

NMCH Safety Incentive Dynamic Form

Safety Incentive Award Application 2022

You are responsible for submitting this application NO LATER THAN OCTOBER 17, 2022

REQUIREMENTS

The full Plan Rule is available at <https://www.ssatpa.com/member-services/group-page/NMC> Please review it carefully.

Continue

12%

Verification of Required Core Classes and Additional Safety Classes

You may attach a copy of your certificate of completion or your training course card to this application for each of the Required Core Classes and Additional Safety Classes that you attended between September 1, 2021 and August 31, 2022 and/or the OSHA course attended between September 1, 2019 and August 31, 2022.

[+ Add New Verification of Required Core Classes and Additional Safety Classes](#)

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Continue

The user must upload at least 1 Core Class / Safety Class to submit the form and cannot move forward without the upload.

22%

Upload your Verification Form

Class Name

Test Class

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Upload your Verification Form

Certificate of Completion / Training Course Card

Choose Files

TestClassCert.pdf delete

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Verification of Required Core Classes and Additional Safety Classes

You may attach a copy of your certificate of completion or your training course card to this application for each of the Required Core Classes and Additional Safety Classes that you attended between September 1, 2021 and August 31, 2022 and/or the OSHA course attended between September 1, 2019 and August 31, 2022.

[+ Add New Verification of Required Core Classes and Additional Safety Classes](#)

Class Name

Test Class ✕

[Back](#) [Continue](#)

44%

Employee Information

Name	Telephone Number
<input type="text"/>	<input type="text"/>
Mailing Address	City
<input type="text"/>	<input type="text"/>
State	Zip Code
<input type="text"/>	<input type="text"/>
Social Security Number	Local Union
<input type="text"/>	<input type="text"/>
Email Address	I am a
<input type="text"/>	<input type="radio"/> Apprentice
	<input type="radio"/> Journeyman

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55%

Employer Information

Please list all your Employer(s) between September 1, 2021 and August 31, 2022.

[+ Add New Employer Information](#)

[Back](#) [Continue](#)

The user must add at least 1 employer here.

66%

Upload your Verification Form

Employer Name

Bob's Burgers

Back Continue

55%

Employer Information

Please list all your Employer(s) between September 1, 2021 and August 31, 2022.

+ Add New Employer Information

Employer Name

Bob's Burgers

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Certification of No Formal Safety Violations

Please note that the Fund Office will request that every employer provide a list of its employees who had a Formal Safety Violation during the Plan Year.

Have you had any Formal Safety Violations (to include: written reprimand, suspension, demotion or termination) between September 1, 2021 and August 31, 2022?

Yes

No

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88%

Certification of No Formal Safety Violations

Please provide a brief explanation of the Formal Safety Violation

Who was your Employer at the time of the violation?

This only appears if they answered Yes to the previous question.

Almost done!
Aww yeah, you are almost done filling out the entire form! The only thing left to do is review the details below and submit.

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Upload your Verification Form 1

Class Name

Test Class

Upload your Verification Form 1

Certificate of Completion / Training Course Card

Files attached: TestClassCert.pdf

Employee Information

Name	5555555555	Telephone Number
Mailing Address	adsf	City
State	AZ	Zip Code
Social Security Number		Local Union
Email Address	gary@brunton.ws	I am a
		Apprentice

Upload your Verification Form 1

Employer Name

Bob's Burgers

Certification of No Formal Safety Violations

Please note that the Fund Office will request that every employer provide a list of its employees who had a Formal Safety Violation during the Plan Year.

Have you had any Formal Safety Violations (to include: written reprimand, suspension, demotion or termination) between September 1, 2021 and August 31, 2022?

Yes

Certification of No Formal Safety Violations

Please provide a brief explanation of the Formal Safety Violation

A sample explanation.

Who was your Employer at the time of the violation?

Bob's Burgers

I certify that the information I have provided, and any additional information submitted with this application for my Safety Incentive Bonus is true and correct to the best of my knowledge and belief.

 I Agree