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	 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>

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	 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

System for Tracking Assessments,

Regulation &

Transactions

User Id: XXXXXXXXX

•••••••• Log in

Forgot Password

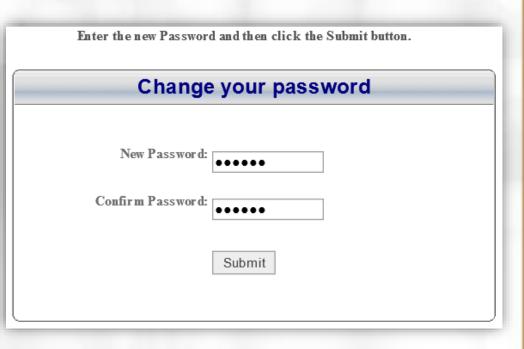
Password:

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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	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			
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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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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
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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	et) file, please contac 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
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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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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
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Home		Welcome Ac	tive Co	surer	Sign Out		
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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

ivision of Worke START	ers' Compensa	ition	Active Contact				our Session Time Left : 20 m	inutes
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		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 :	
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56789 DWC # Both Current and Forn ANDLING OF THE ADLING OF THE SELF Afinsured claims are of	# : 1234 mer Self-Insure: SELF-INSURED CL. curr ently being	SIEffective Date : rs must complete this part) RED CLAIM S AIMS g administered: (Check One	8/1/1935		
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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
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**** 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 :	
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	2,	Broadspire Services, I	nc. 🗸		
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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
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FEIN :	12-3456789	DWC #:	1234	SI-Effective I	Date :	8/1/1935	SI-End Date	:
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PART I-CL	AIMS (Both Curr	g of the sei Ng of self-II	LF-INSUR NSURED (ED CLAIMS CLAIMS BY AI	N APPRO			
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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	
ISI			Profile		Reports	•	Admin	
		Re-c	ertific	cation of Serv	icing (SI-'	19)		
Home		Welcome A	ctive Co	ntact with Governmental Self-Insurer			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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Home	Welcome	Active Contact	with Governmental	Sign Out	
ISI: Govern	mental Self-Insurer	Curr	ent Status : Ac	tive RED :	1/1
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PART III - SELF-INSU The under signed self-in knowledge and that the privileges assumed by t	nsurer certifies that the in	Both Current and J formation contained nner include all cl t of purchases or m		form is true and corr	ect to the best of his/her and any other self-insurance
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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

