

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 440.15, 440.185, 440.20, 440.591 FS

LAW IMPLEMENTED: 440.14(3), 440.15(1), (4), (9), (10), 440.185(4), (5), (10), 440.20(2), (3), 440.345, 440.35, 440.51(6), (9) FS

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: October 11, 2010 @ 1:00 P.M.

PLACE: Room 104J, Hartman Building, 2012 Capital Circle S.E., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting Pam Macon at (850) 413-1708 or Pamela.Macon@myfloridacfo.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pam Macon, Chief, Bureau of Employee Assistance, Division of Workers' Compensation, 2012 Capital Circle S.E., Tallahassee, Florida 32399 (850) 413-1708.

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-3.025 Forms.

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

incorporated by reference:

(a) through (n) No change.

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| (o) | Form DFS-F2-DWC-60 | <u>03/10</u> | Important Workers' Compensation Information for Florida's Workers |
| | | 8/04 | |
| (p) | Form DFS-F2-DWC-61 | <u>03/10</u> | Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida |
| | | 8/04 | |
| (q) | Form DFS-F2-DWC-65 | <u>03/10</u> | Important Workers' Compensation Information for Florida's Employers |
| | | 8/04 | |
| (r) | Form DFS-F2-DWC-66 | <u>03/10</u> | Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida |
| | | 8/04 | |

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

[myfloridacfo.com/WC/](http://www.myfloridacfo.com/WC/), ~~[fdfs.com/wc](http://www.fdfs.com/wc/)~~.

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

Rulemaking Specific Authority 440.15, 440.185, 440.20, 440.591 FS. Law Implemented 440.14(3), 440.15(1), (4), (9), (10), 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, 4L-3.025, Amended 1-10-05, 3-16-09,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pam Macon, Chief, Bureau of
Employee Assistance

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Alex Sink,
Chief Financial Officer

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 26, 2010

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW:
September 10, 2010.