



WHCA GROUP RETRO REBATE PROGRAM 2023-24 ♦ RECEIVE UP TO \$2500!

The Washington Health Care Association Group Retro Program is pleased to offer its Safety Rebate Program to retro members. **This program will rebate up to \$2500 per plan year for members of the retro program who purchase safety equipment aimed at reducing injuries to your employees.** To receive a rebate for safety products purchased at your facility, follow the instructions below and submit your request today! Rebate items are listed on page two of this list.

HOW TO RECEIVE A REBATE

- For purchased equipment, complete the form below and send it to the WHCA Group Retro Safety Rebate Program along with a copy of the vendor invoice and a copy of the cancelled check (front and back).
- For equipment purchased by credit card, please provide a copy of the credit card statement or purchase invoice showing form of payment, vendor paid and date of payment.
- The current program year is July 1, 2023 through June 30, 2024. All receipts must reflect a purchase date within this period. Rebate requests must be completed and turned in no later than December 31, 2024. Any requests received after this date will not be honored.
- WHCA Group Retro may rescind this offer at any time, although we haven't yet!
- Facilities must be part of the WHCA Group Retro Program and a member in good standing with WHCA in order to receive rebate payments
- Rebate amount cannot exceed invoice and/or receipt totals for individual pieces of safety equipment.

| | |
|------------------|--|
| Facility: | <small>(check must be made payable to the facility, not an individual)</small> |
|------------------|--|

| | |
|-----------------|------------------------|
| Address: | City/State/Zip: |
|-----------------|------------------------|

| | | |
|-------------------|------------------------|-----------------------|
| Telephone: | Contact Person: | Contact Email: |
|-------------------|------------------------|-----------------------|

| | |
|---|-------------------------|
| <small>This box is for accounting purposes – do not fill out this section.</small> | |
| Plan Year: | Amount Approved: |
| Description: | |

Please indicate that you have included the following **required** items...

- Copy of Product Invoice, Lease Agreement or Bill of Sale (required)
- Copy of Cancelled Check(s) (front & back) used to Pay for Purchase
- or*
- Copy of Invoice Showing Payment or Credit Card Receipt

If you have questions or need additional information, please contact **Diana Hitchings** at the WHCA office via email at dianahitchings@whca.org or call the phone number listed above.

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SAFETY REBATE ITEMS

Please indicate the rebate you are applying for from the choices below and write in the amount requested. (Rebate requests must be for new, unused equipment. We do not rebate for replacement parts or rented equipment)

| Quantity | Description | Limit | Rebate Amount | Amount Requested |
|--|---|-------|----------------------|------------------|
| Category: Lifts and Slings | | | | |
| ___ | Resident Lifts, Mechanical <i>-with power assist</i> | none | \$1,000 per lift | \$ _____ |
| ___ | Slings, for use with lift | none | \$75 per sling | \$ _____ |
| ___ | <u>Camel™ or Elk™ Brand Lift</u> | none | \$1,000 per lift | \$ _____ |
| ___ | <u>IndeeLift®</u> | none | \$1,000 per lift | \$ _____ |
| Category: Fall Protection | | | | |
| ___ | Ladder, Industrial Type <small>Type 1 or 1A only, must meet OSHA standards</small> | none | \$150 per ladder | \$ _____ |
| ___ | Safety Harness, Roof Type | none | up to \$75 each | \$ _____ |
| ___ | Anchor, Roof Type (for use with harness) | none | up to \$50 each | \$ _____ |
| Category: Slips & Trips | | | | |
| ___ | Safety Shoes (must have non-slip soles) | none | \$25 per pair | \$ _____ |
| ___ | Anti-Fatigue/Slip Resistant Mats | none | \$100 per mat | \$ _____ |
| Category: Sprains & Strains | | | | |
| ___ | Beds, Electric High/Low Type | none | \$500 per bed | \$ _____ |
| ___ | Slider Sheets | none | \$75 per set | \$ _____ |
| ___ | Gait Belts | none | \$15 per belt | \$ _____ |
| Category: Miscellaneous | | | | |
| ___ | Radio, Emergency Type or 2-Way | none | \$35 per radio/set 2 | \$ _____ |
| ___ | Electrical Box Lock Out/Tag Out Kit | none | \$25 per kit | \$ _____ |
| ___ | Eye Wash Station <small>fixed type only, no disposables</small> | none | \$175 per station | \$ _____ |
| ___ | First Aid Kit (must meet OSHA standards) | none | \$20 per kit | \$ _____ |

****Total Rebate Amount Requested: \$ _____**

**Complete information on first page and return along with this page. Incomplete rebate requests will not be considered.
 Questions? Contact Diana Hitchings at WHCA for more info: dianahitchings@whca.org or 800/562-6170 x116
Rebates received are processed once per month, at the end of each month. Please allow up to 45 days for payment!