# 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 <u>Section 440.38(6), F.S.</u>
- 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)

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>

# 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		

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

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

## **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

System for Tracking Assessments,

Regulation &

Transactions

User Id: XXXXXXXXX

•••••••• Log in

Forgot Password

Password:

https://start.fldfs.com/Login.aspx

## 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			X
John Smith	JohnSmith@GovernmentalSelfInsurer.com	ISI			X	
John Doe	JohnDoe@TPAorQSE.com	ΤΡΑ	Х	Х	X	X
Jane Doe	JaneDoe@Consortium.com	Consortium		Х		

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

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

# Governmental Self-Insurer's Dashboard START

ion of Workers' Compe START	nsation	Active C	ontact	[	Your Session Time Left : 20 min	
ISI	Pro	file	Reports	•	Admin	
		IS	51			
Home	Welcome Active Contact with Governmental Self-Insurer         Sign					
ISI: Governmen	tal Self-Insurer	Curr ent Sta	us: Active	RED :	1/1	
FEIN: 12-3456789	DWC # : 1	234 SI-Effective	Date : 8/1/1935	SI-End Dat	te :	

Assessments	Claim s	Payroll (SI-5)
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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 Worke START	ers' Compensa	ation		Active Contact			Your Session Time Left : 2	0 minutes.
ISI		l	Profile		Reports	•	Admin	•
			A	Audited Pay	roll			
Home		Welcome Act	ive Con	tact with Govern	mental Self	-Insurer	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 Dat	ie :	
			Enter/E	dit Payroll Informa	ion			
	Class code	8810		Payroll	\$			
	Rate%	0.17		Premium	\$	0		
			:	Save Clear Delete				

		Previous Cover	age Perio	d		d			
	Start I	Date: 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) START Submission

	of Worke START	ers' Compensa	tion		Active Cont	act		You	ır Session Time Left : 2	0 minutes.
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	Home	v	Welcome A	ctive Co	ntact with Go	vernme	ntal Self-Ir	surer	Sign Out	
[	ISI:	Governmental Se	elf-Insurer		Current Status	:	Active	RED :	1/1	
	FEIN :	12-3456789	DWC #:	1234	SI-Effective Date	ð :	8/1/1935	SI-End Date :		
_				Enter/E	dit Payroll Info	rmation				
		Class code	8810		Payroll	\$	689389			
		Rate%	0.17		Premiun Save Clear Dele			0		

		Previous Cover	age Perio	d		d			
	Start E	Date: 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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						Audite	ed Payr	oll			
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]	FEIN :	12-345	6789	DWC #	: 1	234 SI-Effec	tive Date :	8/1/1935	SI-En	d Date :	
					E	nter/Edit Payro	ll Informatio	DD			
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		Ra	te%			P	remium	\$			
						Save Clea	ar Delete				
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		tart Date :		-	e Period 1 Date :	12/31/2019	Start Date :	<b>Current Cov</b> 1/1/2020	er ag e Period End Date :	12/31/2020	
Se	lect Cl	tart Date : ass ode		End		12/31/2019 Premium	Start Date : Class code		<u> </u>	12/31/2020 Premium	Deviation
E	lect Cla co dit 75	ass ode j39	1/1/2019 Payroll \$336,283,	End 823.00	l Date : ate% 1.71	Premium \$5,750,453.00	Class code 7539	1/1/2020 Payroll \$391,541,353.	End Date : Rate% 00 1.74	Premium \$6,812,820.00	16.00 %
E	lect Clark	ass ode 339 310	1/1/2019 Payroll	End 823.00 196.00	Date : ate%	Premium	Class code 7539 8810	1/1/2020 Payroll	End Date : Rate% 00 1.74 00 0.17	Premium	16.00 % 8.00 %

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

			Pay	yr ol	l has b	een sul	omitted.
-		ОК	Cancel				
? Are	you sure you would like	to submit t	his payroll?				
Message from	n webpage			$\times$			

# Governmental Self-Insurer's Dashboard START

n of Workers' Compens START	sation	Active Contact		Your	Session Time Left : 20 n	ninut
ISI	Profile		Reports	•	Admin	
		ISI				
Home	Welcome Active Co	ntact with Governm	nental Self-In	surer	Sign Out	
ISI : Governmenta	l Self-Insurer	Current Status :	Active	RED :	1/1	
FEIN: 12-3456789	DWC # : 1234	SI-Effective Date :	8/1/1935	SI-End Date :		

Assessments	Claim s	Pay roll (SI-5)
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Self-Insurer's Form Filing Lifecycle

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

# Unit Statistical Report (SI-17) START Submission

Division of Workers' Compens START	ation	Active Contact	You	Your Session Time Left : 20 min							
ISI	Profile		Reports	•	Admin						
	Claims										
Home	Welcome Active Co	ntact with Govern	mental Self-In	Sign Out							
ISI: Governmenta	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		Welcome	Active (	Contact with G	overnmental Sel	f-Insurer	Sig	n Out
ISI:	Governmental	Self-Insurer		Curr ent Statu	s: Active	RED :	1/1	
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		Loss I	Data (SI-17	) document should c	ontain the following rep	orts:		
Select th	upload <u>.xls</u> (Microso e file type to upload: e loss data file to up	ftExcel 97-2003	Report #: Report #: Dowr -17 Excel Workshe	<b>et) file, please contac</b> crosoft Excel Works	0/2019 0/2018	MyFloridaCFO.com		
	d loss adjustment:		•		Report #2:\$		ort #3: \$	
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	erage Cove	rage _				Date	Submitted By	Llisto
Cove Period		od To Du	le Date	Date Received	Loss Data (SI-17)	Submitted		HISLO
Period		od To DL	ue Date /02/2021	Date Received	Loss Data (SI-17) Enter	Submitted		
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Period 07/01 07/01	d From Peric //2019 06/30	od To Du /2020 03/ /2019 03/	/02/2021		Enter			Selec Selec Selec

File uploaded successfully.

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

ivision of Worke START	ers' Compens	auon		Active C	ontact		You	r Session Time Left :	20 minutes.
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Home		Welcome A	ctive Co	ntact with	Governn	n <mark>ental Self-I</mark> I	nsurer	Sign Out	
ISI:	Governmental	Self-Insurer		Curr ent Sta	tus :	Active	RED :	1/1	
FEIN :	12-3456789	DWC # :	1234	SI-Effective	Date :	8/1/1935	SI-End Date :		
			Self-Ins	urer's Forn	n Filing L	<u>ifecycle</u>			
	*Click	on the link above	to view due	dates for all for	m filing rea	wirements and ou:	arterly assessments.		

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

ision of Work START	ers' Compens	ation		Active Contact		Ŋ	our Session Time Left : 20 mi
ISI			Profile		Reports	•	Admin
				Claims			
Home		Welcome Ac	tive Co	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)

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

ivision of Worke START	ers' Compensa	ition	Active Contact				our Session Time Left : 20 m	inutes
ISI			Profile		Reports	•	Admin	
		Cer	tificat	ion of Servic	ing Detail	s		
Home		Welcome A	ctive Co	ntact with Governr	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 :		

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

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

Welcom rnmental Self-Insure 56789 DWC # Both Current and Form ANDLING OF THE SELF Solution of the SELF Affinsured claims are of	mer Self-Insure. SELF-INSURED CL. curr ently being	<u>AIMS</u> g administered: <i>(Check One</i> )	mental Self-Ir Active 8/1/1935	,	Admin  Sign Out  1/1
Welcom rnmental Self-Insure 56789 DWC # Both Current and Form ANDLING OF THE SELF Solution of the SELF Affinsured claims are of	mer Self-Insure. SELF-INSURED CL. curr ently being	Curr ent Status : SIEffective Date : rs must complete this part) RED CLAIM S AIMS g administered: (Check One	mental Self-Ir Active 8/1/1935	RED :	
ramental Self-Insure 56789 DWC # Both Current and Form ANDLING OF THE SELF Solution of the self affinsured claims are of	rer # : 1234 mer Self-Insure: SELF-INSURED CL. curr ently being	Curr ent Status : SIEffective Date : rs must complete this part) RED CLAIM S AIMS g administered: (Check One)	Active 8/1/1935	RED :	
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ums are split between u ch one handles; you mu claims are being hand ums are split between ach a list of those Qual	multiple Qualif ust execute a sep dled thr ough an a Qualified Ser lified Servicing	Ted Servicing Entity (Attach parate Form SI-19 with each approved self-servicing arr vicing Entity, or multiple Q Entities and the dates of sel	a list of those Qual Qualified Servicin angement (Continu ualified Servicing E f-insurance handled	g Entity completing S e in Section C) intities and an approve l in-house and by each	and the dates of self- ection B) d self-servicing Qualified Servicing
SERVICING SELF-I					
SE	ERVICING SELF-	ERVICING SELF-INSURED CL	ERVICING SELF-INSURED CLAIMS BY APPROVED S	ERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING	

\*\*\*\* Any additional documents required for this form must be uploaded under the self-insurer's profile (under General Info).

Re-c	Profile certificat	tion of Servi	Reports	•	Admin
Re-o	ertificat	tion of Sorvi			
		UOII OI SEIVI	icing (SI-1	9)	
Welcome	Active Cont	act with Governn	nental Self-In	surer	Sign Out
ernmental Self-Insurer		Current Status :	Active	RED :	1/1
456789 DWC # :	1234	SI-Effective Date :	8/1/1935	SI-End Date :	
RVICING OF SELF-INSUR cing Entity if applicable) Qualified Servicing Entity 69L-5.230, FAC, relating n 8/3/2022 and e lified Servicing Entity are t its contract with the above ntract and the self-insurer enew Qualified Servicing E	RED CLAIMS BY certifies that the to claims handlin nds on self-insurer con is changing serv Entity?	AN APPROVED QUAL e above self-insurer has ng, by contracting for th . The dates of to nplies with Rule 69L-5.2	IFIED SERVICING satisfied the servic ese services on a fu is elf-insurance bei ]. The under signe 30, FAC.	ENTITY (To be com ing requirements as Il-time basis. This ng serviced by the d service company	
	2,	Broadspire Services, I	nc. 🗸		
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		First N	ame:		
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Select		✓ Zip Cor	1o ·		Zip Ext :
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START	ers' Compens	auon		Active Co	ontact		Y	our Session Time Left : 20 minute
ISI			Profile			Reports	•	Admin
		Re-c	ertific	ation of	Servi	cing (SI-1	9)	
Home		Welcome A	ome Active Contact with Governmental Self-Insurer				surer	Sign Out
ISI:	Governmental	Self-Insurer		Current Stat	us:	Active	RED :	1/1
FEIN :	12-3456789	DWC #:	1234	SI-Effective I	Date :	8/1/1935	SI-End Date	:
	CLAIMS <u>AIMS <i>(Both Curr</i> DN A - HANDLIN</u>		,	•	this part)			
PART I-CL	<u>AIMS</u> <i>(Both Curr</i> DN A - HANDLIN	g of the sei	LF-INSUR	ED CLAIMS	. ,			
PART I-CL	AIMS (Both Curr	g of the sei Ng of self-II	LF-INSUR NSURED (	ED CLAIMS CLAIMS BY AI	N APPRO			
PART I-CL SECTION SECTION SECTION	<u>AIMS <i>(Both Curr</i>)</u> DN A - HANDLIN DN B - SERVICII	g of the sei Ng of self-II Ng self-INSU	LF-INSUR NSURED ( IRED CLA	ED CLAIMS CLAIMS BY AI IMS BY APPR	N APPRO	LF-SERVICING	ARRANGEME	
PART I-CL SECTION SECTION SECTION The under	AIMS (Both Curr DN A - HANDLIN DN B - SERVICII DN C - SERVICING S (C - SERVICING S (signed self-insure	G OF THE SEI NG OF SELF-II NG SELF-INSU ELF-INSURED C r certifies that it	LF-INSUR NSURED ( IRED CLA LAIMS BY has satisfie	ED CLAIMS CLAIMS BY AI IMS BY APPR APPROVED SE d the servicing r	N APPRO OVED SE	LF-SERVICING	ARRANGEME ENT	
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\*\*\*\* Any additional documents required for this form must be uploaded under the self-insurer's profile (under General Info).

			Profile				Admin	
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		Re-c	ertific	cation of Serv	icing (SI-'	19)		
Home		Welcome A	ctive Co	ntact with Governmental Self-Insurer			Sign Out	
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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):
  - <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
- 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

