



Application

And

Related Materials

for the

Louisiana Horsemen's Benevolent

and Protective Association

(LAHBPA)

Worker's Compensation Program

Policy Period 2010 - 2011

LAHBPA Website: www.lahbpa.org

For Office Use
Only
Received by
Applicant

Table of Contents

_____	Worker's Compensation Program Explanation and Disclosures	Pg. 3
	Introduction	Pg. 3
	Qualification for Participation	Pg. 3
	Coverage Provided	Pg. 3
	Domicile Rule	Pg. 3
	Application Process	Pg. 4
	Evidence of Coverage	Pg. 5
	Premium Collection	Pg. 5
	Claims Administration	Pg. 6
	Reporting Claims	Pg. 7
	Safety and Loss Control	Pg. 8
_____	Application	Pg.10
	Stakes packages	Pg.11
_____	Worklist Form	Pg.13
_____	Participation Agreement	Pg.14
	Terms and Continuing Obligations	Pg.14
	Premium and Payment	Pg.14
	Obligations, Representations, and Warranties	Pg.15
	Other Provisions	Pg.16
_____	Substance Abuse Rule and Policy	Pg.17
_____	Agreement Acknowledgment	Pg.20
_____	Substance Abuse Policy for Employees	Pg.21
_____	Second Injury Fund Form for Employees	Pg.25
_____	Substance Abuse Rule and Policy in Spanish	Pg.27
_____	Substance Abuse Policy for Employees in Spanish	Pg.30
_____	Second Injury Fund Form for Employees in Spanish	Pg.31
_____	Employee Worklist Changes Form	Pg.33

EMPLOYER'S NAME: _____
Please Print

HBPA REPRESENTATIVE: _____ DATE: _____

WORKER'S COMPENSATION PROGRAM EXPLANATION & DISCLOSURES

INTRODUCTION

The Louisiana Horsemen's Benevolent and Protective Association (LAHBPA), as Program Sponsor, has established a Worker's Compensation Program to provide accessible and affordable Worker's Compensation Coverage for the benefit of its members as authorized by Louisiana Revised Statutes 4: 251 & 252. These statutes mandate that all trainers must have worker's compensation coverage provided by the LAHBPA in order to participate in any thoroughbred or quarter horse race.

LAHBPA'S Workers Compensation Program has been designed to provide a valuable benefit to its members; its success is dependent on the support and involvement of all participants.

Key components of the program include:

- A team of service providers selected for its experience and capabilities
- Strict oversight and controls of Payroll Reporting
- Mandatory Safety Training and Compliance Program
- Efficient Claim Reporting, Handling and Resolution

QUALIFICATION FOR PARTICIPATION

Thoroughbred & Quarter Horse Owners and Trainers that have acquired a Louisiana State Racing Commission License are eligible to apply to the LAHBPA for coverage.

COVERAGE PROVIDED

Coverage will be provided by American International Group Company (AIG). AIG is one of the world's leading insurance companies and has been rated A+ XV (Excellent) by AM Best Rating Co.

Generally, covered persons and places are as follows:

Worker's Compensation coverage will be provided to approved and licensed LAHBPA members:

- Approved participant's employees that fall under NCCI Workers Compensation Classification "Stables & Drivers", Code Number 8279
- Louisiana Race Tracks, Louisiana State Racing Commission Recognized Training Centers and Non Racing Farms & facilities approved by a LAHBPA Safety Inspector.
- The following states are EXCLUDED from coverage: New York, California, Wyoming, West Virginia, Washington, North Dakota, and Ohio
- The following U.S. territories are EXCLUDED from coverage: Puerto Rico and U.S. Virgin Islands

DOMICILE RULE

All States Coverage may be provided for applicants domiciled in Louisiana who show acceptable proof of Louisiana residence (copy of homestead exemption, tax bill, or home owner's insurance)

or at least 100 Louisiana starts in the previous annual policy period. If a trainer does not have 100 starts in Louisiana, then 66 percent of the trainer's total starts have to have been in Louisiana with a minimum of 20 starts overall during the preceding policy year.

For Louisiana-domiciled participants, coverage is extended to other states while temporarily participating in horse racing and/or training operations.

All Farms outside of Louisiana are excluded from policy coverage.

Worker's Compensation Coverages:	Statutory Limits
Employer's Liability Coverage:	
Bodily Injury by Accident – Each Accident	\$ 1,000,000
Each Employee Bodily Injury by Disease	\$ 1,000,000
Policy Limit Bodily Injury by Disease	\$ 1,000,000

NOTE: Employer's Liability is insurance that covers an employer's liability for bodily injury to employees occurring within the scope of their employment when that liability is not covered by workers' compensation.

Jockeys are not and will not be covered under this program with the exception of performing the duties of an exercise rider, provided that they are on the employee work list of a policy holder and are performing duties for that policy holder, as an exercise rider, at the time of an accident. Under no circumstances will they be covered when riding in races, as well as participating in official work outs. Proof of payroll will be required at time of accident report and only that payroll will be accepted to determine loss of wages.

Owners and Executive Officers of the insured entity are automatically excluded from coverage. Coverage may be requested via completion of a request form which is available at the LAHBPA offices and website.

APPLICATION PROCESS

The program is to sign up Quarter Horse & Thoroughbred Trainers stabled at Race Tracks & Recognized Training Centers in Louisiana and Non-Racing Quarter Horse & Thoroughbred Farms and Training Centers. Applications are available at:

- Field Offices, Main Office, & Worker's Comp. Representatives
- Mail or email upon request of applicant
- LAHBPA Web site: www.lahbpa.org

If you are stabled at a recognized Racing Facility in Louisiana, bring the following documents to any Racetrack Field Office. If you are not stabled at any recognized Racing Facilities in Louisiana, mail the following documents along with your check to:

H.B.P.A.
1535 GENTILLY BLVD.
NEW ORLEANS, LA. 70119
ATTN: Workers' Comp. Division
(504) 945-1555

CHECKS ARE TO BE MADE PAYABLE TO:
LAHBPA

Applications will not be processed until all paperwork has been completed, your current account is paid in full, and you have your 2010-2011 \$1000 minimum premium deposit ready with your application!

Key Points in completing application:

- Fully complete all information to avoid delays in processing
- Double-check to ensure information provided is complete and accurate
- Include your LA Racing License Number and Social Security or Federal Identification Number
- Provide proof that you are domiciled in La. if seeking All States coverage (see domicile rule)
- Ensure that all signatures are in place
- Ensure that all employees have completed and signed Secondary Injury Fund and drug policy
- Ensure that your account is fully funded at all times to cover premium charges.
- Ensure previous policy account is paid in full

EVIDENCE OF YOUR WORKER'S COMPENSATION COVERAGE

Upon approval of the application and receipt of deposit premium, each participant will receive a certificate of insurance that clearly indicates:

- the type of insurance coverage afforded (workers' compensation),
- name of the insured member and the name of the admitted insurance company,
- the unique coverage's provided to each member,
- a clear description of how the member may access the master policy,
- in detail the appropriate mechanism the insured must follow in the event of a claim,
- the exact premium that would be charged to the member insured for the insurance coverage provided

PREMIUM COLLECTION

Upon approval of the application, you are a Program Participant and will be responsible for premium payments under the program based on a premium rate per \$100 of payroll as established by the program's insurer during the Policy Period.

Premium for the Policy Period, from 7/1/10 to 6/30/11 (12:00AM), will be based on a rate of 10% of audited payroll.

Program Participants who are stabled at Louisiana Race Tracks, and LSRC Recognized Facilities with a Training Track will pay a \$1,000 non-refundable minimum premium deposit due on July 1, 2010. Each Program Participant will have a per start fee of \$40 per horse for each "in state" start

and \$60 per horse for each “out of state” start for Program Participants holding an “All States Policy”. If Program Participant qualifies for an “all states policy” and travels to another state where Program Participant wishes not to have coverage, Program Participant must, at the time of signing the application, show the field director an authentic policy covering the Program Participant and the Program Participant’s stable while Program Participant is racing in that state. For Clarification, IF PROGRAM PARTICIPANT HOLDS AN “ALL STATES POLICY”, PROGRAM PARTICIPANT MUST DECIDE TO WITHHOLD COVERAGE FROM THAT STATE AT THE TIME OF SIGNING THE APPLICATION ON JULY 1, 2009. THE ONLY STATES **NOT** ELIGIBLE FOR COVERAGE ARE: NEW YORK, CALIFORNIA, WYOMING, OHIO, NORTH DAKOTA, WASHINGTON AND WEST VIRGINIA. TERRITORIES **NOT** ELIGIBLE FOR COVERAGE ARE PUERTO RICO AND U.S. VIRGIN ISLANDS.

Non-racing Quarter Horse and Thoroughbred Farms will be charged at a rate of 10% of their estimated annual payroll. **Program Participants will be required to provide LAHBPA with quarterly payroll records.** Program Participants are required to pay 25% of their estimated policy premium for the year or \$1000 (whichever is greater) at the time of application and then pay the remainder of the policy premium by making quarterly payments to the LAHBPA Main office. Upon expiration of the policy, the insurance company will conduct an audit of payroll records submitted to determine premium charges for the annual policy period.

We would like all members that have Non- Racing Thoroughbred & Quarter Horse Farms to forward their **Applications and Payments** to the LAHBPA main office:

**LAHBPA
1535 GENTILLY BLVD.
NEW ORLEANS, LOUISIANA 70119
ATTN: WORKERS COMP. DIVISION**

Please keep your worker’s comp account fully funded at all times to avoid your Worker’s Compensation Certificate of Insurance being pulled from the LSRC files which will result in loss of coverage, the ability to race, and the possibility of fines. This Program is designed to collect premiums exactly like Jockey Fees. You must have worker’s compensation insurance to enter the backside of any race track in Louisiana. Remember that it is the responsibility of the trainer to keep their account funded.

CLAIMS ADMINISTRATION

An independently-owned Third Party Claim Administrator, has been selected to provide Claims administration services for this program.

Worker's compensation claim services include:

Claims Management is intended to provide:

- Prompt, accurate claim processing, investigation and reserving
- Aggressive claims management action plans
- Quarterly reviews of all active and open claims
- Assistance with the preparation and submission of state reports
- Assistance with recovery from appropriate third parties, such as excess insurance carriers
- Reasonable settlements and/or other methods for closure of claims

Medical Cost Control

Medical cost control provides a structured framework for controlling medical expenses while providing access to appropriate care. Services include:

- Sophisticated medical fee bill payment software that adjusts bills to state fee schedules and PPO guidelines, and includes easy-to-follow explanation of payment and services
- Copies of approved medical treatment plan issued to injured worker and physician, which helps control costs
- Prompt response to requests for prior authorization for medical treatments with expert review to ensure appropriate treatment
- Reviews to make certain that all hospital stays and outpatient medical treatments are necessary
- Fee bill audits designed to ensure that medical provider bills are paid according to mandated fee schedules and reasonable, customary charges

A detailed claim handling protocol has been developed to ensure that claims are handled in an efficient and equitable manner and brought to a speedy resolution.

CLAIMS

REPORTING CLAIMS

In the event of an incident during the course and scope of your employment involving a potential worker's compensation claim, notify your LAHBPA Representative immediately.

Upon notification of an incident, the LAHBPA Representative will:

1. Have the injured Employee complete the **Employee's Report of Injury (Form LAHBPA 2)**.
2. If Employee declines medical treatment on the Employee's Report of Injury, notify the Director of Workers' Compensation and maintain completed paperwork in the internal file.
3. If medical treatment is necessary, refer injured employee to on-site physician or off-site Recommended Medical Provider.
4. Complete **Accident Investigation Report (Form LAHBPA-3)**
5. Complete and submit the following forms to the TPA/Carrier immediately:
 - **Employer Report of Injury/Illness (Form LDOL-WC-1007)**

- **Employer Certificate of Compliance (Form LDOL-WC1025.ER)** – Copy to Employee
 - **Employee’s Documented Wage Information** obtained from Program Participant and submit to Third Party Administrator within five (5) days.
- 6 . Injured employee must report to the field office with in 24 hours of accident to submit medical forms/work release and to complete accident report unless hospitalized.

First Aid and On-Site Medical Staff

A physician is currently on site at all racetracks at least two or three times a week. On-site medical staff will ensure that in the case of minor injuries, employees receive proper medical attention in a timely manner. In the event a physician is not available, the Field Representative will have a list of recommended medical clinics available and accepting of our worker’s compensation program.

How will Claims be Administered

A detailed claim handling protocol has been developed to ensure that claims are handled in an efficient and equitable manner and brought to a speedy resolution. A copy of a Protocol Handbook will be available and you will be contacted by your Local Field Director to pick your Protocol Book up at the Field Office Immediately.

By Initialing here, I understand that it is my responsibility to pick up the protocol book from the Field Office and review thoroughly in order to report claims in the correct manner.

By Initialing here, I understand that by failing to follow the correct protocol could cause my current start fee of \$40 to rise in price per start as a result of poor claims handling practices.

**The only way the start fees will be reduced from \$40 per start is for the accidents to be kept to a bare minimum and for everyone to follow the correct protocol, by reporting claims immediately! Our phones lines are open 24 hours per day every day should you need to report an accident; we are here for you! Keep your Field Director’s contact numbers with you at all times.
**

Immediately following any work related injury, Drug and Alcohol testing of injured employee is MANDATORY.

Louisiana allows employers to perform drug and alcohol testing after a workplace injury; yet it has never been implemented in the racing industry. LAHBPA plans to make this a mandatory procedure after every workplace injury. Again, this will insure a safer environment, which means fewer accidents which equals *lower* rates!

The LAHBPA’s Program Substance Abuse Policy Form is attached.

SAFETY AND LOSS CONTROL

LAHBPA’s commitment to safety and proper training is reflected in its current efforts.

LAHBPA operates a nine class Racehorse Education Program, which will be augmented and made a requirement for all Worker’s Compensation Program Participants.

In conjunction with the insurer, LAHBPA will produce additional training videos and other safety materials to ensure that best practices are followed at each step of the operation.

Probability of serious injury is inherent to horse racing, particularly to exercise riders that will be covered under the program. All exercise riders must properly wear all safety devices required by LSRC Rules of Racing or otherwise.

Safety inspections will be performed at each barn at each race track to assure that the member is doing all that he or she can to assure the safest work environment for our employees. Repeated warnings or write-ups by the Field Inspector will result in higher fees per start for that Program Participant. Repeated and careless accidents can also result in a spike in premium rates per start as an individual.

Safety inspections will also be performed at each Non Racing Farm to assure they are Safety Compliant as well. Repeated warnings can result in higher premiums for your farm. Repeated and careless accidents can also result in higher premiums.

LAHBPA will provide Participants with a variety of safety resources and employee communication materials, in both English and Spanish, to ensure that safety practices are implemented throughout all operations and areas covered by the LAHBPA’S Worker’s Compensation Insurance Company.

READ, UNDERSTOOD AND AGREED:

Farm/Stable: _____ Date: _____
Please Print

By: _____ Signature: _____
Please Print

_____ Date: _____
Louisiana Horsemen’s Benevolent and Protective Association 1993, Inc.

APPLICATION

Louisiana Horsemen's Benevolent and Protective Association 1993, Inc.

LAHBPA WORKER'S COMPENSATION INSURANCE PROGRAM

Workers Compensation Classification & Code (Stables & Drivers Code # 8279).

Please read the application carefully as there have been changes made to the policy and procedures. Please fill out all items in the application.

Applicant Full Name: _____

Please complete the following section.

Trade Name (if any): _____ SSN: _____ DOB _____

LA Racing License Number: _____ FEIN: _____

Telephone: Home _____ Cell: _____ Fax: _____

Barn: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Address: _____

Bookkeeper's Name: _____ Telephone: _____

Bookkeeper's Address: _____

May we contact your Bookkeeper "**directly**" during any auditing process:

YES _____ NO _____

Business Entity Type: Corporation * _____ Individual _____ Partnership _____

* **The trainer must train exclusively for the corporation**

Policy Application Type

“Louisiana Only” Policy Coverage: This policy is for those trainers who are not domiciled in Louisiana and do not qualify for “All States Coverage”. This policy allows a trainer up to 25 starts per policy year. Should the trainer not use their 25 starts, they would then forfeit the remainder of their unused starts or money for that policy year. Should a trainer run more than 25 times, they are responsible to keep their workers’ comp. account fully funded at \$40 per start throughout the policy period of July 1, 2010, through June 30, 2011.

“All States Policy” Coverage: This policy is for those Program Participants who qualify as a domiciliary of Louisiana. To qualify, Program Participant must show acceptable proof of Louisiana residence (copy of homestead exemption, tax bill, or home owner’s insurance) or at least 100 Louisiana starts in the previous annual policy period. If a trainer does not have 100 starts in Louisiana, then 66 percent of the trainer’s total starts have to have been in Louisiana with a minimum of 20 starts overall during the preceding policy year. The out of state start fee per horse will be \$60. Selected exclude states are: NY, CA, WY, OH, ND, WA, WV.

Louisiana Domiciled Trainers Electing LA only Coverage; Please Review this Carefully Before Initialing

By initialing here, I decline to elect All States coverage. I understand that it will be my responsibility to obtain worker's compensation insurance coverage in states outside of Louisiana. I acknowledge that if I want to change from LA Only to All States coverage during the policy period I will be charged a **\$50.00** fee.

“STAKES PACKAGE”

A STAKES PACKAGE MAY BE PURCHASED by those trainers shipping in from out of state to run in a stakes race or quarter horse futurity trials on one or more particular days during a race meet, not to exceed three starts. You will NOT be able to upgrade the stakes package to a full policy by paying the difference.

”One Stake Start” **\$500.00** This policy is good for date the trainer ships in with the stake horse and until the time the van leaves the premises. The trainer must check in with our Field Office upon your arrival. This package is available for quarter horse futurity trials; however, if the quarter horse qualifies, another One or Three Stake Start package must be purchased in its entirety.

”Three Stake Starts” **\$750.00** This policy is good for three starts during a policy period, to be used for stake or quarter horse futurity trail starts only! The policy will cover a trainer the date they ship in, run the stake, and up until the day the van leaves the premises. The trainer must check in with our Field office upon your arrival!

**LAHBPA WORKERS' COMPENSATION INSURANCE
PROGRAM APPLICATION**

*Please provide the following "PAYROLL" estimates for the period of
July 1, 2010 to June 30, 2011*

Racing Facility \ Training Center \ Farm	Barn #	Stalls	Employees by Categories	# of Employees	Estimated Total Annual Payroll
<u>Primary Locations</u>			Assistant Trainers		
<u>Louisiana Downs</u>			Grooms		
<u>Delta Downs</u>			Hot walkers		
<u>Evangeline Downs</u>			Exercise Riders		
<u>Fair Grounds</u>			Other		
<u>Name of Other Locations</u>			Assistant Trainers		
Name:			Grooms		
Address:			Hot walkers		
City:			Exercise Riders		
Phone:			Other		
<u>Name of Other Locations</u>			Assistant Trainers		
Name:			Grooms		
Address:			Hot walkers		
City:			Exercise Riders		
Phone:			Other		
TOTAL					

Named Insured, or the Insured will not be allowed to participate in the LAHBPA Worker's Compensation Program. I have read and fully understand this statement by signing below:

Note: All Owners and Executive Officers of a policy are excluded from coverage:

Applicant represents that all information provided is complete and correct and Applicant agrees that should there be any misrepresentation of information presented, Applicant may be denied participation in this program immediately and indefinitely upon discovery of the misrepresentation in addition to any other remedies available under law or the terms of Applicant's membership in the HBPA. Applicants must read and agree to the Participation Agreement, before participating in this Insurance Program.

MEMBERS SIGNATURE: _____ DATE: _____

Participation Agreement

Worker's Compensation Insurance Program

This agreement (Participation Agreement) is effective upon execution by all the parties hereto, the Louisiana Horsemen's Benevolent and Protective Association 1993, Inc. (HBPA) and the undersigned employer (Employer) (sometimes collectively the Parties).

The HBPA has established and is currently operating and administering a workers' compensation insurance program (Program) which provides workers' compensation insurance coverage for the benefit of trainers and others licensed by the Louisiana State Racing Commission (Coverage) in Louisiana from an insurance company authorized to do business in Louisiana. The HBPA has also established criteria for eligibility for persons participating and for participation in the insurance program.

The Parties agree that the following terms and conditions constitute a part of the aforesaid criteria for participation in the insurance program:

Term and Continuing Obligations

The term of this Participation Agreement will run concurrently with the term of the Coverage offered to Employer by the Program, it being understood and agreed that those obligations of Employer continue after the term of this Participating Agreement to the extent necessary for the HBPA to conduct the affairs of the Program as those affairs relate to the Coverage afforded to Employer.

Premium and Payment

Premiums for Racing are calculated at a rate of 10% per \$100.00 of payroll. The premium due from Employer/Trainers for the Coverage shall be collected by a **\$1,000.00 non-refundable deposit by Employer to Employer's account with the Horsemen's Bookkeeper constituting a minimum premium. The remainder of the premium will be collected by a charge of \$40.00 Per Horse Per Start in state and \$60.00 per Horse per Start out of state, with the first \$1,000.00 being paid from the aforesaid \$1,000.00 deposit . Each policy holder will be responsible for funding their accounts as needed per start.**

Premiums for Non-racing Quarter Horse and Thoroughbred Farms are calculated at a rate of 10% per \$100.00 of payroll. This premium shall be collected TWENTY-FIVE percent (25%) of the premium or \$1000 (whichever is greater) at the time of issuance and the balance due to be billed and paid quarterly.

Obligations, Representations and Warranties

HBPA obligates, represents and warrants that:

1. The Coverage is provided by an insurer authorized to do business in Louisiana.
2. The Coverage is the legally required coverage;
3. The Premium to be paid by Employer shall be as stated herein.

Employer obligates, represents and warrants that:

1. Employer will provide upon request all records or things requested by the HBPA which pertain to the Program including, but not limited to, payroll records, records or things pertaining to claims, safety, work lists, audits, and the number of employees employed by Employer.
2. Employer has accepted, posted and provided by hand a copy of the Drug Policy, attached hereto and made part hereof, to each employee, will deliver a copy of same by hand to each new employee and will obtain a written receipt from each employee for same.
3. Employer has not made and will not make material omissions or misstatements to HBPA in the application process, claims process or otherwise.
4. Employer will immediately upon learning of any occurrence which could constitute a workers' compensation claim inform the HBPA. Employer will place a phone call to Workers Comp. State Field Supervisor Rachelle Mischler at 504-224-1214 or, at the Main Office, State Farm and Field Director Cricket Romero at 504-939-1407.
5. Employer shall participate in any safety program provided by or required by HBPA and will require Employer's employees to do likewise.
6. Employer hereby authorizes HBPA and its representatives to enter, during normal hours and under reasonable circumstances, any place where Employer or Employer's employees carries out the work that is related to the Program or Coverage or where records other things relating in any way to the Program or Coverage are or were present. The entry authorized hereby shall be for the purpose of or related to the operation of the Program.
7. Should a trainer enter the Worker's Compensation program mid-term or at any time thereafter, under no circumstances will policies be prorated. There will be a minimum policy charge of \$1000 per policy period whether it be at the beginning of the policy or in the last quarter of the policy.
8. Employer acknowledges that numerous claims, negative audit reviews, failure to follow safety protocol, consistently delinquent on payments to account, and other negative activity may result in higher per start fees and/or increased premiums.
9. Employer acknowledges that an indexing inquiry may be obtained by the H.B.P.A. from previous carrier(s) regarding past claims.
10. Employer has read and hereby, as a Program Participant, agrees to all of these terms, conditions, procedures, descriptions, disclosures, and explanations in the "Worker's

Compensation Program Explanations and Disclosures” attached hereto and made part hereof.

Other Provisions

LAHBPA shall have the right to deduct premium payments for Coverage from Employer’s Horsemen’s Bookkeeper Account should the premium be delinquent or in the event the member is not in good standing with the H.B.P.A.

Louisiana law shall apply to any and all disputes between HBPA and Employer which in any way arise out of the Participation Agreement, the Program or Coverage.

This Participation Agreement may be executed in counterparts, each shall be deemed an original and together the counterparts shall constitute the whole.

Employer acknowledges that Employer has no inherent right to participate in the Program and that the HBPA is the sole arbiter as to who participates in the Program. Employer further acknowledges and agrees that the HBPA may terminate this Participation Agreement and may terminate Coverage, upon reasonable written notice to Employer, for any breach thereof by Employer, by Employer’s failure to remain licensed by the Louisiana State Racing Commission, by Employer’s violation of any terms of the policy of insurance which provides the Coverage, by Employer’s failure to remain a member of the HBPA of Louisiana by Employer’s failure to pay the Premium or for any other good cause.

READ, UNDERSTOOD AND AGREED:



Farm/Stable: _____ Date: _____
Please Print

By: _____ Signature: _____
Please Print

_____ Date: _____
Louisiana Horsemen’s Benevolent and Protective Association 1993, Inc.

**Substance Abuse Rule and Policy
For
Louisiana Horsemen's Benevolent and Protective Association
1993, Inc.'s
Workers' Compensation Insurance Program and Participating
Employers
Effective Date: July 1, 2010**

Scope

The scope of this policy is the establishment of a substance abuse rule and policy which would be adopted by all participating employers (Employers) who have coverage (Coverage) pertaining to their employees in the Louisiana Horsemen's Benevolent and Protective Association 1993, Inc.'s Workers' Compensation Insurance Program (Program) that is consistent with public policy and law especially as provided in Louisiana Revised Statute 23:1081. The Program is that Program implemented pursuant to Louisiana Revised Statute 4: 252 and 252.

Purpose

The purpose of these work rules is as follows:

- To establish and maintain a safe, healthy working environment for all employees.
- To reduce the possibility of accidental injury to persons or property.
- To reduce absenteeism, tardiness, and indifferent job performance.
- To follow all applicable state, federal, and local requirements.

Definitions

Alcohol or alcoholic beverage

Defined as any beverage that may be legally sold as alcohol. This includes, but is not limited to, fermented malt beverages, intoxicating liquor and wine.

Drug

Means any substance other than alcohol, which is capable of altering the mood, perception, pain level, or judgment of the individual consuming it, and which is recognized as a drug.

Illegal drug

Means any drug or controlled substance, including prescription drugs, that is not used legally any substance, whether it be narcotic or non-narcotic and those substances listed in Schedules I, II, III, IV and V of the Louisiana Revised Statutes.

This substance abuse policy is a guideline to reduce substance abuse in the workplace. It may not prevent substance abuse from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your licensed commercial Property and Casualty representative at Andreini & Company or legal counsel to address possible compliance requirements.

Authorized prescribed drug

Means a drug prescribed by a licensed practitioner, and used in the manner, combination, and quantity prescribed, by the person for whom the drug is prescribed.

Prohibited Conduct

Employees shall not introduce, manufacture, distribute, dispense, possess in employee's body or otherwise possess, use or consume alcoholic beverages, drugs, illegal drugs, and unauthorized prescribed drugs while in the course and scope of employment or in or upon the premises or property where employee is carrying out or normally carries out his or her employment duties. Violation of this policy will be cause for disciplinary action, up to and including termination in addition to any and all effects provided by law.

Reporting for work under the influence of an illegal drug, alcohol, drug, or unauthorized prescribed drug is cause for disciplinary action, up to and including termination.

No prescription drugs shall be brought by employee or others upon the premises or property where employee is carrying out or normally carries out his or her employment duties except by the person for whom the drug is prescribed by a licensed practitioner. In such circumstance the prescribed drug shall be used solely in the manner, combination and quantity prescribed. When the use of drugs for medical purposes may affect behavior or performance, employees should advise their supervisor that they are taking such drugs.

Employees are encouraged to voluntarily seek counseling from an Employee Assistance Program as needed and the Horsemen's Benevolent and Protective Association 1993, Inc. (HBPA) will field requests for referral to such programs.

Testing Circumstances: Post-Accident

Employer or the HBPA, on behalf of Employer, will conduct a drug and alcohol test whenever any employee is involved in a work-related accident as is provided by law including as provided in Louisiana Revised Statute 23:1081.

All rights of Employer under Louisiana Revised Statute 23:1081 are hereby reserved to Employer.

Employer or the HBPA, on behalf of Employer Our company will also conduct a drug and alcohol test whenever such is deemed prudent or necessary in providing a safe workplace and when the law so permits.

Refusal to Cooperate in Enforcing this Rule and Policy

Refusal of an Employer to cooperate fully in enforcing this Substance Abuse Rule and Policy will constitute grounds for the HBPA to terminate the Coverage afforded under the Program.

Specimen Collection and Collection Procedures

Specimen collection and testing will be conducted in a manner and under conditions which scientifically are generally accepted as being sufficient to reliably produce an accurate result.

Any employee refusing to submit to a drug or alcohol test or leaving the company premises without permission after being involved in a work-related accident will be subject to disciplinary action up to and including termination in addition to any and all effects provided by law.

Confirmatory Test

If an initial drug test is positive, a confirmation test will be performed on the same specimen.

Notification of Test Results and Record Keeping

The HBPA, Employer and employee shall be notified as soon as is practical of the results of the drug or alcohol test.

Our company will notify its driver or driver applicant of the testing results.

MANDATORY EMPLOYEE ASSISTANCE PROGRAM (EAP)

Should an employee test positive for alcohol or drugs at anytime, it is MANDATORY that the employee register at the field office within 48 hours of notification to attend the HBPA sponsored Employee Assistance Programs for substance abuse in order to obtain their LSRC license and right to work and live on the backside of Louisiana Racing facilities. Employee must attend the employee assistance program for six weeks and submit to random drug testing by counselor. Upon completion of the program, a letter from the EAP counselor must be submitted to the HBPA field office.

Confidentiality

Confidentiality will be maintained as provided by law.

Severability

If any part or portion of the Policy is held by anybody of authority or court of competent jurisdiction to be invalid for any reason whatsoever, then, in that event, only that part or portion so declared to be invalid shall be so, and the remaining parts or portions not so declared shall remain in full force and effect.

Law Controls

If any part of this substance abuse rule and policy conflicts with law, particularly, Louisiana Revised Statute 23:1081, the law shall prevail as it is not the purpose or intent of this law to waive any rights of Employer as set out in law.

ACKNOWLEDGEMENT OF SUBSTANCE ABUSE RULES & POLICY

Applicant

LAHBPA

Date: _____

Date: _____



I, _____, a licensed horse trainer wish to declare that, I have read the participation agreement and understand the terms and conditions of the policy.

I understand what has been read to me or explained to me and acknowledge such, by my signature as follows:

SIGNATURE OF TRAINER

DATE

LAHBPA EMPLOYEE

DATE

Louisiana Horsemen's Benevolent and Protective Association

1993, Inc.'s

Workers' Compensation Insurance Program

Receipt and Acknowledgement of Substance Abuse Rule and Policy By Employee

The undersigned employee hereby acknowledges receipt of the Substance Abuse Rule and Policy of Employer on the date this document was executed. Undersigned employee also agrees to be bound by the terms of that policy and to cooperate in the enforcement of same in order to help achieve a safer work environment.

Employee acknowledges that compliance with the Substance Rule and Policy of Employer is a condition of his or her employment and that among other things that Substance Rule and Policy of Employer prohibits the following:

Employees shall not introduce, manufacture, distribute, dispense, possess in employee's body or otherwise possess, use or consume alcoholic beverages, drugs, illegal drugs, and unauthorized prescribed drugs while in the course and scope of employment or in or upon the premises or property where employee is carrying out or normally carries out his or her employment duties. Violation of this policy will be cause for disciplinary action, up to and including termination in addition to any and all effects provided by law.

Employee Name: _____

(Please print)

Employee Signature: _____

Date: _____

Legal Guardian

Social Security: _____ - _____ - _____

LSRC
Number: _____ DOB: _____

Position: _____ Male _____ Female _____

Employer Name: _____
(Please print)

**Substance Abuse Rule and Policy
For
Louisiana Horsemen's Benevolent and Protective Association
1993, Inc.'s
Workers' Compensation Insurance Program and Participating
Employers
Effective Date: July 1, 2010**

Scope

The scope of this policy is the establishment of a substance abuse rule and policy which would be adopted by all participating employers (Employers) who have coverage (Coverage) pertaining to their employees in the Louisiana Horsemen's Benevolent and Protective Association 1993, Inc.'s Workers' Compensation Insurance Program (Program) that is consistent with public policy and law especially as provided in Louisiana Revised Statute 23:1081. The Program is that Program implemented pursuant to Louisiana Revised Statute 4: 252 and 252.

Purpose

The purpose of these work rules is as follows:

- To establish and maintain a safe, healthy working environment for all employees.
- To reduce the possibility of accidental injury to persons or property.
- To reduce absenteeism, tardiness, and indifferent job performance.
- To follow all applicable state, federal, and local requirements.

Definitions

Alcohol or alcoholic beverage

Defined as any beverage that may be legally sold as alcohol. This includes, but is not limited to, fermented malt beverages, intoxicating liquor and wine.

Drug

Means any substance other than alcohol, which is capable of altering the mood, perception, pain level, or judgment of the individual consuming it, and which is recognized as a drug.

Illegal drug

Means any drug or controlled substance, including prescription drugs, that is not used legally any substance, whether it be narcotic or non-narcotic and those substances listed in Schedules I, II, III, IV and V of the Louisiana Revised Statutes.

This substance abuse policy is a guideline to reduce substance abuse in the workplace. It may not prevent substance abuse from occurring. It does not address potential compliance issues with Federal, State or local OSHA or any other regulatory agency standards. Nor is it meant to be exhaustive or construed as legal advice. Consult your licensed commercial Property and Casualty representative at Andreini & Company or legal counsel to address possible compliance requirements.

Authorized prescribed drug

Means a drug prescribed by a licensed practitioner, and used in the manner, combination, and quantity prescribed, by the person for whom the drug is prescribed.

Prohibited Conduct

Employees shall not introduce, manufacture, distribute, dispense, possess in employee's body or otherwise possess, use or consume alcoholic beverages, drugs, illegal drugs, and unauthorized prescribed drugs while in the course and scope of employment or in or upon the premises or property where employee is carrying out or normally carries out his or her employment duties. Violation of this policy will be cause for disciplinary action, up to and including termination in addition to any and all effects provided by law.

Reporting for work under the influence of an illegal drug, alcohol, drug, or unauthorized prescribed drug is cause for disciplinary action, up to and including termination.

No prescription drugs shall be brought by employee or others upon the premises or property where employee is carrying out or normally carries out his or her employment duties except by the person for whom the drug is prescribed by a licensed practitioner. In such circumstance the prescribed drug shall be used solely in the manner, combination and quantity prescribed. When the use of drugs for medical purposes may affect behavior or performance, employees should advise their supervisor that they are taking such drugs.

Employees are encouraged to voluntarily seek counseling from an Employee Assistance Program as needed and the Horsemen's Benevolent and Protective Association 1993, Inc. (HBPA) will field requests for referral to such programs.

Testing Circumstances: Post-Accident

Employer or the HBPA, on behalf of Employer, will conduct a drug and alcohol test whenever any employee is involved in a work-related accident as is provided by law including as provided in Louisiana Revised Statute 23:1081.

All rights of Employer under Louisiana Revised Statute 23:1081 are hereby reserved to Employer.

Employer or the HBPA, on behalf of Employer Our company will also conduct a drug and alcohol test whenever such is deemed prudent or necessary in providing a safe workplace and when the law so permits.

Refusal to Cooperate in Enforcing this Rule and Policy

Refusal of an Employer to cooperate fully in enforcing this Substance Abuse Rule and Policy will constitute grounds for the HBPA to terminate the Coverage afforded under the Program.

Specimen Collection and Collection Procedures

Specimen collection and testing will be conducted in a manner and under conditions which scientifically are generally accepted as being sufficient to reliably produce an accurate result.

Any employee refusing to submit to a drug or alcohol test or leaving the company premises without permission after being involved in a work-related accident will be subject to disciplinary action up to and including termination in addition to any and all effects provided by law.

Confirmatory Test

If an initial drug test is positive, a confirmation test will be performed on the same specimen.

Notification of Test Results and Record Keeping

The HBPA, Employer and employee shall be notified as soon as is practical of the results of the drug or alcohol test.

Our company will notify its driver or driver applicant of the testing results.

MANDATORY EMPLOYEE ASSISTANCE PROGRAM (EAP)

Should an employee test positive for alcohol or drugs at anytime, it is MANDATORY that the employee register at the field office within 48 hours of notification to attend the HBPA sponsored Employee Assistance Programs for substance abuse in order to obtain their LSRC license and right to work and live on the backside of Louisiana Racing facilities. Employee must attend the employee assistance program for six weeks and submit to random drug testing by counselor. Upon completion of program, a letter from EAP counselor must be submitted to the HBPA field office

Confidentiality

Confidentiality will be maintained as provided by law.

Severability

If any part or portion of the Policy is held by any body of authority or court of competent jurisdiction to be invalid for any reason whatsoever, then, in that event, only that part or portion so declared to be invalid shall be so, and the remaining parts or portions not so declared shall remain in full force and effect.

Law Controls

If any part of this substance abuse rule and policy conflicts with law, particularly, Louisiana Revised Statute 23:1081, the law shall prevail as it is not the purpose or intent of this law to waive any rights of Employer as set out in law.

ACKNOWLEDGEMENT OF SUBSTANCE ABUSE RULES &POLICY

Employee

LAHBPA

Date:_____

Date:_____

SECOND INJURY FUND EMPLOYEE QUESTIONNAIRE

This form is to be used only after if the applicant has previous or past injuries

Please answer the following questions by circling either **Yes** or **No**:

1. Have you ever had a disease or disability arising from your occupation? **Yes No**
If YES, please explain:

2. Have you ever received worker's compensation benefits for an injury **Yes No**
that occurred at work?
If YES, When : _____
How Long were you on compensation? _____
Name of employer: _____
Nature of Injury: _____
3. Have you ever been rejected for employment, insurance, or military **Yes No**
service because of Health? If YES, please explain:

4. Have you ever had back trouble or an injury to your back, head, or neck? **Yes No**
If YES, please explain:

5. Do you have any restrictions or limitations upon your physical activities? **Yes No**
If YES, please explain:

6. What operations, accidents, broken bones, strains, or serious illnesses have you had?

7. Do you have any other long term health problems or adverse physical **Yes No**
conditions? If YES, please explain:

Warning: Pursuant to LSA-R.S. 23:1208.1, I understand that my failure to answer truthfully any of the above questions may result in denial or forfeiture of any right I or my dependents may have to workers' compensation benefits, including medical treatment and expenses.

I acknowledge that I have read or have had the questionnaire read to me and understand the warning

Print Your Name: _____

Your Signature _____ Date _____

Legal Guardian _____ Date _____

Home Address _____

Home City _____ Home State _____ Home Zip Code _____

Home Phone # _____ Emergency # _____

LSRC# _____ Date of Birth ____ / ____ / _____

My social security number is: _____ - _____ - _____

MEDICAL INFORMATION RELEASE FORM

I, _____, authorize the La. H.B.P.A. to request and obtain all records regarding and industrial accident or occupational disease involving myself and the La. H.B.P.A. this is to include doctor's reports, follow-up reports, nurses' notes, medical bills, test results, etc.

A facsimile or photo static copy of this authorization shall be considered as effective and valid as the original. This release shall remain in effect until specifically rescinded by me.

Employee Signature: _____ Date: _____

FOR OFFICE USE ONLY: Must be completed before filing.

Reviewed By: _____ Date Reviewed: _____

Employers' Signature _____ **Date** _____

Employers' Signature _____ **Date** _____

Employers' Signature _____ **Date** _____

Employers' Signature _____ **Date** _____

**Póliza y Reglas sobre el Abuso de Substancias
Por la
Asociación Protectora y Benevolente de Caballeros de Louisiana 1993,
Inc.'s y**

**Programa de Seguro e Indemnización al Trabajador y
Empresarios Participantes**

A Partir de : Julio 1, 2010

Revisión Numero:1

Alcance

El alcance de esta póliza es el establecimiento sobre la póliza y reglas del abuso de substancias las cuales pueden ser adoptadas por todos los empresarios participantes que tienen una cobertura relevante para sus empleados en la Asociación Protectora y Benevolente de Caballeros de Louisiana 1993, Inc.'s y Programa de Seguro e Indemnización al Trabajador la cual es consistente con la ley y póliza publica especialmente proporcionada en los Estatutos Revisados de Louisiana 23:1081. El Programa es ese Programa implementado que prosigue bajo los Estatutos Revisados de Louisiana 4:252 y 252.

Propósito

El Propósito de estas reglas en el trabajo son las siguientes:

- El establecer y mantener un área de trabajo saludable y seguro para todos los empleados.
- El reducir la posibilidad de lesiones accidentales hacia personas y propiedades.
- El reducir el absentismo, tardío, rendimiento, e indiferencia al trabajo.
- El seguir todos los requisitos aplicables estatales, federales y locales.

Definiciones

Alcohol o Bebidas Alcohólicas

Se refiere a cualquier bebida que puede ser vendida legalmente como alcohol. Esto incluye, pero no se limita, a bebidas malteadas fermentadas, vino y licor intoxicante.

Droga

Se refiere a cualquier sustancia (además del alcohol) la cual sea capaz de alterar el humor, percepción, nivel de dolor, o juicio de la persona consumiéndolo, y la cual sea reconocida como droga.

Droga Ilegal

Se refiere a cualquier droga o sustancia controlada, incluyendo medicamentos recetados por el medico, que no sean utilizados legalmente, ya sean narcóticos o no narcóticos, y todas la substancias en la lista en Schedules I, II, III, IV y V en los Estatutos Revisados de Louisiana.

Medicamento Autorizado

Se refiere a cualquier medicamento recetado por un practicante de medicina con licencia, el cual sea utilizado en el modo correcto. Debe de tener el tipo de combinación del medicamento, la cantidad recetada y el nombre de la persona utilizando el medicamento.

Conducta Prohibida

Los empleados no deberán introducir, fabricar, distribuir, entregar, poseer, llevar consigo, usar o consumir bebidas alcohólicas, drogas, drogas ilegales, o medicamentos recetados por el medico no autorizados durante el curso y el alcance del empleo o en el local o propiedad donde los empleados normalmente llevan acabo sus obligaciones diarias. El violar esta póliza será causa para una sanción disciplinaria, y podría incluir hasta el despido, además de las consecuencias correspondientes con la ley.

Presentarse a trabajar bajo la influencia de una droga ilegal, alcohol, droga, o medicamento recetado no autorizado, será causa de una sanción disciplinaria, y podría incluir el despido.

Los empleados no deberán llevar consigo ningún medicamento autorizado (que no les pertenezca) cerca de el local o propiedad donde los empleados llevan normalmente sus obligaciones diarias, excepto la persona para quienes realmente fueron recetados por un medico. La persona que este utilizando medicamento recetado debe de usarlo solo conforme a la cantidad recetada y en la combinación correcta. Cuando el uso de este medicamento afecte el comportamiento o rendimiento en el trabajo los empleados deben informárselo a sus supervisores lo más pronto posible.

Los empleados son animados a buscar voluntariamente cualquier tipo de conserjería conforme sea necesario de el Programa de Asistencia al Empleado y la Asociación Protectora y Benevolente de Caballerangos de Louisiana 1993, Inc.'s (HBPA) tendrá solicitudes para tales programas.

Razones para exámenes: Post- Accidente

Los empresarios o el HBPA, a nombre de los empresarios, conducirán un examen de alcohol y drogas siempre que un empleado tenga un accidente relacionado con el trabajo. Este examen será echo conforme a las leyes y los Estatutos Revisados de Louisiana 23:1081.

Todos los derechos del Empresario bajo los Estatutos Revisados de Louisiana 23: 1081 son reservados al Empresario.

Los empresarios o el HBPA, a nombre de los empresarios, permitirán que nuestra compañía conduzca un examen de alcohol y drogas cuando ellos lo crean prudente o necesario para así poder proporcionar un lugar de trabajo sano y a salvo y cuando la ley lo permita.

Negarse a Cooperar y Cumplir esta Regla y Póliza

Si un empleado se niega a cooperar y cumplir la Póliza y Reglas del Abuso de Substancias el Programa de HBPA podría finalizar la Cobertura que este Programa provee para los empleados.

Colección de Muestras (espécimen) y Proceso de Colección

La colección de muestras y exámenes serán realizados bajo condiciones científicas, las cuales son generalmente aceptadas como resultados suficientes y fidedignas.

El empleado que se niegue a someterse a un examen de alcohol y drogas o que se marche de la compañía, local o propiedad después de tener un incidente relacionado con su trabajo, podrá ser sujeto a una sanción disciplinaria o hasta el despido, además de todas las consecuencias correspondientes con la ley.

Confirmación sobre los exámenes

Si inicialmente un examen es positivo, será necesario hacer otra prueba para confirmar los resultados utilizando la muestra previa.

Notificación de Resultados de Exámenes y Registro

El HBPA, los Empresarios, y empleados deberán ser notificados lo mas pronto posible de los resultados de los exámenes de droga y alcohol. Nuestra compañía deberá notificar a su conductor o conductor aplicante de los resultados de los exámenes.

Privacidad

La privacidad de los empleados será mantenida como la ley lo requiere.

Amputaciones

Si alguna parte o porción de la Póliza es llevada por alguien a un cuerpo de autoridad o a una corte bajo una jurisdicción competente y es invalidada por cualquier razón, entonces solo la parte que sea invalidada lo será, y las secciones restantes que no sean invalidadas deberán continuar y proseguir en completa forma y efecto.

Controles de Ley

Si alguna sección de esta Póliza y Reglas de Abuso de Substancias es un conflicto con la ley, particularmente los Estatutos Revisados de Louisiana 23: 1081, la ley deberá prevalecer, ya que no es la intención de esta ley el no aplicar los derechos de los empleados.

Su Firma: _____

Fecha: _____

LAHBPA Employee: _____

Date: _____

**Asociación Protectora y Benevolente de Caballeros de Louisiana
1993, Inc.'s
Programa de Seguro e Indemnización al Trabajador**

**Recibo de Reconocimiento de Abuso de Sustancias- Póliza y
Reglas del Empleado**

El/ La empleado que firma consta que reconoce el recibo de la Póliza y Reglas de Abuso de Sustancias del Empresario en la fecha que este documento fue firmado. El empleado también está de acuerdo de estar atado a los términos de esta póliza y a cooperar en hacer cumplir en la misma orden para así ayudar a lograr un área de trabajo seguro.

Los empleados reconocen que el cumplimiento de la Póliza y Reglas de Abuso de Sustancias es una condición de su empleo además de otras cosas que la Póliza y Reglas de Sustancias del empresario prohíbe como las siguientes:

Los empleados no deberán introducir, fabricar, distribuir, entregar, poseer, llevar consigo, usar o consumir bebidas alcohólicas, drogas, drogas ilegales, o medicamentos recetados por el médico no autorizados durante el curso y el alcance del empleo o en el local o propiedad donde los empleados normalmente llevan acabo sus obligaciones diarias. El violar esta póliza será causa para una sanción disciplinaria, y podría incluir hasta el despido, además de las consecuencias correspondientes con la ley.

Su Nombre: _____

(Letra de Molde)

Su Firma: _____ Fecha: _____

Custodia Legal: _____

El Numero de Seguro Social: _____ - _____ - _____

de Licencia LSRC: _____ Fecha de Nacimiento _____

Posicion: _____ Masculino _____ Femenino _____

Nombre del Patrón _____

(Letra de Molde)

Post_Accident_Drug_Screen(spanish) 01 18 07

Segundo cuestionario del Empleado del Fondo de Lesión

Esta forma debe ser utilizada solamente después que si el aspirante tiene lesiones anteriores o últimas

Conteste por favor a las preguntas siguientes circundando cualquiera **Sí** o **No**:

1. ¿A tenido o tiene alguna enfermedad o discapacidad a causa de su trabajo? **Sí No**
Si sí, explique por favor: _____
2. ¿A usted recibido beneficios de la compensación de trabajadores por alguna lesión ocurrido en el trabajo? **Sí No** Si sí, cuando: _____
Cuanto tiempo estuvo en compensación: _____
Nombre del patrón: _____
Naturaleza de lesión: _____
3. ¿A usted sido rechazado para trabajo el seguro o servicio militar debido a su salud? **Sí No**
Si sí, explique por favor: _____
4. ¿A tenido usted problemas en su espalda o alguna lesión en su espalda, cabeza o cuello? **Sí No**
Si sí, explique por favor: _____

5. ¿Tiene usted alguna restricción o limitación sobre sus actividades físicas? **Sí No**
Si sí, explique por favor: _____
6. ¿Qué operaciones, accidententes, huesos rotos, tensiones o enfermedades serias tiene usted?

7. ¿Tiene usted algún otro problema de salud a largo plazo o condiciones físicas adversas? **Sí No**
Si sí, explique por favor: _____

Advertencia: De conformidad con LSA-R.S. 23:1208.1, entiendo que mi falta de contestar verazmente cualesquiera de las preguntas antedichas puede dar lugar a la negación o puede tuvo que la pérdida de los dependientes de la derecha I o mi ventajas de la remuneración de los trabajadores las', incluyendo el tratamiento médico y costos.

Reconozco que he leído o he tenido el cuestionario leído a mí y entiendo la advertencia

Imprima su nombre _____

Su firma _____ Fecha _____

Custodía Legal _____ Fecha _____

La dirección _____

Ciudad _____ Estado _____ Código postal _____

Teléfono de casa _____ De emergencia _____

de Licencia LSRC _____ Fecha de nacimiento ____ / ____ / _____

El número de Seguro Social: _____ - _____ - _____

FORMA MÉDICA DEL LANZAMIENTO DE LA INFORMACIÓN

yo, _____, autorizo el La. H.B.P.A. para solicitar y obtener todos los expedientes que miran y accidente de trabajo o enfermedad profesional que se implica y el La. H.B.P.A. éste es incluir los informes del doctor, los informas de la carta recordativa, notas de las enfermeras las', las cuentas médicas, los resultados de la prueba el etc. Una copia estática del facsímil o de esta autorización será considerada tan eficaz y válida como la original. Seguirá habiendo este lanzamiento en efecto hasta rescindido específicamente por mí.

Su Firma: _____ Fecha: _____

FOR OFFICE USE ONLY: Must be completed before filing.

Reviewed By: _____ Date Reviewed: _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

Firma del Patrón/Employers' Signature _____ Date _____

