



INFORMATIONAL MEMORANDUM

02-071M

ISSUED

December 2, 2002

Florida Department of Insurance

Tom Gallagher

Treasurer, Insurance Commissioner and Fire Marshal

All Florida Workers' Compensation Insurance Carriers, Self-Insured Employers, and Third Party Administrators

**Workers' Compensation Facts for Florida's Injured Employees Brochure
Workers' Compensation Facts for Florida's Employers Brochure**

The purpose of this memorandum is to notify all carriers, self-insured employers and third party administrators of the promulgation of the new employee and employer brochures, to be used to meet the statutory mandate as outlined in s. 440.185(4). The "Workers' Compensation Facts for Florida's Injured Employees," revised 8/2002 is required to be sent to the injured employee "within 3 days after the employer or employee informs the carrier of the injury." The carrier or its third party administrator must annually send the "Workers' Compensation Facts for Florida's Employers," Revised 10/2002 to the employer.

This memorandum supercedes Division Bulletin #224, dated March 16, 2001. The brochures may be duplicated and distributed, without alteration of any information. Copies of these brochures can be obtained from the Division WebPages at www.doi.state.fl.us/wc, under the "Publications" link.

If the carrier or its third party administrator develops material other than the division promulgated brochures to meet the statutory mandate, they must be submitted to the Division for approval prior to distribution. Carriers should send their copies for approval to:

Department of Insurance
Division of Workers' Compensation
Bureau of Monitoring and Audit
Attn: Fred Becknell, W. C. Specialist Supervisor
200 East Gaines Street
Tallahassee, Florida 32399-4224

Telephone number – 1-(850) 488-6241 ext. 152
Email - BecknellF@doi.state.fl.us

If you have any questions about the brochures, please contact Randy Crowson at 850-414-6812 or email CrowsonR@doi.state.fl.us.