# 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)

<ul> <li>If a change in Servicing of Claims, this form must be filed within 30 days of that change.</li> <li>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.</li> <li>If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years</li> </ul>	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	<ul> <li>be filed within 30 days of that change.</li> <li>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.</li> <li>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</li> </ul>	<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 <b>60 days after the</b> <b>cancelation date</b> 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	<ul> <li>If a change in Servicing of Claims, this form must be filed within 30 days of that change.</li> <li>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.</li> <li>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.</li> </ul>	<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			
Home	Home Welcome Active Contact with Governmental Self-Insurer							ıt
ISI:	ISI: Governmental Self-Insurer			Current Status :	Active	RED :	1/1	
FEIN :	12-3 <b>45</b> 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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Home	1	Welcome A	ctive Co	ntact with Gover	rnmen	ital Self-II	nsurer	Sign	Out	
ISI:	Governmental S	elf-Insurer		Current Status :		Active	RED :	1/1		
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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	START									Your Sessio	on Time Left : 2
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				E	nter/Edit Payr	oll Inform:	ition				
		Class code			1	Payroll	\$				
		Rate%				Premium	\$				
					Save Cle	ar Delete					
		Pr evio	ıs Covera	ge Period			Curren	t Cover :	age Period		
	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	
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935	SI-End Date :		
	12-0-100707				0,1,1,00			
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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		
ISI	Profile		•	Admin	•		
		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	
FEIN :	12-3456789	DWC # : 123	4 SI-Effective Da	ite : 8/1/1935	SI-End Date	:	
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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.
ISI	Profile		Reports	•	Admin 🕨
		ISI			
Home	Welcome Active Co	ntact with Governme	ntal Self-Ir	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 :	
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
ISI			Profile		Reports	•	Admin
				Claims			
Home		Welcome A	ctive Co	ntact with Govern	nental Self-In	surer	Sign Out
ISI:	Governmental S	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)** 

### 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
ISI			Profile		Reports	•	Admin	
		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	<b>DWC</b> # :	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
ISI : FEIN :	Governmental 3 12-3456789	Self-Insurer				surer	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

START	rs' Compen	sation		Active Contact		Your	Session Time Left :	20 min
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		Re-c	ertificat	ion of Servi	cing (Sl- <sup>,</sup>	19)		
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FEIN :	12-3456789	DWC #:	1234 8	SI-Effective Date :	8/1/1935	SI-End Date :		
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## Certification of Servicing for Self-Insurers (SI-19) START Submission

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ISI			Profile		Reports	•	Admin
		Re-c	ertific	ation of Serv	icing (SI-′	19)	
Home		Welcome A	ctive Co	ntact with Governr	mental Self-II	nsurer	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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## Certification of Servicing for Self-Insurers (SI-19) START Submission

ISI			Profile		Reports	•	Admin
		Re-c	ertific	ation of Serv	icing (SI-'	19)	
Home		Welcome A	ctive Co	ntact with Govern	nental Self-Ir	nsurer	Sign Out
ISI:	Governmental	Self-Insurer		Current Status :	Active	RED :	1/1
FEIN :	12-3456789	<b>D</b> WC #:	1234	SI-Effective Date :	8/1/1935	SI-End Date :	
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PART II - S The unders program, in OBy use of servicing a	AFETY (Only Active igned self-insurer co the following mann f an approved self-se rrangement; a curre	ertifies that it ha er (check one): rvicing arrangen ent approval is wi	s satisfied t nent (in-hou thin the last	he servicing requirements ise safety program) (Attach	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	AFETY (Only Active igned self-insurer co the following mann f an approved self-se rrangement; a curre	ertifies that it ha er (check one): rvicing arrangen ent approval is wi ved Qualified Ser	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
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## Certification of Servicing for Self-Insurers (SI-19) START Submission

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START			Profile		Reports	•	Admin	1
		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	
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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

