

MPE WORKERS' COMPENSATION SERVICES, INC.

Kenneth D. Sandifer, CSP
Risk Manager
(601) 605-3182

307 Warwick Place,
Ridgeland, MS 39157

PO Box 22729
Jackson, MS 39225-2729

Telephone: (601) 605-8150
Fax: (601) 605-8161
Toll-Free 1-866-331-5682

Subject: **Certification for Drug Free Workplace Program Discount**

Dear MPE Fund Member:

Our records indicate that a discount of 5% was certified in the Fund Year 2013 for your utilization of a Drug-Free Workplace Program.

In order to be in compliance with statutory guidelines regarding this discount, we are required to re-certify fund members annually who have implemented the Drug-Free Workplace Program. The necessary document to re-certify your program is enclosed.

Please return the executed certification to my attention at the following address:

Kenneth D. Sandifer, Risk Manager
MPE Workers Compensation Trust Fund
P.O. Box 22729
Jackson, MS 39225

Should you have any questions concerning this program do not hesitate to contact me at 601-605-3182.

Sincerely,

Kenneth D. Sandifer, CSP

Kenneth D. Sandifer

Risk Manager
MPE Workers' Compensation Services, Inc.

Cc: Judy Mooney, Administrator, MPE Workers' Compensation Trust
Richard Corkern, President, MPE Workers' Compensation Services, Inc.

CERTIFICATE OF THE COUNTY WITH RESPECT TO
DRUG-FREE WORKPLACE POLICY

The undersigned, the President of the Board of Supervisors (the "Governing Body") of _____ County, Mississippi (the "County"), does hereby certify as follows:

1. This Certificate is issued and delivered in accordance with the requirements of § 71-3-207, Mississippi Code of 1972, as amended, in connection with the County's application for a five percent (5%) premium discount authorized under the Drug-free Workplace Workers' Compensation Premium Reduction Act, § 71-3-201 through 71-3-225, Mississippi Code of 1972, as amended.

2. The undersigned is the duly elected President of the Governing Body of the County, and is familiar with the official proceedings and minutes of the County and its Governing Body.

3. The Governing Body has, for and on behalf of the County, established and maintains a drug-free workplace program that complies with the requirements of §§ 71-3-201 through 71-3-225, Mississippi Code of 1972, as amended.

IN WITNESS WHEREOF, the undersigned has hereto set the official seal of the County and his signature on this the _____ day of _____

_____ COUNTY, MISSISSIPPI

By: _____
President, Board of Supervisors

ATTEST:

Clerk, Board of Supervisors

(SEAL)