



NOMINATION FORM

MISSISSIPPI'S OUTSTANDING EMPLOYER IN WORKERS' COMPENSATION

The Mississippi Workers' Compensation Educational Association and Mississippi Association of Self-Insurers have joined together to recognize a Mississippi company/employer that demonstrates exceptional commitment to quality in its workers' compensation program. It is an annual award given to a Mississippi employer that understands and appreciates the benefits of a viable workers' compensation program, that has a good focus on safety, that regularly tries to "do the right thing" regarding payments to be made, and that diligently strives to accomplish the goals of facilitating return to work post-injury.

Nominee Name: _____

Contact at Company: _____

Business Address: _____

Telephone: _____ E-Mail _____

Total Number of Employees: _____

1. Please explain why you think this company represents the ideals specified above in managing its workers' compensation program.

2. Give examples that illustrate the Company's commitment to providing a program focused on a quality workers' compensation program.

Provide any attachments utilized by this company/employer that support the nomination such as its mission statement, vision description, documentation describing its philanthropic efforts aimed at supporting its employees and/or their families, or other relevant materials.

Nomination submitted by:

Name: _____

Employer: _____

Telephone: _____ Email: _____

SEND NOMINATION FORM TO NFLINT@ACBLAW.COM NO LATER THAN MARCH 1 of each year.