

the workers' compensation system and may be able to answer your questions. The EAO has offices located throughout the state that you can call or visit. You can access the EAO statewide map at http://www.fldfs.com/WC/dist_offices.html. In addition, the Division of Workers' Compensation has a website section on "Frequently Asked Questions for Employers," which can be accessed at <http://www.fldfs.com/WC/faq/faqemplrys.html>.

Petition for Benefits

To begin the judicial process for obtaining benefits that are due and owing under the law and have not been provided by the carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at <http://www.jcc.state.fl.us/jcc/forms.cfm>.

Workers' Compensation Exemptions

Effective January 1, 2004, only corporate officers in the construction industry with at least a 10 percent stock ownership in the corporation can elect to exempt themselves from workers' compensation coverage. No more than three corporate officers per corporation are allowed to be exempt.

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

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

Corporate officers in the non-construction industry can also elect to be exempt.

For copies of the exemption form, contact the Division's Bureau of Compliance at (850) 488-2333 or go to <http://www.fldfs.com/WC/forms.html>, and click on the appropriate DWC-250 form.

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.

Questions about workers' compensation?

Please visit our website at www.fldfs.com/wc where you will find extensive information such as publications, a number of databases, rules, and forms that will give you a better understanding of workers' compensation.

Employee Assistance
Office (Injured
Employee Hotline)
1-800-342-1741

Customer Service
(850) 413-1601
(850) 921-6966

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

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(Brochure Revised October 2003)

Employer Facts

IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS



Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any employee who is injured as a result of a workplace accident.

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 a conspicuous place or places 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).

In addition to purchasing a workers' compensation policy, securing workers' compensation also means an employer has not:

- materially understated or concealed payroll,
- materially misrepresented or concealed employee duties so as 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 application are subject to stop work orders and civil and criminal penalties.

First Report of Injury

As soon as you become aware of a workplace accident resulting in injury or death, immediately contact your workers' compensation insurance carrier. If you do not report the

accident to your insurance carrier within seven days, 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 workplace injuries. You can also fill out the First Report of Injury or Illness form and send it to the insurance carrier. The First Report contains employer, employee, and accident information. Employers must also report deaths resulting from workplace accidents 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 containing the fatality information to 850-922-0024. To access the First Report, go to <http://www.fldfs.com/WC/forms.html> 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

Authorized treatment and care may include:

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

Upon reaching maximum medical improvement (MMI), the employee is required to pay a \$10 co-payment 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 7 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, 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% of the pre-injury wage. The benefit is equal to 80% of the difference between 80% 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 maximum medical improve-

ment. A doctor will assign a permanent impairment rating, expressed as a percentage, to the injury.

- **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:** The maximum benefit is \$150,000 for a death resulting for a workplace accident.

Wage Statement Form

You must complete and provide a wage statement form 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 7 days of such termination. To access the form go to, <http://www.fldfs.com/WC/forms.html> and click on DWC-1a.

Employee Assistance Office

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