

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-3.025 Forms.

(1) The following forms are to be used with this rule chapter and are hereby incorporated by reference:

(a) through (n) No change.

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|-----|--------------------|-------|---|
| (o) | Form DFS-F2-DWC-60 | 03/10 | Important Workers' Compensation Information for Florida's Workers   |
| (p) | Form DFS-F2-DWC-61 | 03/10 | Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida |
| (q) | Form DFS-F2-DWC-65 | 03/10 | Important Workers' Compensation Information for Florida's Employers   |
| (r) | Form DFS-F2-DWC-66 | 03/10 | Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida |

(2) The Division will not supply the forms promulgated under this chapter, but will make sample forms available on the Division's web site: <http://www.myfloridacfo.com/WC/>.

(3) For a transitional period of 90 days from the effective date of this rule, an insurer or claims-handling entity may use forms identified and adopted in subsection 69L-3.025(1), F.A.C., or the corresponding form(s) in effect prior to the adoption of this rule. After the completion of the 90 day transitional period, only the forms adopted in this rule may be used.

Rulemaking Authority 440.15, 440.185, 440.20, 440.591 FS. Law Implemented 440.02, 440.05, 440.102, 440.107, 440.12, 440.13, 440.14, 440.15, 440.16, 440.185, 440.19, 440.191, 440.192, 440.20(2), (3), 440.21, 440.34(3), 440.345, 440.35, 440.40, 440.491, 440.51(6), (9) FS. History—New 4-11-90, Amended 1-30-91, 11-8-94, 11-11-96, 11-25-96, Formerly 38F-3.025, 4L-3.025, Amended 1-10-05, 3-16-09, 11-30-10.