

# OHIO SELF-INSURERS ASSOCIATION

## ROBERT M. HISNAY AWARD

### 2018 APPLICATION

The Robert M. Hisnay Award was established to recognize Ohio workers' compensation programs that have distinguished themselves through demonstrated expertise in the field of workers' compensation and in implementing and maintaining self-insurance programs that efficiently and effectively serve the interest of all parties.

The OSIA is currently accepting nominations for organizations whose self-insured workers' compensation program exhibits a commitment to fair dealing, ethics and the highest principles of self-insurance.

#### **Applicant essay:**

Please describe your Workers' Compensation program and provide support for why it is deserving of the Robert M. Hisnay Award. Among the points you should address in your essay:

1. What makes your organization stand out in terms of a workers' compensation program? What makes your program unique?
2. What has been or is the organization's top workers' compensation concern(s)? Please explain the innovations that have been implemented, or the steps that have been taken, to address the concern(s).
3. How does the organization use insurers, safety consultants, third-party claims administrator, and/or other partners to limit injuries and illnesses and to control the cost for those claims that arise?
4. How is claims management handled? What protocols are in place to make certain that claims are adjusted fairly and within a reasonable time?
5. How is return-to-work managed? Briefly describe its elements and how it is managed.

#### **Letter of endorsement**

A letter of endorsement must accompany the nomination and certify the accuracy of the information submitted in applicant's essay. The letter must be submitted by an executive or any higher officer of the organization, by the application deadline.

#### **Application Deadline**

April 30, 2018

Note: A complete application includes the following: 1) completed information form, 2) applicant's essay, and 3) letter of endorsement.

Applications may be submitted by regular mail, or by email to:

**Ohio Self-Insurers Association**

PO Box 1073

Columbus, Ohio 43216

[osia1073@gmail.com](mailto:osia1073@gmail.com)

**ROBERT M. HISNAY AWARD  
INFORMATION FORM**

**Applicant's Information**

Name of Applicant: \_\_\_\_\_

Applicant's professional title: \_\_\_\_\_

Applicant's Employer/Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_

**Endorser's Information**

Name of Endorser \_\_\_\_\_

Endorser's professional title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Email address \_\_\_\_\_

**Please complete this form and submit it to OSIA along with the Essay and Letter of Endorsement.**