

DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

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## NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to proposed Rules 69L-3.002, 69L-3.003, 69L-3.0035, 69L-3.0036, 69L-3.004, 69L-3.0045, 69L-3.0091, 69L-3.012, 69L-3.016, 69L-3.018, 69L-3.019, 69L-3.0191, 69L-3.01915, 69L-3.0193, and 69L-3.025, F.A.C, in accordance with subparagraph 120.54(3)(d)1., F.S., published in Vol. 30, No. 37, on September 10, 2004, of the *Florida Administrative Weekly*. These changes are being made to address concerns expressed at the public hearing and comments by the Joint Administrative Procedures Committee.

The rule sections enumerated above are changed to read:

## THE FULL TEXT OF THE PROPOSED RULES

69L-3.001 Purpose.

The purpose of this rule chapter is to establish the responsibilities of the employer and insurer to record and report workers' compensation accident information under Section 440, F.S., including the filing of claim forms with the Division, and to other affected parties. If an insurer contracts with another entity to handle claims on its behalf, the practices of the claims-handling entity in fulfilling the responsibilities under this chapter shall be deemed the practices of the insurer for the purposes of assessing penalties and fines against the insurer. These rules are intended to ensure the accurate and timely payment of compensation to the employee.

Specific Authority 440.591, FS. Law Implemented 440.20(8)(b), 440.20(20)(15)(a), 440.591, FS. History-New \_\_\_\_\_.

69L-3.002 Definitions. When used in this chapter, the following terms have the following meanings:

(1) "Average Weekly Temporary Total Disability Benefit" means the weekly average of all benefits paid pursuant to Sections ss. 440.15(2)(a) and (b), F.S. The weekly average shall be determined by dividing the total amount of temporary total disability benefits paid to date, by the number of weeks and days paid as calculated pursuant to Section s. 440.14(1)(g), F.S. If no temporary total benefits were paid, the average weekly temporary total disability benefit shall be 66 2/3% of the employee's average weekly wage, subject to the maximum compensation rate in accordance with Section S. 440.14, F.S.

(2) "Biweekly work week" means two consecutive 7-day periods coinciding with the post injury employer's work week. For the purposes of [calculating Temporary Partial Benefits pursuant to Section 440.15\(4\)](#), F.S., the first biweekly work week includes the week the employee returned to work. ~~"Carrier" unless otherwise indicated, includes self-insured employers, group self-insured funds, local governmental workers' compensation insured pools, commercial self-insured funds and stock companies, and mutual companies, exchanges and associations authorized to provide workers' compensation coverage in this state. Carrier includes every individual, insurer, company, association, organization, society reciprocal insurer or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, solicitor, service representative, adjuster, and every legal entity which is engaged as indemnitor, surety, or contractor in the business of entering into contracts~~

~~whereby one undertakes to indemnify another of pay or allows a specified amount or a determinable benefit upon determinable contingencies.~~

(3) “Claims-handling Entity” means any insurer, ~~service company~~/third-party administrator (~~Service Co/TPA~~), self-serviced self-insured employer or fund, or managing general agent and includes all claims office locations that will be responsible for adjusting and submitting workers’ compensation claims to the Division. ~~“Carrier Code #” means the internal audit number which the Division assigns each individual insurance carrier, self insured employer, or self insured fund upon receipt of notification to write or administer workers’ compensation insurance in Florida. The carrier must include the correct carrier code # on every claims form promulgated under this chapter. A service company, adjusting company, or third party administrator servicing a claim for a self-insured employer or self-insurance fund must include both the carrier code # and the Service Co/TPA Code # on any form promulgated under this chapter.~~

(4) “Class Code” means the 4-digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee, as it exists in the NCCI Scopes <sup>TM</sup> Manual 2004 Edition, which is hereby incorporated by reference. A listing of Class Codes may be obtained by contacting NCCI’s Customer Service Center at 800-622-4123. ~~“Carrier File #” means the internal identification number assigned to a file by a carrier. The carrier must include the carrier file number where required on any form promulgated under this chapter.~~

(5) ~~“Carrier Name, Address, and Telephone” means the name, mailing address and telephone number of the carrier with responsibility for handling the claim. If a servicing company is the entity handling the claim on behalf of a self-insured employer,~~

~~fund or another carrier, the servicing company must include the name, address, and telephone number of the servicing company, and not that of the self-insured employer, fund or other carrier, on the form. The carrier telephone number provided must enable a caller to readily ascertain the name of the adjuster or claims representative handling the claim.~~

(5) ~~(6)~~ "Compensation Rate" means 66 2/3 % of the employee's average weekly wage pursuant to s. 440.14, F.S., as calculated by the claims-handling entity, carrier, as ordered by a Judge of Compensation Claims, or to which the parties have stipulated.

(6) "Date Payment Mailed" means the date payment of a benefit left the control of the claims-handling entity (or the claims-handling entity's legal representative if delivery is made by the legal representative) for delivery to the employee or the employee's representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer.

(7) "Date Prepared" means the date the form was prepared by the adjuster or claims representative to be sent to the Division or other parties.

(8) "Days" means calendar days unless otherwise noted.

(9) "Denied Case" means any ~~a lost time~~ case for which the claims-handling entity ~~carrier~~ has denied liability for all workers' compensation benefits.

~~(10) "Division" means the Division of Workers' Compensation of the Department of Insurance of the State of Florida.~~

(10) ~~(11)~~ "Document" means any notice, form, or report, ~~or electronic data submission~~ which shall ~~must~~ be submitted to the Division under this chapter or which the Division requests in connection with any matter covered by this chapter. Unless

otherwise specified, this definition includes data submitted to the Division using Electronic Data Interchange (EDI) or another Division approved electronic format.

~~(11) (12)~~ “File” or “Filed” means a document has been received and accepted in accordance with Rule 69L-3.003, F.A.C. by the Division party to which it was sent.

~~(12) (13)~~ “Filing Period for Supplemental Income Benefits” means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a "quarter" as set out in Section ~~§~~ 440.15(3)(b)7, F.S. (1994), which is incorporated herein by reference, except for the second filing period, which may consist of less than 13 weeks if the first payment period was prorated. The "initial filing period" is the filing period, which occurs during the last 13 weeks of impairment income benefits.

~~(13) (14)~~ “First Aid Case” means a work injury or illness, which is treated at the work place, does not require medical treatment for which charges are incurred, and does not cause the employee to miss work for more than one day shift.

~~(15)~~ “~~Fraud Statement~~” means ~~the notice, which must be included on all claim forms pursuant to ss. 440.105(8)(7) 440.185(4), F.S.~~

~~(14)~~ “Full Salary in Lieu of Compensation” means the monies an employer paid the employee as salary, wage, or other remuneration for a period of disability for which the insurer would have otherwise been obligated to pay compensation benefits.

~~(15)~~ “Full Salary End Date” means the date through which the employer paid full salary in lieu of compensation.

(16) “Indemnity Only Denied Case” means any case for which the claims-handling entity has denied all indemnity benefits at the time of the filing of the DFS-F2-DWC-1, however, compensability of the case is accepted and medical benefits will be provided.

(17) (16) “Initial Payment of Supplemental Income Benefits” means payment of supplemental income benefits for the first whole or partial calendar month immediately following the expiration of the impairment income benefit period. The initial payment of supplemental income benefits shall cover the time beginning with the day after the expiration of impairment income benefits and ending with the last date in the initial calendar month pursuant to Section 440.15, F.S. (1994), [which is incorporated herein by reference.](#)

(18) “Insurer Code #” means the Division-assigned number for the insurer as defined in Section 440.02(38), F.S., which bears the financial risk of the claim.

(19) (17) “Lost Time Case” means a work-related injury or illness, which has caused the employee to be [disabled out of work](#) for more than ~~seven~~ 7 calendar days or for which indemnity benefits have been paid. Lost time cases shall also include compensable volunteer workers to whom no indemnity benefits will be paid, but who have [been disabled for](#) ~~lost~~ more than ~~seven~~ (7) calendar days from work; compensable death cases for which there are no known or confirmed dependents; and injuries which result in the [disability loss](#) of more than ~~seven~~ 7 calendar days for which the employer is continuing to pay full salary in lieu of compensation for any portion thereof. The 7 calendar days of disability do not have to be consecutive, but are cumulative and can occur over a period of time.

(20) ~~(18)~~ “Medical Only Case” means a work-related injury or illness, which requires medical treatment for which charges will be incurred, but which does not cause the employee to be disabled for ~~miss~~ more than ~~seven-7~~ calendar days. ~~of work.~~

(21) ~~(19)~~ “Medical Only to Lost Time Case” means a work-related injury or illness, which initially did not result in disability ~~cause a loss~~ of more than ~~seven-7~~ calendar days ~~of work~~ but later resulted in a disability ~~loss~~ of more than ~~seven-~~ (7) calendar days ~~of work~~. Medical only to lost time cases shall include previous medical only cases in which Impairment Income Benefits are paid based on obtaining Maximum Medical Improvement with a Permanent Impairment Rating greater than zero (0) % and settlement only cases involving payment of indemnity benefits.

(22) “NAICS Code” means the code published in the North American Industry Classification System 2002 Edition, hereby incorporated by reference, that represents the nature of the employer’s business. Classification information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah 84070, or visiting the website: www.naics.com.

(23) “Notification” or “Knowledge” means an entity’s earliest receipt of information, including mail, telephone, facsimile, direct personal contact or electronic submission.

(24) ~~(20)~~ “Overall Maximum Medical Improvement” means the date on which maximum medical improvement has been achieved with respect to all compensable medical or psychiatric conditions caused by a compensable injury or disease.

(25) ~~(21)~~ “Payment Period for Supplemental Income Benefits” means the period of 3 consecutive calendar months immediately following the filing period. The first

payment period may consist of less than 3 full months if the first monthly payment is prorated. The last payment period may consist of less than 3 full months if the employee has reached a maximum of 401 weeks of benefits. All other payment periods of supplemental income benefits shall be for 3 full calendar months, pursuant to Section 440.15, F.S.

~~(22) "Permanent Impairment Rating" means the rating on which the carrier will base its determinations concerning the employee's indemnity benefits.~~

~~(23) "Risk Class Code" means the 4 digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee. A listing of Risk Class Codes may be obtained by contacting NCCI at 750 Park of Commerce Drive, Boca Raton, Florida 33487.~~

~~(24) "Salary Continued in Lieu of Compensation" means the monies an employer paid the employee as salary, wage, or other remuneration equaling at least the compensation rate for a period of disability for which the carrier would have otherwise been obligated to pay compensation benefits.~~

~~(25) "Salary End Date" means the date through which the employer paid salary in lieu of compensation.~~

~~(26) "Send" means to transmit a document to the party or parties intended to receive it, including by U.S. mail, hand delivery, or electronic transmission to the party or parties to receive it. Sending is complete upon transmission by one of these methods. A carrier completing a form shall mark as the "Sent to Division Date" the date it sends the Division the form.~~

(27) “Service Co/TPA” means an entity, which has contracted with an insurer for the purpose of providing all services necessary to adjust workers’ compensation claims on the insurer’s behalf.

(28) (27) “Service Co/TPA Code #” means the internal audit number assigned by the Division to a service company, adjusting company, managing general agent or third party administrator. Any form promulgated under this chapter and filed by a service company, adjusting company, or third party administrator must include the correct Service Co/TPA Code #.

(28) “SIC Code” means the 1987 4 digit “Standard Industrial Classification Code” which identifies the nature of the employer’s business. A listing of SIC Code numbers may be obtained by contacting the Government Printing Office Bookstore, 100 West Bay Street, Jacksonville, Florida 32202.

Specific Authority 440.185(2), (5), ~~(6)~~, 440.20(3), 440.38(2), (6), 440.591, FS. Law Implemented 440.185, 440.13, 440.20(3), 440.38(2)(b),FS. History-New 11-5-81, Formerly 38F-3.02, Amended 4-11-90, 1-30-91, 6-10-92, 1-8-94, Formerly 38F-3.002, Formerly 4L-3.002, Amended \_\_\_\_\_.

69L-3.003 Procedures for Filing Documents.

(1) Instructions on or pertaining to forms promulgated under this chapter, are also rules under this chapter and forms shall be completed in accordance with such instructions. When forms are reproduced, they shall be reproduced in their entirety, including instructions. The claims-handling entity carrier shall ensure that all ~~parts of all~~ documents filed with the Division pursuant to this chapter are complete and legible. These documents shall be filed with the Florida Department of Financial Services,

Division of Workers' Compensation, 200 East Gaines Street, Tallahassee, Florida 32399-4226, except as otherwise indicated. The Division shall return to the claims-handling entity any document on which the appropriate information required in subsection (3) of this section and paragraph 69L-3.0045(1)(d), F.A.C., does not appear, and will notify the claims-handling entity of its error or omission. If a document is not complete and legible, the Division will return it to the claims-handling entity's carrier's address as provided on the form for correction or completion. The claims-handling entity shall make the correction, include a revised "Sent to Division Date" and resubmit the document to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent and accepted by the Division.

(2) Claims-handling entities Carrier or employers shall respond to any written request for information by the Division no later than 14 days after receiving the request, except as otherwise provided in Rule Title 69L-3, F.A.C.

~~(3) Forms must be completed according to instructions. Entities completing forms must include the Division assigned Carrier or Service Co/TPA Code #, where required.~~

~~(3)~~ (4) The claims-handling entity carrier, where required, shall include on every document it submits to the Division the following information:

(a) Ithe employee's name.

(b) The the employee's social security number as assigned by the Social Security Administration. If the employee does not have a social security number ~~because the employee is an alien~~, the claims-handling entity carrier shall contact the Division following the instructions provided on the following website:

www.fldfs.com/WC/organization/odqc.html (under Records Management – Division Assigned Numbers) instead use the number on the employee's Arrival and Departure card (Form I94) or Alien Registration Receipt card (Form I151). If the carrier is unable to ascertain the numbers, it shall send a written request to the Information Management Unit of the Division at the address in subsection (1), to obtain a Division assigned temporary internal file number until the social security number one of the above identifying numbers is obtained. Upon receipt of the employee's social security number, the claims-handling entity shall file Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., with the Division in accordance with Rule 69L-3.0091, F.A.C.

(c) Ithe month, day date, and year of the employee's accident or illness, in the following order: mm-dd-yy or mm-dd-ccyy month/day/year.

(d) The “Insurer Code #”. A claims-handling entity adjusting claims for one or more insurers shall report the correct “Insurer Code #” for each specific claim.

(e) The “Service Co/TPA Code #”. If a third-party administrator, servicing agent, or other claims-handling entity is servicing a claim for an insurer, self-insured employer or self-insurance fund, it shall include both the “Insurer Code #” and the “Service Co/TPA Code #” on any form.

(f) The “Claims-handling Entity File #”. A claims-handling entity shall report its internal identification number assigned to a file on forms as required under this chapter.

(g) The name, address and telephone number of the claims-handling entity. When a “Service Co/TPA” is adjusting claims for an insurer, the name, address and telephone number of the “Service Co/TPA” in addition to the name of the insurer shall

be provided. The telephone number provided shall enable a caller to readily contact the office handling the claim.

(h) The "Sent to Division Date".

~~The Division shall return to the carrier any document on which the appropriate identification does not appear and shall notify the carrier of its error or omission. The carrier shall make the correction and resubmit the document to the Division. The filing date of the document is the date the Division receives the corrected document. If the carrier reports an incorrect employee name, social security number or date of accident, it shall send an Form DWC-4 or electronic alternative, pursuant to Rule 69L-3.0091(16), F.A.C. All subsequent filings must reflect the corrected information.~~

~~(4) (5) The insurer or the claims-handling entity An carrier shall provide a supply of Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a , as adopted in Rule 69L-3.025, F.A.C., to the supply each employer to which it provides coverage a supply of Form DWC-1, First Report of Injury or Illness, unless an alternative electronic reporting arrangement with the claims-handling entity is in place and Form DWC-1a, Wage Statement, The name of the insurer and the claims-handling entity's carrier's name, address, and telephone number shall must be preprinted or pre-stamped on each such form. As required by these rules, the carrier shall supply to employees Form DWC-40, Statement of Quarterly Earnings for Supplemental Income Benefits for dates of accident on or after 1/1/94, and Form DWC-3, Request for Wage Loss/Temporary Partial Benefits, for dates of accident prior to 1/1/94.~~

~~(5) (6) All submissions of Computer-generated versions of any forms promulgated under this rule shall must appear in substantial conformity with the~~

~~promulgated printed~~ form in design, layout, field size, ~~and content~~ and shall contain all data elements required by the promulgated form. Computer-generated forms must contain ~~all data elements required by the form~~. If the Division finds that ~~a~~ the computer-generated form is not ~~the same as sufficiently similar to~~ the ~~promulgated printed~~ form, if it fails to contain all data elements, or if it is unclear or confusing, the Division will return the form and ~~to the carrier and notify the carrier of the deficiency~~. The the claims-handling entity carrier shall make the correction, include a revised "Sent to Division Date" and resubmit a corrected form to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent to the Division and is accepted. ~~The filing date of the form is the date the Division receives the corrected form.~~

~~(7) A carrier wishing to use alternative electronic reporting methods, or to alter any existing approved alternative electronic reporting methods, must submit a written proposal to the Director of the Division of Workers' Compensation, who will review the proposal to ensure compliance with applicable statutes and rules, and compatibility with the Division's systems. The Director shall inform the carrier in writing of the Division's determination. After the carrier has received written approval of its proposal, it may send documents to the Division according to the method set out in its proposal.~~

~~(8) Only those documents required by this or previous editions of Title 69L-3,F.A.C., shall be maintained in the Division's files.~~

~~(9)~~ (6) Any insurer or claims-handling entity person or entity failing to timely send documents promulgated under this chapter is subject to administrative fines-civil

penalties assessed by the Division according to the provisions of Rule Chapter 69L-24, F.A.C.

Specific Authority 440.185(2), (5), 440.20(3), 440.207(2), 440.38(2), (5), 440.591, FS. Law Implemented 440.185, 440.51(8), 440.51(9), 440.20, FS. History-Originally numbered 38F-3.01, 3.02, 3.03, New 10-30-79, Amended 11-5-81, Formerly 38F-3.03, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.003, Formerly 4L-3.003, Amended-\_\_\_\_\_.

69L-3.0033 Electronic Filing of Workers' Compensation Forms.

Forms DFS-F2-DWC-1 and DFS-F2-DWC-13, as incorporated in Rule 69L-3.025, F.A.C., may be alternatively reported to the Division using Electronic Data Interchange (EDI).

Specific Authority 440.185(2), 440.593, F.S. Law Implemented 440.593, F.S. History-New \_\_\_\_\_.

69L-3.0035 Injured Worker Informational Brochure.

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the carrier shall mail to the injured worker an informational brochure, Form DFS-F2-DWC-60, "Important Workers' Compensation Information For Florida's Workers" or Form DFS-F2-DWC-61, "Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida" , as adopted in Rule 69L-3.025, F.A.C., as applicable within 3 business days after notification of the injury or illness.

Specific Authority 440.185(4), 440.593, F.S. Law Implemented 440.593, F.S. History-New \_\_\_\_\_.

69L-3.0036 Employer Informational Brochure

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the carrier shall annually mail to the employer an informational

brochure, Form DFS-F2-DWC-65, "Important Workers' Compensation Information For Florida's Employers" or Form DFS-F2-DWC-66, "Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida", as adopted in Rule 69L-3.025, F.A.C., as applicable.

Specific Authority 440.185(4), 440.593, F.S. Law Implemented 440.593, F.S.

History-New \_\_\_\_\_.

69L-3.004 First Report of Injury or Illness: Employer's Responsibility to Record and Report Accidents.

(1) An employer shall record all industrial injuries and diseases as follows:

(a) For a first aid case that is not required to be reported to the claims-handling entity, the employer shall maintain a record of the following information regarding the injury or illness complete either:

1. The employee's name. ~~Form DWC-1, First Report of Injury or Illness; or~~  
2. Social security number or other identifying number pursuant to Rule 69L-3.003(3)(b), F.A.C. ~~A form which the Division has previously approved in writing.~~

3. Date and time of the accident or injury.

4. Occupation of the employee.

5. Who the injury was reported to and when.

6. Description of the accident or illness, including the cause of injury.

7. Injury or illness that occurred and affected body part.

8. Location address of the injury if different than the employer's address.

(b) For a medical only case, lost time case, or death case, the employer shall complete Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., or report the

information regarding the injury or illness by other means as provided by the claims-handling entity. either:

- ~~1. Form DWC-1, First Report of Injury or Illness;~~
- ~~2. An approved alternative electronic data reporting method~~

(2) An employer shall report on Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., information concerning an industrial injury or disease to its claims-handling entity-carrier as follows:

~~(a) First Reports of Injury:~~

~~(a) 1.~~ An employer shall report all cases, except first aid cases, to its claims-handling entity-carrier within ~~seven~~ 7 days after **the employer's** knowledge of an industrial injury or disease. ~~The employer may inform the carrier either by telephone, by electronic medium, or by completing and submitting Form DWC-1.~~ The employer shall not delay reporting the injury or illness to the claims-handling entity-submitting the Form DWC-1 because the employee's signature is unavailable.

~~(b) 2.~~ An employer is not required to report a first aid case to the carrier. If a first aid ~~the~~ case later becomes a medical only or lost time case, the employer shall report the injury or illness to inform the claims-handling entity-carrier within ~~seven~~ 7 days after **the employer's** knowledge of the change in status. ~~The employer may inform the carrier either by telephone, by electronic medium, or by submitting Form DWC-1.~~ The employer shall complete the Employer section of Form DWC-1 and ensure that the Employee section is complete before submitting the form to the carrier.

~~(c) 3.~~ When an employer submits to its claims-handling entity-carrier Form DFS-F2-DWC-1, the employer it shall provide a copy of the form to the employee or the

employee's estate. If the information required by ~~in~~ Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., is reported to the claims-handling entity-carrier by other means ~~telephone or electronic medium~~, the claims-handling entity-carrier shall provide ~~mail~~ the employee and the employer a completed Form DFS-F2-DWC-1, ~~paper version of an approved First Report of Injury or Illness~~, within three (3) business days of the claims-handling entity's notification of the injury or illness. ~~An approved First Report of Injury or Illness is an Form DWC-1, or an ACCORD 4 form, also known as Form IA-1, if the carrier is approved to electronically submit First Reports of Injury or Illness to the Division. Form IA-1 may be sent to the employee and employer, if the claims-handling entity~~ is electronically sending the first report of injury information required in Rule 69L-3.0045, F.A.C., to the Division.

(d) 4. In addition to the reporting requirements pursuant to Rule 69L-3.004(2)(a), F.A.C., ~~if~~ if an injury or illness results in the employee's death, the employer shall give notice by telephone or by other means ~~facsimile or telegram~~ to the Division of Workers' Compensation Safety within 24 hours of the employer's knowledge of the death ~~and shall file Form DWC-1 with the carrier. The mailing address of the Division of Workers' Compensation for reporting of death cases is: State of Florida, Department of Financial Services Insurance, Division of Workers' Compensation, Occupational Safety and Health Unit, 200 East Gaines Street, Tallahassee, Florida 32399-4222. 4227;~~ The the telephone number for ~~purposes of reporting death cases~~ is (800) 219-8953, (850) 413-1611 ~~(850) 922-8953~~ or by facsimile at (850) 922-0024.

~~(b) Wage Statements: Within fourteen days after the employer has knowledge of a lost time case, it shall report wage information to the carrier on Form DWC-1A, Wage~~

~~Statement. The employer shall provide a copy of the form, and any corrected form, to the employee or the employee's estate~~

(3) Employers shall retain a ~~copy or electronic~~ record of all information required which must be maintained or reported under this section for not less than ~~two~~ 2 years and ~~six~~ 6 months after the date the injury or illness is reported to the employer.

Specific Authority 440.35, ~~440.14(3)~~, 449.591, 440.185(2),(5), (9), 440.19, FS. Law Implemented ~~440.14(3)~~, 440.185(2),(3),(5), 440.207(2), 440.35, FS. History-New 8-30-79, Amended 12-23-80, 11-5-81, 6-12-84, Formerly 38F-3.04, Amended 1-1-87, 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.004, Formerly 4L-3.004, Amended \_\_\_\_\_.

69L-3.0045 First Report of Injury or Illness: Claims-handling Entity's Carrier's Responsibility to Record and Report Accidents.

(1) A claims-handling entity shall record all industrial injuries and diseases as follows: Recording:

(a) Upon receipt of a Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., or DWC-1a, the claims-handling entity-carrier shall legibly date stamp the form in the "Received by Claims-handling Entity carrier" box. Upon notification of the injury by any other means, the claims-handling entity shall record the earliest date of notification in the file and on the Form DFS-F2-DWC-1.

(b) If the employer notifies the claims-handling entity of the injury by telephone or electronic data interchange, the claims-handling entity shall produce and mail to the employee and employer a paper copy of Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., within 3 business days of the claims-handling entity's knowledge of the injury. However, if the claims-handling is electronically sending the first report of

~~injury information required in Rule 69L-3.0045, F.A.C., Form IA-1 may be sent to the employee and employer. If the employer submits to the carrier the information required by Form DWC-1 by telephone or electronically, and the carrier is approved to send Form DWC-1 electronically to the Division, the carrier shall mail the employee and the employer a paper copy of Form DWC-1 or the approved alternative form AGORD-4 or Form IA-1 within three business days.~~

(c) The claims-handling entity shall **make reasonable efforts to** confirm that the following information on the Form DFS-F2-DWC-1 is correct:

1. Employee's name.
2. Social security number or other identifying number pursuant to Rule 69L-3.003(3)(b), F.A.C.
3. Employee's address.
4. Employee's telephone number (if provided by the employee or employer).
5. Date (mm-dd-yy or mm-dd-ccyy) and time of accident.
6. Occupation of the employee.
7. Location of the accident.
8. Description of the accident, including the cause and nature of the injury, and part(s) of the body affected.

~~The carrier shall confirm that Form DWC-1 contains the employee's correct name, social security number or other identifying information required by Rule 69L-3.003(4)(b), date of accident (month/day/year) and time of accident, or supply or correct that information. It shall complete the section requesting carrier information and ensure that the other portions of the form are complete and legible. It should compare Forms DWC-~~

~~1 and DWC 1a to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.~~

~~(d) (e) The claims-handling entity ~~carrier~~ shall complete the "Claims-handling Entity Information" ~~carrier information~~ section of the Form DFS-F2-DWC-1 as follows:~~

~~1. "Insurer Code #" The carrier shall mark either Box 1 (Denied lost time case), Box 2 (Medical Only to Lost Time case), or Box 3 (Lost Time case). If Box 2 or Box 3 are marked, the blank for "date first payment mailed (following Box 3), must be completed unless the employee is receiving salary in lieu of compensation, the employee is a volunteer who has a lost time case, or the employee's death is compensable and the employee has no dependents. If Box 2 is marked, all information required with regard to Box 3 must also be completed.~~

~~2. "Service Co/TPA Code #", if applicable.~~

~~3. The "Insurer Name" and the "Claims-handling Entity Name, Address, & Telephone" as applicable. When a "Service Co/TPA" is adjusting claims for an insurer, the name, address and telephone number of the "Service Co/TPA" in addition to the name of the insurer shall be given. The telephone number provided shall enable a caller to readily contact the office handling the claim.~~

~~4. "Claims-handling Entity File #".~~

~~5. Indicate the status of the case by marking the appropriate box; "Denied Case", "Indemnity Only Denied Case", "Medical Only Which Became Lost Time Case", or "Lost Time Case". In addition, the following information is required:~~

a. “Denied Case”: When the liability for the claim is being totally denied, Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., shall be filed with the Division at the same time as the Form DFS-F2-DWC-1 pursuant to Rule 69L-3.012, F.A.C.

b. “Indemnity Only Denied Case”: When only indemnity benefits are being denied, a Form DFS-F2-DWC-12 shall be filed with the Division at the same time as the Form DFS-F2-DWC-1, pursuant to Rule 69L-3.012, F.A.C.

c. “Medical Only Which Became Lost Time Case”:

i. Delayed disability cases: The fields for “First Date of Disability”, “Date First Payment Mailed”, “AWW”, “Comp Rate”, “Employee’s 8<sup>th</sup> Day of Disability”, the “Entity’s Knowledge of the 8<sup>th</sup> Day of Disability” and the type of initial benefit paid shall be provided, except as indicated in sub-subparagraph 69L-3.0045(1)(d) 5. f., F.A.C.

ii. IB Only Cases: The “Date First Payment Mailed”, “AWW”, “Comp Rate”, the type of initial benefit paid identified as “I.B.”.

iii. Settlement Only Cases: The “Date First Payment Mailed”, the type of initial benefit paid identified, as “Settlement Only” shall be provided.

d. “Lost Time Cases”: The “First Date of Disability”, “Date First Payment Mailed”, “AWW”, “Comp Rate” and the type of initial benefit paid shall be provided except as indicated in sub-sub paragraph 69L-3-0045(1)(d) 5. f., F.A.C.

e. “Full Salary End Date”. If the employer paid full salary in lieu of compensation and the claims-handling entity has knowledge of the day the employer discontinued paying full salary, the “Full Salary In Lieu of Comp” box is to be checked “Yes” and the “Full Salary End Date” field on the DFS-F2-DWC-1 must be completed when the DFS-F2-DWC-1 is filed.

f. Exceptions to subsections sub-subparagraph 69L-3.0045(1)(d)5. c. and d.,

F.A.C. The following data fields are not required for the filing of Form DFS-F2-DWC-1:

i. If the employer is continuing full salary in lieu of compensation, the “Date First Payment Mailed”, “AWW” and “Comp Rate” are not required.

ii. If a **compensable** volunteer has a lost time case, “Date First Payment Mailed”, “AWW” and “Comp Rate” are not required unless the **compensable** volunteer meets statutory requirements to be paid for concurrent employment.

iii. If the employee's death is compensable and the employee has no known dependents, the “Date First Payment Mailed” is not required.

~~2. The carrier shall provide, in the designated spaces, the “Carrier Code #” and, the carrier’s Service Co/TPA #, if the carrier is a Service Co/TPA.~~

~~3. The carrier shall provide the Carrier File # in the designated space.~~

~~4. The carrier shall provide its name, address, and telephone number in the designated spaces.~~

~~(e) (f) The claims-handling entity-carrier shall must report to the Division the risk class code of every “Employee’s Class Code” based on the National Council on Compensation Insurance (NCCI) classification system (Scopes Manual), and the “Employers’ NAICS Code” based on the North American Industrial Classification System (NAICS). Standard Industrial Classification Code of every employer for whom it files an Form DWC-1. The information shall be reported in one of the following ways: on Form DFS-F2-DWC-1 if the information is available at the time of filing with the Division. If either code is not available at time of filing, this information shall be filed on Form DFS-F2-DWC-4 pursuant to subsection 69L-3.0091(14), F.A.C.~~

~~1. On Form DWC 1, if the information is available at the time the form is submitted;~~

~~2. On Form DWC 4, within 30 days of the date that the carrier has knowledge of the injury or illness; or~~

~~3. On Form DWC 48. The carrier shall include on this form the risk class code of all employees and the SIC Code of all employers with respect to whom it has sent Form DWC-1 in a calendar month. The carrier must have sent this form to the Division by the fourteenth day of the following calendar month. If the carrier has incorrectly reported a risk class code or SIC code, it shall send corrected information to the Division on Form DWC4 within fourteen days of knowledge that the previously reported code(s) was/were incorrect, or file an amended Form DWC 48 in compliance with Rule 69L 3.0212, F.A.C.~~

(f) If the initial payment of compensation was not timely paid in accordance with Section 440.20, F.S., the claims-handling entity shall also report the following information, where applicable:

1. "Penalty Amount Paid in 1<sup>st</sup> Payment" and

2. The "Interest Amount Paid in 1<sup>st</sup> Payment".

~~(2) Reporting. The claims-handling entity shall. Carriers must report industrial injuries or illnesses to the Division as follows:~~

(a) When disability is immediate and continuous for 8 or more days, the claims-handling entity shall send a completed Form DFS-F2-DWC-1 within 14 days after the claims-handling entity's knowledge of the injury or illness for the following cases;

1. Initial lost time cases,

2. Death cases with or without dependents,

3. Lost time cases in which the employer continued full salary in lieu of compensation for 8 or more days.

4. Lost time cases **for a compensable** volunteer.

(b) When disability is not immediate and continuous but resulted in 8 or more days of disability, the claims-handling entity shall send a completed Form DFS-F2-DWC-1 within 6 days after the claims-handling entity's knowledge of the eighth day of disability for the following cases:

1. Medical only to lost time cases, delayed disability.

2. Cases involving multiple periods of disability.

3. Cases in which the employer continued full salary in lieu of compensation.

4. Lost time cases **for a compensable** volunteer.

(c) If the initial payment of indemnity benefits is for temporary partial, the claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(d) If the initial payment of indemnity benefits is for impairment benefits, the claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(e) When the initial payment of indemnity results from an agreement or order for indemnity benefits, and a Form DFS-F2-DWC-1 was not previously filed, the claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(f) For all cases denied in their entirety, the claims-handling entity shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days of its knowledge of the injury or illness.

(g) For cases where the claims-handling entity denied only indemnity benefits and is paying medical benefits for the employee, the claims-handling entity shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days after denial of the indemnity benefits.

(h) (a) Medical Only Cases : ~~shall not be sent to the Division unless the claims-handling entity has received a written request from the Division. The carrier shall report these cases by submitting information only as requested in writing by the Division. The claims-handling entity carrier shall send Form DFS-F2-DWC-1 within 14 30 days of receipt of the request. The notation "MO Filed Pursuant to Division Request" shall be provided in the "Remarks" field.~~

(b) Lost Time and Death Cases:

~~1. The carrier shall report these cases to the Division within 14 days of receiving Form DWC-1 from the employer or a Petition for Benefits from the employee. The 14 day period begins to run upon the carrier's receipt of the Petition for Benefits or the information required by Form DWC-1 by mail, facsimile transmission, or telephone conversation.~~

~~2. If the carrier amends Form DWC-1a, the carrier shall send a copy of the amended form to the employer and the employee. The carrier shall send the form to the Division only if requested by the Division.~~

~~(c) Medical Only to Lost Time Cases: If a case originally reported as a medical only case under paragraph (2)(a) later involves the loss of more than seven days of work as a result of the industrial injury or illness, the carrier shall send Form DWC-1 to the Division within 14 days of its knowledge of the change in status of the case.~~

~~(d) Denied Lost Time Cases: The carrier shall report all lost time claims which it denies in entirety to the Division by sending Forms DWC-1 and DWC-12, Notice of Denial, within 14 days after receiving either Form DWC-1 or a Petition for Benefits. The carrier shall also send the employer and the employee a copy of the Form DWC-12 which it sends to the Division.~~

~~(3) If the employee was employed by more than one employer at the time of the injury, the carrier shall complete the top portion of Form DWC-1a before sending it to the employee to obtain the concurrent wage information.~~

~~Specific Authority 440.14(5), 440.185(2), (5), (9), 440.20(3), 440.207(2), 440.51(8), (9), 440.591, FS. Law Implemented 440.12, 440.185(2), (5), (9), 440.20(2)(a), 440.20(6), 440.41, FS. History-New 4-11-90, Amended 1-30-91, 11-8-94, 12-5-96, Formerly 38F-3.0045, Formerly 4L-3.0045, Amended \_\_\_\_\_.~~

69L-3.0046 Wage Statement: Employer's and Claims-handling Entity's Responsibility to Record and Report Wages.

(1) Employer's responsibility: The employer shall report wage information to the claims-handling entity on Form DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., pursuant to Section 440.14, F.S. The employer shall provide the claims-handling entity all required wage information within 14 days of the employer's knowledge of a "lost time" or a "medical only to lost time case".

(2) Claims-handling entity's responsibility: The claims-handling entity shall compare Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.  
Specific Authority 440.14, 440.185(5), 440.591, FS. Law Implemented 440.12(2), 440.185(5), (9), FS. History-New \_\_\_\_\_.

69L-3.0047 Fraud Statement.

(1) An injured employee or any other party making a claim shall provide his or her personal signature attesting that they have reviewed, understand and acknowledge the fraud statement as specified in Section 440.105(7), F.S.

(2) A party who makes claims for services provided to the claims-handling entity on a recurring basis may make one personally signed attestation to the claims-handling entity as required by Section 440.105(7), F.S., which will satisfy the requirement for all claims submitted to the claims-handling entity for the calendar year in which the attestation is submitted.

Specific Authority 440.105(7), 440.591, FS. Law Implemented 440.105(7), FS. History-New \_\_\_\_\_.

69L-3.0085 Funeral Expense Bills.

Specific Authority 440.591, FS. Law Implemented 440.16, 440.20(2), FS.

History-Formerly 38F-3.15, New 10-30-79, Amended 11-5-81, Formerly 38F-3.085, Amended 4-11-90, 1-30-91, 11-8-94. Formerly 38F-3.0085, Repealed \_\_\_\_\_.

69L-3.0091 Notice of Action/Change.

The claims-handling entity shall send Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., to the Division as specified in this section for any industrial accident or injury filed for lost time cases as defined in subsection 69L-3.0045(2), F.A.C., within 14 days of the claims-handling entity's knowledge of the action or change which it is reporting. The claims-handling entity shall complete the applicable fields for each required Form DFS-F2-DWC-4; the "Remarks" section may only be used to supplement the information reported. The claims-handling entity shall send to the employee and the employer copies of Form DFS-F2-DWC-4, for each action or change required by this section within 14 days of the claims-handling entity's knowledge of the action or change which it is reporting to the Division.

(1) The claims-handling entity shall use the following codes to identify ~~the~~ "Disability Type" or the "Disability Type Adjusted" on Form DFS-F2-DWC-4. The carrier shall send to the Division, with copies to the employer, employee, legal counsel if represented, and dependents of the deceased employee and their legal counsel, Form DWC 4, within 14 days of the action or change which it is reporting.

"Disability Types":

(a) "TT" means temporary total disability benefits.

(b) "TTC" means increased temporary total disability benefits payable at 80% of the average weekly wage.

(c) "TTE" means temporary total compensation paid during training and education.

(d) "TP" means temporary partial disability benefits.

(e) "PI" means permanent impairment benefits for dates of accident prior to January 1, 1994.

(f) "IB" means impairment income benefits paid pursuant to Section 440.15(3), F.S., for dates of accident on or after January 1, 1994.

(g) "WL" means wage loss benefits for dates of accident prior to January 1, 1994.

(h) "SB" means supplemental income benefits paid pursuant to Section 440.15(3)(b), F.S. (1994) for dates of accident on or after January 1, 1994 through September 30, 2003.

(i) "PT" means permanent total disability benefits.

(j) "DB" means death benefits.

~~(2) The carrier is not required to send Form DWC-4, Notice of Action/Change, if indemnity benefits have never been paid with respect to an industrial accident or injury.~~

~~(3) If a carrier initially denies a case and later rescinds its denial, the carrier shall complete and send Form DWC-4 in addition to Form DWC-12. The carrier shall report the "initial indemnity started effective date" on Form DWC-4 as the date disability began. The carrier shall also state the indemnity disability type, the average weekly wage, and the compensation rate.~~

~~(4) The carrier shall use the following codes to identify a particular disability type on Form DWC-4, where the carrier must indicate "initial indemnity started" or "indemnity reinstated after suspension":~~

~~DISABILITY TYPES:~~

~~(a) TT means temporary total disability benefits.~~

~~(b) TTC means increased temporary total disability benefits payable at 80% of the average weekly wage.~~

~~(c) TTE means additional temporary total compensation paid during training and education.~~

~~(d) TP means temporary partial disability benefits.~~

~~(e) PI means permanent impairment benefits for dates of accident prior to 1/1/94.~~

~~(f) IB means impairment income benefits paid pursuant to s. 440.15(3)(a)3., F.S. (1994) for dates of accident on or after 1/1/94.~~

~~(g) WL means wage loss benefits for dates of accident prior to 1/1/94.~~

~~(h) SB means supplemental income benefits paid pursuant to s. 440.15(3)(b), F.S. (1994) for dates of accident on or after 1/1/94.~~

~~(i) PT means permanent total disability benefits.~~

~~(j) DB means death benefits.~~

~~(2) (5) The carrier shall send Form DWC-4 when the carrier suspends payment of all indemnity benefits and does not intend to continue the benefits under another disability type. If the claims-handling entity carrier suspends benefits for any of the reasons stated in paragraphs (a)-(h) below, the claims-handling entity carrier shall send the Division Form DFS-F2-DWC-4, and not Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C. The claims-handling entity carrier shall ~~must~~ state the “Effective Date” ~~effective date~~ of the suspension and the applicable suspension “Reason Code” ~~reason code~~ in the applicable fields. The “Effective Date” of the suspension shall be the last date through which benefits were paid. The following “Suspension Reason Codes”~~

~~codes~~ shall be used to identify the reason for which all indemnity benefits have been suspended:

(a) “S1” means returned to work, or medically determined or qualified to return to work. All indemnity benefits have been suspended because the employee has returned to work, or has been medically released to return to work, and the claims-handling entity carrier does not anticipate paying further indemnity benefits of any kind.

(b) “S2” means medical noncompliance. The employee failed to report for an independent medical examination pursuant to Section-s. 440.13(5)(d), F.S., (1994), or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims JCG pursuant to Section-s. 440.13(9)(c), F.S. (1994).

(c) “S3” means administrative noncompliance. The employee has failed to comply with one or more of the following statutory sections and any applicable rules:

1. Section-s. 440.15(1)(e)3., F.S. (1994), which is incorporated herein by reference – employee in PT status failed to attend vocational evaluation or testing.
2. Section s. 440.15(1)(f)2.b., F.S. (1994), which is incorporated herein by reference – employee in PT status failed to report or apply for social security benefits.
3. Section-s. 440.15(2)(d), F.S. (1994), which is incorporated herein by reference - employee in TT status failed or refused to complete and return the Form DFS-F2-DWC-19.
4. Section 440.15(7), F.S. (1994), which is incorporated herein by reference - employee in TP status failed or refused to complete and return the Form DFS-F2-DWC-19.

~~5. 4. Section s. 440.15 (6), (7), F.S. (2003-1994), which is incorporated herein by reference - employee refused suitable employment.~~

~~5. s. 440.15 (8), F.S. (1994).~~

~~6. Section s. 440.15 (9) (10), F.S. (2003-1994), which is incorporated herein by reference - employee failed or refused to sign and return the release for social security benefits earnings on the Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C.~~

~~7. Section 440.491(6)(b), F.S. (2003), which is incorporated herein by reference – employee failed or refused to accept vocational training or education.~~

~~8. Section 440.15(4)(d), F.S. (2003), which is incorporated herein by reference – employee in TP status failed to notify the claims-handling entity of the establishment of earnings capacity within 5 business days of returning to work.~~

~~9. Section 440.15(4)(e), F.S. (1994), which is incorporated herein by reference - employee in TP status terminated from post-injury employment due to the employee's misconduct.~~

~~10. Section 440.105(7), F.S., (2003), which is incorporated herein by reference – employee refused to sign and return the fraud statement.~~

(d) “S4” means employee claimant death. ~~The carrier has suspended all indemnity benefits because of the employee's death, whether or not the death is compensable.~~ This code is used if there are no known or confirmed dependents to whom death benefits must be paid or ~~because~~ if the death was not compensable.

(e) “S5” means incarceration. The employee has become an inmate of a public institution and compensation benefits have been suspended because there are no known or confirmed dependents.

(f) “S6” means employee’s claimant’s whereabouts unknown. The claims-handling entity’s carrier’s good faith repeated attempts to locate and send compensation checks to the employee have been unsuccessful; or the employee has no known address, representative or guardian to whom the claims-handling entity-carrier can send compensation checks; or compensation checks have been returned to the claims-handling entity carrier indicating that the employee has moved, with the address unknown, or does not reside ~~not~~ at that address.

(g) “S7” means benefits exhausted, or entitlement to benefits exhausted, due to statutory limits. The employee is no longer eligible for or entitled to any indemnity benefits.

(h) “S8” means jurisdiction change. The employee elects to receive workers’ compensation benefits under another state’s law, or the claims-handling entity-carrier determines the claim is compensable under the Federal Employers Liability Act, the Longshoremen’s and Harbor Workers’ Compensation Act, or the Jones Act.

(3) ~~(6)~~ The claims-handling entity-carrier shall send Form DFS-F2-DWC-4 when it reinstates indemnity benefits after a suspension. It shall ~~must~~ state the “Effective Date” ~~effective date~~ of the “Indemnity Reinstated After Suspension” ~~reinstatement~~ and the “Disability Type” ~~disability type~~ of disability benefits being reinstated in the applicable fields.

~~(4) (7)~~ The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-4 when the employee has resumed work, ~~or~~ has been medically released to return to work, or to report the assignment of physical restrictions or the removal of all physical restrictions. The date the employee resumed work is the employee's actual return to work date and is to be reported in the "Actual Return To Work Date" field. The date the employee's medical release states that the employee may resume work is the employee's released to return to work date and is to be reported in the "Released To Return To Work Date" field. The claims-handling entity ~~carrier~~ must indicate whether the employee was given any physical restrictions in the "Restrictions?" fields identified as either "Yes" or "No".

~~(5) (8)~~ The claims-handling entity shall send Form DFS-F2-DWC-4 reporting the date payment mailed resulting from a final order for indemnity benefits pursuant to Section 440.20(11), F.S. This date is to be placed in the "Date Final Settlement Mailed" field and shall not be reported as earlier than the date the settlement was actually approved. ~~The carrier shall send Form DWC-4 when a final indemnity settlement has been approved signed pursuant to s. 440.20(11), F.S. It must state the date the final indemnity settlement was paid. The date the settlement was paid shall not be reported as earlier than the date the settlement was actually approved.~~

~~(6) (9)~~ The claims-handling entity shall send Form DFS-F2-DWC-4 when it is paying benefits to the employee after establishing the overall maximum medical improvement date and a permanent impairment rating to the body as a whole greater than zero. The date on which the overall maximum medical improvement is established is to be reported in the "MMI Date" field and the permanent impairment rating is to be reported in the "PI Rating" field. ~~The carrier shall send Form DWC-4 when the~~

~~employee has reached overall maximum medical improvement or has been given a permanent impairment rating. It must state the date the employee reached overall maximum medical improvement and the percentage of permanent impairment on which it will calculate payment of wage loss benefits, permanent impairment benefits, or impairment income benefits.~~

~~(7) (10) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 to report the date of the employee's death in the "Date of Death" field, whether or not the death is considered compensable.~~

~~(11) The carrier shall send Form DWC-4 when it pays permanent impairment benefits for dates of injury that occurred prior to 1/1/94. It must state the date the permanent impairment benefits are paid.~~

~~(8) (12) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it begins payment of impairment income benefits for dates of injury on and after January 1, 1994. ~~1/1/94~~. It ~~shall~~ must state the date the impairment income benefits were started in the "Start Date" field, the initial weekly rate at which the benefits will be paid in the "Weekly Rate" field, and the total number of weeks the employee is entitled to the benefits in the "Total Number Of Weeks Of Entitlement" field.~~

~~(9) (13) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it amends either the employee's average weekly wage or the compensation rate. It shall state the previous average weekly wage in the "Previous AWW" field and previous compensation rate in the "Previous Comp Rate" field and the amended average weekly wage in the "Amended AWW" field and the amended compensation rate in the "Amended Comp Rate" field. It shall also indicate if the average weekly wage change~~

was retroactive to the date of injury in the “Yes” or “No” boxes in the “Retroactive to D/A” field, and if not, the date on which the new average weekly wage was effective in the “If No, Give Effective Date” field.

~~(10)(a) (14)~~ The claims-handling entity carrier shall send Form DFS-F2-DWC-4 if ~~when the employee is accepted or adjudicated as permanently and totally disabled~~. The following information, when applicable, shall be provided:

~~1. It shall include~~ 1. the date on which the employee was accepted or adjudicated as permanently and totally disabled in the “Date Accepted/Adjudicated” field.

2. The claims-handling entity shall report any changes to the weekly rate at which the permanent total supplemental benefits will be paid, corresponding to the rate change in PT Supplemental Benefits, including the annual rate increases in the “Weekly PT Supplemental Rate” field. ~~The effective date of the permanent total supplemental payment rate, as well as to report annual changes in this rate.~~

3. The effective date of the change in the permanent total supplemental benefits rate, including the effective date for annual rate increases is to be reported in the “PT Supp Effective Date” field. ~~the rate at which permanent total supplemental benefits are being paid and~~

(b) If the employee's permanent total supplemental benefits are suspended because the employee has reached age 62 and is eligible for Social Security benefits, then the claims-handling entity carrier will reports \$0 as the permanent total supplemental rate in the “Weekly PT Supplemental Rate” field. The effective date is the date on which permanent total supplemental benefits will no longer be paid and is to be reported in the “PT Supp Effective Date” field.

(11) ~~(15)~~ The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it adjusts or offsets the employee's weekly compensation rate. It shall include the Benefit Adjustment ~~Type~~ Code in the "Benefit Adjustment Code" section, the "Disability Type" in the "Disability Type Adjusted" field, the weekly amount by which the employee's payment is being reduced in the "Weekly Adj Amount" field, and the date the offset or adjustment is effective in the "Effective Date" field. If the offset or adjustment is temporary, the claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it resumes payment at the former rate to report the date the adjustment ends in the "Adjustment End Date" field.

(a) If the claims-handling entity carrier sends Form DFS-F2-DWC-4 to report a change in the employee's weekly compensation rate due to a social security offset, it shall must send a completed Form DFS-F2-DWC-14 when it submits Form DFS-F2-DWC-4.

(b) The following codes shall be used to show that the rate of pay has been adjusted due to the corresponding reason(s), or that the rate of pay has been offset because of the below reason(s):

**BENEFIT ADJUSTMENT CODES:**

1. "A" means apportionment or contribution. The weekly benefit amount has been reduced for shared or partial liability(s).

2. "B" means subrogation or third party offset. The weekly benefit amount has been reduced for recovery from third party tortfeasor pursuant to Section s. 440.39(2), F.S. (1994).

3. "C" means overpayment credit. The weekly benefit amount has been reduced for benefits paid but not owed, pursuant to Section-s. 440.15(12)(13), F.S. (1994).

4. "H" means child support or alimony reduction. The weekly benefit amount has been reduced for income deduction orders, pursuant to Section-s. 61.1301, F.S.

5. "N" means medical noncompliance offset. The weekly benefit amount has been reduced because the employee has failed to accept training and education pursuant to Section-s. 440.491(6)(b), F.S., for dates of accident prior to October 1, 2003 or the employee has failed to timely cancel an independent medical examination pursuant to Section-s. 440.13(5)(d), F.S. (1994).

6. "P" means advance recoupment. The weekly benefit amount has been reduced for reimbursement of benefit payments advanced pursuant to Section-s. 440.20(13), F.S.

7. "R" means social security retirement offset. The weekly benefit amount has been reduced for retirement benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section-s. 440.15(910), F.S.

8. "S" means social security disability offset. The weekly benefit amount has been reduced for disability benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to Section-s. 440.15(910), F.S.

9. "U" means unemployment compensation offset. The weekly benefit amount has been reduced for unemployment compensation benefits, pursuant to Section-s. 440.15(10 11), F.S.

10. "V" means safety violation offset. The weekly benefit amount has been reduced for safety violation(s) pursuant to Section-s. 440.09(5), F.S.

11. "X" means death or dependent change. The weekly benefit amount has been adjusted because of a change in number or kind of dependents entitled to death benefits pursuant to Section ~~s.~~ 440.16, F.S.

~~(12) (16)~~ The claims-handling entity-carrier shall send Form DFS-F2-DWC-4, or the electronic equivalent, to report a correction in the employee's social security number in the "Social Security Number/Correct #" field, date of accident in the "Date of Accident/Correct Date" field, employee's name in the "Employee's Name/Correct Name" field, or the claims-handling entity-carrier or servicing company handling the case in the "Claims-handling Entity" field. When reporting corrections to the employee's name, social security number, or date of accident, the claims-handling entity-carrier shall include the original (incorrect) information at the top of the form, and the corrected (new) information in the applicable field in the "Corrections Of" corrections-of section. ~~When reporting a change in the employer liable for compensation, the carrier of the employer which has become liable for compensation shall send this form, and additionally state the name and address of the employer now liable for compensation in the "remarks" section.~~ The claims-handling entity shall report these changes only for lost time cases as defined in subsection 69L-3.002 (19), F.A.C.

(13) The claims-handling entity shall send Form DFS-F2-DWC-4 to report or change the class code of the employee in the "Class Code" field or the employer's NAICS code in the "NAICS Code" field.

~~(17) The carrier may send Form DWC-4 to report or change information on risk class code, SIC code or Carrier/Servicing Company, or it may use other forms as provided in this chapter.~~

Specific Authority 440.591, 440.185, 440.20(3), FS. Law Implemented 440.15(3)(d)2, 440.185, 440.20, 440.207(2), 440.51(8), (9), FS. History-New 1-30-91, Amended 11-8-94. Formerly 38F-3.0091, Formerly 4L-3.0091. Amended \_\_\_\_\_.

69L-3.012 Notice of Denial.

(1) If ~~Whenever the claims-handling entity denies~~ carrier disputes the employee's entitlement to any benefits, or subsequently rescinds that denial, it shall send a copy of Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., to the employee, employer and any additional party requesting payment or authorization. The Form DFS-F2-DWC-12 shall be mailed within 14 days of the date the claims-handling entity decided to deny or rescind the denial of benefits. ~~complete Form DWC 12, and send copies of the form to the parties. It shall send the Form DWC 12 form to the Division only when required by this rule.~~

(2) If the claims-handling entity ~~carrier~~ initially denies the compensability of or coverage for a ~~lost time~~ case, it shall send Form DFS-F2-DWC-12 to the Division within 14 days after the claims-handling entity receives notification ~~carrier receives notice of the injury, illness or death. The claims-handling entity carrier shall also mark the "Denied Case" box "Box I" on Form DFS-F2-DWC-1 and send it with Form DWC-12,~~ pursuant to subparagraph Rule 69L-3.0045(1)(d) 5.a., (e)1., F.A.C.

(3) If the claims-handling entity initially denies only the indemnity benefits of a claim, it shall send Form DFS-F2-DWC-12 to the Division within 14 days after the claims-handling entity's notification of the injury, illness or death. The claims-handling entity shall also mark the "Indemnity Only Denied Case" box on Form DFS-F2-DWC-1,

as adopted in Rule 69L-3.025, F.A.C., pursuant to sub-subparagraph 69L-3.0045(1)(d)

5.b F.A.C.

(4) (3) When the claims-handling entity denies any subsequent indemnity benefit on a lost time case, it shall send Form DFS-F2-DWC-12. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the claims-handling entity's knowledge of the requested benefit being denied.

~~(a) If the carrier initiates payment of indemnity benefits without prejudice and without admitting liability pursuant to s.440.20(4), F.S., but denies benefits within 120 days after the initial provision of indemnity benefits, it shall send Form DWC-12 to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.~~

~~(b) If the carrier initiates payment of indemnity benefits without prejudice but denies compensability after 120 days after the initial provision of indemnity benefits, the carrier shall send Form DWC-12, to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.~~

(5) (4) If a Petition for Benefits is the claims-handling entity's first notification of an injury and the claims-handling entity denies the case in its entirety, it shall send Forms DFS-F2-DWC-12 and DFS-F2-DWC-1 to the Division within 14 days of the claims-handling entity's receipt of the Petition for Benefits. Within 14 days after it receives by certified mail a Petition for Benefits, the carrier must either pay the requested benefits or send Form DWC-12 to the Division. The carrier must also send copies of Form DWC-12 by certified mail to the party filing the Petition for Benefits, the

~~employer, and the claimant. If an individual self insured employer acts as its own servicing agent, it need not send the employer's copy. Only those benefits requested in the petition that are being denied should be responded to on Form DWC 12. Benefits requested in the petition that are not in dispute and that have or will be paid by the carrier should be responded to in a separate letter, which shall be mailed to the party filing the petition for benefits, the employer, and the claimant.~~

(6) (5) When the claims-handling entity has previously denied any indemnity benefits for a lost time case and has sent Form DFS-F2-DWC-12 to the Division, and then commences the payment of indemnity benefits, the claims-handling entity shall send Form DFS-F2-DWC-12 with the denial rescinded section completed. The "Date Denial Rescinded" is the date the claims-handling entity decided to rescind the denial. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the date that the denial was rescinded.

~~(a) If the carrier has denied benefits for a lost time case and has sent Form DWC 12 to the Division, and then voluntarily commences the payment of indemnity benefits or is ordered to pay indemnity benefits, it shall send a copy of the original Form DWC 12 with the "Date Denial Rescinded" section completed, within 14 days after it commences payment. The "Date Prepared" shall be corrected to reflect the date the rescinded Form DWC 12 was completed. The date that payments commence shall be stated in the "Date Denial Rescinded" section.~~

~~(b) The carrier must also send Form DWC 4 and indicate as the "effective date" the date disability began. It shall indicate the employee's average weekly wage in the~~

section for “previous average weekly wage.” It shall indicate the employee’s compensation rate in the section for “previous comp rate.”

(7) (6) When an employee requests wage loss benefits for dates of accident August 1, 1979, through December 31, 1993, by sending Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., to the claims-handling entity carrier, and the wage loss calculation yields an amount of benefits payable, but the claims-handling entity carrier denies or disputes the employee's eligibility for those benefits, the claims-handling entity carrier shall, within ~~fourteen~~ (14) days of receipt of the Form DFS-F2-DWC-3 form:

(a) Send to the Division the following: ~~Form DWC-3, completed by the employee and the carrier; Form DWC-12; and a copy of any information or document relating to the employee's job search.~~

1. Form DFS-F2-DWC-3, completed by the employee and the claims-handling entity,
2. Form DFS-F2-DWC-12; and
3. A copy of any information or document relating to the employee’s job search.

(b) Send to the employee the following: ~~copies of the Forms DWC-3 and a DWC-12, which it sent to the Division.~~

1. Copies of the Forms DFS-F2-DWC-3 and
2. DFS-F2-DWC-12.

(8) (7) When an employee files a Statement of Quarterly Earnings for Supplemental Income Benefits for Dates of Accident January 1, 1994, through September 30, 2003, Form DFS-F2-DWC-40, as adopted in Rule 69L-3.025, F.A.C.,

and the supplemental income benefit calculation yields an amount of benefits payable, but the claims-handling entity ~~carrier~~ denies or disputes the employee's eligibility for those benefits, the claims-handling entity ~~carrier~~ shall, within 14 days of receipt of the form:

(a) Send to the Division the following: ~~Form DWC-40, completed by the employee and the carrier, and Form DWC-12.~~

1. Form DFS-F2-DWC-40, completed by the employee and the claims-handling entity, and

2. Form DFS-F2-DWC-12.

(b) Send to the employee the following: ~~copies of the Forms DWC-40 and a DWC-12, which it sent to the Division.~~

1. Copies of the Forms DFS-F2-DWC-40 and

2. DFS-F2-DWC-12.

Specific Authority 440.591, 440.20(3), 440.185(5), FS. Law Implemented 440.12(2), 440.14, 440.20 (2), (4), 440.192(8), 440.20(9), 440.20(15)(f), 440.207(2), FS.

History-New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.12,

Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.012, Formerly 4L-3.012,

Amended \_\_\_\_\_.

69L-3.016 Claim Cost Report.

(1) The claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-13, as adopted in Rule 69L-3.025, F.A.C., to the Division for ~~only in~~ the following cases:

(a) Lost time cases as defined in subsection 69L-3.002(19), F.A.C., which include lost time cases in which no indemnity benefits have been paid for compensable

volunteers pursuant to Section 440.02(15), F.S., and compensable death cases with no dependents. Cases in which the carrier has paid indemnity benefits, including benefits pursuant to a lump sum settlement,

(b) Lost time cases in which the employee has received full salary in lieu of compensation for 8 or more days of disability. Cases in which the employee has received salary in lieu of compensation;

(c) Cases in which the only indemnity benefits paid were for impairment income benefits, a lump sum settlement or a final settlement.

(d) Denied cases in which indemnity benefits were paid.

(2) The claims-handling entity carrier shall send Form DFS-F2-DWC-13, to the Division at the following times:

(a) Initial Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid within the first 6 months of the date of accident. This report shall be sent within 30 days after the 6-month anniversary of the date of accident. The initial claim cost report shall not be sent prior to the 6-month anniversary unless the case is closed. The claims-handling entity shall indicate the type of report as "Initial Report Summarizing First Six Months." ~~Six months after the date of accident, if any indemnity benefits have been paid within that time. The carrier shall indicate that this is the "initial report summarizing first six months." If the case became a lost time case after 6 or more months from the date of accident, the carrier shall submit Form DWC-13 within 30 days after the anniversary date of the accident. The carrier shall indicate that this is an initial report.~~

1. If the case status changed to lost time after the 6-month anniversary of the date of accident, the claims-handling entity shall submit Form DFS-F2-DWC-13, in accordance with paragraph 69L-3.016(2)(b), F.A.C. The claims-handling entity shall indicate the type of report as “Initial Report Summarizing First Six Months” and “Annual Report On Open Case.”

2. If the case is closed within 6 months of the date of accident, the claims-handling entity shall submit Form DFS-F2-DWC-13 and indicate the type of report as “Initial Report Summarizing First Six Months” and “Final Report – Case Closed – No Activity in Past Year or Case Settled.”

(b) Annual Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The Form DFS-F2-DWC-13 shall be sent to the Division within ~~Within~~ 30 days after each annual anniversary of the date of accident for all open cases. ~~which the carrier considers to be open.~~ The claims-handling entity-carrier shall indicate the type of report, as that this is an “Annual Report On Open Case.” ~~The~~ annual DFS-F2-DWC-13 filing shall not occur prior to the anniversary date of the date of accident unless the case is closed.

(c) Final Claim Cost Report: ~~Within 30 days after the anniversary of the date of accident, for all cases in which no payments which must be reported on Form DWC 13 have been made in the previous year, or if the carrier considers a case to be closed with respect to medical and indemnity benefits. The carrier shall indicate that this is a “Final Report Case Closed.” After having sent a final report, the carrier is not required to send a subsequent Form DWC 13 unless a payment for any category of benefits reported on Form DWC 13 is made subsequent to sending a “Final Report Case Closed.”~~ The

carrier shall report those payments by sending a Form DWC-13 within 30 days after the anniversary of the

1. The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The form shall be sent within 30 days after the annual anniversary of the date of accident for lost time cases closed since the last required filing of the Form DFS-F2-DWC-13. However, the claims-handling entity may send the Final Form DFS-F2-DWC-13 prior to the anniversary date if it has closed a case with respect to medical and indemnity benefits. The claims-handling entity shall indicate the type of report as a "Final Report-Case Closed – No Activity In Past Year Or Case Settled."

2. After filing a Final Claim Cost Report, if the claims-handling entity makes a subsequent payment for any category of benefits required to be reported on Form DFS-F2-DWC-13, the claims-handling entity shall send another Final Form DFS-F2-DWC-13 in accordance with 69L-3.016(2)(c) 1, F.A.C.

(3) The ~~claims-handling entity~~ carrier shall complete Form DFS-F2-DWC-13 for all lost time cases ~~dates of accident~~, and shall include the following information, where applicable:

(a) The type of report being sent.

(b) The exact "Average Weekly Wage" ~~average weekly wage~~ and "Compensation Rate" ~~compensation rate~~ as of the date the report is sent, in dollars and cents.

(c) The "Full Salary End Date" for employees who receive full salary in lieu of compensation for any period after the date of accident. ~~The "Salary End Date" is the date through which the employer continued salary in lieu of compensation. However,~~

When if the employer pays ~~continues to pay~~ full salary in lieu of compensation through the time the form is sent, the claims-handling entity ~~carrier~~ shall ~~must~~ mark the "Full Salary Continued in Lieu Of Compensation for Any Period Of Time" box "Yes" and leave the "Full Salary End Date" blank.

(d) The number of "Weeks" and "Days" ~~weeks and days~~ for which a particular indemnity benefit was paid, except for statutory permanent impairment and wage loss benefits for dates of accident prior to January 1, 1994 ~~1/1/94~~. Indemnity benefits are payable only for entire days and not fractions thereof.

(e) The exact cumulative total amount, in dollars and cents, of all benefits paid up to the date the form is sent, including amounts reported on previous Forms DFS-F2-DWC-13 forms in the "Total (Paid To Date Columns I & II)" field.

(f) The cumulative total of any recoveries the claims-handling entity ~~carrier~~ has obtained up to the filing of the form, except for recovery of overpayments. Totals entered as "Paid to Date" in Columns I and II are not reduced for recoveries, except for recovery of overpayment. Recovery of a deductible amount chargeable to an employer is reported in "All Other Recoveries Except Overpayments" ~~all other recoveries except overpayments.~~

(g) The amount of money for indemnity and medical benefits settled and paid in a lump sum, or the amount of ~~money~~ paid to an employee as a lump sum settlement for medical benefits only, and the date payment mailed is to be reported in the "Date ~~Payment Mailed~~ Paid" field for either settlement type as applicable. This latter settlement amount shall ~~must~~ be reported only for lost time cases on Form DFS-F2-DWC-13 as "Medical Settlement Amt." For multiple settlements, the cumulative amount

of the settlements and the latest ~~date payment mailed~~ shall be reported. Medical benefits may be the subject of a lump sum settlement regardless of the employee's date of injury.

(h) In the event that claims are transferred from one claims-handling entity to another, the insurer shall provide cumulative totals by specific claim cost type for all applicable data elements on Form DFS-F2-DWC-13 on each transferred case to the acquiring claims-handling entity. All subsequent reporting on Form DFS-F2-DWC-13 shall include all historical data.

Specific Authority 440.591, 440.185, FS. Law Implemented 440.185, 440.51(6), FS. History-New 10-30-79, Amended 11-5-81, Formerly 38F-3.16, Amended 4-11-90, 1-30-91, 11-8-94. Formerly 38F-3.016, Formerly 4L-3.016, Amended \_\_\_\_\_.

69L-3.018 Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993).

(1) Employee's Responsibilities. During any ~~two~~ 2 week period in which wage loss due to permanent impairment is suffered, the employee shall file ~~a an~~ Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., Request for Wage Loss/Temporary Partial Benefits, with the claims-handling entity-carrier within 14 days of the end of that period. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claims-handling entity-carrier a "work search report" for the period during which wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant applied for work during the period for which wage loss benefits are being claimed, the date the claimant

applied for work at each business, and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of social security information and Unemployment Compensation wage and benefits information. The employee shall send the completed Form DFS-F2-DWC-3 to the claims-handling entity-carrier. A Form DFS-F2-DWC-3 form without an original signature of the injured employee shall not be processed for payment by the claims-handling entity-carrier.

(2) Claims-handling entity's carrier's Responsibilities.

(a) Within ~~five~~ (5) working days of its first knowledge of the date of maximum medical improvement, the claims-handling entity-carrier shall send to the employee an informational letter which explains the employee's possible eligibility for wage loss benefits, together with at least ~~four~~ ( 4 ) copies of the Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits. The letter to the employee must contain at least the following information:

"Your treating physician has reported that you have reached maximum medical improvement and you may return to work but that you have a permanent impairment which has resulted in a work-related physical restriction which may affect your ability to perform the duties of your usual occupation or other appropriate employment. If this physical restriction causes you to lose wages, you may be entitled to additional benefit payments under the Florida Workers' Compensation Law.

If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS ~~Form form~~ (DFS-F2-DWC-3) to us within 14 days after the end of any ~~two~~ 2 week period for which a loss of wages is claimed. If you fail to send the completed form within that 14-day period, you may be ineligible for wage loss benefits during that period.

In addition, to be eligible for wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities.

To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with ~~the Florida Job Service Office~~ and any other public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have reached maximum medical improvement. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earning you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your permanent impairment to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding wage loss benefits, you may call the Employee Assistance and Ombudsman Office of the Division of Workers' Compensation at any of their local offices, or at 1 (800) 342-1741."

(b) The claims-handling entity~~carrier~~ shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claims-handling entity~~carrier~~ shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claims-handling entity~~carrier~~ shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity~~carrier~~ is denying wage loss benefits, the claims-handling entity~~carrier~~ shall indicate in the claims-handling entity~~carrier~~ processing section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete ~~a~~ an Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., Notice of Denial and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity's~~carrier's~~ receipt of Form DFS-F2-DWC-3.

(3) Calculation of Wage Loss Benefits. The first calendar week of eligibility for wage loss benefits may be a partial week since eligibility begins on the date of maximum medical improvement. All other weeks of eligibility shall be full calendar weeks. To determine the amount of wage loss benefits due for a partial week: divide the

pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of maximum medical improvement through the last working day of that calendar week, multiply by 85 % if the date of accident is before July 1, 1990, or by 80 % if the date of accident is July 1, 1990 or later, insert the resulting figure on the Form DFS-F2-DWC-3 in the box labeled "ADJ. WW," and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(3)(b), 440.185(4), (10), 440.41, FS. ~~(1993)~~, Law Implemented 440.15(3), F.S.; 440.185(4),F.S., 440.185(10), F.S. (1993). History-New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.18, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.018, Formerly 4L-3.018. Amended

\_\_\_\_\_.

69L-3.019 Wage Loss Benefits for Temporary Partial Disability (Dates of Accident August 1, 1979 through December 31, 1993)

(1) Employee's Responsibilities. During any ~~two~~ 2 week period in which wage loss for temporary partial disability is suffered, the employee shall file a Form DFS-F2-DWC-3, ~~as adopted in Rule 69L-3.025, F.A.C., Request for Wage Loss/Temporary Partial Benefits~~, with the claims-handling entity-carrier within 14 days. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claims-handling entity-carrier a "work search report" for the period for which temporary partial wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant applied for work during the period for which temporary partial wage loss benefits are being claimed, the date the

claimant applied for work at each business, and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of Social Security information and Unemployment Compensation wage and benefit information. The employee shall file the completed Form DFS-F2-DWC-3 with the claims-handling entity-carrier. A Form DFS-F2-DWC-3 form without an original signature of the injured employee shall not be processed for payment by the claims-handling entity-carrier.

(2) Claims-handling entity's ~~carrier's~~ Responsibilities.

(a) Within ~~five~~ (5) working days of its first knowledge of the date of temporary partial disability, the claims-handling entity-carrier shall mail to the employee an informational letter, which explains the employee's eligibility for temporary partial wage loss benefits, together with at least four (4) copies of the Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits. The letter to the employee must at least contain the following information:

"Your treating physician has reported that you may return to limited duty work with some temporary physical restrictions. Your temporary total disability benefits have been suspended but you may be entitled to additional benefit payments under the Florida Workers' Compensation Law. If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS Form ~~form~~ (DFS-F2-DWC-3) to us within 14 days after the end of any two-week period for which a loss of wages is claimed. If you fail to send the completed form within that 14-day period, you

may be ineligible for temporary partial wage loss benefits during that period. In addition, to be eligible for temporary partial wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities.

To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with ~~the Florida Job Service Office~~ and any other public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have received the first payment of a temporary partial wage loss benefit. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earnings you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your status to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding Wage Loss benefits, you may call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of their local offices, or at 1 (800) 342-1741."

(b) The claims-handling entity-carrier shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claims-handling entity-carrier shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claims-handling entity-carrier shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity-carrier is denying wage loss benefits for temporary partial disability, the claims-handling entity-carrier shall indicate in the claims-handling entity-carrier section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete an Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., Notice of Denial, and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-3.

(3) Calculation of Temporary Partial Wage Loss Benefits. The first calendar week of eligibility for temporary partial wage loss benefits may be a partial week since eligibility begins on the date of claimant's release to return to light duty work. All other weeks of eligibility shall be full calendar weeks. To determine the amount of benefits due for a partial week, divide the pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of release to return to light duty work through the last working day of that calendar week, multiply by 85 % if the date of accident is before July 1, 1990 or by 80 % if the date of accident is July 1,

1990 or later, insert the resulting figure on Form DFS-F2-DWC-3 in the box labeled "ADJ.WW," and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(4)(~~e~~), (~~a~~), 440.185(4),(10), 440.41, FS. (~~1993~~), Law Implemented 440.15(4)(b), F.S.; 440.185(4), F.S.; 440.185(10), F.S.(1993); 440.20, F.S. (1993), History-New 10-30-79, Amended 11-5-81, Formerly 38F-3.19, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.019, Formerly 4L-3.019, Amended  
\_\_\_\_\_.

69L-3.0191 Temporary Disability Benefits (Dates of Accident on or After January 1, 1994 through September 30, 2003).

(1) Temporary disability benefits include temporary total and temporary partial disability benefits and are payable for a maximum of 104 weeks. An employee's eligibility for temporary disability benefits ceases after the employee has received 104 weeks of temporary total disability benefits paid pursuant to Section ~~§~~ 440.15(2)(a), F.S., or after the employee has received 104 weeks of temporary partial disability benefits paid pursuant to Section ~~§~~ 440.15(4), F.S., or after the employee has received 104 weeks of any combination of these two benefits.

(2) An employee is eligible for temporary partial disability benefits if the employee has received a medical release to return to work, is unable to earn at least 80% of the employee's pre-injury average weekly wage, has not reached maximum medical improvement, and has not received payment for 104 weeks of temporary total or temporary partial disability benefits or any combination of the aforementioned benefits. The Division does not require an employee to request temporary partial disability benefits by filing a form promulgated by the Division. The claims-handling entity ~~carrier~~

shall not require the employee to demonstrate eligibility for temporary partial disability benefits by submitting documentation indicating the employee has looked for work.

(3) Within five (5) days of its knowledge that the employee has been released to return to work, unless the employee's eligibility for temporary partial disability benefits has expired, the claims-handling entity ~~carrier~~ shall mail to the employee an informational letter which explains the employee's eligibility for temporary partial disability benefits. The letter must advise the employee about the employee's obligation to report, at the claims-handling entity's ~~carrier's~~ request using Form DFS-F2-DWC-19, as adopted in Rule 69L-3.025, F.A.C., the employee's receipt of any and all of the following: salary, wages, unemployment compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following information:

"Your doctor has said that you are able to return to work, but you have not reached maximum medical improvement from your injury (maximum medical improvement is the date after which a doctor says you will not get any better from your injury). You are eligible for temporary partial disability benefits if you cannot make at least 80% of the wages you were making at the time of your accident after the doctor says you can return to work. These benefits will continue until one of the following happens:

(a) your doctor says you have reached maximum medical improvement from your injury; or

(b) you have received 104 weeks of either temporary total or temporary partial disability benefits, or both combined; or

(c) you are making 80% or more of the wages you were making at the time of your accident.

If you earn wages after the doctor says you can return to work, you must immediately contact this office and give us the name of your employer and the amount of money you are making. If you stop making at least 80% of the wages you were making at the time of your accident, you should also contact this office immediately. If you receive unemployment compensation benefits or Social Security benefits, you must immediately contact this office and tell us what kind of benefits you are getting and the amount of those benefits. If the form "Employee Earnings Report" (Form DFS-F2-DWC-19) was sent with this letter, you must fill it out, sign it and return it within 21 days after you received it. You may be asked to fill out one of these forms once a month. If you do not fill out, sign and return the form, your compensation benefits may be stopped until you return the form. If you turn down an offer of a job that you can do, your compensation benefits may be stopped. For more information about temporary partial disability benefits, please call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of its local offices listed in your "Important Workers' Compensation Information For Florida Workers" "Employee's Rights" brochure, or at 1 (800) 342-1741."

(4) Calculations and payment of temporary partial disability benefits:  
Temporary partial disability benefits shall be calculated pursuant to Section 440.15(4)(a), F.S., even when the employee's earnings are \$0. Temporary partial benefits calculated for any given week are subject to the maximum weekly compensation rate as defined by Section 440.12, F.S. The claims-handling entity shall

investigate an employee's post-injury earnings, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits. The carrier shall continue to investigate an employee's status so as to determine the amount of temporary partial disability benefits for which an employee is eligible, and to ensure the timely payment of those benefits.

(a) No post-injury earnings - If the claims-handling entity has determined there are no earnings, the first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may resume work. The claims-handling entity shall pay temporary partial disability benefits to the employee based on \$0 earnings. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than the last day of that biweekly period as long as the employee continues to be eligible.

(b) Post-injury earnings –

1. If re-employed and the employee or employer has notified the claims-handling entity within 5 business days after returning to work, the first installment is due within 7 days after the last date of the post-injury employer's first biweekly work week [as defined in Chapter 69L-3.002\(2\), F.A.C.](#) Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than 7 days after the end of the last date of that biweekly period as long as the employee continues to be employed and eligible.

2. Once re-employed, the first week of temporary partial disability may be paid as a partial week in order to coincide with the post-injury employer's work week. To determine the amount of benefits due for a partial week:

a. divide the pre-injury average weekly wage by the pre-injury number of days employed per week to calculate the daily rate;

b. multiply this daily rate by the number of days the employee worked during the post injury employer's work week ;

c. multiply this amount by 80%;

d. subtract the partial week's earnings; and

e. multiply the difference by 80%, resulting in the temporary partial benefit due for this partial week.

(c) No confirmation of earnings - At any time the claims-handling entity is unable to confirm earnings information from the employee's post injury employer or employers, the claims-handling entity shall calculate benefits based on the last wage information submitted or obtained and continue to pay temporary partial disability benefits.

1. If the last known earnings are \$0, payments of temporary partial disability benefits for any biweekly period are due no later than the last day of that biweekly period as long as the employee continues to be eligible.

2. If the last known earnings are greater than \$0, payments of temporary partial disability benefits for any biweekly period are due no later than seven (7) days after the last day of that biweekly period as if the employee continues to be employed and eligible. If the employee does not timely return Form DFS-F2-DWC-19, the claims-handling entity may then suspend payment of the employee's temporary partial disability benefits until the claims-handling entity's receipt of the form in accordance with Rule 69L-3.021, F.A.C.

~~(5)(a) The first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may resume work. The carrier shall contact the employer for whom the employee worked at the time of the accident to ascertain if the employee has returned or will be returning to work for that employer.~~

~~(b) If the accident employer is holding open the employee's pre-injury job and the employee anticipates returning to that job after maximum medical improvement, the carrier shall pay temporary partial disability benefits to the employee as if the employee has \$0 earnings.~~

~~(c) If the employee has not and will not be returning to work for the accident employer, the carrier shall mail to the employee the informational letter and Form DWC-19, and attempt to contact the employee to ascertain if the employee has obtained other employment. The carrier shall begin to pay temporary partial disability benefits as if the employee has \$0 earnings, subject to receipt of the employee's completed Form DWC-19 or other confirmation of actual earnings.~~

~~(d) At any time the carrier is unable to confirm reemployment with the employee or is unable to obtain earnings information from the employee's present employer or employers, the carrier shall calculate benefits based on the last wage information submitted or obtained, and continue to pay temporary partial disability benefits, subject to the employee's timely return of Form DWC-19. If the employee does not timely return Form DWC-19, the carrier may then suspend payment of the employee's temporary partial disability benefits.~~

~~(6) The first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may return to work. In order for the carrier to more readily make the weekly wage comparison, the first week of temporary partial disability benefits may be paid as a partial week, so that remaining weeks can coincide with the employee's actual post injury pay periods. To determine the amount of benefits due for a partial week: divide the pre-injury average weekly wage by the number of days employed per week; multiply by the number of days from date of release to return to light duty work through the last working day of that calendar week; multiply by 80 % percent; subtract any weekly earnings; and multiply the remainder by 80 % percent.~~

~~(7) The payment period for temporary partial disability benefits is biweekly. Other than the first and last weeks of temporary partial disability benefits, benefits shall be calculated on the basis of full calendar weeks. The carrier's payment of temporary partial disability benefits for any biweekly period is due no later than the last date of that biweekly period.~~

~~(8) Temporary partial disability benefits shall be calculated by the 80%-80% formula pursuant to s. 440.15(4)(a), F.S., even if the employee's earnings are \$0. This benefit is subject to the maximum compensation rate as defined by s. 440.12, F.S.~~

~~(9) The carrier may require information from the employee concerning the employee's receipt of wages, unemployment compensation benefits, or Social Security benefits by sending the employee a copy of Form DWC-19, pursuant to ss. 440.15 (8), (10) and (11), F.S. carrier may not require the employee to submit a Form DWC-19 more often than once a month. If the employee does not mail the completed form to the~~

~~carrier within 21 days after the employee's receipt of Form DWC-19, the carrier may suspend temporary partial compensation benefits until it receives the form. If wage information obtained after a period for which temporary partial benefits have already been paid shows that the benefit amount paid for a week was more than that to which the employee was entitled, the carrier may obtain repayment through a credit against subsequent benefits. The carrier may also obtain repayment of any overpayment of temporary partial disability benefits caused by the employee's receipt of unemployment benefits or social security benefits. If the employee is receiving Social Security benefits, the carrier shall request the employee to complete and return Form DWC-14, Request for Social Security Information. Until Form DWC-14 has been completed and returned to the carrier by the Social Security Administration, the carrier may not obtain repayment of those benefits. Repayment of all indemnity benefits is subject to the limitations of s. 440.15(13), F.S.~~

Specific Authority 440.15(2)(d),(4)(a), 440.185(4),(5), 440.20(3), 440.591, FS. Law Implemented 440.15(2),(4), 440.185(4),(5), 440.20(3), FS. History-New 11-8-94. Formerly 38F-3.0191, Formerly 4L-3.0191. Amended \_\_\_\_\_.

69L-3.01915 Temporary Partial Disability Benefits (Dates of Accident on or After October 1, 2003).

(1) Letter requirement – The claims-handling entity shall mail an informational letter to the employee and employer within 5 business days after the claims-handling entity's knowledge of the employee's release to restricted work. This letter shall explain the employee's eligibility for temporary partial disability benefits and the obligation to report earnings. These earnings would include the receipt of any of the following: salary,

wages, unemployment compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following:

“Your doctor has released you to return to work, but because of your work-related accident, you have been given restrictions on the type of work you can now do. Because you have not reached maximum medical improvement (the date after which your doctor says your injury will probably not get better), you may continue receiving workers’ compensation benefits approximately every two weeks if you are not able to earn at least 80% of the weekly wages you were making before your injury.

These benefits, called Temporary Partial Disability benefits, will be paid until:

1. You reach maximum medical improvement or can return to work without restrictions;

2. You receive the maximum of 104 weeks allowed by law for either Temporary Total Disability benefits, Temporary Partial Disability benefits or Training and Education Temporary Total benefits, or 104 weeks for the combined benefits; or

3. You earn 80% or more of the weekly wages you were making at the time of your accident.

IMPORTANT: Temporary Partial Disability benefits may be stopped if:

(a) You do not notify this office within five (5) business days after you return to work;

(b) You are not working due to your own misconduct on the job;

(c) You refuse suitable employment offered to you; or

(d) You do not return, if requested, Form DFS-F2-DWC-19, “Employee Earnings Report”, as adopted in Rule 69L-3.025, F.A.C., to this claims office within 21 days after

you receive it and report the receipt of any earnings, including Unemployment Compensation or Social Security benefits. You may be asked to complete, sign, and return this form once a month.

You are to notify this office immediately if you stop making at least 80% of your pre-injury weekly wages. However, if you leave your job without just cause as determined by a judge, your temporary partial disability benefits will be paid based on the amount of money you would have earned had you not left work.

For more information about temporary partial disability benefits, please call the Employee Assistance Ombudsman Office (EAO) with the Division of Workers' Compensation at any of its local offices listed in your "Important Workers' Compensation Information For Florida Workers' brochure, or at 1 (800) 342-1741."

(2) Calculations and payment of temporary partial disability benefits:

Temporary partial disability benefits shall be calculated pursuant to Section 440.15(4)(a), F.S., even when the employee's earnings are \$0. Temporary partial benefits calculated for any given week are subject to the maximum weekly compensation rate as defined by Section 440.12, F.S. The claims-handling entity shall investigate an employee's post-injury earnings, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits.

(a) No post-injury earnings - If the claims-handling entity has determined there are no earnings, the first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may resume work. The claims-handling entity shall pay temporary partial

disability benefits to the employee based on \$0 earnings. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than the last day of that biweekly period as long as the employee continues to be eligible.

(b) Post-injury earnings –

1. If re-employed and the employee or employer has notified the claims-handling entity within 5 business days after returning to work, the first installment is due within 7 days after the last date of the post-injury employer's first biweekly work week, as defined in Chapter 69L-3.002(2), F.A.C. Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than 7 days after the end of the last date of that biweekly period as long as the employee continues to be employed and eligible.

2. Once re-employed, the first week of temporary partial disability may be paid as a partial week in order to coincide with the post-injury employer's work week. To determine the amount of benefits due for a partial week:

a. Divide the pre-injury average weekly wage by the pre-injury number of days employed per week to calculate the daily rate;

b. Multiply this daily rate by the number of days the employee worked during the post injury employer's work week ;

c. Multiply this amount by 80 %;

d. Subtract the partial week's earnings; and

e. Multiply the difference by 80 %, resulting in the temporary partial benefit due for this partial week.

(c) No confirmation of earnings - At any time the claims-handling entity is unable to confirm earnings information from the employee's post injury employer or employers, the claims-handling entity shall calculate benefits based on the last wage information submitted or obtained and continue to pay temporary partial disability benefits.

1. If the last known earnings are \$0, payments of temporary partial disability benefits for any biweekly period are due no later than the last day of that biweekly period as long as the employee continues to be eligible.

2. If the last known earnings are greater than \$0, payments of temporary partial disability benefits for any biweekly period are due no later than seven (7) days after the last day of that biweekly period as if the employee continues to be employed and eligible. If the employee does not timely return Form DFS-F2-DWC-19, the claims-handling entity may then suspend payment of the employee's temporary partial disability benefits until the claims-handling entity's receipt of the form in accordance with Rule 69L-3.021, F.A.C.

Specific Authority 440.15(4), 440.591, FS. Law Implemented 440.15(4), FS.

History-New \_\_\_\_\_.

69L-3.0192 Impairment Income Benefits (Dates of Accident ~~on or After~~ January 1, 1994 through September 30, 2003).

(1) (a) After the employee has reached maximum medical improvement, the claims-handling entity ~~carrier~~ shall make the initial payment of impairment income benefits no later than the 20th day after the claims-handling entity ~~carrier~~ has knowledge of the employee's permanent impairment rating; however, this initial payment may be made before the 20th day. The initial payment of impairment income

benefits must include payment for all full weeks of entitlement since the date of maximum medical improvement up to the time the initial payment is made. Impairment income benefits are payable whether the employee is working or not.

(b) Impairment income benefits may be paid in either weekly or biweekly installments. If the claims-handling entity ~~carrier~~ pays benefits biweekly, it shall issue payment for both weeks at the end of the first week. To establish and maintain a biweekly installment schedule, the claims-handling entity ~~carrier~~ shall issue the check for the first and second weeks of entitlement at the end of the first week, the third and fourth weeks of entitlement at the end of the third week, and so on.

(2)(a) Impairment income benefits are paid at a rate of 50% ~~percent~~ of the average weekly temporary total disability benefit, as defined in Rule 69L-3.002(1), F.A.C.

(b) If impairment income benefits are due and no previous temporary total disability benefits have been paid, the average weekly temporary total disability benefit shall be 66 2/3 % ~~percent~~ of the employee's average weekly wage, up to the maximum compensation rate for the accident year.

(3) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.591, FS. Law Implemented 440.15(3), FS. History-New 11-9-94.

Formerly 38F-3.0192, Formerly 4L-3.0192. Amended \_\_\_\_\_.

69L-3.01925 Impairment Income Benefits (Dates of Accident on or After October 1, 2003).

(1) The initial payment of impairment income benefits shall include payment for all full weeks of entitlement since the date of maximum medical improvement up to the time the initial payment is made. After the employee has reached maximum medical improvement, the claims-handling entity shall make the initial payment of impairment income benefits no later than the 14th day after the claims-handling entity has knowledge of the employee's permanent impairment rating.

(2) Impairment income benefits shall be paid in biweekly installments pursuant to Sections 440.15(3)(c) and (g), F.S. (2003).

(3) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.15(3)(f), 440.591, FS. Law Implemented 440.15(3)(f) FS. History-  
New \_\_\_\_\_.

69L-3.0193 Supplemental Income Benefits (Dates of Accident ~~on or After~~ January 1, 1994 through September 30, 2003).

An employee may be eligible to receive Supplemental Income Benefits if an impairment rating of 20 % ~~percent~~ or more has been assigned in accordance with Section s. 440.15(3)(b), F.S. (1994).

(1) Definitions: The following words and terms when used in this rule shall have the following meanings:

(a) "Filing Period for Supplemental Income Benefits" means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a "quarter" as set out in Section s. 440.15(3)(b)7, F.S. (1994), except for the

second filing period, which may consist of less than 13 weeks if the first payment period was prorated. The "initial filing period" is the filing period, which occurs during the last 13 weeks of impairment income benefits.

(b) "Initial Payment of Supplemental Income Benefits" means payment of supplemental income benefits for the first whole or partial calendar month immediately following the expiration of the impairment income benefit period. The initial payment of supplemental income benefits shall cover the time beginning with the day after the expiration of impairment income benefits and ending with the last date in the initial calendar month.

(c) "Payment Period for Supplemental Income Benefits" means the period of 3 consecutive calendar months immediately following the filing period. The first payment period may consist of less than 3 full months if the first monthly payment is prorated. The last payment period may consist of less than 3 full months if the employee has reached a maximum of 401 weeks of benefits. All other payment periods of supplemental income benefits shall be for 3 full calendar months.

(2) (a) No later than 15 weeks before the expiration of the impairment income benefit period, the claims-handling entity ~~carrier~~ shall send by certified mail to each employee eligible for supplemental income benefits an informational letter substantially in conformance with subsection paragraph (7) of this rule section and two copies of Form DFS-F2-DWC-40, as adopted in Rule 69L-3.025, F.A.C., ~~Statement of Quarterly Earnings for Supplemental Benefits~~. The claims-handling entity ~~carrier~~ shall fill out the first two lines on one of the Forms DFS-F2-DWC-40 before sending it to the employee

and indicate the beginning and ending dates of the initial filing period. The second Form DFS-F2-DWC-40 should be left blank.

(b) If the claims-handling entity-carrier has knowledge that the employee is eligible for supplemental income benefits and fails to timely provide the employee with written notification and forms as required by this rule, the claims-handling entity-carrier shall pay supplemental income benefits for all months for which the employee was not provided a form. Payment shall be computed as if the employee had \$0 earnings. The claims-handling entity-carrier may later obtain repayment of any overpayment in accordance with paragraph (3)(d) of this rule and pursuant to Section s. 440.15(12) ~~(13)~~, F.S.

(c) For any filing period, the claims-handling entity-carrier shall add all earnings reported by the employee and divide by the total number of weeks in that filing period to yield a "current average weekly wage." The current average weekly wage shall include any weeks for which \$0 earnings were reported.

(3) Payment of Supplemental Income Benefits:

(a) The claims-handling entity-carrier shall issue the initial payment (the first whole or partial calendar month) of supplemental income benefits by the 7th day after the expiration of impairment income benefits. The claims-handling entity-carrier shall make the first payment of supplemental income benefits with or without receipt of the employee's first Form DFS-F2-DWC-40. If the employee timely filed Form DFS-F2-DWC-40 with the claims-handling entity-carrier, the second and third months in the initial payment period shall be paid on the first (1st) day of each month in that payment period.

(b) To calculate benefits due for a partial month of the initial payment period: divide the monthly supplemental income benefit payment amount, computed from the "calculation" section on Form DFS-F2-DWC-40, by 4.3; divide that amount by 7 to yield the daily rate; multiply this daily rate by the number of days from the first day of eligibility for supplemental income benefits through the last day of the first calendar month in the payment period. Record this figure on Form DFS-F2-DWC-40 in the box labeled "Payment Amount for Initial Month."

(c) Except for the initial payment of supplemental income benefits, payments of additional monthly supplemental income benefits are contingent upon the employee having filed Form DFS-F2-DWC-40 with the claims-handling entity-carrier. Subsequent monthly payments of supplemental income benefits for which the claims-handling entity-carrier has received Form DFS-F2-DWC-40 shall be paid as follows:

1 ~~(1)~~ The first ~~(1st)~~ month in the next payment period shall be paid within 7 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-40;

2 ~~(2)~~ the second ~~(2nd)~~ and third ~~(3rd)~~ months of this payment period shall be paid on the first ~~(1st)~~ day of each month in that payment period. If Form DFS-F2-DWC-40 was not timely returned by the employee to allow the claims-handling entity-carrier to issue payment as per paragraphs (a) and (b) above, the claims-handling entity-carrier shall within 7 days of receipt of Form DFS-F2-DWC-40 pay any and all months of supplemental income benefits due and owing as of the date the form was received, subject to the information submitted by the employee on the form.

(d) If upon receipt of Form DFS-F2-DWC-40 it is determined that an overpayment of supplemental income benefits has occurred, the claims-handling entity-carrier may

recalculate the amount of supplemental income benefits due for the remaining months in that payment period or any subsequent payment periods and obtain repayment, subject to the provisions of Section ~~s.~~ 440.15(12) (13), F.S. In no case shall the repayment amount be greater than 20% ~~percent~~ of the monthly supplemental income benefit payment amount.

(e) The monthly supplemental income benefit payable ~~shall~~ ~~may~~ not exceed the maximum weekly benefit amount as set out in Section ~~s.~~ 440.12, F.S., multiplied by 4.3.

(4) Filing Requirements:

(a) The employee will not be entitled to supplemental income benefits for any filing period for which Form DFS-F2-DWC-40 has not been filed with the claims-handling entity ~~carrier~~ by the seventh ~~(7th)~~ day after the expiration of the payment period associated with that filing period.

(b) Within 7 days after the claims-handling entity ~~carrier~~ has made the first payment of supplemental income benefits in any payment period, the claims-handling entity ~~carrier~~ shall send the completed Form DFS-F2-DWC-40 to the Division, the employee, the employer, and any other interested parties. If the claims-handling entity ~~carrier~~ denies payment of supplemental income benefits for any payment period, the claims-handling entity ~~carrier~~ must attach Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., Notice of Denial, to Form DFS-F2-DWC-40 and provide the reason(s) for the denial.

(c) The claims-handling entity ~~carrier~~ shall provide the employee with at least two (2) additional Forms DFS-F2-DWC-40 upon payment of the first month for any payment

period. The claims-handling entity-carrier shall indicate on one of the forms the beginning and ending dates of the employee's next filing period.

(5) The amount payable for supplemental income benefits shall be based on earnings information submitted by the employee for the previous filing period, and shall be paid monthly, with the exception of the initial payment which may be prorated. Once the employee has been determined to be eligible for supplemental income benefits for the filing period, the monthly benefit amounts shall be the same for each month of that filing period, unless it is the initial payment of supplemental income benefits for a partial month, or if an adjustment is being made for an overpayment, or if the final payment of supplemental income benefits expires at the 401 week maximum.

(6) Supplemental income benefits may not be offset by sSocial sSecurity or unemployment compensation benefits received by the employee.

(7) The informational letter to the employee referred to in subsection ~~paragraph~~ (2) of this rule must contain at least the following information:

"Because your doctor found that you have a permanent impairment of 20% or more due to your work injury, you may be eligible to receive additional workers' compensation benefits, known as SUPPLEMENTAL INCOME BENEFITS. However, you must also meet the requirements below in order to receive payment for these benefits:

1. ~~Y~~you must be unable to earn at least 80% of what you earned before your injury for at least 90 days in a row, and

2. ~~Y~~you must try in good faith to find a job that you are able to do and cooperate with any reemployment help offered by the employer, claims-handling entity-carrier or the Division of Workers' Compensation.

To get your first check for supplemental income benefits, you need to complete, sign and return the enclosed "Statement of Quarterly Earnings for Supplemental Benefits" ~~Form form~~ (DFS-F2-DWC-40) to this office. We recommend you return the form no later than 7 days after the end of the filing period, shown in section "A" of the enclosed form. This should enable you to keep your payments coming about every 4 to 6 weeks. Report any wages you earn during the last 13 weeks that you are paid impairment income benefits. Do not include the amount paid to you for your impairment income benefits. Follow the filing instructions on the back of the form to make sure there will not be a break in your payments. Your supplemental income benefits will be calculated by a formula that is based on the wages you report for every filing period on each "Statement of Quarterly Earnings for Supplemental Income Benefits."

If you already know that you will not be eligible for payment of supplemental income benefits when your impairment income benefits end, keep this letter and the other blank form for possible future use, because you may later become eligible for supplemental benefits.

If you do not work during the filing period, it is suggested that you keep records of all the places you look for work, the dates you look, the type of work you are seeking, and the names of the people you contact.

If you turn down the offer of a job that you are able to do, your supplemental income benefits will be calculated on the basis of what that job would have paid you, for as long as the job offer remained open to you. Also, if you refuse to accept training or education offered by the employer, this office, or the Division, your supplemental income benefits may be reduced by one-half. If you have any questions, contact your claims

representative at this office, at the address and telephone number listed in this letter.

You may also call the Division of Workers' Compensation's Employee Assistance and Ombudsman Office (EAO) at any of its branch offices listed in your employee brochure, or at its toll-free telephone number in Tallahassee at 1 (800) 342-1741."

Specific Authority 440.15(3)(b)5., 440.591, FS. Law Implemented 440.15(3), 440.20(3), 440.491, FS. History-New 11-9-94. Formerly 38F-3.0193, Formerly 4L-3.0193.

Amended.

69L-3.0194 Permanent Total and Permanent Total Supplemental Benefits For Dates of Accident Prior to October 1, 2003.

(1) Permanent total benefits paid for injuries occurring prior to July 1, 1955<sub>1</sub> shall not be made in excess of 700 weeks. Permanent total benefits paid for injuries occurring on or after July 1, 1955<sub>1</sub> shall continue during the continuance of the employee's entitlement.

(a) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to Section 440.15(1)(d), F.S., the Rule Chapter 59A-28, F.A.C., such employee may be eligible for impairment income and supplemental benefits pursuant to Section 440.15(3), F.S.

~~(b) The carrier has the right to require, no more than once every calendar year, that a permanently and totally disabled employee undergo vocational evaluation or have testing conducted pursuant to Section 440.491, F.S. The carrier shall no later than ten working days prior to such evaluation or testing confirm in writing to the employee the date, time and place of such evaluation or testing. In the confirmation letter, the carrier shall advise the employee of the procedures that the employee will be going through~~

~~and the approximate time frame for completion of such evaluation or testing. Such notification shall be sent by the carrier to the employee's counsel if any, no later than seven days before the date of the evaluation or testing. This subsection applies only to permanent total cases in which the date of accident is on or after 1-1-94.~~

(2) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits when the injury occurred subsequent to June 30, 1955, and the liability of the employer has not been discharged pursuant to Section 440.20(12), F.S. Such benefits shall be equal to 5 five % of the employee's weekly compensation rate which was in effect on the date of the employee's injury, multiplied by the number of calendar years since the date of injury.

(a) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1st of the next calendar year.

(b) When acceptance or adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

(3) (a) Permanent total supplemental benefits shall be paid by the Division, unless the claims-handling entity~~carrier~~ made an election to pay such benefits, to an injured employee whose accident occurred subsequent to June 30, 1955, and before July 1, 1984. Permanent total supplemental benefits are not payable for any period prior to October 1, 1974.

(b) Permanent total supplemental benefits shall be paid by the claims-handling entity~~carrier~~ for injury occurring on or after July 1, 1984. The claims-handling entity

carrier is not required to pay permanent total supplemental benefits for any period prior to October 1, 1974.

(c) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 5 ~~five~~ % each January 1 ~~st~~ after the commencement of such entitlement. However, when ~~such~~ permanent total supplemental benefits are combined with the compensation rate, the ~~such~~ combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(d) 1. The injured employee is entitled to full permanent total supplemental and compensation benefits as of the ~~such~~ employee's 62nd birthday for dates of accident prior to July 1, 1990 ~~7-1-90~~. The employee's entitlement to permanent total supplemental benefits shall cease on the ~~such~~ employee's 62nd birthday if the ~~such~~ employee is eligible for social security benefits under 42 U.S.C. Sections ss. 402 and 423, whether or not the ~~such~~ employee has applied for ~~such~~ benefits when the employee's date of accident occurred on or after July 1, 1990 ~~7-1-90~~.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in Chapter 440 F.S. Dependent benefits shall be determined for each dependent as though if the employee were deceased.

~~3. All permanent total benefits shall cease when the injured employee accepts a full settlement of benefits in exchange of all future liability of the employer.~~

3.4. When the injured employee receives a full or partial lump-sum advance of the ~~such~~ employee's permanent total disability compensation benefits, the employee's

permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by ~~the such~~ lump-sum advance.

~~4.5. Neither the claims-handling entity-carrier, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails or refuses to file a completed Form DFS-F2-DWC-19, Employee Earnings Report, or Form DFS-F2-DWC-14, Request for Social Security Disability Benefit Information, DWC-14, or Form DFS-F2-DWC-30, Authorization and Request for Unemployment Compensation Information, as adopted incorporated by reference in Rule ~~Chapter~~ 69L-3.025, F.A.C., within 21 days after the employee received the request.~~

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

~~(a) Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). Compensation rate (plus) + Principal Insurance Amount (P.I.A.) + five % permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. When the injured employee is receiving social security dependent benefits, such dependent benefits shall be added to the Principal Insurance Amount for purposes of determining the offset.~~

~~(b) Add the Compensation Rate (CR) plus the Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents plus 5% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. Subtract the greater of 80 % of average weekly wage (AWW), or 80 % of weekly average current earnings (ACE).~~

(c) Subtract the greater of 80 % of average weekly wage (AWW), or 80 % of weekly average current earnings (ACE). The resulting difference is the offset amount.  
~~Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). The resulting difference is the offset amount.~~

(5) (a) Neither the claims-handling entity ~~carrier~~ nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) Social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

(c) The Division shall have ~~first~~ priority over the claims-handling entity in taking any available social security offset on dates of accident prior to July 1, 1984.

(d) No social security offset shall be taken ~~take~~ which is greater than the offset that would otherwise be taken by the Social Security Administration.

(e) 1. Within 14 days after request by the Division, the claims-handling entity ~~carrier~~ shall file a completed Form DFS-F2-DWC-35, as adopted by reference in Rule 69L-3.025, F.A.C., Permanent Total Supplemental Worksheet, with the Division's Permanent Total Section ~~at its Tallahassee office.~~

2. Within 14 days after request by the Division, the claims-handling entity ~~carrier~~ shall file a completed Form DFS-F2-DWC-33, as adopted by reference in Rule 69L-3.025, F.A.C., Permanent Total Offset Worksheet, with the Division's Permanent Total Section ~~at its Tallahassee office.~~

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2) (d), FS. Law Implemented 440.15(1), FS. History-New 8-29-94, Amended 5-14-95. Formerly 38F-24.027. Formerly 38F-3.0194, Formerly 4L-3.0194. Amended \_\_\_\_\_.

69L-3.01945 Permanent Total and Permanent Total Supplemental Benefits For Dates of Accident On or After October 1, 2003.

(1) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall cease at age 75. If it is determined that the injury prevented the employee from working sufficient quarters to be eligible for social security benefits under 42 U.S.C. Sections 402 or 423, benefits will continue to be paid in accordance with the requirements of Chapter 440, F.S. If the accident occurred on or after the employee reaches age 70, benefits shall be payable during the continuance of permanent total disability, not to exceed 5 years from the date of permanent total disability.

(2) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall continue during the continuance of the employee's entitlement.

(a) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to Section 440.15(1)(d), F.S., the employee may be eligible for impairment income benefits pursuant to Section 440.15(3), F.S.

(3) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits, if the liability of the employer has not been discharged pursuant to Section 440.20(12), F.S. Such benefits shall be equal to 3% of the employee's weekly compensation rate which was in effect on the date of the employee's injury multiplied by the number of calendar years since the date of injury.

(a) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1 of the next calendar year.

(b) When acceptance or adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

(4) (a) Permanent total supplemental benefits shall be paid by the claims-handling entity.

(b) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 3 % each January 1 after the commencement of such entitlement. However, when the permanent total supplemental benefits are combined with the compensation rate, the combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(c) For injuries occurring on or after October 1, 2003, the employee's entitlement to specific benefits shall cease when any of the following occurs:

1. Permanent total supplemental benefits shall cease on the employees 62<sup>nd</sup> birthday, regardless of whether the employee has applied for or is eligible to apply for social security benefits under 42 U.S.C., Sections 402 or 423. If it is determined that the injury prohibited the employee from qualifying for social security benefits, supplemental benefits will continue to be paid as long as the employee remains eligible.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in

Chapter 440, F.S. Dependent benefits shall be determined for each dependent as though the employee were deceased.

3. When the injured employee receives a full or partial lump-sum advance of such employee's permanent total disability compensation benefits, the employee's permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by the lump-sum advance.

4. Neither the claims-handling entity, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails or refuses to file a completed Form DFS-F2-DWC-19, or Form DFS-F2-DWC-14, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., within 21 days after the employee receives the request.

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

(a) Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3).

(b) Add the Compensation Rate (CR) + Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents + 3% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication.

(c) Subtract the greatest of 80 % of average weekly wage (AWW), or 80% of weekly average current earnings (ACE). The resulting difference is the offset amount.

(5) (a) Neither the claims-handling entity nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) the social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

(c) No social security offset shall be taken which is greater than the offset that would otherwise be taken by the Social Security Administration.

(d) 1. Within 14 days after request by the Division, the claims-handling entity shall file a completed Form DFS-F2-DWC-35, as adopted in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

2. Within 14 days after request by the Division, the claims-handling entity shall file a completed Form DFS-F2-DWC-33, as adopted in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2)(d), FS. Law Implemented 440.15(1), FS. History-New \_\_\_\_\_.

69L-3.0195 Forms.

Specific Authority 440.13(11)(b), 440.591 FS. Law Implemented 440.13(11)(b), 440.15(1)(f) 1., (10) FS. History-New 10-2-94, Amended 6-4-97, Formerly 38F-24.029. Formerly 38F-3.0195, Repealed-\_\_\_\_\_.

69L-3.021 Additional Income Source Reports.

(1) Within 21 days after the employee receives a request from either the Division or the claims-handling entity-carrier for either Form DFS-F2-DWC-14, Request for Social Security Disability Benefits Information, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., Authorization Request for Unemployment Compensation Information, the employee shall complete the form and return it to the party requesting

the information. The employee shall renew the authorization each 12 months upon a request by the Division, employer or claims-handling entity-carrier.

(2) Upon request of the Division, employer, or claims-handling entity-carrier, any employee eligible for temporary total, temporary partial, permanent total disability or permanent total supplemental compensation shall complete, sign, and return Form DFS-F2-DWC-19, as adopted in Rule 69L-3.025, F.A.C., Employee Earnings Report, within 21 days after receiving it to report all earnings of any nature, including all social security benefits. The Division, employer, or claims-handling entity-carrier may require the employee to send Form DFS-F2-DWC-19 no more than once a month.

(3) If the employee ~~willfully fails or~~ refuses to report information requested in accordance with subsection (1) or (2) above within 21 days after receipt of the request, payments of workers' compensation disability benefits for temporary total, temporary partial, permanent total or permanent total supplemental compensation shall cease until such time as the employee furnishes the signed form.

(4) For dates of accident on or after October 1, 2003, upon the request of the claims-handling entity, any employee eligible for impairment income benefits shall complete, sign, and return Form DFS-F2-DWC-19 within 21 days after receiving it to report all earnings. The claims-handling entity may require the employee to send Form DFS-F2-DWC-19 no more than once a month. If the employee refuses to report earnings within 21 days after receipt of the request, payments of workers' compensation disability benefits for impairment income benefits shall cease until such time as the employee furnishes the signed form.

~~(5)~~ (4) The party requesting the employee's authorization for release of social security benefit information shall furnish the Form DFS-F2-DWC-14 form to the employee. The requesting party shall be responsible for submitting the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address. The requesting party must send a copy of the completed Form DFS-F2-DWC-14 to the Division within 14 days of the request.

~~(6)~~ (5) If the claims-handling entity ~~carrier~~ changes the employee's compensation rate based on any offset, the claims-handling entity ~~carrier~~ shall send to the Division, along with the appropriate income source report, Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., indicating the change in accordance with the provisions of Rule 69L-3.0091, F.A.C.

~~(7)~~ (6) If the employee's benefits have been suspended due to the employee's ~~willful failure or~~ refusal to furnish a signed release, the claims-handling entity ~~carrier~~ shall send to the Division Form DFS-F2-DWC-4 indicating the effective date and reason code for suspension of the benefits in accordance with the provisions of Rule 69L-3.0091, F.A.C.

~~(7) When submitting Form DWC-14 to the Social Security Administration, or Form DWC-30 to the Division of Unemployment Compensation, the requestor may want to include with the form a self-addressed stamped return envelope or the requestor's return address printed on a peel-off adhesive label in order to expedite processing.~~  
Specific Authority 440.591, 440.15(1)(f)2.a., b., (2)(d), FS. Law Implemented 440.15(1), (2), (4), 440.185, 440.20(3), FS. History-New 10-30-79, Amended 11-5-81, Formerly

38F-3.21, Amended 4-11-90, 1-30-91, 6-10-92, 11-8-94. Formerly 38F-3.021, Formerly 4L-3.021, Amended \_\_\_\_\_.

69L-3.0212 Monthly Risk Class/SIC Code Report.

Specific Authority 440.591 FS. Law Implemented 440.59 FS. History New 11-8-94, Formerly 38F-3.0212, Repealed-\_\_\_\_\_.

69L-3.0213 Aggregate Claims Administration Change Report.

(1) If the responsibility for handling claims files has changed due to a claims-handling entity ~~carrier or servicing agent~~ taking over the claims from another a claims-handling entity ~~carrier or servicing agent~~, the new claims-handling entity ~~carrier or servicing agent~~ shall ~~may~~ report this change ~~send Form DWC-49~~ to the Division. They ~~may~~ send Form DFS-F2-DWC-49, as adopted in Rule 69L-3.025, F.A.C., to report an aggregate listing of claims affected by the change in administration rather than sending an individual Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., on each claims file in accordance with the provisions of Rule 69L-3.0091, F.A.C.

(2) If the claims-handling entity ~~carrier~~ chooses to send Form DFS-F2-DWC-49 in place of separate Forms DFS-F2-DWC-4 to report a claims administration change, the claims-handling entity ~~carrier~~ shall send Form DFS-F2-DWC-49 to the Division within 30 days after ~~of~~ the effective date of ~~in~~ the change in the ~~of~~ administration of claim files.

(3) If a claims-handling entity ~~carrier~~ chooses to send Form DFS-F2-DWC-49 ~~in~~ place of separate Forms DWC-4 to report a claims administration change, the claims-handling entity ~~carrier~~ must use a separate Form DFS-F2-DWC-49 for each claims office location handling those ~~claims~~ files.

(4) Any attachment(s) used to report additional information shall be must in a format that contains all of the data fields identified on the ~~identical to~~ Form DFS-F2-DWC-49.

Specific Authority 440.591, FS. Law Implemented 440.59, FS. History-New 11-8-94. Formerly 38F-3.0213, Formerly 4L-3.0213, Amended-\_\_\_\_\_.

69L-3.0214 Aggregate Defense Attorney Fee Report.

Specific Authority 440.345, FS. Law Implemented 440.345, FS. History-New 11-25-96, Formerly 38F-3.0214, Repealed\_\_\_\_\_.

69L-3.025 Forms.

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

<u>(a)</u>	Form <u>DFS-F2-DWC-1</u>	<u>08/2004</u> <del>11-8-94</del>	First Report of Injury or Illness
<u>(b)</u>	<del>ACORD 4 or</del> Form IA-1	<del>1-1-02 11-8-</del> 94	<u>Workers' Compensation – First report of Injury or Illness-</u> For use only by <u>entities</u> <del>these</del> approved to transmit electronic First Reports of injury to the Division
<u>(c)</u>	Form <u>DFS-F2-DWC-1a</u>	<u>08/2004</u> <del>11-8-94</del>	Wage Statement
<u>(d)</u>	Form <u>DFS-F2-DWC-3</u>	<u>08/2004</u> <del>1-30-91</del>	Request for Wage Loss/Temporary Partial Benefits
<u>(e)</u>	Form <u>DFS-F2-DWC-4</u>	<u>08/2004</u> <del>11-8-94</del>	Notice of Action/Change

(f)	Form <u>DFS-F2-DWC-12</u>	<u>08/2004</u> <del>11-8-94</del>	Notice of Denial
(g)	Form <u>DFS-F2-DWC-13</u>	<u>08/2004</u> <del>11-8-94</del>	Claim Cost Report
(h)	Form <u>DFS-F2-DWC-14</u>	<u>08/2004</u> <del>11-8-94</del>	Request for Social Security Disability Benefit Information
(i)	Form <u>DFS-F2-DWC-19</u>	<u>08/2004</u> <del>11-8-94</del>	Employee Earnings Report
(j)	Form <u>DFS-F2-DWC-30</u>	<u>08/2004</u> <del>11-8-94</del>	Authorization and Request for Unemployment Compensation Information
(k)	Form <u>DFS-F2-DWC-33</u>	<u>08/2004</u> <del>10-2-94</del>	<u>Permanent Total Offset Worksheet</u>
(l)	Form <u>DFS-F2-DWC-35</u>	<u>08/2004</u> <del>10-2-94</del>	<u>Permanent Total Supplemental Worksheet</u>
(m)	Form <u>DFS-F2-DWC-40</u>	<u>08/2004</u> <del>11-8-94</del>	Statement of Quarterly Earnings for Supplemental Income Benefits
(n)	Form <u>DFS-F2-DWC-49</u>	<u>08/2004</u> <del>11-8-94</del>	Aggregate Claims Administration Change Report
(o)	<u>Form DFS-F2-DWC-60</u>	<u>08/2004</u>	<u>Important Workers' Compensation Information For Florida's Workers</u>
(p)	<u>Form DFS-F2-DWC-61</u>	<u>08/2004</u>	<u>Informacion Importante De Seguro De Indemnizacion Por Accidentes De</u>

			<u>Trabajo Para Los Trabajadores De La Florida</u>
(q)	<u>Form DFS-F2-DWC-65</u>	<u>08/2004</u>	<u>Important Workers' Compensation Information For Florida's Employers</u>
(r)	<u>Form DFS-F2-DWC-66</u>	<u>08/2004</u>	<u>Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida</u>

(2) ~~An individual or entity requiring any form promulgated under this rule can obtain the form(s) from printers throughout the state. The Division will not supply the forms promulgated under this chapter, but will make can provide sample copies. forms available on the Division's web site: <http://www.fldfs.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 section 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.

Specific Authority 440.15, 440.185, 440.20, 440.345, FS. Law Implemented 440.14(3), 440.15(1),(4), (9), (10), 440.185, 440.185(4), (5), (10), 440.20 (2), (3), 440.345, 440.35, 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, Formerly 4L-3.025, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Dan Sumner, Deputy Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Tanner Holloman, Director of Workers' Compensation, Division of Workers' Compensation, Department of Financial Services.

DATE PROPOSED RULE APPROVED BY THE AGENCY HEAD: February 23, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN *FAW*: March 5, 2004