

Dear Employer:

North American Risk Services (NARS) will be administering your Workers' Compensation claims on behalf of National Liability & Fire Insurance Company.

NARS professionals are experienced in Workers' Compensation Law. Please feel free to call with any questions you may have regarding your Workers' Compensation concerns.

Early involvement in a claim is important. It is not only cost effective for you, but it also can help the injured employee get proper medical care and return to work as soon as possible. NARS claims professionals can help you to accomplish these goals.

You, the employer, are a vital part of making this happen and listed below are some things you can do:

- **Review the attached list of Frequently Asked Questions.**
- Report a claim online at <http://narisk.com/report-a-claim/>.
- Report all work related injuries to NARS as soon as you are aware of them. The toll-free fax number is 1-866-261-8507.
- You can also call 1-800-315-6090 for any assistance needed to report a claim.
- Refer all medical authorization requests to NARS.
- Communicate with your employee and NARS throughout the claim.
- Have some light duty work available for restricted duty.
- Advise NARS when the employee returns to work.

Please keep copies of the attached forms to have on hand if needed.

We look forward to a long and pleasant working relationship with you and your employees.

Please call NARS anytime between 7:00am and 5:00pm Central Time, Monday through Friday if you have any questions regarding Workers' Compensation claims procedures.

Thank you.

Sincerely,

Associated Insurance Administrators

FIRST REPORT OF INJURY OR ILLNESS

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION**

For assistance call 1-800-342-1741
or contact your local EAO Office

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME (First, Middle, Last)	Social Security Number	Date of Accident (Month-Day-Year)	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
HOME ADDRESS Street/Apt #: _____ City: _____ State: _____ Zip: _____	EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)		
TELEPHONE Area Code Number			
OCCUPATION	INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED	
DATE OF BIRTH _____/_____/_____	SEX <input type="checkbox"/> M <input type="checkbox"/> F		

EMPLOYER INFORMATION

COMPANY NAME: _____ D. B. A.: _____ Street: _____ City: _____ State: _____ Zip: _____	FEDERAL I.D. NUMBER (FEIN)	DATE FIRST REPORTED (Month/Day/Year)
TELEPHONE Area Code Number	NATURE OF BUSINESS	POLICY/MEMBER NUMBER
EMPLOYER'S LOCATION ADDRESS (If different) Street: _____ City: _____ State: _____ Zip: _____ LOCATION # (If applicable) _____	DATE EMPLOYED _____/_____/_____	PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE OF ACCIDENT (Street, City, State, Zip) Street: _____ City: _____ State: _____ Zip: _____ COUNTY OF ACCIDENT _____	LAST DATE EMPLOYEE WORKED _____/_____/_____ RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE _____/_____/_____	WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? <input type="checkbox"/> YES LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP _____/_____/_____
	DATE OF DEATH (If applicable) _____/_____/_____	RATE OF PAY \$ _____ PER <input type="checkbox"/> HR <input type="checkbox"/> WK <input type="checkbox"/> DAY <input type="checkbox"/> MO Number of hours per day _____ Number of hours per week _____ Number of days per week _____
Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S. I have reviewed, understand and acknowledge the above statement.		NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL
EMPLOYEE SIGNATURE (If available to sign) _____	DATE _____	
EMPLOYER SIGNATURE _____	DATE _____	AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIMS-HANDLING ENTITY INFORMATION

<input type="checkbox"/> 1(a) Denied Case - DWC-12, Notice of Denial Attached	<input type="checkbox"/> 2. Medical Only which became Lost Time Case (Complete all required information in #3)
<input type="checkbox"/> 1(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached	Employee's 8 TH Day of Disability _____/_____/_____ Entity's Knowledge of 8 TH Day of Disability _____/_____/_____ <input type="checkbox"/> 3. Lost Time Case - 1st day of disability _____/_____/_____ Full Salary in lieu of comp? <input type="checkbox"/> YES Full Salary End Date _____/_____/_____ Date First Payment Mailed _____/_____/_____ AWW _____ Comp Rate _____
<input type="checkbox"/> T.T. <input type="checkbox"/> T.T. - 80% <input type="checkbox"/> T.P. <input type="checkbox"/> I.B. <input type="checkbox"/> P.T. <input type="checkbox"/> DEATH <input type="checkbox"/> SETTLEMENT ONLY Penalty Amount Paid in 1 st Payment \$ _____ Interest Amount Paid in 1 st Payment \$ _____	

REMARKS:			INSURER NAME
			CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE	
SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY FILE #		

DWC-1 Purpose and Use Statement

The collection of the social security number on this form is specifically authorized by Section 440.185(2), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.

WAGE STATEMENT

FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

RECEIVED BY CLAIMS-HANDLING ENTITY

NOTICE TO EMPLOYEE: If you have any questions about the information contained on this form, please contact your employer or claim-handling entity. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

PLEASE PRINT OR TYPE

		EMPLOYEE NAME (First, Middle, Last)	DATE OF ACCIDENT (Month-Day-Year)
EMPLOYER NAME & ADDRESS		CONCURRENT EMPLOYER NAME & ADDRESS (if applicable)	ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE? _____ YES _____ NO
TELEPHONE		TELEPHONE	SIMILAR EMPLOYEE'S NAME
EMPLOYEE'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period)		EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK (ex. 5 days / week)	EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK (ex. 40 hours / week)
			EMPLOYER'S CUSTOMARY WORK WEEK (ex. Saturday thru Friday - Use 7 calendar day period)
<p>NOTICE TO EMPLOYER: Please read all instructions on the back of this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Wage Statement with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.</p>			

Please list wages earned for the 13 calendar weeks (Sunday through Saturday) immediately preceding the accident. Do Not Report Any Wages Earned During The Week of the Accident – Use The 13 Calendar Weeks Immediately Preceding The Accident						GRATUITIES AS REPORTED TO THE	FRINGE BENEFITS (employee rec'd) EMPLOYER COST ONLY	
WEEK NO.	WEEK		# OF DAYS WORKED THAT WEEK	# HOURS WORKED THAT WEEK	GROSS PAY	EMPLOYER IN WRITING AS TAXABLE INCOME	HEALTH INSURANCE	RENT/ HOUSING
	FROM	TO						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
**								
RETURN THIS FORM TO: (Claims-handling entity Name, Address & Telephone #)						TOTAL	WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS? _____ YES _____ NO	
						TOTAL FRINGE BENEFITS		\$
						TOTAL OF GROSS PAY, GRATUITIES AND FRINGES		\$
(FOR CLAIMS-HANDLING ENTITY USE ONLY)						AWW	COMP RATE	

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S.

PREPARER'S NAME _____ TELEPHONE # _____ DATE _____

WAGE STATEMENT REPORTING INSTRUCTIONS

General: Florida law requires disabled employees to be compensated at a certain percentage of their average weekly wage. If the injured employee worked during “substantially the whole of 13 calendar weeks” immediately preceding the accident, the employee’s average weekly wage is one-thirteenth of the total amount of wages earned during the 13 calendar weeks. The term “substantially the whole of 13 calendar weeks” means not less than 75% of the total customary full-time hours of employment during that period.

NOTICE TO EMPLOYER: Please read all instructions on this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after your knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Form DWC-1a (Wage Statement) with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

- **DO NOT combine wages of two or more employees.**
- **Calendar Week:** means a seven-day period of time, which starts on Sunday and continues through Saturday.

Week of Accident – **DO NOT** report any wages earned during the week of the accident. Use the 13 calendar weeks immediately preceding the week of the accident and start with the most recent full calendar week before the week of the accident. For example, if the accident occurred on a Wednesday, then week No. 1 should begin the preceding Sunday and end the preceding Saturday.

Reporting Gross Pay: Complete **all** columns as applicable. Report the actual **gross** earnings of the injured employee for the consecutive 13 calendar week period immediately preceding the accident. The 13 calendar week period includes Saturdays, Sundays, holidays, and other non-working days. Remember to include all overtime and any bonuses paid during the 13 calendar week period. If the injured employee was not employed for you for approximately 68 days during that period, enter the wages of a similar employee in the same employment who was employed for approximately 68 days of the 13 calendar week period. **DO NOT** combine wages for two or more employees to yield wages for the 13 calendar weeks. The spaces immediately following week #13 are to be used for reporting the wages earned in a partial week when requested.

Reporting Gratuities & Fringe Benefits: Gratuities reported should include only those gratuities reported to the employer in writing as taxable income received in the course of employment from others than the employer. The reportable value of a fringe benefit is the actual cost to the employer for the benefit furnished. The only fringe benefits that can be included for dates of accident occurring on or after 07/01/1990 are employer contributions for health insurance for the employee or the employee’s dependents, and the reasonable value of housing furnished to the employee by the employer which is intended as the permanent year-round housing of the employee.

If you have questions or need assistance in the completion of this required form, please contact the claims-handling entity listed on the front of this form.

EMPLOYEE INFORMATION

Injured Worker Duties

If you have an accident or are injured on the job you must:

- Tell your employer you have been injured, as soon as possible. The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury, or within 30 days of a doctor determining you are suffering from a work-related injury.
 - When you do so, you must ask your employer what doctor you can see. You must see a doctor authorized by your employer or the insurance company.
 - Your employer may tell you to call the insurance company handling your claim; the name and phone number should be on the "Broken Arm" poster that should be posted at your workplace.
 - If it is an emergency and your employer is not available to tell you where to go for treatment, go to the nearest emergency room and let your employer know as soon as possible what has happened.
- Your employer is required by law to report your injury to the insurance company within 7 days of when you report your accident or injury. If they do not do this, and they do not give you a phone number for the insurance company to call, you can call the workers' compensation (WC) hotline for assistance at **1-800-342-1741**.
- After you or your employer report the injury to the insurance company, many companies will have an insurance claim adjuster call you within 24 hours to explain your rights and obligations.
 - If you receive a message and a number to call, you should call as soon as possible to find out what you need to do to get medical treatment.
 - Within 3-5 business days after you or your employer report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. These forms may be part of a packet which may include some or all of the following:
 - A copy of your accident report or "First Report of Injury or Illness," which you should read to make sure it is correct;
 - A fraud statement, which you must read, sign and return as soon as possible, or benefits may be temporarily withheld until you do so;
 - A release of medical records for you to sign and return; and
 - Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement.
- !** If you do not receive a call or the information packet from the insurance company, you can call the WC hotline for assistance at **1-800-342-1741**.

When you see the doctor

- Give the doctor a full description of the accident or how you were injured.
- Answer all questions the doctor might have about any past or current medical conditions or injuries.
- Discuss with the doctor if the injury is related to work or not.
- If related to work, find out if you can work or not.

If you are released to work but can't return to your same job, you should get instructions from the doctor on what work you can and cannot do.

Keep and attend all appointments with your doctor, or benefits may be suspended.

After seeing the doctor

- Speak with your employer as soon as you leave the doctor. Tell your employer how much your job means to you, and explain to them what work the doctor said you can and cannot do.
- If you are admitted to a hospital, call or have someone call your employer for you to explain what happened and where you are.
- Give your employer the doctor's note as soon as possible.
- Ask your employer if they have work for you to return to that does not require you to do things the doctor said you cannot do yet.
- If yes, ask when you should report for work.
- If not, make sure your employer has a way to contact you if appropriate work becomes available.
- Contact the insurance company and let them know what the doctor said about your injuries,


work status, and whether your employer has work available within your physical restrictions.

- You should continue to stay in contact with your employer and the insurance company throughout your treatment and recovery.

Benefits you may receive

Money you may be entitled to:

- *Indemnity Benefits:* If you are unable to work for more than 7 days, you should receive money to partly replace what you were not able to earn after your accident.

 **Note:** Your weekly benefit can never exceed the maximum compensation rate for the year in which your accident or illness occurred. For a table of the maximum compensation rates visit www.myfloridacfo.com/Division/WC/Insurer/bma_rates.htm

- *Temporary total disability:* If your doctor says you cannot work at all:
You should receive money equaling about 66 2/3% of your regular wages at the time you were hurt. Your benefit is paid to you beginning with the 8th day you lose time from work.

The first 7 days lost from work is only paid if you lose more than 21 days from work.

If your injury is critical, you may receive 80% of your regular wages for up to 6 months after the accident.

You can receive up to a total of 104 weeks of temporary total disability and/or temporary partial disability benefits. ****Please see note regarding Supreme Court decisions.**

- *Temporary partial disability:* If you can return to work, but you cannot earn the same wages you earned at the time you were hurt:

You will receive money equaling 80% of the difference between 80% of what you earned before your injury and what you are able to earn after your injury.

Example:

Your average weekly wage: \$320 (Earnings before injury) x .80	= \$256
Your weekly earning after injury:	- \$150
Your actual lost wage:	\$106
\$106 x .80 =	\$84.80

Weekly temp. partial disability benefit: \$84.80

You can receive up to a total of 104 weeks of temporary total disability and/or temporary partial disability. ****Please see note regarding Supreme Court decisions.**

- *Impairment benefits:* Once your doctor says you are at Maximum Medical Improvement, you are as good as he or she expects you to get. At this point your doctor should evaluate you for:
Possible permanent work restrictions and,
A permanent impairment rating. If you receive a permanent impairment rating, you will receive money based on that rating.

Medical treatment:

Your employer is responsible for providing medical treatment.

- Do not delay in getting a doctor’s appointment from your employer or insurance company.
- **Do not go on your own to your private doctor for treatment.** The insurance company must authorize the doctor who is to treat you.
If you do not get a doctor’s name from the insurance company, you should contact your adjuster and ask for a doctor.

Reemployment Services assistance you may receive:

If you are unable to return to your job because of permanent work restrictions resulting from your on-the-job injury, you may obtain information or assistance from the Bureau of Employee Assistance and Ombudsman Office/Reemployment Services section at the following website, by phone or by e-mail:

- <https://www.myfloridacfo.com/Division/WC/Employee/reemployment.htm>
- Telephone: (800) 342-1741 - option 4
- Email: wces@myfloridacfo.com

For assistance on how any of the above benefits are calculated, call the WC hotline at 1-800-342-1741.

If you have a dispute with your insurance company

- First, try to talk about the problem with your adjuster or their supervisor.
- If you still need assistance, contact the WC hotline at 1-800-342-1741.
- If the insurance company still will not agree to pay the benefits that you believe you are entitled to, you can file a Petition for Benefits with the Office of the Judges of Compensation Claims.

You may wish to hire an attorney to represent you in this action.

See [Appendix A](#), a flow chart of the dispute process.

- ! For assistance on how to fill out and file a Petition for Benefits, call the WC hotline at **1-800-342-1741.**

Employee workers' compensation criminal violations

The following are criminal violations of s. 440.105, F.S., that constitute a felony of the first, second or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.:

- Filing a false claim of on-the-job injuries or exaggerating injuries.
- An injured worker or any party making a claim of an on-the-job injury will be required to provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement:
"Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234."
- If the injured worker or party refuses to sign the document, benefits or payments shall be suspended until such signature is obtained.

How to get more information and help with your claim

Division of Workers' Compensation Employee Assistance and Ombudsman Office:

- The Employee Assistance and Ombudsman Office (EAO) will assist you at no cost with questions or concerns you may have about your workers' compensation claim.
- EAO works on your behalf to resolve issues with your workers' compensation claim. Issues that cannot be resolved informally may require the filing of a Petition for Benefits.
- EAO offices are located around the state to assist you.

Website:

<https://www.myfloridacfo.com/Division/WC/Employee/default.htm>

https://www.myfloridacfo.com/Division/WC/Employee/eao_offices.htm

Phone (toll free): 1-800-342-1741

The Division of Workers' Compensation Website: www.myfloridacfo.com/Division/WC/

- For additional information click on "Information and FAQs" on the left side of the Division's homepage.

 **NOTE: See Appendix for additional website information.**

EMPLOYER INFORMATION

Employer Duties

If you see an accident on the job or someone reports one:

- Contact your insurance company right away.
- Stay in contact with your employee and the adjuster until the injured worker is back on the job.

If the employee is released to work with restrictions:

- Get the doctor's list of restrictions from the injured worker or directly from the doctor's office, and
- Meet with the injured worker to see if work is available that he/she can do.
- If restricted work is available:
 - Discuss with the injured worker:
 - Starting time and date,
 - What you can pay him/her based on new job duties, and
 - Report the restricted work to the adjuster.
- Inform the adjuster:
 - When the injured worker is scheduled to return to restricted work.
 - If the injured worker will not be earning what he/she earned before:
 - Send the adjuster wage information on a weekly or bi-weekly basis to determine if temporary partial benefits are due.
 - If the injured worker is unable to, due to restrictions, continue working, or
 - If you can't give him/her restricted work any longer, or
 - If the doctor releases him/her to regular work

Employer Requirements

Posting Requirement:

The "Broken Arm Poster" and the "Anti-Fraud Notice" should be posted in a conspicuous place and should identify the name of the insurance company providing coverage and where to call to report an accident or injury. Contact your insurance company to obtain the poster and the notice.

Recording Requirement:

Record all workplace injuries and retain the records for at least 2.5 years.

Reporting Requirement:

- Report all job-related injuries to the insurance company within 7 days of discovery.
- Provide a copy of the injury report to the injured worker (Form DFS-F2-DWC-1).
- Report required wage information to the insurance company within 14 days of learning of an injury that will require the employee to miss work for more than 7 days or that results in a permanent impairment.
- If requesting the employee's authorization for release of social security benefit information, give the Form DFS-F2-DWC-14 to the employee, submit the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address, and send a copy of the completed form to the Division within 14 days of the request (Form DFS-F2-DWC-14).

Penalties for late filing of a claim that was due to the employers failure to timely notify the insurer

If the First Report of Injury (DFS-F2-DWC-1) is filed late with the Division, due to the late reporting of the accident by the employer to the insurance company, the employer may be penalized for the late filing, according to the following schedule:

- \$100 for 1 through 7 days of untimely filing.
- \$200 for 8 through 14 days of untimely filing.
- \$300 for 15 through 21 days of untimely filing.
- \$400 for 22 through 28 days of untimely filing.
- \$500 for over 28 days of untimely filing.

In addition to the above administrative penalty paid to the Division, the employer may be liable for penalties and interest on the late payment of compensation, due to the late filing.

Penalties and interest for late payment of compensation paid directly to the injured worker along with indemnity payment that was late

1. If any installment of compensation for death or dependency benefits, or compensation for disability benefits payable without an award is not paid within 7 days after it becomes due, there shall be added to such unpaid installment a penalty of an amount equal to 20 percent of the unpaid installment, which shall be paid at the same time as, and in addition to, such installment of compensation.
2. If any installment of compensation is not paid when it becomes due, the employer, insurance company or servicing agent shall pay interest at the rate of 12 percent per year from the date the installment becomes due until it is paid, whether such installment is payable without an order or under the terms of an order. The interest

payment shall be the greater of the amount of interest due or \$5.

If you as an employer receive a notice from the Division about a late filing with a filing penalty due to the Division and penalties and interest due to the injured worker, you send the filing penalty payment to the Division and the penalty & interest payment, on the late indemnity payments, directly to the injured worker.

Workers' Compensation Coverage / Compliance Requirements For the Employer

Chapter 440, F.S., establishes workers' compensation coverage requirements for employers.

1. **Construction Industry:** An employer in the construction industry who employs one or more part- or full-time employees must obtain workers' compensation coverage. Sole proprietors, partners, and corporate officers are considered employees. Members of a limited liability company are considered corporate officers. Corporate officers may elect to exempt themselves from the coverage requirements of Chapter 440.
A construction industry contractor, who sub-contracts all or part of their work, must obtain proof of workers' compensation coverage or a Certificate of Election to be Exempt from all sub-contractors, prior to work being done. If the sub-contractor is not covered or exempt, for purposes of workers' compensation coverage, the sub-contractor's employees shall become the statutory employees of the contractor. The contractor will be responsible to pay any workers' compensation benefits to the sub-contractor and its employees.
2. **Non-Construction Industry:** An employer in the non-construction industry, who employs four or more part- or full-time employees, must

obtain workers' compensation coverage. Corporate officers are considered employees, unless they elect to exempt themselves from the coverage requirements of Chapter 440. Sole proprietors and partners in the non-construction industry are not considered to be employees unless they elect to be employees. Members of a limited liability company will be considered as corporate officers and employees, unless they elect to exempt themselves from the coverage requirements of Chapter 440.

3. **Agricultural Industry:** Agricultural employers with six or more regular employees and/or 12 or more seasonal employees, who work for more than 30 days, must obtain workers' compensation liability coverage for those employees.
4. **Out-of-State Employers:** An out-of-state employer engaged in work in Florida must immediately notify their insurance carrier that it has employees working in Florida. A company that has employees working in Florida must have a Florida workers' compensation insurance policy or an endorsement must be added to the out-of-state policy that lists Florida in Section 3.A. of the policy. A contractor working in Florida who contracts with an out-of-state subcontractor must obtain proof of a Florida workers' compensation policy or an endorsement to the out-of-state employer's policy that lists Florida in Section 3.A. of the policy, on the declaration page. Otherwise, the Florida contractor's policy must include the out-of-state subcontractor and their employees per [Chapter 440.10 \(1\) \(g\)](#), Florida Statutes.

Extraterritorial Reciprocity: Out-of-state employers whose home jurisdiction has in its statute an "extraterritorial reciprocity" clause allowing temporary employees from another jurisdiction (including Florida) to work under the "home state's" workers' compensation

policy is permitted to work in Florida using the workers' compensation policy from their "home state", as long as the work is temporary in nature. Temporary is defined as no more than 10 consecutive days with a maximum of 25 total days in a calendar year. [For a list of the current jurisdictions who have an extraterritorial reciprocity statute, contact the Division of Workers' Compensation at 850.413.1609].

Obtaining Required Coverage

1. **Coverage Options:** Contact a Florida-licensed insurance agent to obtain a workers' compensation policy. If the employer has applied for and been rejected by two non-affiliated workers' compensation insurers in the voluntary market, within the last sixty (60) days, they may contact the Florida Workers' Compensation Joint Underwriting Association (FWCJUA) at (941) 378-7400 or go to their website at www.fwcjua.com. The employer may also consider leasing employees from a Professional Employer Organization or PEO. In this circumstance, the PEO becomes the employer and provides workers' compensation coverage to each employee who is paid by the leasing PEO.
2. **Accurate Employer Job Classification and Payroll:** Since workers' compensation premiums are based on the information provided by the employer, it is important that accurate information such as what type of work is being performed (i.e. interior trim carpentry, roofing, restaurant, clerical, etc.) and estimated payroll for each job classification code is reported to the insurance company. If any changes occur in the job duties or services performed or the employer's payroll amount during the policy term, the employer must notify its insurance company.

3. **Professional Employer Organization or Employee Leasing Company:** If an employer enters into an employee leasing agreement with a licensed employee leasing company, the agreement entails workers' compensation coverage only for employees listed with the employee leasing company. The client company is responsible for workers' compensation coverage for all non-leased employees. The payroll for all employees must be paid through the leasing company. Any changes in job duties or status of an employee must be reported to the leasing company promptly.
4. **Individual Self Insurers:** Pursuant to Chapter 440.38, F.S., an employer may become individually self insured and secure the payment of workers' compensation by providing proof of financial strength necessary to ensure timely payments of current and future claims. Authorization and regulation of individual self insurers is through the Division.
5. **Commercial Self-Insurance Funds:** Pursuant to Chapter 624.462, F.S., a group of persons may form a commercial self-insurance fund for purposes of pooling and spreading liabilities for any commercial and/or casualty insurance. Authorization and regulation of commercial self-insurance funds is through the Office of Insurance Regulation.

Workers' Compensation Exemption Eligibility Requirements and Information

General Information

An individual who meets the eligibility requirements to obtain an exemption pursuant to s. 440.05, F.S., may elect an exemption from the coverage requirements of Chapter 440, F.S. Once an exemption is obtained, the exempted individual may not receive workers' compensation benefits when he/she sustains a work-related injury. Certificates of Election to be Exempt shall apply only to the corporate officer named on the Notice of Election to be Exempt and apply only within the scope of the business or trade listed on the Notice of Election to be Exempt.

Exemption Eligibility Information

A. Non-Construction Industry:

Corporation:

- The corporation must be registered and listed as active with the [Florida Department of State, Division of Corporations](#).
- The applicant must be listed as an officer of the corporation in the records of the Florida Department of State.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).

Limited Liability Company (LLC):

- The LLC must be registered and listed as active with the [Florida Department of State, Division of Corporations](#).
- The applicant must attest to a minimum 10 percent ownership of the LLC.

- No more than 10 members of an LLC may elect to be exempt.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).

B. Construction Industry:

Corporation:

- The corporation must be registered and listed as active with the [Florida Department of State, Division of Corporations](#).
- The applicant must be listed as an officer of the corporation in the records of the Florida Department of State.
- The applicant must attest to a minimum 10 percent ownership of the corporation.
- No more than three officers of a corporation or of any group of affiliated corporations (including LLCs) may elect to be exempt.
- A \$50.00 application fee is required.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty Assessment (OPA) or Working in Violation (WIV).
- An applicant associated with a payment that is insufficient is not eligible for an exemption.

Limited Liability Company (LLC):

- The LLC must be registered and listed as active with the [Florida Department of State, Division of Corporations](#).
- The applicant must attest to a minimum 10 percent ownership of the LLC.
- No more than three officers of an LLC or of any group of affiliated LLCs (including corporations) may elect to be exempt.
- A \$50.00 application fee is required.
- Applicant cannot be affiliated with an ACTIVE Stop Work Order (SWO), Order of Penalty

Assessment (OPA) or Working in Violation (WIV).

- An applicant associated with a payment that is insufficient is not eligible for an exemption.



Out-of-state contractors that are corporations or limited liability companies can qualify as foreign corporations or foreign limited liability companies by filing specific forms and documentation with the [Florida Division of Corporations](#). For more information, please call (850) 245-6051 or log on to <https://dos.myflorida.com/sunbiz/>.

How to Obtain an Exemption:

The Division of Workers' Compensation offers an online system for applicants to apply for or renew a *Certificate of Election to be Exempt from Florida's Workers' Compensation Law*. To access the DWC Notice of Election to be Exempt online application system, visit www.myfloridacfo.com/Division/WC/. The exemption applicant must personally sign the application and attest that he or she has reviewed, understands, and acknowledges the information as stated on the application. Furthermore, any person other than the applicant signing the application may be guilty of a felony of the third degree. For additional information concerning workers' compensation exemptions, please contact the Division's Customer Service Unit at 850-413-1609 or email wc_exemption@myfloridacfo.com.

Division Enforcement Authority

Enforcement and Authority:

- The Florida Division of Workers' Compensation is responsible for enforcing employer compliance with the coverage requirements of the workers' compensation law. Compliance investigators have the authority to enter and inspect any place of business for purposes of ensuring employer compliance with workers' compensation law. Investigators can also request an employer's business records. An employer must produce the required business records within ten business days of receiving the Division's written request for records.
- The failure of an employer to comply with the workers' compensation coverage requirements is considered to pose an immediate danger to public health, safety, and welfare; the Division **shall** issue a Stop-Work Order within 72 hours of determination of non-compliance, which requires the employer to cease all business operations.
- If an employer conducts business operations in violation of a Stop-Work Order, the employer shall be assessed an additional penalty of \$1,000 per day for each day of violation.

A Stop-Work Order Can Be Issued:

- When an employer who is required to secure Florida workers' compensation coverage fails to do so;
- When the employer fails to provide records requested by the Division of Workers' Compensation within ten business days of request;
- When an employer materially understates or conceals payroll, misrepresents or conceals

employee duties or fails to utilize Florida's class codes and workers' compensation rates.

A Stop-Work Order May Be Released:

- When an employer provides proof of compliance and pays a penalty of \$1,000, as a down payment, and agrees to enter into a payment agreement with the Division for the full amount. The penalty is a minimum of \$1,000 and is based on the insurance premiums which should have been paid, but were not (evaded premium), multiplied by 2 for the prior two years.

Employer Workers' Compensation Criminal Violations

The following are criminal violations of s. 440.105, F.S., and constitute a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, F.S.

It is unlawful to knowingly:

- Coerce or attempt to coerce, as a precondition to employment or otherwise, an employee to obtain a certificate of election of exemption pursuant to s. 440.05, F.S.
- Discharge or refuse to hire an employee or job applicant because the employee or applicant has filed a claim for benefits.
- Discharge, discipline, or take any other adverse personnel action against any employee for disclosing information to the Division or any law enforcement agency relating to any violation or suspected violation of any of the provisions of Chapter 440.
- Fail to update applications for coverage as required by s. 440.381(1), F.S., within 7 days after the reporting date for any change in the

required information, or to post notice of coverage pursuant to s. 440.40, F.S.

- Participate in the creation of the employment relationship in which the employee has used any false, fraudulent, or misleading oral or written statement as evidence of identity.

The following are criminal violations of 440.105, F.S., and constitute a felony of the first, second or third degree depending on the monetary value of the fraud as provided in s. 775.082, s. 775.083, or s. 775.084, F.S.:

- Working without workers' compensation coverage, if required.
- Submitting an altered or fraudulent certificate as proof of coverage for workers' compensation insurance or a false "exemption" certificate.
- Misclassifying employees to lower premiums or treating employees as subcontractors when they are not in order to hide or conceal payroll.
- Violating a stop-work order.

Employees and Employers can submit a fraud referral to Division of Insurance Fraud online at <https://first.fldfs.com> or by calling toll-free **1-800-378-0445** (inside Florida) or **850-413-3261** (outside Florida). A reward of up to \$25,000 may be offered to citizens for information leading to an arrest and conviction in complex fraud schemes.

Compliance & Coverage Assistance May Be Obtained From:

1. **Construction Policy Tracking Database:** The Construction Policy Tracking Database provides information to contractors regarding the coverage status of the contactors they use. This easy-to-use system will send contractors automatic electronic notification of any changes to their sub-contractors' coverage status. The only action required of the contractor is to register and list the sub-contractors for whom he/she would like to receive coverage notification.
2. **Proof of Coverage Database (Compliance):** The Compliance Database provides information regarding workers' compensation coverage and exemptions from workers' compensation for employers.
3. **Noncompliance On-line Referral Form:** To report an employer you suspect has failed to secure required workers' compensation insurance coverage, go to the Division of Workers' Compensation's website at www.myfloridacfo.com/Division/WC/ and select the "Report Suspected Workers' Comp Non-Compliance" icon.
4. **Compliance Stop-Work Order Database:** The Compliance Stop-Work Order Database lists employers that have been issued a stop-work order.
5. **Notice of Election to be Exempt:** To access the DWC Notice of Election to be Exempt online application system, visit <https://www.myfloridacfo.com/Division/WC/>

These and other databases can be found at <https://www.myfloridacfo.com/Division/WC/>

EMPLOYEE FACTS



Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at **1-800-342-1741**. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm.

Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at www.MyFloridaCFO.com/Division/wc/Employee/education.htm, and answers to frequently asked questions can be accessed at www.MyFloridaCFO.com/Division/wc/Employee/faq.htm.

You may also submit specific questions relating to your claim to us at wceao@MyFloridaCFO.com and receive answers directly by e-mail.

Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury

or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is **free** and available by contacting the EAO at **1-800-342-1741**.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/JCC/forms/.

Reemployment Services

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at WCRES@MyFloridaCFO.com or call **1-800-342-1741** for free reemployment services.

Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is **free** and available by contacting the Employee Assistance Office at **1-800-342-1741**.

Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call **1-800-378-0445**.

Disclaimer:

This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.

69L-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-60
Revised March 2010

IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



**DIVISION OF
WORKERS' COMPENSATION**
Florida Department of Financial Services

If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Hospitalization
- Prostheses
- Travel expenses to and from authorized medical treatment or a pharmacy.
- Physical therapy
- Medical tests
- Prescription drugs

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- Temporary Total Benefits: These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- Temporary Partial Benefits: These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. **Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.**
- Permanent Impairment Benefits: These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- Permanent Total Benefits: These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

- Death Benefits: Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. **If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.**

Injured Worker Responsibilities

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:

- Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).

Oficina De Ayuda al Trabajador

La División de Compensación por Accidentes de Trabajo, Oficina de Ayuda al Trabajador (Employee Assistance Office [EAO]) ayuda prevenir y resolver disputas entre trabajadores lesionados, empleadores y compañías de seguros. Si la compañía de seguros no le provee beneficios a lo cuales usted cree tener derecho, puede llamar a la línea gratis del EAO **1-800-342-1741**.

Los especialistas de la EAO están bien informados sobre el sistema de compensación por accidentes de trabajo. Ellos podrán tratar sus preocupaciones y procurar prevenir o resolver disputas. EAO tiene oficinas por todo el estado donde usted puede visitar o llamar. Usted puede localizar estas oficinas estatales visitando nuestra página de web: www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm

Servicios Proveído por el EAO incluyen:

- Educar y proveer información sobre su reclamo.
- Asistirle a resolver desacuerdos referentes a su reclamo sin ningún costo para usted.
- Asistirle a entender los procedimientos para iniciar el proceso judicial y someter una petición de beneficios a la oficina de jueces de reclamaciones de compensación.

Además, información sobre sus derechos y responsabilidades conforme a la ley de compensación por accidentes de trabajo esta disponible en el “Taller Para Empleados Lesionados” en la página Web de la División de Compensación por Accidentes de Trabajo: www.MyFloridaCFO.com/Division/wc/Employee/education.htm

Se pueden obtener las respuestas a preguntas que se hacen con frecuencia en: www.MyFloridaCFO.com/Division/wc/Employee/faq.htm. Usted también puede someter sus preguntas específicas relacionadas con su reclamo al wceao@MyFloridaCFO.com y recibir la respuesta directamente por correo electrónico.

Estatuto de Limitaciones

Una vez que usted se ha lesionado en su trabajo o se da cuenta que su lesión o enfermedad es relacionada a su trabajo, usted tiene 30 días para reportar su lesión o enfermedad a su empleador. La falta de divulgar su lesión en el plazo de 30 días puede comprometer su reclamo.

Generalmente, usted tiene dos años a partir de la fecha de su lesión o enfermedad para reclamar beneficios por accidentes de trabajo. La falta de reportar su lesión o enfermedad en el plazo de 30 días se puede utilizar como defensa contra su reclamo sin importar el estatuto de dos años de las limitaciones para archivar una reclamación. Su elegibilidad para beneficios también se puede terminar un año después de recibir el último cheque de beneficio de reemplazo de salario o del último tratamiento médico que fue autorizado.

Negación de Beneficios

Si la compañía de seguro no le provee los beneficios que usted cree que tiene derecho a recibir, o ha negado su reclamo, puede contactar a la Oficina de Ayuda al Trabajador (EAO). Aunque la EAO no provee consejos legales, nuestros especialistas contestarán preguntas sobre sus derechos y responsabilidades y posiblemente resuelvan problemas que usted tenga con su reclamo. Esta ayuda es **gratis** y disponible si contacta EAO al **1-800-342-1741**.

Petición por Beneficios

Para comenzar el procedimiento judicial para obtener beneficios que se le deben según la ley y no han sido proveídos por el empleador o la compañía de seguros, debe presentar el formulario Petición por Beneficios (titulado en inglés Petition for Benefits) a la Oficina de Jueces de Reclamos de Compensación. El formulario se puede obtener en el sitio: www.jcc.state.fl.us/JCC/forms/.

Servicios de Reemplazo

Si como resultado de su lesión u enfermedad de trabajo, usted no puede realizar los deberes que son requeridos en el lugar de empleo, puede contactar a la Oficina de Ayuda al Trabajador (EAO) en WCRES@MyFloridaCFO.com o puede llamar al **1-800-342-1741** para recibir servicios de reemplazo gratis.

Representación Legal

No se requiere que usted tenga un abogado. Si usted contrata un abogado para que le ayude con su reclamo, es posible que se use una porción de sus beneficios para pagar el honorario y los gastos del abogado a no ser que su empleador o la compañía de seguros se haga responsable de pagarlos. Aunque la División de Compensación por Accidentes de Trabajo no provee asesoramiento legal, la División contestará preguntas sobre sus derechos y responsabilidades y posiblemente podrá resolver problemas que usted pueda tener con su reclamo. La ayuda es **gratis** y está disponible si usted contacta la Oficina de Ayuda al Trabajador (EAO) al **1-800-342-1741**.

Programa de Recompensa por Anti-Fraude

El fraude de seguro por accidentes de trabajo ocurre cuando cualquier persona con conocimiento y con el intento de hacer daño, defrauda o engaña a cualquier empleador o trabajador, compañía de seguros, o auto aseguradora, presenta información falsa o engañosa. El fraude de seguros por accidentes de trabajo es un delito mayor de tercer grado que puede resultar en multas, responsabilidad civil, o encarcelamiento. Recompensas de hasta \$25,000.00 se pueden pagar a personas que proporcionan la información que conduce a la detención y a la convicción de personas que han cometido fraude de seguro. Llame al **1-800-378-0445** para reportar sospechas de fraude de seguro por accidentes de trabajo.

Limitación de responsabilidad

Esta publicación esta siendo ofrecida sólo como una herramienta de información, acata s.440.185 (4) F.S. con el entendimiento que esto no es lenguaje oficial de los Estatutos de la Florida. Bajo ningunas circunstancias será la División de Compensación por accidentes de trabajo responsable de daños directos o resultantes del uso de ese material.

Información Para Trabajadores



INFORMACIÓN IMPORTANTE DE SEGURO DE INDEMNIZACIÓN POR ACCIDENTES DE TRABAJO PARA LOS TRABAJADORES DE LA FLORIDA

69L-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-61
Revised February 2014



DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

Si usted se lesiona como resultado de un accidente de trabajo, la compañía de seguro de su empleador podría proveerle beneficios médicos y una porción de su salario.

Beneficios Médicos

Tan pronto la compañía de seguro tenga conocimiento de su lesión y determine que su lesión/enfermedad tiene cobertura de acuerdo a las leyes de la Florida, la compañía de seguro le:

- Proveerá un médico autorizado por la compañía de seguro
- Pagará por todo tratamiento que sea autorizado, médicamente necesario y relacionado a su lesión o enfermedad
- Proveerá una vez un cambio de médico dentro de cinco días de recibir su petición por escrito

Atención médica y tratamientos autorizados pueden incluir:

- Consultas médicas
- Hospitalización
- Terapia física
- Exámenes médicos
- Medicamentos recetados
- Prótesis
- Gastos de viajes a consultas médicas o la farmacia

En cuanto alcance la máxima mejoría médica (MMI por su sigla en inglés) usted tendrá que pagar un copago de \$10.00 por cada consulta para tratamiento médico. La máxima mejoría médica ocurre cuando el médico que lo(a) atiende determina que su lesión o enfermedad ha sanado hasta el punto que una mejoría adicional no es probable.

Beneficios de Reemplazo de Salario

Si usted no puede trabajar o su ingreso es reducido debido a una lesión u enfermedad relacionada con su empleo, es posible que usted pueda recibir reemplazo parcial del salario. Usted puede ser elegible para estos beneficios si ha estado incapacitado(a) por más de siete días y no ha podido cumplir con sus deberes normales en su empleo según el consejo de su médico autorizado.

Si usted califica, los beneficios de reemplazo de salario comenzarán al octavo día de incapacidad parcial o total. Usted no recibirá beneficio de reemplazo de salario por los primeros siete días de incapacidad a menos que usted ha estado incapacitado por más de 21 días debido a su lesión o enfermedad relacionado con su empleo.

En la mayoría de los casos, los beneficios de reemplazo de salario igualarán a dos tercios (2/3) del salario semanal regular que usted ganaba antes de sufrir la lesión o enfermedad, pero el beneficio no excederá el promedio de los salarios semanales en la Florida. Usted generalmente, puede esperar recibir su primer cheque de beneficio dentro de 21 días después de que la compañía de seguro tenga conocimiento de su lesión o enfermedad. Los (siguientes) cheques (adicionales) se enviarán quincenalmente.

- Beneficios por Incapacidad Total Temporal (TTD por su sigla en inglés)*: Estos beneficios son proveídos como resultado de una lesión u enfermedad que temporalmente prohíbe que usted vuelva a trabajar y usted no ha alcanzado la máxima mejoría médica.
- Beneficios por Incapacidad Parcial Temporal (TPD por su sigla en inglés)*: Estos beneficios son proveídos cuando el médico le permite volver a trabajar con restricciones, usted no ha alcanzado la máxima mejoría médica, y gana menos del 80% del salario que ganaba antes de sufrir la lesión o enfermedad. ***Beneficios temporales son pagables por un máximo de 104 semanas o hasta la fecha que se determine que usted ha alcanzado la máxima mejoría médica, lo que ocurra primero.**
- Beneficios por Daños Permanente (IB por su sigla en inglés): Estos beneficios son proveídos cuando la lesión o enfermedad causa pérdida física, psicológica o funcional y la incapacidad existe después de la fecha de la máxima mejoría médica. [MMI] Un médico le asignará una valoración de incapacidad permanente a la lesión que será expresada como un porcentaje de incapacidad al cuerpo en su totalidad.
- Beneficios por Incapacidad Total Permanente (PTD por su sigla en inglés): Estos beneficios son proveídos cuando la lesión causa que usted sea permanente y totalmente incapacitado(a) según las estipulaciones de la ley.
- Indemnizaciones por Fallecimiento: Compensación por accidentes de trabajo que resulten en la muerte del trabajador incluye pago de gastos para el funeral y beneficios para los dependientes del fallecido (estos son sujetos a límites definidos por ley). Un cónyuge dependiente puede ser elegible para entrenamiento vocacional.

La tasa, cantidad, y duración de beneficios de reemplazo de salario son estipulados en la ley de compensación por accidentes de trabajo. **Si usted tiene preguntas sobre sus beneficios llame a su tasador(a) /ajustador(a) de reclamo o a la Oficina de Ayuda al Trabajador al 1-800-342-1741 Ext. 30027.**

Responsabilidades del Trabajador Lesionado

Comuníquese con el Empleador:

- Contacte su supervisor/empleador inmediatamente para notificarle que sufrió una lesión o enfermedad en su trabajo.
- Provéela a su empleador una copia del Formulario Para Reportar el Estatus de su Caso y Tratamiento Médico (formulario médico para reportar el tratamiento/estado de su caso) (DWC25) [titulada en Inglés "Medical Treatment /Status Reporting Form (DWC25)] después de cada cita medica.
- Vuelva a su lugar de empleo cuando su médico lo permita y su empleador le ofrezca un trabajo de acuerdo a sus limitaciones para evitar la suspensión de los beneficios de reemplazo de salario.

Comuníquese con la compañía de seguros:

- Revise el formulario Primer Reporte de la Lesión o Enfermedad (DWC1) [Titulada en inglés "First Report of Injury or Illness" (DWC1)] cuando la reciba y verifique su dirección, número de teléfono, número de seguro social, y la descripción del accidente. Si hay alguna información con la cual usted no esta de acuerdo, o si alguna información ha sido omitida, inmediatamente notifíquese a su tasador(a)/ajustador(a) de reclamo por escrito.
- Revise, firme y devuelva a la compañía de seguros la declaración de fraude. Es una obligación. Al firmar este documento, esta confirmando que entendió esta información importante. Sus beneficios serán suspendidos si usted no firma y provee la declaración a la compañía de seguros.
- Si usted ha trabajado para más de un empleador durante las trece semanas inmediatamente antes de la fecha del accidente, reporte todos los salarios recibidos durante ese periodo. Esto ayudará a la compañía de seguros a determinar la cantidad correcta de su beneficio de reemplazo de salario.
- Mantenga a su tasador(a)/ajustador(a) de reclamo regularmente informado(a) sobre el estado de su reclamo, su necesidad de autorización de tratamiento médico, y cualquier ingreso. (Nota: si usted esta representado por un abogado, posiblemente su tasador(a) /ajustador(a) de reclamo no podrá hablar con usted directamente)
- Notifique a la compañía de seguros de cualquier cambio de dirección o número de teléfono.
- Complete y devuelva los formularios que requiera la compañía de seguros.

Comuníquese con el Médico Autorizado por la Compañía de Seguros:

- Identifique todas las partes del cuerpo que están o potencialmente pueden ser dañadas, y sea específico(a) al identificar las áreas del dolor.
- Cumpla con sus citas médicas.
- Aclare su estado laboral durante sus citas antes de salir de la oficina del médico.
- Siga el plan recomendado por su médico
- Pídale a su médico una copia del Reporte Médico Sobre el Estado/Tratamiento de su Caso (DWC25) [titulada en inglés, "Medical Treatment /Status Reporting Form (DWC25)]
- Notifique a su médico de cualquier cambio de dirección o número de teléfono
- Llame a la oficina del médico autorizado si usted necesita ver al médico antes de su próxima cita. Quizás el personal pueda anotar su nombre en una lista de cancelación y pueda conseguir una cita más pronto si otro paciente cancela su cita. Si no hay una cita disponible, y usted necesita ver un médico inmediatamente, por favor contacte su tasador(a)/ajustador(a) de reclamo o la Oficina de Ayuda al Trabajador

Responsabilidades de la Compañía de Seguros

- Disposición oportuna del tratamiento médico
- Pago oportuno de beneficios de reemplazo de salario
- Pago oportuno de facturas médicas
- Notificación oportuna de su reclamo a la División de Compensación por Accidentes de Trabajo
- Notificación oportuna de cualquier cambio del estado de su reclamo. Esta información le será proveída por correo en una hoja titulada Notificación de Acción o Cambio (DWC4) [Titulado en inglés "Notice of Action/Change (DWC4)] o en una Notificación de Negación (DWC12) [Titulado en inglés Notice of Denial (DWC12)].

Workers' Compensation Exemptions

Construction Industry

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers' compensation coverage.

Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

- The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10-percent ownership.
- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability member are allowed to be exempt. A \$50 fee is required for each application submitted to obtain an exemption. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

For copies of the exemption form, contact the Division's Bureau of Compliance at (850) 413-1609 or go to <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on Rule 69L-6 and Form number DWC-250, Notice of Election to Be Exempt.

Non-Construction Industry

An employer in the non-construction industry, who employs four or more part-time or full-time employees, must obtain workers' compensation coverage.

Sole proprietors and partners in the non-construction industry are automatically exempt from the law, but can elect to be covered.

Non-construction industry corporate officers may elect to be exempt if:

- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

There is no limit to the number of corporate officers who can be exempt and there is no application fee. Non-construction exemptions are valid until a voluntary revocation is filed or the exemption is revoked by the Division.

What Your Employee Can Expect From the Insurance Carrier

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of the employee's claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of the employee's claim. This information should be provided to the injured worker by mail on either a Notice of Action/Change form (DWC-4) or a Notice of Denial form (DWC-12)

Questions about workers' compensation?

Please visit our Web site at www.MyFloridaCFO.com/Division/WC where you will find extensive information such as publications, databases, rules and forms that will give you a better understanding of workers' compensation.

Employee Assistance and Ombudsman Office Hotline
1-800-342-1741

Injured worker e-mail inquiries
wceao@MyFloridaCFO.com

Customer Service
(850) 413-1601

Employer e-mail inquiries
WorkCompCustServ@MyFloridaCFO.com

Workers' Compensation Fraud Hotline
1-800-378-0445

Frequently Asked Questions

Q) How many days do employees have to report work-related injuries or illnesses?

A) Employers should encourage employees to report accidents as soon as the work related injuries or illnesses occur. By law, however, employees are required to report work related injuries or illnesses within 30 days.

Q To whom should I report the work-related injury?

A) You should report the accident to your insurance company as soon as you have knowledge of the injury. By law, you have seven days from your first knowledge of the work related injury.

Q) Do I have to report a claim if I do not believe it is a work-related injury or illness?

A) Yes. You should report all claims of work-related injuries or illnesses to your workers' compensation insurance carrier. This includes claims in which there are no witnesses of the injury or illness. It is your workers' compensation insurance carrier's responsibility to investigate all claims and determine if employees are entitled to benefits under Florida's Workers' Compensation Law.

Q) Does the employee pay any part of my workers' compensation insurance premium?

A) No. The law is very specific on this point. It is the employer's responsibility to pay the entire premium for workers' compensation.

Employers who secure workers' compensation coverage can also apply to become a drug-free workplace and may receive a premium discount. To learn more about the Drug-free Workplace Program, please call the Division of Workers' Compensation Customer Service Office at 850-413-1609.

Q) Who should I call if my employees have questions or concerns regarding their workers compensation claims?

A) You should first contact your insurance carrier. If your carrier is unable to answer the question or resolve the problem, you or your employees should call the Employee Assistance and Ombudsman Office at 1-800-342-1741.

Disclaimer:

This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.

EMPLOYER FACTS



IMPORTANT

WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS



**DIVISION OF
WORKERS' COMPENSATION**
Florida Department of Financial Services

69L-3.0036, F.A.C. Employer Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-65
Revised March 2010

Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any employee who sustains a work related injury or illness.

This brochure will give you a better understanding of your role and responsibilities under the workers' compensation system.

Workers' Compensation Notice

The law requires that every employer who has secured workers' compensation coverage post in conspicuous place(s) a notice that contains the employer's insurance carrier information, the expiration date of the policy and an anti-fraud statement. The Division of Workers' Compensation has developed this notice, in poster form, for carriers to provide to their policyholders. Your carrier is required by law to provide you with the poster(s).

Even if employers have purchased workers' compensation policies, they shall be deemed to have failed to secure workers' compensation coverage if they have committed any of the following actions:

- materially understated or concealed payroll,
- materially misrepresented or concealed employee duties to avoid proper classification for premium calculations, or
- materially misrepresented or concealed information pertinent to the computation and application of an experience modification factor.

Employers who fail to secure workers' compensation coverage or fail to update information on their workers' compensation insurance application are subject to stop work orders and civil and criminal penalties.

First Report of Injury

As soon as you become aware of a work-related injury or illness, immediately contact your workers' compensation insurance carrier. If you do not report the injury or illness to your insurance carrier within seven days of the date you were informed, you may be subject to an administrative fine not to exceed \$2,000 per occurrence. Most insurance companies have a toll-free number to report work-related injuries. If you report the injury or illness to the insurance carrier by telephone, the carrier will complete the form and

send a copy to you and the employee within three business days. You can also fill out the First Report of Injury or Illness form (DWC-1) and send it to the insurance carrier. The form contains employer, employee and accident information and can be obtained on the Division of Workers' Compensation Web site at <https://www.MyFloridaCFO.com/Division/WC/pdf/DFS-F2-DWC-1.pdf>. You must also provide a copy of the First Report of Injury or Illness form to the employee. The employee's signature on the form is preferred, but if the employee is not able or available to sign it, then write "not available" in the employee signature box.

Workplace Fatalities

Employers must also report deaths resulting from work-related injuries or illnesses to the Division of Workers' Compensation within 24 hours. To report a workplace fatality, call 1-800-219-8953 (in Florida) or 850-413-1611, or fax the First Report of Injury or Illness form containing the fatality information to 850-354-5100.

To access the form, go to <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on DWC-1.

Medical Benefits

As soon as you notify your carrier about your employee's work-related injury, the carrier will:

- Determine the compensability of the injury
- Provide an authorized doctor
- Pay for all authorized medically necessary care and treatment related to the injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor's visits
- Hospitalization
- Physical therapy
- Medical tests
- Prescription drugs
- Prostheses
- Travel expenses to and from authorized providers or pharmacies.

Upon reaching maximum medical improvement (MMI), the employee is required to pay a \$10 copayment per visit for medical treatment. MMI occurs when the treating physician determines that the employee's injury has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

Workers' compensation benefits for lost wages will start on the eighth day that the injured employee is unable to work. The injured employee will not receive wage replacement benefits for the first seven days of work missed, unless he or she is out of work for more than 21 days due to the work-related injury. In most cases, the wage-replacement benefits will equal two-thirds of the employee's pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. If the employee qualifies for wage replacement benefits, he or she can expect to receive the first benefit check within 21 days after the carrier becomes aware of the injury or illness, and bi-weekly thereafter. The injured employee will be eligible for different types of wage replacement benefits, depending on the progress of the claim and the severity of the injury.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury that temporarily prevents the employee returning to work and the employee has not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases the employee to return to work, and the employee has not reached MMI and earns less than 80 percent of the pre-injury wage. The benefit is equal to 80 percent of the difference between 80 percent of the pre-injury wage and the post-injury wage. The maximum length of time the injured employee can receive temporary benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.
- **Permanent Impairment Benefits:** These benefits are provided when the injury causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole. If you return to work at or above your pre-injury wage, the permanent impairment benefit is reduced by 50%.
- **Permanent Total Benefits:** These benefits are provided when the injury causes the employee to be permanently and totally disabled according to the conditions stated in law.
- **Death Benefits:** Compensation for deaths resulting from work-related injuries or illnesses include payment of funeral expenses and dependency benefits (each are subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

Wage Statement Form

You must complete and provide a wage statement form (DFS-F2-DWC-1a) to your carrier for any employee who is entitled to wage replacement benefits, within 14 days after knowledge of the accident. You must also complete this form upon the termination of the employee or upon termination of fringe benefits for any employee who is collecting wage replacement benefits within seven days of such termination. To access the form go to, <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on DWC-1a.

Employee Assistance Office

If you have any questions or concerns about your employees' workers' compensation benefits, call your workers' compensation insurance carrier. If the insurance carrier does not provide the information that you have requested, you can call the Division of Workers' Compensation, Employee Assistance Office (EAO) at 1-800-342-1741. This office helps prevent and resolve disputes between injured workers and employers/carriers.

EAO specialists are knowledgeable about the workers' compensation system and may be able to answer your questions. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm.

In addition, the Division of Workers' Compensation has a Web site section on "Frequently Asked Questions for Employers," which can be accessed at <https://www.MyFloridaCFO.com/Division/wc/Employer/faq.htm>.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/JCC/forms/.

Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program, files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call 1-800-378-0445.

Certificado de elección para exenciones

Industrias dedicadas a la construcción

Empleadores en las industrias de la construcción con un (1) empleado o más a jornada completa o jornada parcial, incluyendo el dueño, debe obtener la cobertura de seguro por accidentes de trabajo.

Oficiales o miembros de una sociedad de responsabilidad limitada (LLC) de una corporación en la industria de la construcción pueden elegir ser exentos si:

- Poseen un mínimo de diez por ciento (10%) de titularidad de acciones de la corporación o en el caso de un LLC hay una declaración que da testimonio a la propiedad del 10 por ciento mínima.
- El oficial de la compañía aparece como oficial de la corporación en el registro del Departamento del Estado de la Florida, División de Corporaciones.
- La corporación aparece activa en el registro del Departamento del Estado de la Florida, División de Corporaciones.

Solamente tres oficiales de una corporación o sociedades de responsabilidad limitada pueden elegir ser exentos. Se requiere pagar \$50 por cada aplicación presentada para obtener una exención. Exenciones en las industrias que participan en la construcción son válidas por dos años o hasta que se registre una revocación voluntaria o si la exención es revocada por la división.

Para conseguir copias de la notificación de elección para ser exento [en inglés Notice of Election to Be Exempt] llame al (850) 413-1609 o vaya a nuestro sitio Web en <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm>, y haga clic en la regla 69L-6 y número del formulario DWC-250 Elección de ser exento.

Lo que su empleado puede esperar de parte de la compañía de seguros:

- Provisión oportuna de tratamiento médico
- Provisión oportuna de beneficios de reemplazo de salario
- Pago oportuno de cuentas médicas
- Notificación oportuna de su reclamación a la División de Compensación por Accidentes de Trabajo
- Notificación oportuna de cualquier cambio del estado de su reclamación. Esta información se le será proveída por correo en un formulario titulado "Notice of Action/Change (DWC4) [Notificación de Acción o Cambio (DWC4)] o "Notice of Denial (DWC12) [Notificación de Negación (DWC12)]"

Industrias que no se dedican a la construcción

Un empleador que no participa en la industria de construcción y tiene cuatro (4) empleados o más de jornada completa o jornada parcial tiene que obtener la cobertura de seguros por accidentes de trabajo.

Propietarios únicos y socios en industrias que no participan en la construcción están automáticamente exentos de la ley, pero pueden elegir ser cubierto.

Oficiales de una corporación que no se dedica a la construcción puede elegir ser exentos si:

- El oficial esta listado como oficial de la corporación en el registro del Departamento del Estado de la Florida, División de Corporaciones.
- La corporación esta listada activa en el registro del Departamento del Estado de la Florida, División de Corporaciones.

No hay límite de oficiales que pueden ser elegibles para ser exentos y no le cobrarán por llenar la aplicación para la exención. Exenciones en las industrias que no se dedican a la construcción son válidas por dos años o hasta que se registre una revocación voluntaria o si la exención es revocada por la división.

¿Tiene preguntas sobre el seguro por accidentes de trabajo?

Por favor, visite nuestra página Web en www.MyFloridaCFO.com/Division/WC donde usted encontrará información extensa tal como publicaciones, un número de bases de datos, reglas, y formas que le dará un mejor entendimiento del seguro para accidentes de trabajo.

Oficina de Ayuda al Trabajador (Oficina de asistencia para el trabajador) 1-800-342-1741

Empleados lesionados pueden hacer preguntas por correo electrónico wceao@myfloridaCFO.com

Servicio al cliente (850) 413-1601

Empleadores pueden hacer preguntas por correo electrónico WorkCompCustServ@MyFloridaCFO.com

Preguntas sobre el programa contra el fraude
1-800-378-0445

Preguntas hechas con frecuencia

P) ¿Cuántos días tienen los empleados para reportar lesiones u enfermedades relacionadas con el trabajo?

R) Los patrones deben aconsejar a sus empleados que reporten accidentes tan pronto como ocurran lesiones o enfermedades relacionadas con el trabajo. Por ley, sin embargo, se requiere que empleados reporten lesiones o las enfermedades relacionadas con el trabajo en el plazo de 30 días.

P) ¿A quién le debo reportar la lesión relacionada con el trabajo?

R) Usted debe reportar el accidente a su compañía de seguros tan pronto usted tenga conocimiento de la lesión. Por ley, usted tiene siete días desde su primer conocimiento de la lesión relacionada con el trabajo.

P) ¿Tengo que reportar un reclamo si no creo que la lesión o enfermedad es relacionada con el trabajo?

R) Sí. Usted debe reportar todas las demandas de lesiones o de enfermedad relacionadas con el trabajo a su compañía de seguros. Esto incluye las demandas de las cuales no hay testigos de las lesiones u de las enfermedades. Es responsabilidad de la compañía de seguros por accidentes de trabajo investigar todas las demandas y determinar si el empleado tiene derecho a recibir beneficios de acuerdo a la ley de seguros por accidentes de trabajo.

P) ¿El empleado paga parte de la prima de seguro por accidentes de trabajo?

R) No. La ley es muy específica en este punto. Es la responsabilidad del empleador pagar la prima entera del seguro por accidentes de trabajo.

P) ¿A quién debo llamar si mis empleados tienen preguntas o preocupaciones con respecto a sus reclamaciones?

R) Usted debe primero contactar a su compañía de seguro. Si la aseguradora no puede contestar la pregunta o resolver el problema, usted o sus empleados deben llamar la oficina de la ayuda al Trabajador en 1-800-342-1741.

Empleadores que adquieran una póliza de seguros por accidentes de trabajo pueden también aplicar para ser un lugar de trabajo libre de drogas y pueden recibir un descuento de prima. Para aprender más sobre el programa, llame por favor a la División de Compensación por Accidentes, la oficina del servicio de atención al cliente al 850-413-1609.

Limitación de responsabilidad

Esta publicación esta siendo ofrecida sólo como una herramienta de información, acata s.440.185 (4) F.S. con el entendimiento que esto no es lenguaje oficial de los Estatutos de la Florida. Bajo ningunas circunstancias será la División de Compensación por accidentes de trabajo responsable de daños directos o resultantes del uso de ese material.

69L-3.0036, F.A.C. Employer Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-66
Revised March 2010

Información Para Empleadores



INFORMACIÓN IMPORTANTE

DEL SEGURO DE INDEMNIZACION POR ACCIDENTES DE TRABAJO PARA LOS EMPLEADORES DE LA FLORIDA



DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

Su póliza de seguro por accidentes de trabajo cubre beneficios médicos y reemplazo parcial del salario para cualquier empleado que sostenga lesión o una enfermedad relacionada con su trabajo.

Este folleto le dará una mejor comprensión de su papel y responsabilidades bajo el sistema de seguro por accidentes de trabajo.

Aviso de seguro por accidentes de trabajo

La ley requiere que cada empleador que ha adquirido una póliza de seguro por accidentes de trabajo coloque en un lugar o lugares conspicuo(s) un aviso que contenga información sobre la compañía de seguros, la fecha de vencimiento de la póliza, y una declaración en contra de fraude. La División de Compensación por Accidentes de Trabajo ha desarrollado este aviso en forma de cartel, para que las compañías de seguro se las proporcionen a sus asegurados. Su compañía de seguros tiene obligación legal de proveerle los carteles.

Aunque el empleador adquiera una póliza de seguros por accidentes de trabajo, se consideran no haberlo hecho si han cometido cualquiera de las siguientes acciones:

- subestimar u ocultar nómina de pago,
- falsificar u ocultar las responsabilidades del empleado para evitar la clasificación apropiada para los cálculos de la prima de seguro
- falsificar u ocultar información pertinente al cálculo y aplicación de un factor de modificación de experiencia.

Los empleadores que tienen obligación de proveer seguro por accidentes de trabajo pero no lo hacen o no actualizan la información reportada en la solicitud de seguro por accidentes de trabajo, son sujetos a recibir una orden de suspensión de trabajo y penas civiles y criminales.

Primer reporte de la lesión o enfermedad

Tan pronto usted se entere de una lesión o enfermedad relacionada con un accidente en el lugar de trabajo, contacte inmediatamente a su compañía de seguro por accidentes de trabajo. Si usted no reporta la lesión o la enfermedad a la compañía de seguro en un plazo de siete días después de la fecha que usted fue informado, usted puede estar sujeto a una multa administrativa que no exceda \$2.000 por ocurrencia. La mayoría de las compañías de seguros tienen un número gratis para reportar lesiones relacionadas con el trabajo. Si usted reporta la lesión o la enfermedad a la compañía de seguros por teléfono, la compañía de seguros

llenará el formulario y le enviará una copia al empleado dentro de tres días laborales. Usted también puede completar el primer reporte de la lesión o enfermedad (DWC-1) y enviarlo a la compañía de seguros. El formulario contiene información sobre el empleador, el empleado, y el accidente y se puede obtener en la página Web de la División de Compensación por Accidentes de Trabajo en <https://www.MyFloridaCFO.com/Division/WC/pdf/DFS-F2-DWC-1.pdf>. Usted debe también proveer una copia del primer reporte del accidente o enfermedad al empleado. Se prefiere la firma del empleado en el formulario, pero si el empleado no puede o no está disponible para firmarlo, escriba "no disponible" en la caja donde se pide la firma del empleado.

Fallecimientos relacionados con el trabajo

Empleadores también tienen que reportar muertes que resulten por lesiones o enfermedades relacionadas con el trabajo a la División de Compensación por Accidentes de Trabajo en un plazo de 24 horas. Para reportar una fatalidad en el lugar de trabajo, llame al 1-800-219-8953 (en la Florida) o al 850-413-1611, o envíe el primer reporte de la lesión o enfermedad con la información sobre la muerte por fax a 850-354-5100. Para tener acceso al formulario, vaya a la página web <https://www.MyFloridaCFO.com/Division/WC/lic/en/DWC-1.PublicationsFormsManualsReports/Forms/Default.htm>. Haga

Beneficios médicos

Tan pronto usted le notifique a la compañía de seguro sobre la lesión que sufrió su empleado en el trabajo, la compañía:

- Determinará si la lesión es compensable
- Proveerá un médico autorizado
- Pagará para todo el cuidado autorizado que sea médicamente necesario y este relacionado con la lesión u enfermedad.
- Proporcionará un solo cambio de médico dentro de cinco jornadas laborales del recibo de la petición de su empleado por escrito.

Atención médica y tratamientos autorizados pueden incluir:

- Consultas médicas
- Hospitalización
- Terapia física
- Exámenes médicos
- Medicamentos recetados
- Prótesis
- Gastos de ida y vuelta por viajes a consultas médicas o farmacias autorizadas.

En cuanto usted alcance la máxima mejoría médica (MMI por su sigla en inglés) usted tendrá que pagar un copago de \$10.00 por cada consulta para tratamiento médico. La máxima mejoría médica ocurre cuando el médico que lo (a) atiende determina que la lesión o enfermedad del empleado se ha curado al grado que mejoría adicional no es probable.

Beneficios de reemplazo de salario

Los beneficios de reemplazo de salario comenzarán al octavo día que el empleado no pueda trabajar. El empleado lesionado no recibirá beneficio de reemplazo de salario por los primeros siete días que no pudo trabajar a menos que ha estado incapacitado por más de 21 días debido a su lesión o enfermedad relacionada con su empleo. En la mayoría de los casos, los beneficios de reemplazo de salario igualarán a dos tercios (2/3) del salario semanal regular del empleado antes de sufrir la lesión o enfermedad, pero el beneficio no excederá el promedio de los salarios semanales en la Florida. Si el empleado califica para los beneficios de reemplazo de salario, él o ella puede esperar recibir el primer cheque dentro de 21 días después de que la compañía de seguros se entere de la lesión o enfermedad. Los siguientes cheques se le enviarán cada dos semanas. El empleado lesionado será elegible para diversos tipos de beneficios de reemplazo de salario dependiendo del progreso del reclamo y de la severidad de la lesión.

- Beneficios Por incapacidad total temporal (TTD por su sigla en inglés)*: Estos beneficios son proveídos como resultado de una lesión o enfermedad que temporalmente prohíbe que el empleado vuelva a trabajar, y el empleado no ha alcanzado la máxima mejoría médica.
- Beneficios Por incapacidad parcial temporal (TPD por su sigla en inglés): Estos beneficios son proveídos cuando el médico le permite al empleado volver a trabajar, el empleado no ha alcanzado la máxima mejoría médica, y gana menos del 80% del salario que ganaba antes de sufrir la lesión o enfermedad. El beneficio es igual al 80% de la diferencia entre el 80% del salario de antes de la lesión y del salario después de la lesión. El período máximo que el empleado lesionado puede recibir beneficios temporales es 104 semanas o hasta que la fecha del MMI sea determinada, lo que ocurra primero.
- Beneficios por daños permanente (IB por su sigla en inglés): Estos beneficios son proveídos cuando la lesión o enfermedad causa cualquier pérdida física, psicológica o funcional y el impedimento existe después de la fecha de la máxima mejoría médica. [MMI] Un médico asignará una valoración de incapacidad permanente a la lesión que será expresada como un porcentaje.
- Beneficios por incapacidad total permanente (PTD por su sigla en inglés) Estos beneficios son proveídos cuando la lesión causa que el empleado sea permanente y totalmente incapacitado(a) según las estipulaciones de la ley.
- Indemnizaciones por fallecimiento: Compensación por accidentes de trabajo que resulten en la muerte del trabajador incluye pago de gastos para el funeral y beneficios para los dependientes del fallecido (estos son sujetos a límites definidos por ley). Un cónyuge dependiente puede ser elegible para entrenamiento vocacional.

Formulario de la declaración del salario

Usted debe llenar el formulario de la declaración del salario (DFS-F2-DWC-1a) para cualquier empleado que tenga derecho a recibir beneficios de reemplazo de salario y proveérselo a

su compañía de seguros dentro de 14 días después del conocimiento del accidente. Usted también debe llenar el formulario al despedir o al dejar de proveer beneficios a cualquier empleado que esté recibiendo beneficios de reemplazo del salario. Esto se debe hacer en un plazo de 7 días de tal terminación. Para tener acceso a la forma vaya a la página web (<https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm>) y haga clic en DWC-1a.

Oficina de ayuda al trabajador

Si usted tiene algunas preguntas o preocupaciones sobre los beneficios que ofrece el seguro por accidentes de trabajo, llame a su compañía de seguros. Si la compañía de seguros no ofrece la información que usted ha pedido, usted puede llamar la División de Compensación por Accidentes de Trabajo, oficina de Ayuda al Empleado (EAO) al 1-800-342-1741. Esta oficina ayuda a prevenir y a resolver disputas entre los trabajadores y los empleadores/las compañías de seguros.

Los especialistas de la EAO poseen conocimiento sobre el sistema de seguro por accidentes de trabajo (y pueden contestar sus preguntas. EAO tiene oficinas por todo el estado que puede llamar o visitar. Usted puede localizar el lugar donde están estas oficinas visitando el sitio: www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm.

Además, la División de Compensación por Accidentes de Trabajo tiene una sección en el Web, "Preguntas hechas con frecuencia por empleadores," que puede alcanzar en <https://www.MyFloridaCFO.com/Division/wc/Employer/faq.htm>.

Petición para beneficios

Para comenzar el proceso judicial para solicitar beneficios que se le deben según la ley pero la compañía de seguros no lo ha proveído, se debe presentar el formulario "Petition for Benefits" [Petición para beneficios] a la Oficina de los Jueces de las reclamaciones de compensación. Se puede conseguir el formulario visitando el sitio Web: www.jcc.state.fl.us/JCC/forms/.

Programa de recompensación contra fraude

El fraude en el seguro por accidentes de trabajo ocurre cuando cualquier persona a sabiendas y con intención de hacer daño, defrauda o engaña a cualquier empleador o trabajador, compañía de seguros, o auto compañía de seguros, presenta información falsa o engañosa. El fraude del seguro por accidentes de trabajo es un delito mayor de tercer grado que puede resultar en multas, responsabilidad civil, o encarcelamiento. Recompensas de hasta \$25,000.00 se les puede pagar a personas quienes proveen información que resulte en la detención y la condena de personas que han cometido fraude de seguros. Llame al 1-800-378-0445 para reportar sospechas de fraude de seguros por accidentes de trabajo.