

NOTICE TO EMPLOYER: Pursuant to Virginia Statute § 65.2-813.2, if you have a Drug-Free Workplace Program established and maintained in accordance with all of the following insurer requirements, and you would like to apply for the 5% premium credit that is available, please complete this form, attach a copy of your program, including all applicable forms, and forward it to FFVA Mutual Insurance Company. Re-certification is required annually.

**FFVA MUTUAL INSURANCE COMPANY
APPLICATION & CERTIFICATION FOR VIRGINIA DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Employer Name: _____

Date Drug-Free Workplace Program Implemented: _____

Program contact name and email address: _____

Written Drug-Free Workplace Program:

- Provides employer's policy statement against employee drug use in the workplace;
- advises employees of the existence of the Drug-Free Workplace Program;
- informs employees of the types of drug testing that may be required;
- informs employees of actions that can be taken by the employer if the test result is positive;
- informs employees of consequences of refusing to submit to a drug test;
- addresses employee confidentiality, and,
- advises employees of the availability of assistance through internal or external programs.

Testing: Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- Follow-up testing for confirmed positive test results
- Pre-employment
- Random testing of existing employees
- Reasonable suspicion testing of existing employees

Employee Notification:

- Copy to all employees prior to testing
- Posted on employer's premises
- Copy to job applicants prior to testing
- Copies available in personnel office or other suitable locations
- Show notice of drug testing on vacancy announcements

Education:

- Employee and supervisor education and training
- Periodic re-education and re-training for employees and supervisors
- Employee Assistance Program (EAP) or access to resource file on providers

Your certification is subject to physical verification by the insurer. Your policy is subject to additional premium for reimbursement of premium credit, and cancellation provisions of the policy if it is determined that you misrepresented your compliance with this program.

Employer Name

Date

Officer/Owner Signature*

Title

* Application must be signed by an officer or owner.

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

Notary Public's Signature

Date

Expiration of Commission