



Group Retro Questionnaire

Prospective members are asked to provide information on their company's worker's comp culture to the Group Oversight Committee. This information is used to get an overall idea of your fit within the WTA GRRP and is not shared beyond the committee.

Company Name: _____

Primary Contact Name: _____

Please tell us about your company (# of employees, # of years in business, prior Group Retro participation, safety culture, etc.):

LIGHT DUTY

1. Have you offered light duty to injured workers? Yes No
2. Does your company have a light duty policy? Yes No
3. Have you had success in returning injured workers to light duty? Yes No
4. Do you feel that light duty assists workers in returning to full duty? Yes No

STAY AT WORK PROGRAM (L&I light duty incentive program for employers)

1. Have you heard of L&I's Stay at Work Program? Yes No
2. If yes, have you used the program? Yes No
 - a. If you have, do you feel the program was easy to use? Yes No
 - b. If you haven't, do you plan to use the program in the future? Yes No
3. If you haven't already, would you like to obtain training on it? Yes No

KEPT ON SALARY (KOS) PROGRAM

1. Does your company have a KOS Program? Yes No
 - a. If yes, is it something you would recommend to companies? Yes No
 - b. If no, would you like to receive information on such programs? Yes No

Once complete, and signed, please return this form to the WTA:

Email: wta@watrucking.org

Fax: (253) 617-1014

Mailing Address: 2102 Carriage Dr SW Bldg F, Olympia, WA 98502

Phone: (253) 838-1650