

# MODULE: INFORMATIONAL BROCHURES & GUIDE

Division of Workers' Compensation  
Bureau of Employee Assistance & Ombudsman

# **WORKERS' COMPENSATION SYSTEM GUIDE**

s. [440.207](#), F.S.

The Workers' Compensation System Guide is intended to give all parties a general overview and summary of the system.

The brochure can be found on the Division's website:

[WC System Guide](#)



FLORIDA'S CHIEF FINANCIAL OFFICER



## WORKERS' COMPENSATION System Guide

Revised August 2023

Prepared by:

Division of Workers' Compensation  
Department of Financial Services

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## INTRODUCTION

The Workers' Compensation System Guide is intended to give all parties a general overview and summary of the Workers' Compensation System. It is not intended to supersede or take the place of the Florida Workers' Compensation law (Chapter 440, Florida Statutes) or Florida Workers' Compensation Case Law.

Its purpose is to assist all stakeholders in their roles and responsibilities. It provides general information and references that may assist with resolving issues and answering questions.

**NOTE:** The Division is closely following the activities associated with the recent 1st DCA and Supreme Court rulings. During the upcoming 2018 legislative session, laws impacting the workers' compensation system may be addressed, therefore the Division will monitor any forthcoming changes prior to engaging in rulemaking activities or procedural changes related to these topics. We would like to assure all stakeholders that the Division stands ready to provide whatever support is necessary to ensure a healthy and viable system.

Links to the court cases can be found at:

- [Castellanos v. Next Door Company, Florida Supreme Court Case No. SC13-208](#)
- [Westphal v. City of St. Petersburg, Florida Supreme Court Case No. SC13-1930 & 1976](#)
- [Miles v. City of Edgewater, 1st DCA Case 1D15-0165](#)
- [Ramirez v. Jorda Enterprises, Inc., et al. SC15-1296 link to docket](#)

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## **INJURED WORKER INFORMATIONAL BROCHURE**

s. [440.185\(3\)](#), F.S., [Rule 69L-3.0035](#), F.A.C.

Due to be mailed to the injured worker within three (3) days after the claim administrator's knowledge of the accident on all claims

The brochure can be found on the Division's website:

- [English](#)
- [Spanish](#)



## Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at **1-800-342-1741**. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at [www.MyFloridaCFO.com/Division/WC/Employee/eao\\_offices.htm](http://www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm).

## Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at [www.MyFloridaCFO.com/Division/WC/Employee/education.htm](http://www.MyFloridaCFO.com/Division/WC/Employee/education.htm), and answers to frequently asked questions can be accessed at [www.MyFloridaCFO.com/Division/WC/Employee/faq.htm](http://www.MyFloridaCFO.com/Division/WC/Employee/faq.htm).

You may also submit specific questions relating to your claim to us at [wcaeo@MyFloridaCFO.com](mailto:wcaeo@MyFloridaCFO.com) and receive answers directly by e-mail.

## Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury

or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

## Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is **free** and available by contacting the EAO at **1-800-342-1741**.

## Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at [www.jcc.state.fl.us/JCC/forms/](http://www.jcc.state.fl.us/JCC/forms/).

## Reemployment Services

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at [WCRES@MyFloridaCFO.com](mailto:WCRES@MyFloridaCFO.com) or call **1-800-342-1741** for free reemployment services.

## Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is **free** and available by contacting the Employee Assistance Office at **1-800-342-1741**.

## Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call **1-800-378-0445**.

## Disclaimer:

*This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.*

69L-3.0005, F.A.C. Injured Worker Informational Brochure  
Rule 69L-3.005, F.A.C. Forms  
DFS-F2-DWC-80  
Revised March 2010

## EMPLOYEE FACTS



## IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS



**DIVISION OF  
WORKERS' COMPENSATION**  
Florida Department of Financial Services



If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

## Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Physical therapy
- Hospitalization
- Medical tests
- Prostheses
- Prescription drugs
- Travel expenses to and from authorized medical treatment or a pharmacy.

Once you reach maximum medical improvement (MMI), you are required to pay a \$10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

## Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. *Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.*
- **Permanent Impairment Benefits:** These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- **Permanent Total Benefits:** These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.

- **Death Benefits:** Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. **If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.**

## Injured Worker Responsibilities

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)

- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:

- Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

## Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).

## **EMPLOYER INFORMATIONAL BROCHURE**

s. [440.185\(3\)](#), F.S. [69L-3.0036](#), F.A.C.

Due to be mailed to the employer annually  
by the insurer or its third-party administrator.

The brochure can be found on the Division's website:

- [English](#)
- [Spanish](#)



## Workers' Compensation Exemptions

### Construction Industry

An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers' compensation coverage.

Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:

- The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10-percent ownership.
- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability member are allowed to be exempt. A \$50 fee is required for each application submitted to obtain an exemption. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

For copies of the exemption form, contact the Division's Bureau of Compliance at (850) 413-1609 or go to <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on Rule 69L-6 and Form number DWC-250, Notice of Election to Be Exempt.

### Non-Construction Industry

An employer in the non-construction industry, who employs four or more part-time or full-time employees, must obtain workers' compensation coverage.

Sole proprietors and partners in the non-construction industry are automatically exempt from the law, but can elect to be covered.

Non-construction industry corporate officers may elect to be exempt if:

- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

There is no limit to the number of corporate officers who can be exempt and there is no application fee. Non-construction exemptions are valid until a voluntary revocation is filed or the exemption is revoked by the Division.

## What Your Employee Can Expect From the Insurance Carrier

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of the employee's claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of the employee's claim. This information should be provided to the injured worker by mail on either a Notice of Action/Change form (DWC-4) or a Notice of Denial form (DWC-12)

## Questions about workers' compensation?

Please visit our Web site at [www.MyFloridaCFO.com/Division/WC](http://www.MyFloridaCFO.com/Division/WC) where you will find extensive information such as publications, databases, rules and forms that will give you a better understanding of workers' compensation.

**Employee Assistance and Ombudsman Office Hotline**  
1-800-342-1741

**Injured worker e-mail inquiries**  
[wceao@MyFloridaCFO.com](mailto:wceao@MyFloridaCFO.com)

**Customer Service**  
(850) 413-1601

**Employer e-mail inquiries**  
[WorkCompCustServ@MyFloridaCFO.com](mailto:WorkCompCustServ@MyFloridaCFO.com)

**Workers' Compensation Fraud Hotline**  
1-800-378-0445

## Frequently Asked Questions

**Q) How many days do employees have to report work-related injuries or illnesses?**

A) Employers should encourage employees to report accidents as soon as the work related injuries or illnesses occur. By law, however, employees are required to report work related injuries or illnesses within 30 days.

**Q) To whom should I report the work-related injury?**

A) You should report the accident to your insurance company as soon as you have knowledge of the injury. By law, you have seven days from your first knowledge of the work related injury.

**Q) Do I have to report a claim if I do not believe it is a work-related injury or illness?**

A) Yes. You should report all claims of work-related injuries or illnesses to your workers' compensation insurance carrier. This includes claims in which there are no witnesses of the injury or illness. It is your workers' compensation insurance carrier's responsibility to investigate all claims and determine if employees are entitled to benefits under Florida's Workers' Compensation Law.

**Q) Does the employee pay any part of my workers' compensation insurance premium?**

A) No. The law is very specific on this point. It is the employer's responsibility to pay the entire premium for workers' compensation.

Employers who secure workers' compensation coverage can also apply to become a drug-free workplace and may receive a premium discount. To learn more about the Drug-Free Workplace Program, please call the Division of Workers' Compensation Customer Service Office at 850-413-1609.

**Q) Who should I call if my employees have questions or concerns regarding their workers compensation claims?**

A) You should first contact your insurance carrier. If your carrier is unable to answer the question or resolve the problem, you or your employees should call the Employee Assistance and Ombudsman Office at 1-800-342-1741.

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69L-3.0036, F.A.C. Employer Informational Brochure  
Rule 69L-3.025, F.A.C. Forms  
DFS-F2-DWC-65  
Revised March 2010

## EMPLOYER FACTS



## IMPORTANT

WORKERS' COMPENSATION  
INFORMATION FOR  
FLORIDA'S EMPLOYERS



**DIVISION OF  
WORKERS' COMPENSATION**  
Florida Department of Financial Services



Your workers' compensation insurance policy covers medical and partial wage-replacement benefits for any employee who sustains a work related injury or illness.

This brochure will give you a better understanding of your role and responsibilities under the workers' compensation system.

## Workers' Compensation Notice

The law requires that every employer who has secured workers' compensation coverage post in conspicuous place(s) a notice that contains the employer's insurance carrier information, the expiration date of the policy and an anti-fraud statement. The Division of Workers' Compensation has developed this notice, in poster form, for carriers to provide to their policyholders. Your carrier is required by law to provide you with the poster(s).

Even if employers have purchased workers' compensation policies, they shall be deemed to have failed to secure workers' compensation coverage if they have committed any of the following actions:

- materially understated or concealed payroll,
- materially misrepresented or concealed employee duties to avoid proper classification for premium calculations, or
- materially misrepresented or concealed information pertinent to the computation and application of an experience modification factor.

Employers who fail to secure workers' compensation coverage or fail to update information on their workers' compensation insurance application are subject to stop work orders and civil and criminal penalties.

## First Report of Injury

As soon as you become aware of a work-related injury or illness, immediately contact your workers' compensation insurance carrier. If you do not report the injury or illness to your insurance carrier within seven days of the date you were informed, you may be subject to an administrative fine not to exceed \$2,000 per occurrence. Most insurance companies have a toll-free number to report work-related injuries. If you report the injury or illness to the insurance carrier by telephone, the carrier will complete the form and

send a copy to you and the employee within three business days. You can also fill out the First Report of Injury or Illness form (DWC-1) and send it to the insurance carrier. The form contains employer, employee and accident information and can be obtained on the Division of Workers' Compensation Web site at <https://www.MyFloridaCFO.com/Division/WC/pdf/DFS-F2-DWC-1.pdf>. You must also provide a copy of the First Report of Injury or Illness form to the employee. The employee's signature on the form is preferred, but if the employee is not able or available to sign it, then write "not available" in the employee signature box.

## Workplace Fatalities

Employers must also report deaths resulting from work-related injuries or illnesses to the Division of Workers' Compensation within 24 hours. To report a workplace fatality, call 1-800-219-8953 (in Florida) or 850-413-1611, or fax the First Report of Injury or Illness form containing the fatality information to 850-354-5100.

To access the form, go to <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on DWC-1.

## Medical Benefits

As soon as you notify your carrier about your employee's work-related injury, the carrier will:

- Determine the compensability of the injury
- Provide an authorized doctor
- Pay for all authorized medically necessary care and treatment related to the injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor's visits
- Hospitalization
- Physical therapy
- Medical tests
- Prescription drugs
- Prostheses
- Travel expenses to and from authorized providers or pharmacies.

Upon reaching maximum medical improvement (MMI), the employee is required to pay a \$10 copayment per visit for medical treatment. MMI occurs when the treating physician determines that the employee's injury has healed to the extent that further improvement is not likely.

## Wage Replacement Benefits

Workers' compensation benefits for lost wages will start on the eighth day that the injured employee is unable to work. The injured employee will not receive wage replacement benefits for the first seven days of work missed, unless he or she is out of work for more than 21 days due to the work-related injury. In most cases, the wage-replacement benefits will equal two-thirds of the employee's pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. If the employee qualifies for wage replacement benefits, he or she can expect to receive the first benefit check within 21 days after the carrier becomes aware of the injury or illness, and bi-weekly thereafter. The injured employee will be eligible for different types of wage replacement benefits, depending on the progress of the claim and the severity of the injury.

- **Temporary Total Benefits:** These benefits are provided as a result of an injury that temporarily prevents the employee returning to work and the employee has not reached MMI.
- **Temporary Partial Benefits:** These benefits are provided when the doctor releases the employee to return to work, and the employee has not reached MMI and earns less than 80 percent of the pre-injury wage. The benefit is equal to 80 percent of the difference between 80 percent of the pre-injury wage and the post-injury wage. The maximum length of time the injured employee can receive temporary benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.
- **Permanent Impairment Benefits:** These benefits are provided when the injury causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole. If you return to work at or above your pre-injury wage, the permanent impairment benefit is reduced by 50%.
- **Permanent Total Benefits:** These benefits are provided when the injury causes the employee to be permanently and totally disabled according to the conditions stated in law.
- **Death Benefits:** Compensation for deaths resulting from work-related injuries or illnesses include payment of funeral expenses and dependency benefits (each are subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

## Wage Statement Form

You must complete and provide a wage statement form (DFS-F2-DWC-1a) to your carrier for any employee who is entitled to wage replacement benefits, within 14 days after knowledge of the accident. You must also complete this form upon the termination of the employee or upon termination of fringe benefits for any employee who is collecting wage replacement benefits within seven days of such termination. To access the form go to, <https://www.MyFloridaCFO.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> and click on DWC-1a.

## Employee Assistance Office

If you have any questions or concerns about your employees' workers' compensation benefits, call your workers' compensation insurance carrier. If the insurance carrier does not provide the information that you have requested, you can call the Division of Workers' Compensation, Employee Assistance Office (EAO) at 1-800-342-1741. This office helps prevent and resolve disputes between injured workers and employers/carriers.

EAO specialists are knowledgeable about the workers' compensation system and may be able to answer your questions. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at [www.MyFloridaCFO.com/Division/WC/Employee/eao\\_offices.htm](http://www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm).

In addition, the Division of Workers' Compensation has a Web site section on "Frequently Asked Questions for Employers," which can be accessed at <https://www.MyFloridaCFO.com/Division/wc/Employer/faq.htm>.

## Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at [www.jcc.state.fl.us/JCC/forms/](http://www.jcc.state.fl.us/JCC/forms/).

## Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program, files false or misleading information. Workers' compensation fraud is a third degree felony that can result in fines, civil liability and jail time. Rewards of up to \$25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud.

To report suspected workers' compensation fraud, call 1-800-378-0445.

# REEMPLOYMENT SERVICES BROCHURE

s. [440.491](#), F.S.

Upon receipt of required documentation, Reemployment Services Program staff conduct a vocational assessment to determine which services an injured worker is eligible to receive.

The brochure can be found on the Division's website:

- [Reemployment Services Program](#)



## Who decides what services I am eligible for?

Upon receipt of required documentation, Reemployment Services Program staff conduct a vocational assessment to determine which services you are eligible to receive. If additional information is needed after the assessment, you will be referred for a vocational evaluation.

If a vocational evaluation is conducted, the recommendations of the evaluator will be reviewed to determine the best plan for returning you to suitable gainful employment.

## How are services provided?

The Division will contract with a professional rehabilitation provider to provide the authorized services.

## How much do the services cost?

An injured employee is responsible for transportation expenses for all appointments. All other services are provided at no cost to eligible injured employees. If an injured employee needs immediate assistance with daily living expenses, Reemployment Services Program staff may refer individuals to community based organizations.

For additional information about the Reemployment Services Program, please:

- Review the video located at [www.MyFloridaCFO.com/Division/WC](http://www.MyFloridaCFO.com/Division/WC)
- Email us at [w cres@myfloridacfo.com](mailto:w cres@myfloridacfo.com), or
- Call us at (800) 342-1741

## Success Stories

A 45 year old female injured her shoulder while working and had physical restrictions that prevented her from returning to work as a Certified Nurse's Assistant (CNA). She received reemployment services through the Division of Workers' Compensation and was able to return to work within seven months of being released by her physician. She is now working as a Customer Service Representative and is earning wages comparable to the amount she made as a CNA.

After suffering an injury to his back, the 39 year old male had surgery to repair a herniated disc. Subsequently, he was retrained through the Reemployment Services Program and returned to work within one month after completing electronic technology training. The wages of his new position are comparable to the wages he earned previously.

The injured worker, a 59 year old female, had a shoulder injury, and was unable to return to her career in the food service industry. Within 45 days of the initial contact by a rehabilitation provider, the injured worker secured two job offers and chose a position in human resources starting at \$34,000.

A 53 year old male suffered a knee injury when he worked as a store manager. Because of his restrictions he could no longer perform his assigned duties. After receiving help updating his resume, he was provided with job search assistance through the Reemployment Services program. He was able to return to work eight months after being released by his physician. He returned to work in a professional position earning a salary comparable to what he previously earned.

A 51 year old female suffered a knee injury which prevented her from working in the position she had at the time of her injury. She received an updated resume, job search assistance, job seeking skills training and interviewing skills training through the Reemployment Services Program and returned to work making \$7.00 more per hour in her new job.

## Florida Division of Workers' Compensation



# WE ARE HERE 4 YOU

## REEMPLOYMENT SERVICES PROGRAM



**Florida Division of  
Workers' Compensation**  
200 East Gaines Street  
Tallahassee, FL 32399-4225



**DIVISION OF  
WORKERS' COMPENSATION**  
Florida Department of Financial Services



# DEPARTMENT OF FINANCIAL SERVICES

## What is the Reemployment Services Program?

The Florida Division of Workers' Compensation Reemployment Services Program provides services to help injured workers obtain employment when their job related injuries or illnesses prevent them from returning to their usual line of work.

## What services are available?

Reemployment services include:

- Vocational counseling,
- Job-seeking skills training,
- Resume writing,
- Transferable skills analysis,
- Job search assistance,
- Vocational Evaluation, and
- Training and education.

Services authorized will vary according to the needs and eligibility of the injured employee.

## Who is eligible for reemployment services?

Although other factors may affect eligibility, you must, at minimum:

- Have a compensable injury or illness that is covered under the Florida Workers' Compensation Law,
- Have a date of accident or illness on or after 10/01/1989,
- Be legally eligible to work in the United States, and
- Submit a "Request for Screening" application to the Division within one year (365 days) of your last receipt of carrier paid monetary benefits, medical treatment or settlement.

## How can I submit a "Request for Screening" application for reemployment services?

To submit a request, complete the online application located on the Injured Employee Web Portal at the following link:

<https://wcres.fldfs.com/resportal/ielweb/ielogin.aspx>

This web-based application can be accessed from any computer connected to the internet 24 hours a day, 7 days a week, at the time that is most convenient for you.

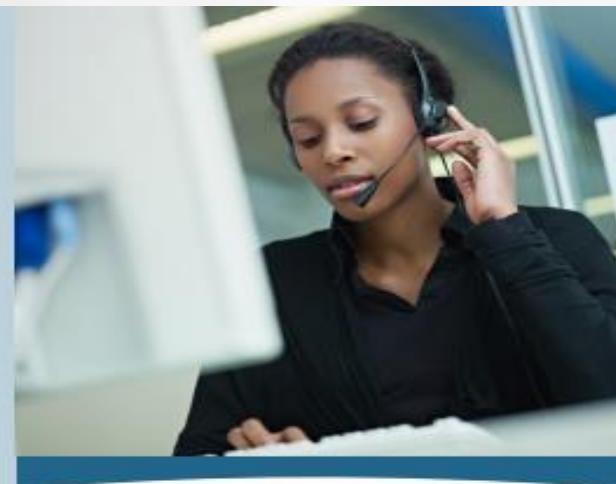
To complete the application, you will need the following information:

- Your Social Security Number (SSN) or the Jurisdiction Control Number (JCN) assigned by the Florida Division of Workers' Compensation;
- Date of work accident or illness;
- Work history for the last 15 years;
- Medical information that affects your ability to work. This should include both workers' compensation and non-workers' compensation medical information; and
- Educational background, including whether you attended college or vocational technical school.

## What happens after I submit my request?

Upon receipt of a completed "Request for Screening" application and other required documentation, your case will be assigned to a case manager who will:

- Call you to conduct a phone interview,
- Confirm this is a compensable Florida Workers' Compensation injury or illness,



- Review all available case related documents, including the documents required by the Form I-9, Employment Eligibility Verification,
- Review medical information to determine any permanent functional limitations related to the injury,
- Confirm whether employment is available with the employer of injury, and
- Determine whether you have already returned to suitable gainful employment.

## What factors are considered in making a determination of what services I am eligible to receive?

Florida's Workers' Compensation Law requires the following factors be considered when determining a return to work plan: age, education, work history, transferable skills, previous occupation, injury, and average weekly wage at the time of injury.

# Contact Us

If you have any questions about these informational materials, please contact the Bureau of Employee Assistance & Ombudsman Office at:

1-800-342-1741

or [WCEAOAnswer@myfloridacfo.com](mailto:WCEAOAnswer@myfloridacfo.com).

DEPARTMENT OF FINANCIAL SERVICES

