

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

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October 1, 2003)

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69L-3.025

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:

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

(1) No Change

(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 or 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) and (5) No Change

(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) through (11) No Change

(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 s- 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) through (16) No Change

(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) No Change

(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) through (28) No Change

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) through (h) No Change

~~(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.~~

~~(6) (9) 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.~~

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.

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.

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

(1) No Change

(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) 4. 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) No Change

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) No Change

(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 ACORD 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 through 8 No Change

(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 through 4 No Change

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 through e No Change

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. No Change

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. No Change

(e) and (f) No Change

(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 through 3 No Change

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 through 3 No Change

4. Lost time cases for a compensable volunteer.

(c) through (h) No Change

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) through (j) No Change

(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) and (b) No Change

(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) through (h) No Change

(3) No Change

(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) and (7) No Change

~~(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) No Change

~~(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. No Change

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. No Change

(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) through (13) No Change

69L-3.012 Notice of Denial.

(1) No Change

(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) through (8) No Change

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) and (c) No Change

(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) No Change

(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 Open Open Cease." 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. No Change

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) No Change

(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) through (f) No Change

(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) No Change

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

(1) through (3) No Change

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. ¹~~(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

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

(1) through (3) No Change

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. ²~~(1993)~~; 440.20, F.S. ³ ~~(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) through (3) No Change

(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

¹ With respect to this subsection, Section 440.185.10(1993) applies.

² With respect to this subsection, Section 440.185.10(1993) applies.

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 Change

(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. No Change

(c) No Change

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

(1) No Change

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

³ With respect to this subsection, Section 440.20(1993) applies.

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 Change

(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. No Change

(c) No Change

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) No Change

(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) and (c) No Change

(3) through (7) No Change

69L-3.025 Forms.

The fraud statement that appears on the following forms amended in Rule 69L-3.025, F.A.C., will include the following amendment:

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud ~~a felony of the third degree, punishable in s.817.234.~~ Section 440.105(7)~~440.185(4)~~, F.S.

<u>(a)</u>	Form <u>DFS-F2-DWC-1</u>	<u>08/2004</u> 11-8-94	First Report of Injury or Illness
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<u>(c)</u>	Form <u>DFS-F2-DWC-1a</u>	<u>08/2004</u> 11-8-94	Wage Statement
<u>(d)</u>	Form <u>DFS-F2-DWC-3</u>	<u>08/2004</u> 1-30-91	Request for Wage Loss/Temporary Partial Benefits
<u>(e)</u>	Form <u>DFS-F2-DWC-4</u>	<u>08/2004</u> 11-8-94	Notice of Action/Change
<u>(f)</u>	Form <u>DFS-F2-DWC-12</u>	<u>08/2004</u> 11-8-94	Notice of Denial
<u>(g)</u>	Form <u>DFS-F2-DWC-13</u>	<u>08/2004</u> 11-8-94	Claim Cost Report
<u>(h)</u>	Form <u>DFS-F2-DWC-14</u>	<u>08/2004</u> 11-8-94	Request for Social Security Disability Benefit Information
<u>(i)</u>	Form <u>DFS-F2-DWC-19</u>	<u>08/2004</u> 11-8-94	Employee Earnings Report
<u>(j)</u>	Form <u>DFS-F2-DWC-30</u>	<u>08/2004</u> 11-8-94	Authorization and Request for Unemployment Compensation Information
<u>(k)</u>	Form <u>DFS-F2-DWC-33</u>	<u>08/2004</u> 10-2-94	<u>Permanent Total Offset Worksheet</u>
<u>(l)</u>	Form <u>DFS-F2-DWC-35</u>	<u>08/2004</u> 10-2-94	<u>Permanent Total Supplemental Worksheet</u>
<u>(m)</u>	Form <u>DFS-F2-DWC-40</u>	<u>08/2004</u> 11-8-94	Statement of Quarterly Earnings for Supplemental Income Benefits

<u>(n)</u>	Form <u>DFS-F2-DWC-49</u>	<u>08/2004</u> <u>11-8-94</u>	Aggregate Claims Administration Change Report
<u>(o)</u>	Form <u>DFS-F2-DWC-60</u>	<u>08/2004</u>	<u>Important Workers' Compensation</u> <u>Information For Florida's Workers</u>
<u>(p)</u>	Form <u>DFS-F2-DWC-61</u>	<u>08/2004</u>	<u>Informacion Importante De Seguro De</u> <u>Indemnizacion Por Accidentes De</u> <u>Trabajo Para Los Trabajadores De La</u> <u>Florida</u>
<u>(q)</u>	Form <u>DFS-F2-DWC-65</u>	<u>08/2004</u>	<u>Important Workers' Compensation</u> <u>Information For Florida's Employers</u>
<u>(r)</u>	Form <u>DFS-F2-DWC-66</u>	<u>08/2004</u>	<u>Informacion Importante Del Seguro De</u> <u>Indemnizacion Por Accidentes De</u> <u>Trabajo Para Los Empleadores De La</u> <u>Florida</u>

The remainder of the rule reads as previously published.