and risk control efforts:		
Signature <i>(General Manager or equivalent):</i> _____		
Date: _____		
Please submit this completed reimbursement request form to David Patzer at either: losscontrol@sbcglobal.net or 170 Dogwood Lane, Vallejo CA 94591		
Please note:		
<ol style="list-style-type: none"> The CSRMA Safety and Risk Control Reimbursement Program is available to members of the CSRMA Pooled Liability and Workers' Compensation Programs only. Each member can request reimbursement for up to a total of \$1,000 per fiscal year (7/1-6/30). The amount of reimbursement requested cannot exceed the cost of the item(s) purchased. Each member may submit up to 4 reimbursement requests per fiscal year, so long as the total reimbursement amount does not exceed \$1,000 per fiscal year. Reimbursement requests must be submitted during the same fiscal year that the expense was incurred. The appropriate CSRMA Committee (<i>Workers' Compensation or Liability</i>) will review this request form at their next meeting. Each Committee meets three times per year. You will be notified following the Committee meeting in which it was reviewed of the status of your reimbursement request. Please contact David Patzer at 707373.9709 or losscontrol@sbcglobal.net if you have any questions. 		



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Please Complete All Fields

Member Name:		Date:	
Member Contact:	Phone:	Email:	
Reimbursement Requested For <i>(please describe):</i>			
Date Purchased <i>(Please attach proof of purchase):</i>		Reimbursement Amount Requested <i>(please see guidelines at the bottom):</i>	
This is a <i>(check all that apply):</i>			
<input type="checkbox"/> Service	<input type="checkbox"/> Software	<input type="checkbox"/> Equipment	
<input type="checkbox"/> Training	<input type="checkbox"/> Wellness Program Development	<input type="checkbox"/> Wellness Program Management	
<input type="checkbox"/> Wellness Consulting	<input type="checkbox"/> Other <i>(please describe):</i>		
Please explain how this will improve or enhance your employee health and wellness efforts:			
Signature <i>(General Manager or equivalent):</i> _____			
Date: _____			
Please submit this completed reimbursement request form to David Patzer at either: losscontrol@sbcglobal.net or 170 Dogwood Lane, Vallejo CA 94591			
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