



# EMPLOYERS' HANDBOOK FOR WORKERS' COMPENSATION

STATE OF FLORIDA  
DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY  
DIVISION OF WORKERS' COMPENSATION

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## **DIVISION OF WORKERS' COMPENSATION**

Bureau of Research and Education  
Customer Education and Information Services  
2728 Centerview Drive  
Suite 303, Forrest Building  
Tallahassee, Florida 32399-0682  
Telephone: (850) 921-6966  
FAX: (850) 922-5167

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## INTRODUCTION

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This handbook will help you understand your rights and responsibilities regarding Florida's workers' compensation system. You do not have to experience an undue financial burden to play your part in ensuring that injured workers receive the benefits to which they are entitled.

“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 a felony of the third degree.”

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## I. GETTING WORKERS' COMPENSATION COVERAGE

### *A. Am I Required To Have Workers' Compensation Coverage For My Business?*

**YES**, if you are in a non-agricultural industry other than construction and have four (4) or more employees, part-time or full-time. If your business is a corporation, all officers of the corporation who receive pay for services are automatically INCLUDED in this count. If your business is not a corporation and you are the owner or a partner, you are automatically NOT INCLUDED in this count. If you are an owner or a partner and your business has workers' compensation coverage, and you want to be covered by your workers' compensation insurance policy, there is a form you can file with the Division. If you are an officer of a corporation and do not want to be considered an employee for workers' compensation purposes, you can file a form with the Division exempting you from these requirements. For copies of these forms, and filing instructions, call (850) 488-2333.

**YES**, if you are in the construction industry and have one (1) or more employees, including yourself. If you own your own business, are a partner in a partnership, or are an officer of a corporation in the construction industry, you are considered an employee unless a Construction Industry Election of Exemption and supporting documentation required by the Division is filed with the Division. If you own your own business, are a partner in a partnership, or are an officer of a corporation, and DO NOT WANT TO BE COVERED by the Workers' Compensation Law, you must file this form and supporting information with the Division. This exemption is good for two (2) years and costs \$50 per filing. For copies of this form, and filing instructions, call (850) 488-2333.

**YES**, if you are a state or local government entity.

**YES**, if you are a farmer who employs more than five (5) regular employees, or if you employ twelve (12) or more workers at one time for seasonal agricultural labor that lasts thirty (30) days or more.



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## ***B. How Do I Obtain Workers' Compensation Coverage?***

***There are several ways to purchase coverage:***

- ∖ You may buy a workers' compensation policy from any insurance agency that represents an approved insurance company.
  
- ∖ You may join an authorized group self-insurance fund. To get a list of these funds, call (850) 922-3145.
  
- ∖ You may qualify as an individual self-insurer. For information, call the Division of Workers' Compensation, Bureau of Operations Support at (850) 487-3591.
  
- ∖ Or you may get workers' compensation insurance from an insurance agency who is authorized to submit applications to the Florida Workers' Compensation Joint Underwriting Association (FWCJUA). Call your insurance agent for more information.
  
- ∖ If you are a small employer that is having trouble getting coverage, or you currently have coverage through the Joint Underwriting Association, you may want to call the Department of Insurance, Workers' Compensation Insurance Purchasing Alliance at (850) 413-2652. They may help identify an insurance company that will underwrite a policy for you.

## ***C. Who Pays For Workers' Compensation Insurance?***

- ∖ You, the employer, are directly responsible for the payment of your workers' compensation premium.
  
- ∖ You may not withhold, deduct, or collect payment for workers' compensation insurance premiums from any employee (or any other person).
  
- ∖ If you make a deduction for workers' compensation premiums from an employee's paycheck, you may be guilty of a third degree felony.



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***D. Do I Have To Inform My Employees That I Have Workers' Compensation Coverage?***

**YES.** The law requires that you hang a poster in a visible location at every worksite stating that you have coverage. This poster, provided by your insurance carrier, should contain the telephone number of your workers' compensation insurance carrier and that of the Division of Workers' Compensation. Call your carrier directly if you have not been provided a poster.

***E. Do I Have To Inform My Employees That I Do Not Have Workers' Compensation Coverage?***

**YES.** If you are not required by law to have workers' compensation coverage for your employees, and choose not to have this coverage, then you must post written notice to this effect in an obvious location at each worksite. Information must be provided to all employees and other persons performing services at the worksite regarding their lack of entitlement to benefits under Chapter 440, F.S., the Workers' Compensation Law. A non-coverage poster is available from the Bureau of Compliance at (850) 488-2333 or the Customer Education and Information Services Section at (850) 921-6966.

***F. What Happens If I Do Not Purchase Coverage?***

↘ A Stop Work Order and/or a fine may be issued if you are required to have workers' compensation coverage, but you have not obtained such coverage. If a complaint is filed against you by the Division of Workers' Compensation, you may not be allowed to employ individuals or conduct business until payment for coverage has been made.

↘ If you are a contractor who is required to have coverage, but have not complied with the law, you may be reported by the Division to the state licensing board for administrative action.

↘ If you purchase workers' compensation insurance, you are protected from a civil lawsuit (unless special circumstances exist) if one of your employees is injured or becomes ill because of conditions that exist in the workplace. The insurance carrier may pay medical bills and/or partial wage replacement (indemnity) benefits in case of a workplace accident or illness.



## II. BEFORE AN ACCIDENT OR ILLNESS OCCURS

### ***A. Develop A Safe Workplace***

The Workers' Compensation Law requires that you provide a safe workplace for your employees. Here are some suggestions for ensuring that you have a safe workplace:

∖ When necessary, provide and require the use of safety devices and other proper safeguards. Train your employees on the proper use of these devices. Remember to monitor and enforce the use of these devices on a regular basis.

∖ Insurance carriers are required to provide no cost safety consultation services to their policyholders. While many carriers refer policyholders to the Division of Safety, they are required to inform you of these services on an annual basis. Free assistance your carrier is required to provide includes:

Developing a safety program for your business.

Educating your employees about your safety program.

∖ Do everything you can to protect the life, health, and safety of all employees.

If you do all of these things, you may also be eligible for a reduction in your insurance premium. Call your carrier about these free services to find out what you can do to reduce your workers' compensation premium.

### ***B. Work With The Division Of Safety And Your Carrier***

The Division of Safety exists to help public and private sector employers maintain safe workplaces and eliminate accidents that contribute to rising workers' compensation insurance costs. Several programs and services are provided to assist employers in developing a well-rounded Safety Program that meets their organization's unique workplace safety needs.



Private sector employers receive assistance through the 7(c)(1) program which provides onsite consultation services to facilitate compliance with Occupational Safety and Health Administration (OSHA) regulations. Services are provided upon request and may include onsite hazard inspections, injury trend analysis, standards information and training. The confidential services are independent of federal or state enforcement and are provided at no cost to employers.

✎ A two (2) percent workers' compensation premium credit is available to eligible private sector employers who implement safety programs.

✎ Public sector employers must comply with Florida occupational safety regulations and receive assistance from the Division of Safety to ensure they have workplaces that are safe and healthful. The Federal Occupational Safety and Health Administration (OSHA) has the authority for enforcement of safety and health standards for private employers.

✎ Workplace Safety Awards are given to employers who exemplify a high level of safety consciousness in their day-to-day operations. Workplace Safety Awards are based on a demonstrated safety record and the use of a written safety and health program.

✎ For more information you may call the Division of Safety at 1-800-367-4378 (in Florida) or (850) 488-3044. A variety of books, videos, and periodicals is also available on all aspects of occupational safety and health, and chemical hazard information through the Division's technical and audiovisual library.

### ***C. Have An Active Return-To-Work Program***

When an injured employee returns to work, cash benefits being paid to this employee either stop or are lessened. If you have an active return-to-work program, this can help you reduce your workers' compensation costs. If you are paying the employee to work, you lower the workers' compensation losses resulting from the payment of indemnity benefits. In addition, returning an injured employee to the workplace may be therapeutic, which would lessen recovery time for the injured employee, thereby lowering the medi-



cal costs for the employer. Your return-to-work program can include “transitional” work specifically tailored to activities the employee is able to perform, and consistent with duties that need to be performed as part of normal work projects. Transitional work can begin at any time after an injury, but only when the authorized physician indicates it is medically safe. Transitional work provides an excellent stepping stone to the likelihood of a successful return-to-work program and possibly minimizes disability.

Work for your injured employee can include “light” duty or part-time work. You may be able to modify the worksite or equipment if the worker is unable to use it in its present form. You may want to hire a temporary worker to fill in for your employee while the employee is off work because of an on-the-job injury. And remember that bringing an injured employee back to work as soon as the treating physician indicates that it is medically feasible, brings experience back to your workplace. This could reduce your workers’ compensation losses and make your business more profitable.

An injured employee has the right to chose the primary care provider from among the providers in the Workers’ Compensation Managed Care Arrangement (WCMCA) network. Therefore, it is especially important to you as the employer that you and your insurer provide the medical care coordinator, if not other treating physicians from the network, an opportunity to understand the occupational demands of the jobs in your workplace. If the network doctors understand your willingness to return injured employees to the workplace as soon as possible and the flexibility that you have in accommodating medical restrictions, the physician is able to work with you to identify suitable work for the employee at various stages of recovery. This will help you further reduce the costs of workers’ compensation. Above all, tell your employees about your return-to-work policy before accidents occur. Doing this will create an expectation of timely return-to-work among your employees.

Since workers’ compensation losses affect your workers’ compensation insurance premium, controlling the costs of workplace accidents will ultimately lower your future workers’ compensation insurance premiums and save you money.



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***D. Become A Carrier Approved Workers' Compensation  
Drug-Free Workplace***

If you have been approved by your workers' compensation insurance carrier to be a drug-free workplace and you believe that an injury was caused by an employee's intoxication or the abusive use of drugs, you may require the injured employee to submit to a test to determine the presence of drugs or alcohol. If the injured employee refuses to submit to this test, your carrier can deny payment of medical bills and cash payments to the worker. By implementing this program, you will be eligible to receive a five (5) percent reduction in your workers' compensation insurance premium. For more details, contact the Customer Education and Information Services Section of the Division of Workers' Compensation at (850) 921-6966.

If you implement a Workers' Compensation Drug-Free Workplace Program (DFWP), according to the law, and an injured employee tests positive for a drug, the employee may lose eligibility for medical benefits and compensation under the Workers' Compensation Law. The employee may also be terminated from employment if you have written this consequence into your DFWP policy.

However, the DFWP requires that you notify all employees and job applicants that it is a condition of employment to avoid taking drugs on the job or reporting to work under the influence of drugs or alcohol. For further information regarding the DFWP, contact the Division of Workers' Compensation, Customer Education and Information Services Section at (850) 921-6966.



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**For other possible premium savings,  
contact the Department of Insurance  
at (850) 922-3156.**

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### **III. WHAT DO I DO WHEN AN ACCIDENT OR ILLNESS OCCURS?**

#### ***A. Ensure The Employee Receives Prompt And Appropriate Medical Treatment***

**Effective January 1, 1997**, all employers must provide remedial medical treatment through workers' compensation managed care arrangements (WCMCAs) approved by the Agency for Health Care Administration (AHCA). Your insurer must obtain specific approval from AHCA in order to be authorized to provide the managed care services for your employees. According to the law, at the time the WCMCA goes into effect, your insurer must provide written information to all covered employees about the services available in the WCMCA and the procedures for obtaining them. The information must include at least the names, addresses, and phone numbers of the health care providers, instructions for handling emergency or urgent situations within or outside your service area, specific rules that limit or restrict what is provided in the WCMCA, including referrals and grievance procedures that allow an injured employee to register, in writing, dissatisfaction with medical care. The material should also include information about the injured employees' rights under the managed care arrangement which include the right to select a primary care provider, the right to see that same provider from the beginning of treatment and as it continues, the right to request one change in primary care provider through the physician medical care coordinator, and the right to a second opinion within the network. It should be clear to employees that the rights to these choices and to file a written grievance are all rights of the injured employee in addition to other procedures available to resolve disputes about benefits under the workers' compensation law. However, these alternatives must be exhausted before they become benefit disputes that must be resolved by a Judge of Compensation Claims (JCC). In order for you to receive the best service from your insurer, it is wise to require an orientation for your covered employees and supervisors about the exact procedure to follow at the time of an injury so that all remedial medical treatment is received from physicians in your WCMCA provider network.



Whether the injury is a medical emergency or a catastrophic injury that occurs outside the usual geographic location covered by your WCMCA, your insurer is responsible for the care. The insurer should be notified no later than 3 days after emergency care is obtained unless your contract requires notification earlier. Anytime an emergency requires admission to a hospital, the insurer must be notified by phone within 24 hours, so that proper care is assured for your employee in the most appropriate and cost effective location based on your employee's medical status. The law requires that the remedial medical treatment delivered through your WCMCA must be managed by a physician medical care coordinator (MCC). In situations in which medically necessary care can not be provided through your usual provider network, the medical care coordinator will indicate so and the adjuster must authorize all further care that is received outside the network.

It is the goal of the workers' compensation system to provide all medically necessary remedial care for a covered injury as quickly as possible so that your employee can return to work as soon as it is medically feasible. Therefore, both you and your employees should understand that the treating physician will provide your insurer with work status information related to the covered medical condition from the initial treatment throughout the course of treatment until the physician determines that maximum medical improvement is achieved. Each WCMCA must have specific written procedures to ensure that this medical information is conveyed. Employees and employers are expected to be actively involved in promoting an early return-to-work for the injured employees. If the treating doctor determines that an injured employee is medically unable to do any work for more than seven (7) days (consecutive or non-consecutive), then partial income replacement benefits may be paid. It is important for you to provide the treating physician with accurate information about the physical and mental requirements of your injured employee's job and any information about how you are able to modify the job during the employee's recovery period, so that both you and your injured employee have the advantage of continuing to work as soon as the employee is medically stable.

Remember that your injured employee is not responsible for medical bills, with one exception. Unless an emergency occurs



related to an injured employee's covered injury, the employee must pay a \$10 co-payment for each treatment visit to the primary care provider or other authorized physician after the date of maximum medical improvement (MMI). Remember also that if your employee makes a specific request for medically necessary treatment related to a compensable injury and you fail to provide it or formally deny it, the employee may obtain the treatment at your expense.

### ***B. Report The Accident***

#### ***For all injuries on or after January 1, 1994:***

The employee is required by law to report a work-related accident within 30 days. However, it is wise to encourage employees to report accidents when they occur.

When one of your employees is injured or becomes ill as a direct result of work conditions, **you must do the following as soon as possible:**

↘ Complete the First Report of Injury or Illness (LES Form DWC-1), have the injured employee sign the report, if possible, and mail it to your insurance carrier or report the injury to your insurance company by telephone (follow up with the DWC-1) or electronically. Call your carrier for instructions on completing the DWC-1, or contact the Customer Education and Information Services Section at (850) 921-6966 for instructions for filing this form.

↘ First aid cases do not have to be reported to your insurance carrier. First aid injuries are those which are treated on-site and which causes a loss of less than one shift. They do not require outside medical attention or cost. However, you still should complete the First Report of Injury or Illness Form and keep it on file for two and one-half (2 1/2) years. If outside medical care is needed later, you must report the injury to your insurance carrier at that time.



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***NOTE: When an employee files or attempts to file a First Report of Injury or Illness Form,***

**DO NOT:**

- ↘ Discharge, intimidate or coerce the employee.
- ↘ Threaten to discharge the employee.
- ↘ Frighten or pressure the employee.

**DO:**

↘ Complete and submit the First Report of Injury or Illness Form to your insurance carrier, even if the employee is unable to sign the form.

↘ Mail both the “Division” and the “Carrier” copies to your insurance carrier or service company within seven (7) days of receiving notice or having knowledge of an injury to your employee. **DO NOT MAIL THE FIRST REPORT OF INJURY OR ILLNESS FORM TO THE DIVISION OF WORKERS’ COMPENSATION.** If you do not file a First Report of Injury or Illness Form within this seven (7) day period, you may be fined up to \$500.

↘ Give the “employee” copy of the report to the injured worker.

↘ Keep all records for two and one-half (2 1/2) years.

↘ Report all deaths to the Division of Safety, by telephone at (850) 922-8953 or 1-800-219-8953 (in Florida only) within twenty-four (24) hours of the occurrence. Also, mail a First Report of Injury or Illness Form to your insurance carrier or report the death to them by telephone or electronically.

↘ Your workers’ compensation insurance carrier is required to mail a booklet to the injured employee within three (3) days of a reported workplace injury. Call your insurance carrier for more information on how to obtain these booklets.



## **IV. WHAT CAN I DO TO ASSIST THE INJURED EMPLOYEE AND REDUCE MY COSTS AFTER THE ACCIDENT OR ILLNESS?**

### ***A. Keep In Contact With The Injured Employee***

Let the injured employee know that you are concerned about his or her recovery, and encourage the employee to return to work as soon as possible. Keep the lines of communication open between you and the injured employee.

Contact the employee on a regular basis after the accident to answer any questions the employee may have.

Be sure to monitor the treatment being provided by the doctor and furnish whatever information the doctor needs to make a decision about the employee's ability to return to work. (For example, write down the tasks the injured employee is required to do, how much weight he or she should be able to lift, how many hours should the person be able to stand or sit, etc.)

### ***B. Use Your Return-To-Work Program***

Your return-to-work program is a valuable tool to use in lessening your workers' compensation costs. By returning the injured employee to the job quickly, your losses are lower. And remember that bringing an injured employee back to work as soon as the treating physician indicates that it is medically feasible, brings experience back to your workplace.

### ***C. Investigate The Cause Of The Accident***

By investigating the cause of each accident, you may be able to prevent future accidents. Assign someone in your organization the responsibility of looking into each accident, and encourage your employees to work together as a team to eliminate the causes of past accidents. By doing this, you may be able to cut down on workers' compensation costs.



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***D. Be Advised Of Free Re-Employment Services  
Provided By The Division Of Workers' Compensation***

Re-employment services include, but are not limited to the following:

- Vocational counseling
- Transferable skills analysis
- Labor market surveys
- Job-seeking skills
- Ergonomic job analysis

Other services provided which may assist the injured employee secure suitable gainful employment are:

- Direct job placement
- On-the-job training
- Training and education

If a training and education program is approved by the Division, the injured employee will receive temporary total-training and education benefits during the course of that program for a period of up to 26 weeks. These benefits may be extended another 26 weeks by a judge of compensation claims.

***For dates of accidents on or after 10/01/89:***

If one of your injured employees is unable to return to the same job, a modified job, or a different job in your business, and cannot find work somewhere else, your injured employee has the right to request help from the Division of Workers' Compensation. The Division can evaluate the injured employee and determine what type of job he or she may be able to perform. The Division may then pay for the employee to be retrained to do that job. Contact the Division of Workers' Compensation, Bureau of Rehabilitation and Medical Services at (850) 488-3431 for more information.

If you prefer, you and your workers' compensation insurance carrier may provide re-employment services on a voluntary basis.

***For dates of accidents prior to 10/01/89:***

The employer and insurance carrier are responsible for providing all appropriate rehabilitation services, including training costs and education benefits.



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### ***F. Dispute Resolution***

Sometimes, even though an employer does everything possible to assist an injured employee, disputes arise. If you learn that your injured employee is having a problem with your insurance carrier or service company, you should make every effort to keep the lines of communication open between them. If the dispute continues to go unresolved, encourage the employee to call the Employee Assistance Office, toll-free at 1-800-342-1741, or visit one of our district offices listed in Appendix B of this handbook. Resolving disputes through the Division of Workers' Compensation, rather than through the court system, may save you money.



## **V. REPORTING WORKERS' COMPENSATION FRAUD**

### ***A. Call The Department Of Insurance, Bureau Of Workers' Compensation Fraud***

The Bureau of Workers' Compensation Fraud, within the Department of Insurance, is responsible for the criminal investigation of workers' compensation fraud, including that by claimant, provider, or employer. The Bureau has a full time investigative staff in eight field offices throughout the state.

The Bureau of Workers' Compensation Fraud in the Department of Insurance enforces the provisions of the workers' compensation law which, if violated, result in fraudulent insurance acts. Investigations conducted by the Bureau of Fraud are criminal investigations and examine cases such as:

- suspected document forgery
- employer understatement of payroll
- misclassification of employees
  - understatement of premium rate
    - insurance agency fraud
    - attorney fraud
  - medical provider fraud
  - claimant fraud

Suspected workers' compensation fraud can be reported directly to the Department of Insurance, Bureau of Workers' Compensation Fraud, 200 East Gaines Street, Tallahassee, Florida 32399-0325 or to the Bureau's toll-free "hotline" number (1-800-378-0445) from 8:00 a.m. to 5:00 p.m. weekdays. Anonymous calls are accepted.

It is a third degree felony not to have workers' compensation coverage if you are required to have it. It is also a felony for employers to make false statements or conceal information for the purpose of obtaining coverage and to avoid or understate the amount of payroll for purposes of reducing the workers' compensation premium.



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***B. Call The Division Of Workers' Compensation  
Bureau Of Compliance***

It is the responsibility of the Division's Bureau of Compliance to identify and investigate those employers who have failed to provide coverage for their employees. Evidence of fraud discovered during compliance investigations is referred to insurance carriers and the Bureau of Workers' Compensation Fraud in the Department of Insurance. If you have any questions concerning employer compliance issues call the Bureau of Compliance at (850) 488-2333, or one of the local offices, listed in Appendix C. To report employers who are suspected of not providing workers' compensation coverage for their employees, call the toll-free compliance "hotline" at 1-800-742-2214



## VI. QUESTIONS AND ANSWERS

*Here are some of the most commonly asked questions about the Florida Workers' Compensation System.*

**Q** *Can an employer be liable for double compensation?*

**A** Yes, if a minor is injured while employed in violation of any of the conditions of the child labor laws of Florida. The employer alone, and not the insurance carrier, is liable for double compensation as provided by the Workers' Compensation Law. To receive further information regarding the Child Labor Law, call the Child Labor Office at (850) 487-2536.

**Q** *Whom can I contact with questions or concerns regarding occupational classification codes and premium amounts?*

**A** First, call your insurance carrier or service representative. If you have a dispute regarding the occupational classification codes, call the National Council on Compensation Insurance (NCCI) at 1-800-622-4206.

**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.

**Q** *What employee injuries are covered?*

**A** The law covers all accidental injuries and occupational diseases arising out of and in the course of employment. This includes diseases or infections resulting from such injuries. The law also covers death resulting from such injuries within specified periods of time.



**Q** *What injuries are not covered?*

**A** The law does not provide compensation for the following conditions:

- ∖ A mental or nervous condition due to stress, fright, or excitement.
- ∖ A work-related condition that causes an employee to have fear or dislike for another individual because of the individual's race, color, religion, sex, national origin, age, or handicap.

*Compensation **may not be paid** in several other instances:*

- ∖ If the injury is caused primarily because the employee is intoxicated or under the influence of drugs.
- ∖ If the injury is caused by the employee's willful intention to injure or kill himself or another.
- ∖ If the injury or death of the employee is covered by the Federal Employer's Liability Act, the Longshoremen's and Harbor Worker's Compensation Act, or the Jones Act (if the injured employee is a "seaman" or member of a crew).

**Q** *Is compensation payable if an employee refuses to use a safety appliance or observe a safety rule?*

**A** Yes, compensation will still be paid, but indemnity benefits (partial wage replacement) may be reduced by 25 percent if the employee knew about the safety rule prior to the accident and failed to observe the rule, or if the employee knowingly chooses not to use a safety appliance which the employer has directed him or her to use. It is the responsibility of the employer to train, monitor and enforce the use of safety appliances and safety rules.

**Q** *What death benefits are payable under the law?*

**A** Funeral benefits of up to \$5,000 are payable for dates of accidents on/ or after January 1, 1994. Other compensation in the form of indemnity benefits may also be payable to the deceased worker's spouse, children, and/or other relatives, such as parents, brothers, or sisters who can show dependency on the deceased worker. The maximum total amount payable normally cannot exceed \$100,000 (\$50,000 for aliens). Education benefits are also available to a spouse.



**Q** *Are all injured employees entitled to a lump sum settlement of their claim?*

**A** Lump sum settlements are allowed, but are not mandatory under the law. Negotiations of settlements are between the injured employee and the insurance carrier, and such settlements are strictly voluntary. In addition, judges of compensation claims must approve all lump sum settlement agreements.

**Q** *Are the payments of compensation related to the employee's average weekly wage?*

**A** Yes. The weekly compensation rate is  $66 \frac{2}{3}$  percent of the employee's pre-injury average weekly wage. The maximum dollar amount payable cannot exceed the statewide average weekly wage for the year in which the employee was injured as set by the State of Florida.

**Q** *Who can I contact to report workers' compensation fraud?*

**A** You can call the Department of Insurance, Bureau of Workers' Compensation Fraud at 1-800-378-0445.

**Q** *How can I report an employer that I suspect is not providing required workers' compensation coverage for his or her employees?*

**A** Contact the Division of Workers' Compensation, Bureau of Compliance at 1-800-742-2214 and give the suspected employer's name and address.

**Q** *How can I learn if an employer is covering his or her employees under the provisions of the Workers' Compensation Law?*

**A** Contact the coverage section of the Division of Workers' Compensation, Bureau of Compliance at (850) 488-2333.



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**Q** *Who can I call if my employee has a question or problem regarding a workers' compensation claim?*

**A** You should first contact your insurance carrier. If your carrier is unable to answer the question or resolve the problem, either you or your employee can call the Employee Assistance Office at 1-800-342-1741.

**Q** *I am a small employer with coverage through the Joint Underwriting Association. My insurance costs are so high, I do not know if I can afford to stay in business. What can I do?*

**A** The Department of Insurance, Workers' Compensation Insurance Purchasing Alliance may help you find coverage with a company in the voluntary market. Call them at (850) 413-2652.



## VII. WORKERS' COMPENSATION TERMS AND ABBREVIATIONS

### *A: Terms*

**Average Weekly Wage (AWW):** The wage used to calculate payments for lost wages. It is the average weekly wage earned by an injured employee during the 91 days immediately preceding the injury. Depending on the date of the accident, the AWW may or may not include income from jobs other than the one where the injury occurred.

**Compensation Rate (Comp Rate or CR):** This is the amount paid to the injured employee to replace their lost wages. The amount received is  $66 \frac{2}{3}$  percent of the average weekly wage up to a maximum benefit established by the Division of Workers' Compensation.

**Disability:** An inability, due to the injury or illness, to earn the same wages as before the injury or illness.

**First Aid Case:** A work injury or illness which is treated at the workplace, does not require medical treatment for which charges are incurred, and does not cause the employee to miss more than one shift of work.

**First Report of Injury or Illness Form (DWC-1):** The document an employer is required to complete in the event of an on-the-job injury by an employee. Commonly referred to as the "Notice of Injury."

**Fraud:** To knowingly present or cause to be presented any false, fraudulent, or misleading oral or written statement regarding the provisions of Chapter 440, F.S.



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**Impairment Rating:** A determination of an injured employee's loss of physical function as a percentage of the body as a whole. This percentage represents how much a work-related injury has permanently impaired the injured employee.

**Impairment Income Benefits (IIB):** A category of benefits paid after the injured worker reaches maximum medical improvement (MMI) to those workers who have been issued an impairment rating. Injured employees may receive this benefit even though they have returned to work.

**Indemnity Benefits:** Cash benefits paid to an injured employee to replace part of wages lost as a result of a work injury.

**Independent Contractor:** A person may be an independent contractor if he or she meets the following criteria:

- a. Maintains a separate business with his or her own work facility, truck, equipment, materials, or similar accommodations;
- b. Holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor who is not required to obtain a federal employer identification number under state or federal requirements;
- c. Performs or agrees to perform specific services or work for specific amounts of money and control the means of performing the services or work;
- d. Incurs the principal expenses related to the service or work that he or she performs or agrees to perform;
- e. Is responsible for the satisfactory completion of work or services that he or she performs or agrees to perform and is or could be held liable for a failure to complete the work or services;
- f. Receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis and not on any other basis;
- g. Realizes a profit or suffers a loss in connection with performing work or services;
- h. Has continuing or recurring business liabilities or obligations; and
- i. The success or failure of the independent contractor's business depends on the relationship of business receipts to expenditures.



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**Injury:** Personal injury, illness, or death arising out of and in the course of employment.

**Lost Time Case:** A work injury or illness which has caused the employee to be out of work for more than seven days.

**Managed Care:** A medical care delivery system or program which provides quality medical care while attempting to ensure cost containment.

**Managed Care Arrangement:** An agreement between an insurer and health care provider(s) in which a plan of operation is approved by the Agency for Health Care Administration to provide and manage the medical treatment of injured employees.

**Maximum Medical Improvement (MMI):** The date on which the doctor believes the injured employee has recovered as much as possible. No further medical improvement is expected.

**Medical Only Case:** A work-related injury which requires treatment for which charges will be billed to you or your insurance carrier, but which does not cause the employee to miss more than seven days of work.

**Modified, Light or Limited Duty (Transitional) Work:** Type of work that a doctor says an injured employee is able to do. It may include a change in duties to accommodate limited physical capabilities, fewer hours, or a modified break schedule.

**Permanent Impairment Benefits (PI):** The type of benefits paid to workers injured prior to January 1, 1994 who are permanently impaired, but are able to return to some type of gainful employment.

**Permanent Total Benefits (PT):** The type of benefits paid to employees who are permanently and totally disabled from an on-the-job injury.

**Re-employment Assessment:** A written assessment developed by a qualified rehabilitation provider that provides a capsule analysis of the vocational rehabilitation the injured employee may need and a cost-effective treatment plan.



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**Safety Program:** A comprehensive program designed to provide a safe work environment, including but not limited to: an active safety committee, safe working practices and procedures, employee training on equipment, job-specific safety rules, and personal protective equipment.

**Supplemental Income Benefits (SIB):** A category of indemnity benefits which may be paid to workers after impairment benefits are exhausted. To be eligible for this benefit, the injured employee must have a permanent impairment rating of 20 percent or more. In addition, the employee must not have returned to work, or if he or she has returned to work, must be earning less than 80 percent of the pre-injury average weekly wage. The employee must also make a good faith effort to find employment within his or her abilities.

**Temporary Partial Disability (TPD):** A disability that temporarily prevents an injured employee from performing his or her normal job duties. The injured employee has some capability to work but with changed duties or reduced hours.

**Temporary Total at 80 Percent (TT-80%):** A benefit type paid to an injured employee who has sustained a catastrophic injury. This benefit is paid at a rate of 80 percent of the injured employee's average weekly wage for a 6 month period instead of the 66 2/3 percent that the injured worker normally receives.

**Temporary Total Disability (TTD):** A disability that completely prevents an injured worker from returning to work for a limited time period.

**Temporary Total-Training and Education (TT-TR & EDUC):** Benefits paid to an employee while the employee receives training and education to obtain suitable employment. These benefits are generally for a period not to exceed 26 weeks. This period may be extended for an additional 26 weeks, or less, if such extended period is determined to be necessary by a judge of compensation claims.



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## ***B. Common Abbreviations***

**TT** - Temporary Total (paid at 66 2/3 percent of AWW)

**TT-80%** - Temporary Total “Catastrophic” (paid at 80 percent of AWW)

**TT-TR & EDUC**- Temporary Total-Training and Education

**TPD** - Temporary Partial Disability

**PI** - Permanent Impairment

**IIB** - Impairment Income Benefits

**SIB** - Supplemental Income Benefits

**PT** - Permanent Total

**DB** - Death Benefits

**MMI** - Maximum Medical Improvement

**JCC** - Judge of Compensation Claims



## VIII. APPENDICES

### *APPENDIX A*

Department of Insurance, Bureau of Workers' Compensation Fraud Field Offices

#### **FORT MYERS FIELD OFFICE**

2295 Victoria Avenue, Suite 178  
Fort Myers, Florida 33901  
(941) 338-2323

#### **JACKSONVILLE FIELD OFFICE**

1965 Beachway Road, Suite 105  
Jacksonville, Florida 32207  
(904) 348-2740

#### **MIAMI FIELD OFFICE**

401 N.W. 2nd Avenue, Suite N-321  
Miami, Florida 33128  
(305) 377-5957

#### **ORLANDO FIELD OFFICE**

400 West Robinson Street, Suite S-823  
Orlando, Florida 32801  
(407) 317-7218

#### **PENSACOLA FIELD OFFICE**

315-A South Palafox Street  
Pensacola, Florida 32501  
(850) 595-6394

#### **TAMPA FIELD OFFICES**

5420 Bay Center Drive, Suite 206  
Tampa, Florida 33609  
(813) 871-7684

and:

5340 W. Kennedy Blvd.  
Orion Bldg., Suite 205  
Tampa, FL 33609  
(813) 871-7841

#### **WEST PALM BEACH FIELD OFFICE**

1655 Palm Beach Lakes Blvd., Suite 721  
West Palm Beach, Florida 33401  
(561) 681-2590

#### **HEADQUARTERS**

200 E. Gaines Street  
Tallahassee, FL 32399-0324  
(850) 922-3116



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## **APPENDIX B**

Division of Workers' Compensation Employee Assistance Office District Offices

### **COCOA**

2300 State Road 524 Suite 106  
Cocoa, FL 32926  
(407) 634-3596  
Fax: (407) 634-3599

### **DAYTONA BEACH**

444 Seabreeze Boulevard, Suite 460  
Daytona Beach, FL 32118  
(904) 238-3161  
Fax: (904) 254-3767

### **FT. LAUDERDALE**

1415 E. Sunrise Boulevard, Suite 604  
Ft. Lauderdale, FL 33304-2349  
(954) 467-4686  
Fax: (954) 467-4358

### **FT. MYERS**

12381 S. Cleveland Avenue, Suite 506  
Ft. Myers, FL 33907-3853  
(941) 278-7091  
Fax: (941) 278-7209

### **GAINESVILLE**

4603 N.W. 6th St.  
Gainesville, FL 32609  
(352) 955-2017  
Fax: (352) 955-2339

### **JACKSONVILLE**

215 Market Street, Suite 380  
Jacksonville, FL 32202  
(904) 798-4372  
Fax: (904) 798-4379

### **MIAMI**

401 N.W. Second Avenue, Suite S-321  
Miami, FL 33128-1740  
(305) 377-5965  
Fax: (305) 377-5625

### **OCALA**

1111 N.E. 25<sup>th</sup> Avenue, Suite 403  
Ocala, FL 34470  
(352) 401-5339  
Fax: (352) 401-5344

### **ORLANDO**

400 W. Robinson Street, Suite 602N  
Orlando, FL 32801  
(407) 245-0758  
Fax: (407) 245-0891

### **PANAMA CITY**

1002 West 23rd Street, Suite 230  
Panama City, FL 32405  
(850) 747-5424  
Fax: (850) 747-5426

### **PENSACOLA**

4700 Bayou Blvd Building 1-B  
Pensacola, FL 32503-2670  
(850) 494-7111  
Fax: (850) 494-7105

### **TAMPA**

9215 N. Florida Avenue, Suite 107  
Tampa, FL 33612-7905  
(813) 930-7545  
Fax: (813) 930-7569



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## WEST PALM BEACH

3111 S. Dixie Highway Suite 123  
West Palm Beach, FL 33405  
(561) 837-5293  
Fax: (561) 837-5416

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## APPENDIX C

Division of Workers' Compensation Compliance District Offices

### FT. LAUDERDALE

1415 E. Sunrise Blvd., Ste 604  
Ft. Lauderdale, FL 33304  
(954) 467-4610  
Fax: (954) 467-5916

### FT. MYERS

12381 S. Cleveland Ave., Ste. 506  
Ft. Myers, FL 33907  
(941) 278-7094  
Fax: (941) 278-7209

### GAINESVILLE

4603 N.W. 6th Street  
Gainesville, FL 32609  
(352) 955-2018  
Fax: (352) 955-2339

### JACKSONVILLE

11700 San Jose Blvd. #3  
Jacksonville, FL 32223  
(904) 448-7990  
Fax: (904) 448-7996

### MIAMI

401 N.W. Second Avenue, Suite S-321  
Miami, FL 33128  
(305) 377-5385  
Fax: (305) 377-7239

### ORLANDO

400 W. Robinson Street, Suite 602-N  
Orlando, FL 32801  
(407) 245-0896  
Fax: (407) 245-0768

### PANAMA CITY

1002 West 23rd Street  
Suite 230  
Panama City, FL 32405  
(850) 747-5676  
Fax: (850) 747-5426

### PENSACOLA

4700 Bayou Boulevard, Building 1-B  
Pensacola, FL 32503  
(850) 494-7110  
Fax: (850) 494-7105

### SARASOTA

1718 Main Street, Ste. 201  
Sarasota, FL 34236  
(941) 361-6025  
Fax: (941) 361-6042

### TALLAHASSEE

2810 Sharer Rd., Ste. 27  
Tallahassee, FL 32312-2107  
(850) 922-0426  
Fax: (850) 922-6780



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**TAMPA**

9215 N. Florida Avenue Suite 107  
Tampa, FL 33612  
(813) 930-7548  
Fax: (813) 930-7569

**WEST PALM BEACH**

3111 S. Dixie Highway, Ste. 123  
West Palm Beach, FL 33405  
(561) 837-5412  
Fax: (561) 837-5416

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**APPENDIX D:**

Division of Workers' Compensation Rehabilitation  
and Medical Services District Offices

**COCOA**

2300 State Road 524, Suite 106  
Cocoa, FL 32926  
(407) 634-3598  
Fax: (407) 634-3599

**GAINESVILLE**

4603 N.W. 6th Street  
Gainesville, FL 32609  
(352) 955-2019  
Fax: (352) 955-2339

**DAYTONA BEACH**

444 Seabreeze Boulevard, Suite 460  
Daytona Beach, FL 32118  
(904) 254-3761  
Fax: (904) 254-3767

**JACKSONVILLE**

215 Market Street, Suite 380  
Jacksonville, FL 32202  
(904) 359-6101  
Fax: (904) 359-6485

**FT. LAUDERDALE**

1415 E. Sunrise Boulevard, Suite 604  
Ft. Lauderdale, FL 33304-2349  
(954) 467-4612  
Fax: (954) 467-4358

**MIAMI**

401 N.W. Second Avenue, Suite S 321  
Miami, FL 33128  
(305) 377-5379  
Fax: (305) 377-7199

**FT. MYERS**

12381 S. Cleveland, Suite 506  
Ft. Myers, FL 33907  
(941) 278-7092  
Fax: (941) 278-7209

**ORLANDO**

400 W. Robinson Street Suite 602-N  
Orlando, FL 32801  
(407) 245-0895  
Fax: (407) 245-0768



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### **PANAMA CITY**

1002 W. 23rd Street, Suite 230  
Panama City, FL 32405  
(850) 747-5675  
Fax: (850) 747-5426

### **PENSACOLA**

4700 Bayou Blvd, Building 1-B  
Pensacola, FL 32503-2670  
(850) 494-7100  
Fax: (850) 494-7105

### **ST. PETERSBURG**

9400 4th Street, North  
Lake Building, Suite 203  
St. Petersburg, FL 33702  
(727) 570-3052  
Fax: (727) 570-3058

### **SARASOTA**

1718 Main Street, Suite 201  
Sarasota, FL 34236  
(941) 361-6022  
Fax: (941) 361-6042

### **TALLAHASSEE**

2810 Sharer Road, Suite 27  
Tallahassee, FL 32312-2107  
(850) 488-8720  
Fax: (850) 922-6780

### **TAMPA**

9215 N. Florida Avenue, Suite 107  
Tampa, FL 33612  
(813) 930-7546  
Fax: (813) 930-7569

### **WEST PALM BEACH**

5405 Okeechobee Boulevard  
Suite 201  
West Palm Beach, FL 33417  
(561) 640-2850  
Fax: (561) 640-2865



## **APPENDIX E**

### **Other Useful Telephone Numbers:**

**Customer Education and Information Services Section**  
Division of Workers' Compensation  
(850) 921-6966

**ADA (Americans With Disabilities Act)**  
Advocacy Center for Persons with Disabilities  
1-800-342-0823

**Bureau of Workers' Compensation Fraud** (Department of Insurance)  
1-800-378-0445

**Child Labor Office**  
(850) 487-2536

**Compliance (Fraud Hotline)**  
Division of Workers' Compensation  
1-800-742-2214

**Managed Care Agency for Health Care Administration (AHCA)**  
(850) 487-2527

**Compliance (General Information)**  
Division of Workers' Compensation  
(850) 488-2333

**Division of Safety**  
1-800-367-4378

**Employee Assistance Office**  
Division of Workers' Compensation  
1-800-342-1741 (In Florida)  
(850) 488-5201

**Research & Education Bureau (Education Section)**  
Division of Workers' Compensation  
(850) 922-6488

**Rehabilitation and Medical Services (Central Office)**  
Division of Workers' Compensation  
(850) 488-3431

**Drug - Free Workplace Biomedical Technical Information Agency for Health Care Administration (AHCA)**  
(850) 487-3109

**Your Workers' Compensation Insurance Carrier Phone Number** \_\_\_\_\_

**Your Managed Care Arrangement Phone Number** \_\_\_\_\_

**Emergency Number** \_\_\_\_\_



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# Notes

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**DIVISION OF WORKERS' COMPENSATION**

Bureau of Research and Education  
Customer Education and Information Services  
2728 Centerview Drive  
Suite 303, Forrest Building  
Tallahassee, Florida 32399-0682  
Telephone: (850) 921-6966  
FAX: (850) 922-5167