

69L-6.007 Compensation Notice.

(1) Upon issuance of an insurance policy or certificate of membership in a self-insurance fund or a renewal certificate thereof, the insurer or self-insurance servicing agent shall furnish the employer a sufficient number of typewritten or printed compensation notices, commonly referred to as the "broken arm poster." The compensation notice shall be printed on paper or cardboard stock 11 inches by 17 inches, and have the same form and content as Form DFS-F4-1548, "Workers' Comp Works For You Poster", (Rev 03/10), or Form DFS-F4-2026, "Compensación por accidentes de trabajo labora para usted Poster", (Rev 03/10), which are incorporated herein by reference. As an alternative to having the Anti-Fraud Reward Program language in the poster itself, the employer may elect to attach the Anti-Fraud Reward Program Notice to the poster on a separate piece of paper, with the same form and content as DFS-L2-1549, "Anti-Fraud Reward Program Notice", (Rev 12/02), which is incorporated herein by reference.

(2) The following information shall, in addition to subsection (1) above, be included on the compensation notice if the employer is insured through a commercial insurer;

(a) The name and address of the employer; and

(b) The name and address of the insurer, the employer's current workers' compensation insurance policy number, the effective date of coverage of that policy and the expiration date of the policy.

(3) The following information shall, in addition to subsection (1) above, be included on the compensation notice if the employer is self-insured through a self-insurance fund:

(a) The name and address of the employer;

(b) The name of self-insurers fund to which the employer belongs;

(c) The employer's membership number;

(d) The effective date of coverage; and

(e) The service agent employer's account number.

(4) The compensation notice may also include such other information, in addition to information required by subsections (1), (2), and (3) above, as the insurer or self-insurance fund may desire concerning accident reports, the names of physicians, or other pertinent information.

(5) Printers, insurers, self-insurers or self-insurance funds may obtain an electronic version of the art work for the compensation notices from the Division's website at <http://www.myfloridacfo.com/WC/>.

(6) For a transitional period of 90 days from the effective date of this rule, an insurer or self-insurance servicing agent may use the "broken arm" posters identified and adopted in subsection 69L-6.007(1), F.A.C., or the corresponding poster(s) in effect prior to the adoption of this rule. After the completion of the 90 day transitional period, only the posters adopted in this rule may be used.

Rulemaking Authority 440.40, 440.591 FS. Law Implemented 440.40 FS. History—New 11-20-79, Amended 4-15-81, 1-2-86, Formerly 38F-6.07, Amended 2-2-00, Formerly 38F-6.007, Amended 3-26-03, Formerly 4L-6.007, Amended 1-30-11.