



ROBERT M. HISNAY AWARD

2019 AWARD NOMINATION PROCESS

AWARD WINNER ANNOUNCEMENT

The 2019 Robert M. Hisnay award will be announced and presented at the OSIA Annual Conference being held June 26-28 at the Westin Cleveland Downtown.

Application Deadline

April 30, 2019

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.

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

Submitting Your Application

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

Ohio Self-Insurers Association

PO Box 1073, Columbus, Ohio 43216

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 _____

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