



EMPLOYER MANUAL

A Practical Guide on
How to Handle
Workers' Compensation



For more information regarding prevention of risk, visit our website at floridatech.edu/compliance-and-risk-management/office-for-risk-management



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Florida Tech Florida Guidelines—Section A

Employer Responsibilities During a Nonemergency

1. Contact the Office of Compliance and Risk Management (OCRM) at 321-674-7563 about the accident/injury.
2. Provide the injured employee with all the required forms included in the Florida Tech Employee Accident/Injury Report packet: Accident/Injury Report, CCMSI False and Fraudulent Claim Warning, CCMSI Authorization for Medical Records and Communication Release, FICURMA Workers' Compensation Prescription Information, CCMSI Request for Mileage Reimbursement and Workers' Compensation Witness Report.
3. Instruct the employee that he or she has the right to medical care. Assist the employee seeking care with calling Holzer Health Center to ensure availability at 321-674-8078. If Holzer cannot schedule with the employee or is closed, please refer the injured employee to Premier Urgent Care (6300 N. Wickham Rd., Suite 101) (321-242-7425) or Holmes Regional Medical Center (1350 Hickory St.) (321-434-7000). The injured employee may go to the nearest urgent care or hospital that is closer in proximity if needed.
4. Drop off or email all executed forms, including Supervisor Accident/Injury Report to the Office of Compliance and Risk Management.

Steps for an Emergency

1. The employee, witness or supervisor should call 911 immediately when needed, and call the Florida Tech Department of Security (ext. 8111). The supervisor must then contact the Office of Compliance and Risk Management (OCRM) at 321-674-7563 about the accident/injury.
2. Provide the injured employee with all the required forms included in the Florida Tech Employee Accident/Injury Report packet: Accident/Injury Report, CCMSI False and Fraudulent Claim Warning, CCMSI Authorization for Medical Records and Communication Release, FICURMA Workers' Compensation Prescription Information, CCMSI Request for Mileage Reimbursement and Workers' Compensation Witness Report.
3. Drop off or email all executed forms, including Supervisor Accident/Injury Report to the Office of Compliance and Risk Management.

Do's & Don'ts of Reporting a Claim

DO

- Confirm all the forms of the Florida Tech Accident/Injury Report packet are completed (i.e., Accident/Injury Report, Supervisor Accident/Injury Report, CCMSI False and Fraudulent Claim Warning, CCMSI Authorization for Medical Records and Communication Release, FICURMA Workers' Compensation Prescription Information, CCMSI Request for Mileage Reimbursement and Workers' Compensation Witness Report).
- Write legibly on all pages of the injury report document.
- Report the injury immediately via email to the Office of Compliance and Risk Management (OCRM).
- Use (current) Florida Tech Employee Accident/Injury Report for Cannon Cochran Management Services Inc.
- Drop off or email the completed Accident/Injury Report packet to the Office of Compliance and Risk Management immediately after you are notified of a work-related injury.
- Refer the injured employee to Holzer Health Center. If the location is not within the vicinity of Holzer, please refer the injured employee to Premier Urgent Care, Holmes Regional Medical Center or the nearest urgent care or hospital.

DON'T

- Use pencils or light-colored pens to complete the accident/injury documents, including the Florida Tech Employee Accident/Injury Report.
- **Email forms with missing information.**

Departmental Information—Section B

Compliance and Risk Management Contact List

Contact Name	Phone	Email	Position
Fanak Baarmand	321-674-7563	fbaarman@fit.edu	Executive Director of Compliance and Risk Management
Christina Lind	321-674-7563	clind@fit.edu	Compliance Training Specialist
Kelsey Garrett	321-674-7153	kgarrett@fit.edu	Administrative Assistant

All injuries/illnesses must be reported to the Office of Compliance and Risk Management (321-674-7563) or via email to clind@fit.edu.

For injuries/illnesses that occur after hours, on weekends or holidays when Holzer Health Center is closed, please refer the injured employee to Premier Urgent Care, Holmes Regional Medical Center or the closest urgent care facility or hospital. In an emergency, call 911.

Send Medical Bills To:

CCMSI Risk Services Group Inc.
2600 Lake Lucien Dr., Suite 225
Maitland, FL 32751
Phone: 866-291-0194

Procedural Information & Injury Report Forms—Section C

In the event a job-related accident or illness occurs, the following procedures must be followed:

If the injury or illness is life-or-limb-threatening, instruct the employee and/or supervisor to call 911 if needed first, then call the Department of Security (ext. 8111) and last call the Office of Compliance and Risk Management (ext. 7563). Typically, the employee will be transported to the closest hospital, Holmes Regional Medical Center.

Department heads, supervisors and/or Holzer Health Center must provide the Compliance and Risk Management staff with the executed accident/injury report, which includes Employee Accident/Injury Report, Supervisor Accident/Injury Report, CCMSI False and Fraudulent Claim Warning, CCMSI Authorization for Medical Records and Communication Release, CCMSI Request for Mileage Reimbursement, FICURMA Workers' Compensation Prescription Information and Workers' Compensation Witness Report. Failure to do so could result in monetary and other serious fines against the university. Therefore, all supervisors and/or employees must report all work-related injuries immediately for filing. Employees are to report work-related injuries to their supervisors regardless of the severity of the injury.

Department heads, supervisors, Human Resources and the Office of Compliance and Risk Management must remind employees that they are not allowed to use their private doctor to cover work-related injuries/illnesses. Treatment provided for a work-related injury or illness is not covered by regular medical insurance. In addition, all follow-up appointments (e.g., physical therapy) must be authorized in advance through the Office of Compliance and Risk Management 321-674-7563.

Employees should coordinate scheduling follow-up appointments, preferably before or after the regular work schedule. Otherwise, permission must be obtained from a direct report prior to scheduling any therapy or office visits to the doctor.

If the employee is put on medical leave, the Office of Compliance and Risk Management will notify the Office of Human Resources.

The Office of Compliance and Risk Management will verify that the information contained on the Florida Tech Employee Accident/Injury report is accurate to include ensuring that the individual is an employee via the Workday system before uploading information to the CCMSI's database.

Further, after reviewing the information contained in the Employee Accident/Injury Report and supporting documents, the Office of Compliance and Risk Management will forward a hard copy of all forms to CCMSI.

List of Medical Treatment Locations

Holzer Health Center

3976 Country Club Rd.
Melbourne, FL 32901
Phone: 321-674-8078

Hours:

Summer:

Monday–Friday: 9 a.m.–3 p.m.

Fall and spring semester:

Monday–Thursday: 8 a.m.–7 p.m.
Friday: 8 a.m.–5 p.m.

To be used only if employees are outside the Florida Tech area or if the injury occurs and Holzer Health Center (Florida Tech’s clinic) is closed/cannot accommodate the employee:

Premier Urgent Care

6300 N. Wickham Rd., Suite 101
Melbourne, FL 32940
Phone: 321-253-2126
Fax: 321-253-1720

Hours:

Monday–Friday: 8 a.m.–7 p.m.
Saturday–Sunday: 8 a.m.–5 p.m.

Holmes Regional Medical Center

1350 Hickory St.
Melbourne, FL 32901
Phone: 321-434-7000

Hours:

24/7

If the injured employee is not in close proximity to Premier Urgent Care or Holmes Regional Medical Center, please send the injured employee to the nearest urgent care or hospital. Please call 911 when needed.

Please contact the Office of Compliance and Risk Management at 321-674-7563 IMMEDIATELY regarding an employee's injury.

EMPLOYEE INFORMATION

Last name _____ First name _____ Middle name _____
Full SSN _____ DOB _____ Gender: Male Female Marital status _____
Home address _____ Street/Apt. # _____
City _____ State _____ ZIP _____
Cell # _____ Work # _____ Email _____
 Full time Part time Salary/hourly wage _____ Date of hire _____

ACCIDENT INFORMATION

Date of accident _____ Time of accident _____ AM PM Date first reported _____
Occurred on campus: Yes No If on campus, exact location _____
Type of location (lab shop, office, warehouse, etc.) _____
Employee description of accident (include cause of injury):

Injury/illness that occurred _____ Part of body affected _____
Cause of injury _____
Paid for date of injury: Yes No Last date employee worked _____
Return to work? Yes No If yes, give date _____ Date of death (if applicable) _____

MEDICAL INFORMATION

Employee refused medical care at time of injury: Yes No Treated by a physician? Yes No
Physician/hospital name _____ Phone _____
Address _____ City _____ State _____ ZIP _____

List of activity prior to accident (work-related activity only):

Has this part of your body been injured before? Yes No If yes, when _____

Employee signature _____ Date _____

(To be completed by supervisor)

Did activity involve operating a vehicle? Yes No Was individual licensed to operate vehicle/equipment? Yes No

Did individual take the appropriate safety training? Yes No If yes, what was the course(s)? _____

Personal protective equipment required and available? Yes No

Personal protective equipment used? Yes No

If yes, what type of equipment? _____

If no, what PPE should have been used to prevent/minimize the accident/injury? _____

Were stated or written procedures followed that caused or contributed to the accident? Yes No

Was there a discrepancy? Yes No

How was it performed improperly? _____

Type of property/material involved in accident _____

Owner of property _____

Estimated cost of damage _____

Supervisor name _____ Phone # _____

Supervisor signature _____ Date _____

TO BE COMPLETED BY THE OFFICE OF COMPLIANCE AND RISK MANAGEMENT

Name of company:

Florida Institute of Technology
150 W. University Blvd.
Melbourne, FL 32901

Insurer information:

Cannon Cochran Management Services Inc.
P.O. Box 948399, Maitland, FL 32749-8399
866-291-0194 / 407-660-5600 / Fax: 217-477-6946
FICURMAmail@ccmsi.com

Federal ID number 59-6046500

Policy/member number 00002170120000030129462019

Nature of business Education

Restricted duty? Yes No

Did supervisor accommodate restriction? Yes No

If yes, from (start date) _____ to (end date) _____

MMI date _____



FALSE AND FRAUDULENT CLAIM WARNING

Please read the following information carefully. This form must be signed and returned within 30 days of the date it was received, stating that you have reviewed, understand and acknowledge the statement of benefits and/or payments shall be suspended until such signature obtained.

Workers' Compensation fraud includes but is not limited to the following:

- Requesting and/or receiving temporary total, temporary partial, permanent total disability or impairment benefits while working for gain as an employee of a business, independent contractor, yourself or a business and not reporting that income to the insurance company.
- Making a false or written statement and/or submitting false documents to your employer, your physician and/or the insurance company or their representatives for the purpose of filing or supporting a claim for workers' compensation benefits.
- Misrepresenting facts concerning an industrial accident, injury or illness to your employer, your physician and/or the insurance company or their representatives.
- Failing to report earnings when requested to do so by the insurance company.
- Selling your personal information to third parties for use of misrepresenting facts to any medical provider or insurance company.

Florida

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 Florida Statute 817.234.

I have reviewed, understand and acknowledge the above. This information is true and correct to the best of my knowledge.

Worker's Name: _____
Please type or print

Claim #: _____ Employee: _____

Employer: _____

Employee's Address: _____

Phone: _____

Worker's Signature: _____ Date: _____
Please type or print

Cannon Cochran Management Services, Inc.

PO Box 948399 | Maitland, FL 32794-8399

866-291-0194 | 407-660-5600 | Fax: 217-477-6946 | FICURMAmail@ccmsi.com



AUTHORIZATION FOR MEDICAL RECORDS AND COMMUNICATION RELEASE

Name: _____ Date of Birth: _____ Social Security #: _____

I hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my mental or physical health, history, condition or wellbeing, to supply such information to my employer or its insurance carrier, claims administrator or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing with my employer or its insurance company, claims administrator, rehabilitation or medical management consultant or attorneys as to my care and treatment, and as to any other issues including diagnosis, prognosis, causal connection of care and treatment to my work injury or duties, and ability to work. I hereby waive my physician-patient privilege. In conjunction with this, I also authorize any treating physician or medical provider to review any additional materials provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim.

Note: Workers' Compensation Requests Are Exempt From HIPAA. Pursuant to 45 CFR, Sect. 164.512(1) a covered entity may without penalty under HIPAA disclose protected health information to the extent necessary to comply with the law relating to workers' compensation.

Name *(please print)*: _____

Signature: _____ Date: _____



FICURMA
WORKERS' COMPENSATION PRESCRIPTION INFORMATION

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

Employee Name	
Group#:	P2KA
PCN:	Workers' Compensation
ID# (Claim Number):	
Date of Accident:	
Processor:	myMatrixx
Bin#:	003858
Day supply is limited to 14 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

Employee:

FICURMA has partnered with **myMatrixx** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY, PLEASE CALL (877) 804-4900.

Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900

(To be completed by witness only)

Name of injured employee _____

Name of witness _____

Telephone # of witness _____

Location where incident occurred _____

Date of incident _____ Time of incident _____

1. What were you (the witness) doing at the time of the incident?

2. How and when did you become aware of the incident?

3. What did you hear at the time of the incident?

4. Describe what you saw at the time of the incident?

5. Who else was present?

6. Please relate any additional information you have pertaining to the incident:

Witness signature _____ Date _____

Procedural Information—Section D

Florida Tech Workers' Compensation Quick Facts

Reporting Period: An employee who suffers an injury/illness arising out of and in the course of employment must advise the Office of Compliance and Risk Management and his/her supervisor of the injury immediately, but no later than within 30 days after the date of or initial manifestation of the injury. **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.** Failure to report the injury/illness in the noted timeframe could result in the denial of the claim under certain circumstance. However, if the employee reports the injury after the 30-day period, the information must be reported to the Office of Compliance and Risk Management immediately.

Waiting Period for Comp Benefits after Injury: Seven days

Wage Replacement Benefits: If an authorized treating physician places an injured worker off work, the workers' compensation benefits for lost wages will start on the eighth day that the employee is unable to work. No wage replacement benefits are paid for the first seven days of work missed, unless the employee is out of work for more than 21 days due to the work-related injury. The wage replacement benefits will equal two-thirds (66-2/3%) of the employee's pre-injury regular weekly wage, but the benefit will not exceed Florida's Maximum Compensation Rate for the year of the accident and is on a paid biweekly basis. An injured worker who is receiving wage replacement can use 2.6 hours or equivalent hours of his/her own accrued sick, personal or vacation hours toward full wage compensation.

Choice of Physician: If a non-life-threatening, on-the-job injury occurs, the employee must notify their supervisor and then call the Office of Compliance and Risk Management at 321-674-7563. The employee needs to be directed to Holzer Health Center. If Holzer is closed, please encourage the employee to go to Premier Urgent Care or Holmes Regional Medical Center. The injured employee may go to the nearest urgent care or hospital that is closer in proximity if needed. If it is after hours and the employee cannot reach his or her supervisor or the Office of Compliance and Risk Management, please refer the employee to Premier Urgent Care, Holmes Regional Medical Center or the nearest urgent care or hospital and let the Office of Compliance and Risk Management know as soon as possible what has happened. If it is an emergency, the injured employee or witness should call 911.

Per Florida Statute 440.13(2)(f), an injured worker is entitled to a one-time change per accident. The insurance company will authorize an alternative physician within five days of receiving a written request from the injured worker. If medical care is provided outside an authorized approved network, the employer chooses the physician.

Transportation During Disability Period: Medical transportation is available if the injured worker needs it. If the injured worker uses his/her vehicle for transportation to medical providers, they are reimbursed at the current rate of 44.5¢ per mile. The CCMSI agent can supply mileage forms. Call CCMSI immediately at 407-660-5637 or 866-291-0194 if you need transportation or cannot make an appointment.

Prescription Benefit: Medications can be dispensed at any pharmacy (see myMatrixx listing). The injured worker pays no copay (prior to MMI) for Rx if an authorized medical provider prescribes medical services, devices, appliances, etc., as it relates to the injury/illness. Please contact your claims adjuster at CCMSI (407-660-5637 or 866-291-0194) for authorization prior to receiving service or Risk Management for assistance.

Notification from Insurance Company: Within 3–5 business days after the accident/injury is reported, the employee should receive an information brochure explaining his or her rights and obligations and a notification letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. The employee must notify CCMSI if they have already completed the following forms: Florida Tech Employee Accident/Injury Report, False and Fraudulent Claim Warning, Authorization for Medical Records and Communication Release and Request for Mileage Reimbursement.

FAQs Regarding Workers' Compensation

How long do I have to report a claim to my employer?

All injured workers must contact their supervisor/employer immediately to notify them of any on-the-job injury. Claims reported after 30 days could be denied.

Which forms do I need to complete?

All injured workers should complete the following forms: Florida Tech Employee Accident/Injury Report, CCMSI False and Fraudulent Claim Warning, CCMSI Authorization for Medical Records and Communication Release, CCMSI Request for Mileage Reimbursement, FICURMA Workers' Compensation Prescription Information and Workers' Compensation Witness Report, when filing.

It is important that all injured workers complete the workers' compensation packet including the fraud statement. Benefits might become suspended if said injured workers refuse to provide the requested signature.

What doctor can I go to?

The insurance company (CCMSI), upon becoming aware of your injury, will direct you to a healthcare provider for such period as the nature of the injury or the process of recovery may require. Medical care must be authorized by the insurance company.

Why can't I go to the doctor of my choice?

Per Florida Statute 440.13(2)(a), the law requires that the employer/insurance company provide the appropriate medical care.

Can I go to my own personal physician?

No. You must go to an authorized physician provided by your employer or CCMSI.

The doctor is not helping me. Can I request a different doctor for my treatment?

Yes. Per Florida Statute 440.13(2)(f), you are entitled to one-time change per accident. The request for a change in physician must be in writing and provided to the insurance company (CCMSI). Upon receipt of the request, the insurance company will select and authorize an alternative physician within five days of receipt of the written request. The injured worker or insurance company (CCMSI) may also select a one-time Independent Medical Examination (IME), per accident. Please note, if your accident occurred on or after 10/1/03, the party requesting the IME is responsible for payment.

Will I have to pay any medical bills?

No, all authorized medical bills should be submitted by the medical provider to CCMSI for payment until you reach maximum medical improvement. Once you reach Maximum Medical Improvement, you will be required to pay \$10 copay per visit.

If prescribed, how do I get my prescription filled?

If a prescription is prescribed by your authorized physician, please take the prescription to your pharmacist along with the information from myMatrixx to ensure your prescriptions are billed directly to the insurance company. In rare cases, you may be asked to pay for your medications; if this happens, you will be reimbursed any money you have to advance once receipts are provided to the insurance company.

What is my responsibility when the doctor places me on restricted duty?

It is your responsibility to communicate with your supervisor and the Office of Compliance and Risk Management following your appointment. If you are given restrictions or placed out of work anytime during your treatment, please ensure they are communicated to your supervisor and Office of Compliance and Risk Management immediately.

Do I have to attend my appointments?

Yes. Time, effort and expense are put into providing your medical care. If you do not follow the doctor's direction and attend all medical appointments, your case may be terminated for noncompliance and all benefits suspended.

If a medical bill comes to my house, what do I do?

Mail or drop off the medical bill to the Office of Compliance and Risk Management. It will be forwarded to your adjuster. CCMSI will pay all authorized invoices for your claim.

Will I get paid mileage to my medical appointments?

If you, a family member or friend drives you to an authorized appointment, physical therapy, hospital, diagnostic testing or pharmacy, you are entitled to mileage reimbursement at 44.5 cents per mile or current rate. A form is available to document the appropriate mileage.

When do I get my first check?

You should receive the first check within three (3) weeks after reporting your injury to FICURMA/CCMSI and have been off work by an authorized treating physician beyond the waiting period.

All injured workers must report any wages (from all employment) earned to the insurance carrier.

How much will I be paid?

In most cases, benefits are calculated at 66-2/3% of your average weekly wage up to the state max for the year of your accident. If you were injured on or after Oct. 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

Will I be paid if the doctor takes me off work?

In most cases, your first check will be from the eighth day of disability through the time your authorized treating physician releases you to return to work. Under Florida law, you are not paid for the first seven days of disability, unless you are out more than 21 days.

Will the check come to my house?

If you are entitled to benefits, your check will be mailed to your home. Please make sure we have the most up-to-date information regarding your address and phone number.

Can I receive unemployment compensation and workers' compensation benefits at the same time?

No, not if you are receiving temporary total or permanent disability benefits. You must be medically able and available to work to qualify for unemployment benefits.

Will I get fired because of my injury?

No. It is against the law to fire you because you have filed or attempted to file a workers' compensation claim.

Who do I contact if I have any questions concerning my benefits?

Contact CCSMI at 407-660-5660. Their mailing address is 2600 Lake Lucien Dr., Suite 225, Maitland, FL 32751.

Disclaimer: The above represents a summary of information pertaining to Florida Tech's workers' compensation benefit. Please note that workers' compensation law can be complex, and these laws and policies are subject to amendment at any time. If you need help with a workers' compensation issue, please consult your CCMSI and/or workers' compensation risk management team.

Florida Employer Facts—Section E

69L-3.0036, F.A.C. Employer Informational Brochure (English)

EMPLOYER FACTS



IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS



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

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 employer 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.

69L-3.0036, F.A.C. Employer Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-P2-DWC-65
Revised March 2010

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.

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**
wcaeo@MyFloridaCFO.com
- Customer Service**
(850) 413-1601
- Employer e-mail inquiries**
WorkCompCustServ@MyFloridaCFO.com
- Workers' Compensation Fraud Hotline**
1-800-378-0445

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 1-800-219-4953 (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>

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.fcc.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.

Florida Employer Facts—Section E

69L-3.0036, F.A.C. Employer Informational Brochure (Spanish)

Información Para Empleadores



INFORMACIÓN IMPORTANTE DEL SEGURO DE INDEMNIZACIÓN PARA LOS EMPLEADORES DE LA FLORIDA



DIVISION OF WORKERS' COMPENSATION

Florida Department of Financial Services

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 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 empleador 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 *está 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 ninguna circunstancia 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

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.

Proprietarios 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 está listado como oficial de la corporación en el registro del Departamento del Estado de la Florida, División de Corporaciones.
- La corporación está lista 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.

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/>
<https://www.myfloridacfo.com/division/wc/>
<https://www.myfloridacfo.com/division/wc/>
DWC-250 Elección de ser exento.

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/>
<https://www.myfloridacfo.com/division/wc/>
<https://www.myfloridacfo.com/division/wc/>
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 provista 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)]"

¿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 wcaeo@myfloridacfo.com

Servicio al cliente (850) 413-1601

Empleados pueden hacer preguntas por correo electrónico WorkCompCustServ@myfloridacfo.com

Preguntas sobre el programa contra el fraude
1-800-376-0445

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 conspicuos(a) 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 adquiere una póliza de seguros por accidentes de trabajo, se considerará 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/DWC-FZ-DWC-1.pdf>. Usted debe también proveer una copia del primer reporte de 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 una fatality en el lugar de trabajo, llame al 1-800-219-8853 (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 850-354-5700. Para tener acceso al formulario, vaya a la página web <https://www.MyFloridaCFO.com/Division/WC/forms>.

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 lesión 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 le envíen 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 provistos 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 (PTD por su sigla en inglés): Estos beneficios son provistos cuando el médico le permite al empleado volver a trabajar, el empleado no ha alcanzado la máxima mejoría médica, y gana menos del 80% de 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 el 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 permanentes (IB por su sigla en inglés): Estos beneficios son provistos 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 provistos 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 pasajes para el funeral y beneficios para los dependientes del fallecido (estos son sujetos a límites definidos por ley). Un conyuge dependiente puede ser elegible para entrenamiento vocacional.

Formulario de la declaración del salario

Usted debe llenar el formulario de la declaración del salario (DFS-FZ-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 comienzo 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 la terminación. Para tener acceso a la forma vaya a la página web (<https://www.MyFloridaCFO.com/Division/WC/Publications/FormItems/Reports/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.Ics.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 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.

Resources

Office of Compliance and Risk Management

Florida Institute of Technology
John E. Miller Building
150 W. University Blvd.
Melbourne, FL 32901-6975
321-674-7563 | clind@fit.edu

Claims-Handling Entity

Cannon Cochran Management Services Inc. (CCMSI)
2600 Lake Lucien Dr., Suite 225
Maitland, FL 32794
Phone: 407-660-5637 | 866-291-0194 | Fax: 217-477-6623
After Hours: 877-253-5169

