

C A B E A W A R D

N O M I N A T I O N F O R M

MWCEA presents the C A B E award to a company/employer who demonstrates exceptional commitment to innovation in the application of its workers' compensation program.

Nominee Name: _____

Business Address: _____

Phone Number: _____ E-mail: _____

Nomination submitted by: _____

Total Number of Employees: _____

1. What contributions and/or commitments to the Work Comp Industry make this/your Company exceptional?
2. Description of the Return to Work process and what is unique about this/your Company?
3. Give examples of the Company's commitment to providing a safe workplace?
4. Give examples of current programs that promote healthy employees?
5. Do you have a mission statement for your company that you would like to share?
6. Please briefly describe any future plans that involve changes/enhancements to your work comp program?
7. Please summarize why you feel this/your Company deserves this award.
8. How involved is this/your company with Philanthropic Community Affairs and does this charity involve your injured workers families?

Please list a contact person if the judges should have additional questions:

IMPORTANT DATES

- January 15 – Completion of online application
- April MWCEA Conference – Presentation of Award and Winner Acknowledgement