



WORKERS' COMPENSATION SYSTEM GUIDE

EMPLOYEE MANUAL

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

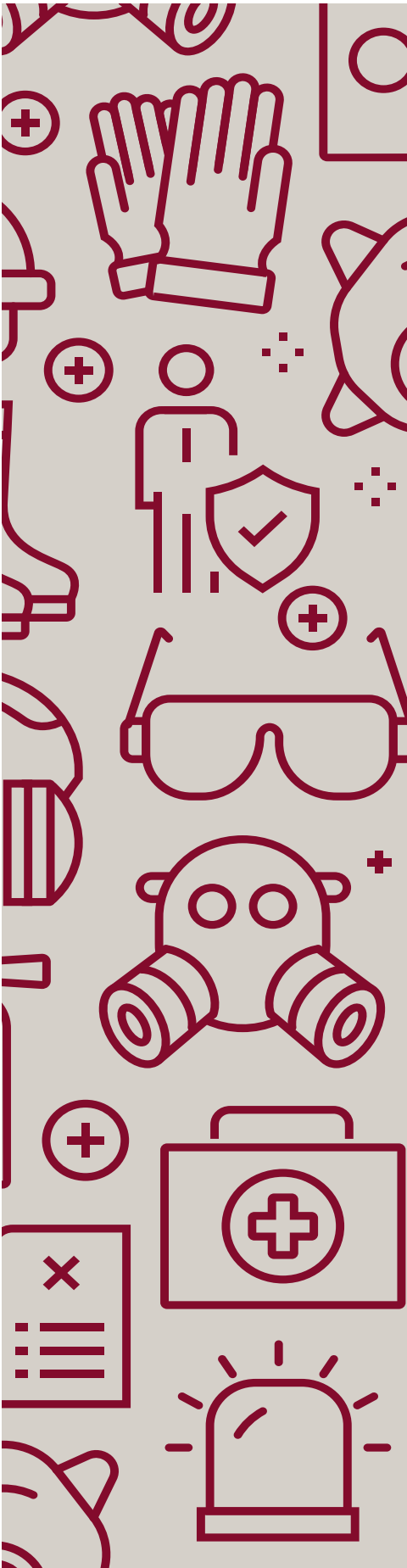


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Florida Guidelines—Section A

Workers' Comp Works for You (English)

Workers' Comp Works For You

If you are injured on the job:

Workers' compensation pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

\$25,000 Reward

ANTI-FRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at

<https://www.myfloridacfo.com/Division/DIFS/WCFraud/>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment.
State of Florida
Division of Workers' Compensation

69L-6.007, F.A.C. Compensation Notice
DFS-F4-1548
Revised March 2010
(Fraud reporting link updated February 2019)

- 1.** Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.
- 2.** Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.
- 3.** If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at 1-800-342-1741.

FICURMA #0962
15310 Amberly Dr., Suite 110
Tampa, FL 33647

Cannon Cochran Management Services Inc.
2600 Lake Lucien Dr., Suite 225
Maitland, FL 32751

Compensación Por Accidentes De Trabajo Labora Para Usted (Español)

Compensación por accidentes de trabajo labora para usted:

Compensación por accidentes de trabajo paga por todos los gastos médicos y tratamientos autorizados que se relacionen con su lesión u enfermedad y sean médicamente necesarios.

Si usted no puede trabajar o su ingreso es reducido debido a una lesión u enfermedad relacionada con su trabajo, y ha estado incapacitado por más de siete días, puede que sea elegible para recibir compensación por una porción de su sueldo.

Recompensa de \$25,000.00

PROGRAMA DE RECOMPENSACIÓN ANTI FRAUDE

Recompensas de hasta \$25,000.00 pueden ser pagadas a personas que proveen información al Departamento de Servicios Financieros que conduzca al arresto y convicción de aquellos que cometen fraude de seguros, incluyendo empleadores que ilegalmente dejan de obtener un seguro por accidentes de trabajo. Se puede reportar sospechas de fraude al Departamento llamando al 1-800-378-0445 o por correo electrónico al <https://www.myfloridacfo.com/Division/DIFS/WCFraud/>. Nadie es sujeto a responsabilidad civil por someter dicha información si se actúa sin malicia, fraude o mala fe.

Esta notificación debe ser colocada y mantenida a la vista por el empleador en y alrededor del lugar o lugares de empleo, Estado de la Florida, División de Compensación por Accidentes de Trabajo

69L-6.007, F.A.C. Compensation Notice
DFS-F4-2026
Revised March 2010
(Fraud reporting link updated February 2019)

Si usted se lastima en su lugar de empleo:

- 1.** Notifique a su empleador inmediatamente para obtener el nombre de un médico autorizado. Puede que el seguro de compensación por accidentes de trabajo no pague sus cuentas médicas si usted no reporta su accidente lo mas antes posible a su empleador.
- 2.** Notifique al médico y a su personal que usted se lastimó en su lugar de empleo para que las cuentas medicas sean debidamente remitidas.
- 3.** Si usted tiene algún problema con su reclamo o si tiene demasiadas demoras en su tratamiento, comuníquese con la División de Compensación por Accidentes de Trabajo al 1-800-342-1741.

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Florida Employee Facts—Section B

Important Workers' Compensation Information for Florida's Workers (English)

EMPLOYEE FACTS



IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



Anti-Fraud Reward Program

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

Disclaimer:

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

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

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

Denial of Benefits

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

Petition for Benefits

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

Reemployment Services

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

Legal Representation

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

Employee Assistance Office

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

Services provided by EAO include:

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

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

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

Statute of Limitations

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

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

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

Medical Benefits

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

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

Authorized treatment and care may include:

- Doctor visits
- Hospitalization
- Prostheses
- Travel expenses to and from authorized medical treatment or a pharmacy.

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

Wage Replacement Benefits

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

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

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

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

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

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

Injured Worker Responsibilities

Communicate with the Employer:

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

Communicate with the Carrier:

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

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

Communicate with the Authorized Treating Physician:

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

Carrier Responsibilities

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

De Trabajo Para Los Trabajadores De La Florida—Section B

Información Importante De Seguro De Indemnización Por Accidentes (Español)

Información Para Trabajadores



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



DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

Programa de Recompensa por Anti-Fraude

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

Limitación de responsabilidad

Esta publicación está sujeta a la oferta de una herramienta de información, acate 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-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DPS-P2-DWC-61
Revised February 2014

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

Negación de Beneficios

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

Peticion por Beneficios

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

Servicios de Reempleo

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

Representación Legal

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

Oficina De Ayuda al Trabajador

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

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

Servicios Proveido por el EAO incluyen:

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

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

Se pueden obtener las respuestas a preguntas que se hacen con frecuencia en: www.MvFloridaCFD.com/Division/wc/Employee/faq.htm.

Usted también puede someternos sus preguntas específicas relacionadas con su reclamo al wceao@MvFloridaCFD.com y recibir la respuesta directamente por correo electrónico.

Estatuto de Limitaciones

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

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

Beneficios Médicos

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

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

Atención médica y tratamientos autorizados pueden incluir:

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

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

Beneficios de Reemplazo de Salario

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

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

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

- Beneficios por Incapacidad Total Temporal (TTD por su sigla en inglés) **: Estos beneficios son provistos como resultado de una lesión u enfermedad que temporalmente prohíbe que usted vuelva a trabajar y usted no ha alcanzado la máxima mejoría médica.
- Beneficios por Incapacidad Parcial Temporal (TPD por su sigla en inglés) **: Estos beneficios son provistos cuando el médico le permite volver a trabajar con restricciones, usted no ha alcanzado la máxima mejoría médica, y gana menos del 80% del salario que ganaba antes de sufrir la lesión o enfermedad. ***Beneficios temporales son pagables por un máximo de 104 semanas o hasta la fecha que se determine que usted ha alcanzado la máxima mejoría médica. lo que ocurra primero.**

- Beneficios por Daños Permanente (PB por su sigla en inglés): Estos beneficios son provistos cuando la lesión o enfermedad causa pérdida física, psicológica o funcional y la incapacidad existe después de la fecha de la máxima mejoría médica. (MMI) Un médico le asignará una valoración de incapacidad permanente a la lesión que será expresada como un porcentaje de incapacidad al cuerpo en su totalidad.

- Beneficios por Incapacidad Total Permanente (PTD por su sigla en inglés): Estos beneficios son provistos cuando la lesión causa que usted sea permanente y totalmente incapacitado(a) según las estipulaciones de la ley.

Indemnizaciones por Fallecimiento: Compensación por accidentes de trabajo que resulten en la muerte del trabajador incluye pago de gastos para el funeral y beneficios para los dependientes del fallecido (estos son sujetos a límites definidos por ley). Un cónyuge dependiente puede ser elegible para un entrenamiento vocacional.

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

Responsabilidades del Trabajador Lesionado

Comuníquese con el Empleador:

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

Comuníquese con la compañía de seguros:

- Revise el formulario Primer Reporte de la Lesión o Enfermedad (DWC1) [Titulada en inglés "First Report of Injury or Illness" (DWC1)] cuando la reciba y verifique su dirección, número de teléfono, número de seguro social, y la descripción del accidente. Si hay alguna información con la cual usted no está de acuerdo, o si alguna información ha sido omitida, inmediatamente notifíquese a su tasador(a) /ajustador(a) de reclamo por escrito.

- Revise, firme y devuelva a la compañía de seguros la declaración de fraude. Es una obligación. Al firmar este documento, está confirmando que entendió esta información importante. Sus beneficios serán suspendidos si usted no firma y provee la declaración a la compañía de seguros.

- Si usted ha trabajado para más de un empleador durante las trece semanas inmediatamente antes de la fecha del accidente, reporte todos los salarios recibidos durante ese periodo. Esto ayudará a la compañía de seguros a determinar la cantidad correcta de su beneficio de reemplazo de salario.

- Mantenga a su tasador(a) /ajustador(a) de reclamo regularmente informado(a) sobre el estado de su reclamo, su necesidad de autorización de tratamiento médico, y cualquier ingreso. (Nota: si usted está representado por un abogado, posiblemente su tasador(a) /ajustador(a) de reclamo no podrá hablar con usted directamente)

- Notifique a la compañía de seguros de cualquier cambio de dirección o número de teléfono.
- Complete y devuelva los formularios que requiera la compañía de seguros.

Comuníquese con el Médico Autorizado por la Compañía de Seguros:

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

Responsabilidades de la Compañía de Seguros

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

Procedural Information—Section C

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 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, notify your supervisor and then call the Office of Compliance and Risk Management at 321-674-7563. You will be directed to Holzer Health Center. If Holzer is closed, you are encouraged to go to Premier Urgent Care or Holmes Regional Medical Center. You may also go to the nearest urgent care or hospital that is closer in proximity if needed. If it is after hours and you cannot reach your supervisor or the Office of Compliance and Risk Management, go 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, call 911 if needed.

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 you or the Office of Compliance and Risk Management reports the accident, you should receive an informational brochure explaining your rights and obligations and a notification letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. Please notify CCMSI if you have already completed the following forms included in your packet: 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 CCSMI and/or workers' compensation risk management team.

WHAT TO DO IF YOU'RE INJURED AT WORK

1 REPORT YOUR INJURY IMMEDIATELY



Take note of all the details of your injury.

- Witnesses to your injury
- Time and date of injury
- Details of injury
- Where injury occurred

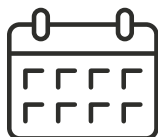
2 READ YOUR EMPLOYER'S POLICY



Check your employee handbook for guidelines in filing a workers' compensation claim.

If you don't file a claim, you may lose out on medical care and benefits.

3 WAGE REPLACEMENT BENEFITS

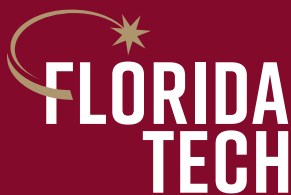


- Starts on 8th day
- Equals two-thirds (66-2/3%) of the employee's pre-injury regular weekly wage
- Can use accrued sick, personal or vacation hours toward full wage compensation

4 RETURN TO WORK



- Must present return-to-work doctor's note to the Office of Compliance and Risk Management
- If given restrictions, ensure to communicate with your supervisor and Office of Compliance and Risk Management



FLORIDA'S STEM UNIVERSITY

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

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