



303 Cleveland Avenue SE, Suite 102, Tumwater, Washington 98501 | Phone: (360) 352-9245
Scan and email your forms to angelaewing@whca.org

WHCA GROUP RETRO REBATE PROGRAM 2024-25 | 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 (angelaewing@whca.org) 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, 2024, through June 30, 2025. 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 Name (Check must be made payable to the facility, not an individual.)

Address	City	State	Zip
Telephone	Contact Person	Contact Email	

This is for accounting purposes – do not fill out this section.

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 **Angela Ewing** at angelaewing@whca.org or call the phone number listed above.



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2024-25 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	\$
Category: Fall Protection				
_____	Ladder, Industrial Type <i>Type 1 or 1A only, must meet OSHA standards</i>	none	\$150 per ladder	\$
_____	Safety Harness, Roof Type	none	up to \$75 each	\$
_____	Anchor, Roof Type <i>(for use with harness)</i>	none	up to \$50 each	\$
Category: Slips & Trips				
_____	Safety Shoes <i>(must have non-slip soles)</i>	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 Lockout/Tagout Kit	none	\$25 per kit	\$
_____	Eye Wash Station <i>(fixed type only, no disposables)</i>	none	\$175 per station	\$
_____	First Aid Kit <i>(must meet OSHA standards)</i>	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. Rebates received are processed once per month, at the end of each month. Please allow up to 45 days for payment.**

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