

## *Workers' Compensation Compliance Issues*

The following provisions are included in Florida Statutes 440 & 443 and apply to your Workers' Compensation policy. Please read these carefully as they can have a significant impact on you personally, your employees, and your business entity.

1. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is **guilty of a felony of the third degree** or as otherwise punishable as provided under the law.
2. As the employer you may be asked to update the application monthly to reflect any change in the required application information; (The Florida Workers' Compensation Change Sheet will be used for this purpose).
3. If you file an application or application update containing false, misleading, or incomplete information with the purpose of avoiding or reducing the amount of premiums for Workers' Compensation coverage it is a **felony of the third degree** or as otherwise punishable as provided under the law.
4. You are required to submit to the carrier, a copy of the quarterly earnings report and self-audits supported by the quarterly earnings reports, as required by Chapter 443, at the end of each quarter. If you omit the name of an employee from this quarterly earnings report, Florida Statutes state that **you will remain liable and will reimburse the carrier for any Workers' Compensation benefits paid to this omitted employee.**
5. You agree to make available, all records necessary for the payroll verification audit and permit the auditor to make a physical inspection of your operations. You understand that failure to do this shall result in a **\$500 payment** to the carrier to defray the cost of the audits.
6. In accordance with Florida Statutes 440.381(6), if you intentionally understate or conceal payroll, or misrepresent or conceal employee duties so as to avoid proper classification for premium calculations, or misrepresent or conceal information pertinent to the computation and application of an experience rating modification factor, you shall pay a **penalty of ten (10) times** the amount of the difference in premium paid and the amount you should have paid, and reasonable attorney's fees.
7. In accordance with Florida Statutes 440.134(17), your carrier provides medical care through a workers' compensation managed care arrangement. Injured workers who receive medical services **must** use approved providers. **Treatment received outside the managed care arrangement is not compensable (payable) unless authorized by the carrier prior to the treatment date.**

This is only a summary of insurance coverage's and does not constitute a policy, contract or legal evidence of insurance. For complete policy terms, conditions, limitations and exclusions refer to the policy. I acknowledge these coverages offered.

Initials \_\_\_\_\_

Date: \_\_\_\_\_

6

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