Annual Filing Requirements for Governmental Self-Insurers

Division of Workers' Compensation Bureau Of Financial Accountability Self-insurance Unit

Purpose of Video

- Welcome Governmental Self-Insurer
- Annual Filing Requirements (Active & Terminated):
 - <u>DFS-F2-SI-5</u> Self-Insurer Payroll Report
 - DFS-F2-SI-17 Unit Statistical Report
 - <u>DFS-F2-SI-19</u> Certification of Servicing for Self-Insurers
- Mandatory Filing Requirement (Checklists)
- START
- Florida Statutes and Rules

Welcome Governmental Self-Insurer

- Governmental self-insured Section 440.38(6), F.S.
- Annual Requirements
- Obligations and Due dates
- Civil Penalties Rule 69L-5.217, F.A.C. -

Filing Requirements for Active Self-Insurers Self-Insurer Payroll Report (SI-5)

Form	When to File - Due Date	Rule
Self-Insurer Payroll Report	60 days after the (R.E.D) Rating Effective Date.	<u>69L-5.203,</u> <u>F.A.C.</u>
DFS-F2-SI-5	What is a Rating Effective Date? Beginning date of the self-insurance authorization.	

Filing Requirements for Active Self-Insurers Unit Statistical Report (SI-17)

Form	When to File - Due Date	Rule
	No later than 60 days after the	<u>69L-5.205,</u>
Unit	evaluation date.	<u>F.A.C.</u>
Statistical		
Report	What is an evaluation date?	
	An evaluation date is 6 months after	
DFS-F2-SI-17	the Rating Effective Date (RED).	

Filing Requirements for Active Self-Insurers Certification of Servicing for Self-Insurers (SI-19)

 If a change in Servicing of Claims, this form must be filed within 30 days of that change. If the expiring contract is renewed with the same QSE/TPA, this form must be filed 30 days after the expiration date of the contract being renewed. If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years 	Form	When to File - Due Date	Rule
DFS-F2-SI-19 and 30 days from the date of submission of the prior SI-19.	of Servicing for Self- Insurers	 be filed within 30 days of that change. If the expiring contract is renewed with the same QSE/TPA, this form must be filed 30 days after the expiration date of the contract being renewed. If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years and 30 days from the date of submission of the 	<u>69L-5.216,</u> <u>F.A.C.</u>

Filing Requirements for Terminated Self-Insurers Self-Insurer Payroll Report (SI-5)

Form	When to File – Due Date	Rule
Self-Insurer Payroll Report	90 days after the cancellation date and must be submitted until the final payroll period has been reported.	<u>69L-5.203,</u> <u>F.A.C.</u>
DFS-F2-SI-5		

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Filing Requirements for Terminated Self-Insurers Unit Statistical Report (SI-17)

Form	When to File	Rule
Unit Statistical Report DFS-F2-SI-17	No later than 60 days after the cancelation date and must be submitted until the loss data for the final period of authorization has been reported.	<u>69L-5.205,</u> <u>F.A.C.</u>

Filing Requirements for Terminated Self-Insurers Certification of Servicing for Self-Insurers (SI-19)

Form	When to File – Due Date	Rule
Certification of Servicing for Self-Insurers DFS-F2-SI-19	 If a change in Servicing of Claims, this form must be filed within 30 days of that change. If the expiring contract is renewed with the same QSE/TPA, this form must be filed 30 days after the expiration date of the contract being renewed. If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years and 30 days from the date of submission of the prior SI-19. 	<u>69L-5.216,</u> <u>F.A.C.</u>

Where to Submit Required Filings

	Welcome to START Division of Workers' Compensation			
	Please log in below to access your information	1		
	System for Tracking Assessments, Regulation & Transactions			
User Id: XXXXXXXXXX	Password:	•••••	Log in	https://start.fldfs.com/Login.aspx

DEPARTMENT OF FINANCIAL SERVICES Welcome to START Account Set-up

We will request specific requirements:

- Contact Full Name and Title
- Mailing and Email Address
- Direct Phone and Direct Line/Extension
- User Types
- Roles to be assigned to Active Contacts (External Users)



START External Users - Active Contacts

See a descriptive guide of all **User Types** below:

Туре	Description
Executive	The <i>Executive Contact</i> is a Required User Type. The Executive Contact must be the Self-Insured Company's Owner or someone in a high level Upper/Senior Management Position).
I.S.I.	<i>Individual Self-Insurer Contact</i> - Multiple contacts can be assigned under this contact type.
T.P.A.	<i>Third Party Administrator Contact</i> - Multiple contacts can be assigned under this contact type.
Consortium	Consortium Contact - Multiple contacts can be assigned under this type.

START Roles, Type of Users, and Secured Email Correspondence

Contact			Roles				
Name	Email	Туре	AU Primary	Assessments	Loss Data	Payroll	
Jen Doe	JenDoe@GovernmentalSelfInsurer.com	Executive	Х			Х	
John Smith	JohnSmith@GovernmentalSelfInsurer.com	ISI			Х		
John Doe	JohnDoe@TPAorQSE.com	ТРА	Х	Х	Х	X	
Jane Doe	JaneDoe@Consortium.com	Consortium		Х			

Self-Insurer Payroll Report (SI-5) START Submission

Division	of Workers' Comj START	pensation Active Contact	Your Session Time Left : 20 minutes.
		Home	
	Home	Welcome Active Contact with Governmental Self-Insurer	Sign Out
	Select the company	you would like to administer today: Select	Continue

Governmental Self-Insurer's Dashboard START

of Worke START	ers' Compens	ation		Active Contact		Your	Session Time Left :	
ISI			Profile		Reports	•	Admin	
				ISI				
Home		Welcome Ac	ctive Cor	itact with Governi	mental Self-In	surer	Sign Out	
ISI :	ISI: Governmental Self-Insurer Current Status: Active RED: 1/1							
FEIN :	IN: 12-3456789 DWC #: 1234		1234	SI-Effective Date :	8/1/1935	SI-End Date :		
				Claim s				

Self-Insurer's Form Filing Lifecycle

*Click on the link above to view due dates for all form filing requirements and quarterly assessments.

Self-Insurer Payroll Report (SI-5) START Submission

Division of Work START	ers' Compens	ation		Active Contac	t		Your Session Time L	eft : 20 minutes.
ISI	ISI Profil			le Reports		•	Admin	•
			4	Audited Pag	yroll			
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ISI:	ISI: Governmental Self-Insurer			Current Status :	Active	RED :	1/1	
FEIN :	12-3 45 6789	DWC # :	1234	SI-Effective Date :	8/1/193	5 SI-End Dat	te :	
			Enter/H	Edit Payroll Inform	ation			
	Class code	8810		Payroll	\$			
	Rate%	0.17		Premium	\$	0		
				Save Clear Delete				

		Previous Cover	age Perio	l					
	Start D	ate: 1/1/2019 I	End Date :	12/31/2019	Start D	Date : 1/1/2020	End Date :	12/31/2020	
Select	Class code	Payroll	Rate%	Premium	Class code	Payroll	Rate%	Premium	Deviation
Edit	7539	\$336,283,823.00	1.71	\$5,750,453.00	7539	\$391,541,353.00	1.74	\$6,812,820.00	16.00 %
	8810	\$689,389,196.00	0.18	\$1,240,901.00		\$0.00		\$0.00	-100.00 %
	Total	\$1,025,673,019.00		\$6,991,354.00	Total	\$391,541,353.00		\$6,812,820.00	

Self-Insurer Payroll Report (SI-5) START Submission

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				Audited Pay	roll					
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FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :		8/1/1935	SI-End Dat	e:		
			Enter/I	Edit Payroll Informa	ation					
	Class code	8810		Payroll	\$	68938	9196			
	Rate%	0.17		Premium	\$		0			
				Save Clear Delete						

		Previous Cover	age Perio	d		Current Cover	age Perio	d	
	Start D	ate: 1/1/2019 I	End Date :	12/31/2019	Start I	Date : 1/1/2020	End Date :	12/31/2020	
Select	Class code	Payroll	Rate%	Premium	Class code	Payroll	Rate%	Premium	Deviation
Edit	7539	\$336,283,823.00	1.71	\$5,750,453.00	7539	\$391,541,353.00	1.74	\$6,812,820.00	16.00 %
	8810	\$689,389,196.00	0.18	\$1,240,901.00		\$0.00		\$0.00	-100.00 %
	Total	\$1,025,673,019.00		\$6,991,354.00	Total	\$391,541,353.00		\$6,812,820.00	

Self-Insurer Payroll Report (SI-5) S.T.A.R.T. Submission

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		Class code			1	Payroll	\$				
		Rate%				Premium	\$				
					Save Cle	ar Delete					
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	Start D			ige Period ad Date :	12/31/2019	Start Dat				2/31/2020	
Select	Class		9 E			Start Dat Class code) I		2/31/2020 Premium	Deviation
Select Edit	Class code 7539	ate: 1/1/2019 Payroll \$336,283	9 E 1 3,823.00	nd Date : Rate % 1.71	12/31/2019 Premium \$5,750,453.00	Class code 7539	e: 1/1/2020 Payroll \$391,541) I	2nd Date: 1 Rate% 1.74	Premium \$6,812,820.00	16.00 %
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Self-Insurer Payroll Report (SI-5) START Submission

	Payroll has been submitted.
ОК	Cancel
? Are you sure you would like to submit th	is payroll?
Message from webpage	×

Governmental Self-Insurer's Dashboard START

START	kers' Compens			Active Contact		You	r Session Time Left : 20	minutes.
ISI			Profile		Reports	•	Admin	•
				ISI				
Home		Welcome Ad	tive Cor	ntact with Governm	ental Self-In	surer	Sign Out	
ISI :	Governmental	Colf Incuror		Current Status :	Active	RED :	1/1	
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			SalfJas	urer's Form Filing I	ifecucle			
			<u>Self-Ins</u>	urer's Form Filing L	ifecycle			
	*Click	on the link above		urer's Form Filing L dates for all form filing rec		ur ter ly assessments.		
	*Click (on the link above				ur ter ly assessments.		

Unit Statistical Report (SI-17) START Submission

sion of Workers' Compensa START	ation	Active Contact		Your	Your Session Time Left : 20 mi		
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		Claims					
Home	Welcome Active Co	ntact with Governn	n <mark>ental Self-I</mark> n	surer	Sign Out		
ISI: Governmental	Self-Insurer	Current Status :	Active	RED :	1/1		
FEIN: 12-3456789	DWC # : 1234	SI-Effective Date :	8/1/1935	SI-End Date :			

Loss Data (SI-17)

Certification of Servicing (SI-19)

Unit Statistical Report (SI-17) S.T.A.R.T. Submission

			Upload Lo	oss Data			
Home	۷	Velcome Active	Contact with G	overnmental Self-	Insurer	Sign	Out
ISI:	Governmental S	elf-Insurer	Current Status	s: Active	RED :	1/1	
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File uploaded successfully.

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compens START	ation	Active Contact		Your Se	ession Time Left : 20 minutes.
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Home	Welcome Active Co	ntact with Governme	ntal Self-Ir	surer	Sign Out
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FEIN: 12-3456789	DWC # : 1234	SI-Effective Date :	8/1/1935	SI-End Date :	
Assessme	ents	Claim s		Payroll (SI-5)	
	Self-Ins	urer's Form Filing Life	<u>cycle</u>		
*Click	on the link above to view due	dates for all form filing requir	ements and qua	rterly assessments.	

Certification of Servicing for Self-Insurers (SI-19) START Submission

SION OF WORK	ers' Compensa	1001		Active Contact		Y	our Session Time Left : 20 r
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				Claims			
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FEIN :	12-3456789	DWC #:	1234	SI-Effective Date :	8/1/1935	SI-End Date :	

Loss Data (SI-17)

Certification of Servicing (SI-19)

Certification of Servicing for Self-Insurers (SI-19) START Submission

ision of Work START	ers' Compens	ation		Active Contact		Your	Session Time Left : 20 m	inute
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		Cer	tificat	ion of Servic	ing Detail	s		
Home		Welcome A	ctive Co	ntact with Govern	surer	Sign Out		
ISI:	Governmental	Self-Insurer		Current Status :	Active	RED :	1/1	
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935	SI-End Date :		

Renew	Service Company	Contract Begin Date	Expiration Date	Received Date	Submitted Date	Submitted By	Status History	
Select	Broadspire Services, Inc.	08/02/2019	08/02/2022	08/02/2019	08/02/2019	manningd1	Active	Select

New

Return

Note: Click <u>New</u> button to add new SI-19 contract or click <u>Select</u> link to renew each active SI-19 contract.

Certification of Servicing for Self-Insurers (SI-19) START Submission

START ISI Home ISI: FEIN:	Governmental 3 12-3456789	Welcome A		cation of Servi	ental Self-In	,	Admin Sign Out
ISI: FEIN:	Governmental 3 12-3456789	Welcome A	ctive Co	ntact with Governn	ental Self-In	,	Sign Out
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		DWC # :	1234		Active	RED :	1/1
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Form DFS-F2-SI	SELF-INSURER		πον				

Certification of Servicing for Self-Insurers (SI-19) START Submission

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Certification of Servicing for Self-Insurers (SI-19) START Submission

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		Re-c	ertific	ation of Serv	icing (SI-′	19)	
Home		Welcome A	ctive Co	ntact with Governr	mental Self-II	nsurer	Sign Out
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Certification of Servicing for Self-Insurers (SI-19) START Submission

ISI			Profile		Reports	•	Admin
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ISI:	Governmental	Self-Insurer		Current Status :	Active	RED :	1/1
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PART II - S The unders program, in OBy use of servicing a OBy contr Name of O	AFETY (Only Active igned self-insurer co the following manner f an approved self-see rrangement; a curre acting with an appro	ertifies that it ha er (check one): rvicing arrangen ent approval is wi ved Qualified Ser Entity for safety :	s satisfied t nent (in-hou thin the last rvicing Enti	he servicing requirements ise safety program) (Attach t three years.) ty for safety (must insert n	a current Division	of Workers' Compen	sation approval for the se
PART II - S The unders program, in OBy use of servicing a OBy contr Name of 0 PART III Form DFS-F2	AFETY (Only Active igned self-insurer co the following mann f an approved self-see rrangement; a curre acting with an appro Qualified Servicing 1	ertifies that it ha er (check one): rvicing arrangen ent approval is wiv ved Qualified Ser Entity for safety : R'S CERTIFICA	s satisfied t nent (in-hou thin the last rvicing Enti	he servicing requirements ise safety program) (Attach t three years.) ty for safety (must insert n	a current Division	of Workers' Compen	sation approval for the se
PART II - S The unders program, in OBy use of servicing a OBy contr Name of O PART III Form DFS-F2 Rules 69L-5.2	AFETY (Only Active igned self-insurer co the following manner f an approved self-see rrangement; a curre acting with an appro Qualified Servicing 1 - SELF-INSUREF -SI-19 (8/2009) 216 & 69L-5.223, F.	ertifies that it ha er (check one): rvicing arrangen ent approval is wir ved Qualified Ser Entity for safety : R'S CERTIFICA A.C.	s satisfied t nent (in-hou thin the last rvicing Enti Select	he servicing requirements ise safety program) (Attach t three years.) ty for safety (must insert n	a current Division ame of Qualified Se	of Workers' Compen ervicing Entity below):	sation approval for the se

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Certification of Servicing for Self-Insurers (SI-19) START Submission

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		Re-c	ertifica	ation of Serv	icing (SI-1	9)		
Home		Welcome	Active Co	ontact with Governr	nental Self-In	surer	Sign Out	
ISI:	Governmental	Self-Insurer		Current Status :	Active	RED :	1/1	
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935	SI-End Date :		
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Florida Statutes and Rules

- Definition of a Governmental Entity (Section 440.38(6), F.S.)
- Application Process (69L-5.223, F.A.C.)
- Reporting Requirements (69L-5, F.A.C.)
 - Form SI-5 Payroll Report (69L-5.203, F.A.C.)
 - Form SI-17 Unit Statistical Report (69L-5.205, F.A.C.)
 - Form SI-19 Certification for Servicing Self-Insurers (69L-5.216(2) & (3), F.A.C.)
- Termination (<u>69L-5.224, F.A.C.</u>)

Summary Overview

- Welcome Governmental Self-Insurer
- Mandatory Annual Filing Requirements for Active & Terminated (Checklists):
 - DFS-F2-SI-5 Self-Insurer Payroll Report
 - DFS-F2-SI-17 Unit Statistical Report
 - <u>DFS-F2-SI-19</u> Certification of Servicing for Self-Insurers
- START
- Florida Statutes and Rules

Thank you for viewing the Annual Requirements for Governmental Self-Insurers presentation. If you have any questions or need additional information, please contact us:

Florida Division of Workers' Compensation Bureau of Financial Accountability Self-Insurance Unit

Phone: (850) 413-1615

SelfInsurance.Unit@myfloridacfo.com

