



Mark Gordon
Governor

State of Wyoming Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION

RISK MANAGEMENT

5221 Yellowstone Road
Cheyenne, Wyoming 82002
<https://dws.wyo.gov>



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Director

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Safety Discount Annual Application Renewal Application *without* Policy Changes

INSTRUCTIONS

- This application is intended for employers who are renewing their Safety Discount and have not made changes to their health and safety policies within the last year.
- Please note, the Division will request a copy of the employer's health and safety policy if a copy has not been provided in more than three (3) years.

EMPLOYER INFORMATION

Employer Number

Nine (9) digit Policy Number. If necessary, add zeros before the number to make it nine (9) digits.

Employer/Business Name:

Office/Owner Name:

Office/Owner Phone Number:

Workplace Safety Coordinator's Name:

Coordinator's Email:

Coordinator's Phone Number:

Employer/Business Address:

Employer/Business City:

Employer/Business State:

Employer/Business ZIP:

SAFETY

**WYOMING WORKERS' COMPENSATION
SAFETY DISCOUNT PROGRAM
Renewal Application *without* Policy Changes**

EMPLOYER'S APPLICATION & POLICY STATUS

Please Initial

This is a Renewal Application without policy changes: The employer's policy does not need to be submitted, but the application must be complete. *Please note, The Division will request a copy of the employer's policy if a copy hasn't been submitted in three (3) years.*

DISCOUNT LEVEL

**Choose All
That Apply**

Tier 1: Health & Safety Program

Tier 2: Health & Safety Committee with Monthly Safety Meetings

Tier 3: Loss Ratio ≤ 10%

This is calculated by Risk Management

EMPLOYER ATTESTATION

I attest	Initial
The information in this application is a true and accurate representation of the employer's current safety program in which changes have not been made within the last year.	

SIGNATURE

Business/Employer Name

Printed Name of Officer/Owner

Date

Officer/Owner Signature

Contact Information

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