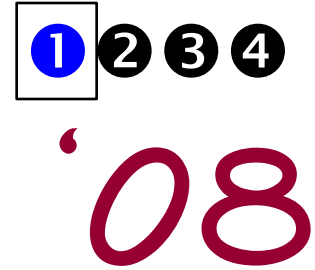




# Consortium Conversion Kit



**2 pool choices + 4 easy steps = peace of mind.  
Convert from your current consortium**

**H**ealthWorks Northwest makes it easy to convert from your current Consortium to either our pre-paid consortium program or, for our larger companies, our pay-as-you-go program. It's your choice. Whichever pool you choose, you'll have peace of mind that you will be in compliance with DOT regulations for random drug and alcohol testing.

#### **OPTION 1:**

##### **The Professional Independent Truckers Association (PITA)**

This is designed for companies with 5 or fewer drivers. Your company is pooled with almost 200 other companies like yours!

##### **Here's why PITA makes sense for companies like yours:**

- ✓ Pay **ONE** flat rate per driver for the **ENTIRE YEAR**.
- ✓ **\$60 SET UP FEE PER COMPANY. \$79 PER DRIVER PER YEAR**
- ✓ Makes expenses more predictable!
- ✓ You will not receive any additional invoices for **RANDOM** drug or alcohol screens. No matter how many times your driver is chosen for a random drug or breath alcohol test during the year, you have already paid.
- ✓ Pre-employment, reasonable suspicion and post-accident tests are billed separately (*see prices below*)

#### **OPTION 2:**

##### **The Northwest Employer Consortium (NEC)**

With over 150 companies, this pool is designed for medium to large employers.

##### **Here's why NEC makes sense for companies like yours:**

- ✓ Your company is guaranteed compliance with 49 CFR Parts 40 and 382 referencing drug and alcohol testing.
- ✓ Each monthly draw is calculated so the pool is compliant each month.
- ✓ Our drug testing and breath alcohol testing fees cover collection, lab fees and certified Medical Review Officer services, if necessary.

**Drug Screens are \$55 each  
Breath Alcohol Tests are \$27 each**

#### **Use This Checklist**

- ✓ *Sign Agreement*
- ✓ *Give a list of your employees / drivers*
- ✓ *Send check for 2008 randoms*
- ✓ *Sign up for our newsletter at [www.hwnw.org](http://www.hwnw.org)*
- ✓ *Relax*

Sign up for our  
**"Reasonable  
Suspicion  
Training For  
Managers"**

class.

*Call us for details!*

**3331 Washington Way,  
Longview, WA 98632  
360.578.2527 Voice;  
360.575.1460 Fax**

**1522-A Bishop Rd.  
Chehalis, WA 98532  
360.740.0444 Voice;  
360.740.0704 Fax  
[www.hwnw.org](http://www.hwnw.org)**

# Northwest Employer Consortium & Professional Independent Truckers Association '08

This agreement is between the CONSORTIUM operated by HealthWorks Northwest, Inc. and \_\_\_\_\_, an **Employer**. The Northwest Employer Consortium and Professional Independent Trucker's Association are committed to helping employees maintain compliance with the United States Department of Transportation 49 CFR Parts 40 and 382 governing workplace drug and alcohol testing procedures.

**I Choose:**

Professional Independent Trucker's Association	Northwest Employer Consortium
<input type="checkbox"/> Pre-paid program for 5 or fewer drivers	<input type="checkbox"/> Pay for each test. For 6 or more drivers

As part of this agreement, the **EMPLOYER** will:

- ✓ Provide a current list of employees who qualify under 49 CFR Parts 40 and 382
- ✓ Provide Social Security numbers, hire dates and dates of birth for employees
- ✓ Update the employee list on a monthly basis
- ✓ Provide a dedicated company contact and an alternate company contact, their telephone numbers, pager numbers and email addresses, along with hours of availability
- ✓ Dedicate a company contact 24-hours per day, 7 days per week
- ✓ Comply with 49 CFR Parts 40 and 382 regulations governing the process for workplace drug and alcohol testing procedures

As part of this agreement, the **CONSORTIUM** will:

- ✓ Pool the employee lists with other members of the Consortium and maintain an updated list
- ✓ Randomly select employees for drug and alcohol testing and conduct these tests at the HealthWorks Northwest clinic site in Longview, Washington or the site in Chehalis, Washington or other pre-arranged site.
- ✓ Provide the EMPLOYER with a clinic contact and method of contact on a 24-hour/7-day a week basis for post-accident and for-cause tests as described in 49 CFR Parts 40 and 382
- ✓ Provide the EMPLOYER with quarterly and annual reports in compliance with 49 CFR Parts 40 and 382
- ✓ Comply with 49 CFR Parts 40 and 382 regulations governing the process for workplace drug and alcohol testing procedures
- ✓ Follow confirmed positive drug and alcohol testing reporting as required in Oregon Revised Statute 825.410 and Washington RCW 46.25

Company Name \_\_\_\_\_ Date: \_\_\_\_\_

Authorized **Company** Representative: \_\_\_\_\_

Northwest Employer **Consortium** Representative: \_\_\_\_\_

In <b>LONGVIEW</b> 3331 Washington Way, Longview, WA 98632 360.578.2527 Voice; 360.575.1460 Fax	In <b>CHEHALIS</b> 1522-A Bishop Rd. Chehalis, WA 98532 360.740.0444 Voice; 360.740.0704 Fax
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# Account Set Up Information

1 2 **3** 4

'08

PLEASE PROVIDE IMPORTANT INFORMATION ABOUT YOUR  
COMPANY AND CONTACTS

Today's DATE: \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (Voice) \_\_\_\_\_ Phone (Fax) \_\_\_\_\_

Primary Company Contact \_\_\_\_\_

Phone \_\_\_\_\_

Secondary Company Contact \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Billing Address (*if DIFFERENT*)

\_\_\_\_\_

\_\_\_\_\_

Billing Method: \_\_\_\_\_ Please MAIL my invoice

\_\_\_\_\_ Please charge my CREDIT Card

(we will call you for this information)



3331 Washington Way, Longview, WA 98632  
360.578.2527 Voice; 360.575.1460 Fax



# Driver/Employee Update List

1 2 3 **4**

'08

FILL OUT THIS FORM AND SEND IT IN. ONCE WE RECEIVE YOUR DRIVER LIST, THE AGREEMENT, ACCOUNT SET UP AND YOUR PAYMENT YOU WILL RECEIVE A MEMBERSHIP CERTIFICATE.

## Northwest Employer Consortium (NEC) Professional Independent Trucker's Association (PITA)

Today's Date: \_\_\_\_\_ Effective Date for Changes \_\_\_\_\_

My Company Name: \_\_\_\_\_

My Name: \_\_\_\_\_

My Phone Number: \_\_\_\_\_

Driver Name	Social Security #	Date of Birth	Add	Delete

### Instructions:

Please fill out this form whenever you have changes to your driver roster. Keep a copy for yourself. You may **fax** or **mail** this form to HealthWorks Northwest. Your changes will be effective the **NEXT** month.

**Our Fax Number Is: 360.575.1460**

Our Mailing Address Is: HealthWorks Northwest, Inc.  
PO Box 2430

Longview, WA 98632

**Any questions? Call us! Our number is 360.578.2527**