

Section I
Notice of Development of Proposed Rules
and Negotiated Rulemaking

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Florida Forest Service

RULE NOS.: RULE TITLES:

5I-2.003 Definitions
5I-2.006 Open Burning Allowed

PURPOSE AND EFFECT: The proposed changes to Chapter 5I-2, F.A.C., update Rules 5I-2.003 and 5I-2.006, F.A.C., to include the 2013 legislative changes to Chapter 590, Florida Statutes. The changes update definitions and open burning requirements and certifications to bring Chapter 5I-2, F.A.C., into compliance with Section 590.125, Florida Statutes. The rule change extends the Certified Prescribed Burn Manager’s authorizations by one hour.

SUBJECT AREA TO BE ADDRESSED: Open burning of acreage and piles in Florida.

RULEMAKING AUTHORITY: 570.07, 570.548, 590.015, 590.02, 590.11, 590.125 FS.

LAW IMPLEMENTED: 570.07, 570.548, 590.015, 590.02, 590.11, 590.125 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: February 27, 2014, 10:00 a.m.

PLACE: Eyster Auditorium, Conner Complex, 3125 Conner Blvd., Tallahassee, FL 32399 & Symons Conference Center, Desoto IFAS Extension Office, 2150 N.E. Roan Street, Arcadia, Florida 34266

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Jim Brenner, Fire Management Administrator, 3125 Conner Blvd., Suite A, Room 160, Tallahassee, FL 32399-1650, Email: jim.brenner@freshfromflorida.com, Telephone: (850)681-5916

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

RULE NO.: RULE TITLE:

61J1-10.002 Registered Trainee Real Estate Appraiser

PURPOSE AND EFFECT: The Board proposes the rule amendment to delete unnecessary language and to add new

language to clarify the pre-registration courses for trainee appraisers approved by the Board.

SUBJECT AREA TO BE ADDRESSED: Registered trainee real estate appraiser.

RULEMAKING AUTHORITY: 475.614 FS.

LAW IMPLEMENTED: 475.611(1)(r), (u), (v), 475.613(2), 475.615, 475.617(1) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Juana Watkins, Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

RULE NO.: RULE TITLE:

61J1-10.003 Certified Residential Appraiser

PURPOSE AND EFFECT: The Board proposes the rule amendment to modify the language to clarify the procedures and requirements for a certified residential appraiser.

SUBJECT AREA TO BE ADDRESSED: Certified residential appraiser.

RULEMAKING AUTHORITY: 475.614 FS.

LAW IMPLEMENTED: 475.613(2), 475.615(2), 475.617(2) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Juana Watkins, Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

RULE NO.: RULE TITLE:

61J1-10.004 Certified General Appraiser

PURPOSE AND EFFECT: The Board proposes the rule amendment to modify the language for the minimum education, experience, and examination requirements for certification as a general real estate appraiser.

SUBJECT AREA TO BE ADDRESSED: Certified general appraiser.

RULEMAKING AUTHORITY: 475.614 FS.

LAW IMPLEMENTED: 475.613(2), 475.615(2), 475.617(3) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Juana Watkins, Director, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS AVAILABLE AT NO CHARGE FROM THE CONTACT PERSON LISTED ABOVE.

**Section II
Proposed Rules**

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Building Commission

RULE NO.: RULE TITLE:

61G20-3.007 Product Approval by the Commission

PURPOSE AND EFFECT: The purpose and effect of the proposed rule is to comply with Ch. 2013-193, Laws of Florida, that directed the Florida Building Commission to expand the Department's scope of product approval to include applications for product approval using product evaluation reports for evaluation entities other than those from licensed engineers or architect, and to revise the payment screen of the on-line product and entity approval applications to correlate with the changes to the administration function of the State Product Approval Program.

SUMMARY: As mandated by law, the proposed rule allows applications for product approval using product evaluation reports to be considered and approved by the Department under the expedited ten (10) days review process. In addition,

the proposed rule collapses the current split payment screen for the on-line product and entity approval applications into one payment screen providing payment to the Department as the product approval administrator without any change to the application fees.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department conducted an analysis of the proposed rule's potential economic impact and determined that it did not exceed any of the criteria established in Section 120.541(2)(a), F.S.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 553.842(1) FS.

LAW IMPLEMENTED: 553.842 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Mo Madani, Planning Manager, Department of Business and Professional Regulation, 1940 North Monroe Street, Tallahassee, Florida 32399, (850)717-1825

THE FULL TEXT OF THE PROPOSED RULE IS:

61G20-3.007 Product Approval by the Commission.

(1) Approval of a product or system of construction for state acceptance shall be performed by the Commission through the following steps:

(a) through (b) No change.

(c) With exception to product applications submitted pursuant to paragraph 61G20-3.005(1)(a), or paragraph 61G20-3.005(1)(c), F.A.C., upon Commission acceptance of the required documentation pursuant to Rule 61G20-3.005, F.A.C., and validation of compliance with the Code pursuant to Rule 61G20-3.006, F.A.C., the Commission may approve the product for use statewide in accordance with its approval and limitations of use unless credible evidence is provided

questioning the validity of the documentation submitted in support of the application for approval.

(d) Product Application that rely upon a product certification mark or listing from an approved certification agency or an evaluation report from an approved evaluation entity shall be approved for use statewide in accordance with its approval and limitations of use to demonstrate compliance with the Code as follows:

1. An application of a product submitted for state acceptance pursuant to paragraph 61G20-3.005(1)(a), or paragraph 61G20-3.005(1)(c), F.A.C., shall be approved by the Department after the Program System Administrator (the "Administrator") verifies that the application and required documentation as per Rule 61G20-3.006, F.A.C., are complete.

2. through 4. No change.

(e) through (h) No change.

(2) through (3) No change.

Rulemaking Authority ~~553.77(1)(i)~~, 553.842(1) FS. Law Implemented 553.842(4) FS. History—New 5-5-02, Amended 9-4-03, 11-22-06, 5-21-09, 10-28-09, Formerly 9B-72.090, Amended 7-14-11, Formerly 9N-3.007, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Florida Building Commission
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Florida Building Commission
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 13, 2013
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: May 29, 2013

DEPARTMENT OF HEALTH

Board of Massage Therapy

RULE NO.: RULE TITLE:

64B7-24.020 Public Comment

PURPOSE AND EFFECT: The board proposes the promulgation of a new rule to address the recent statutory addition set forth in Section 286.0114, F.S., with regard to public participation in public meetings.

SUMMARY: The proposed rule sets forth the procedures for those members of the public who desire to speak at the Board's public meetings.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule.

A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: During discussion of the economic impact of this rule at its Board meeting, the Board, based upon the expertise and experience of its members, determined that a Statement of Estimated Regulatory Costs (SERC) was not necessary and that the rule will not require ratification by the Legislature. No person or interested party submitted additional information regarding the economic impact at that time.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 286.0114 FS.

LAW IMPLEMENTED: 286.0114 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Anthony Jusevitch, Executive Director, Board of Massage Therapy/MQA, 4052 Bald Cypress Way, Bin #C06, Tallahassee, Florida 32399-3256

THE FULL TEXT OF THE PROPOSED RULE IS:

64B7-24.020 Public Comment.

The Board of Massage Therapy invites and encourages all members of the public to provide comment on matters or propositions before the Board or a committee of the Board. The opportunity to provide comment shall be subject to the following:

(1) Members of the public will be given an opportunity to provide comment on subject matters before the Board after an agenda item is introduced at a properly noticed board meeting.

(2) Members of the public shall be limited to 3 minutes to provide comment. This time shall not include time spent by the presenter responding to questions posed by Board members, staff or board counsel. The chair of the Board may extend the time to provide comment if time permits.

(3) Members of the public shall notify board staff in writing of his or her interest to be heard on a proposition or matter before the Board. The notification shall identify the person or entity, indicate support, opposition, or neutrality, and identify who will speak on behalf of a group or faction of persons consisting of 3 or more persons. Any person or entity appearing before the Board may use a pseudonym if he or she does not wish to be identified.

Rulemaking Authority Section 1, Chapter 2013-227, Laws of Florida.
Law Implemented Section 1, Chapter 2013-227, Laws of Florida.
History--New

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Board of Massage Therapy
 NAME OF AGENCY HEAD WHO APPROVED THE
 PROPOSED RULE: Board of Massage Therapy
 DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: October 24, 2013
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAR: January 10, 2014

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker’s Compensation

RULE NOS.:	RULE TITLES:
69L-3.002	Definitions
69L-3.003	Procedures for Filing Documents
69L-3.0033	Electronic Filing of Workers' Compensation Forms
69L-3.0035	Injured Worker Informational Brochure
69L-3.0036	Employer Informational Brochure
69L-3.004	First Report of Injury or Illness: Employer's Responsibility to Record and Report Accidents
69L-3.0045	First Report of Injury or Illness: Claims-handling Entity's Responsibility to Record and Report Accidents
69L-3.0046	Wage Statement: Employer's and Claims-handling Entity's Responsibility to Record and Report Wages
69L-3.0047	Fraud Statement
69L-3.0091	Notice of Action/Change
69L-3.012	Notice of Denial
69L-3.016	Claim Cost Report
69L-3.017	Notice of Apportionment of Medical Reimbursement Due to a Pre-Existing Condition(s)
69L-3.018	Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993)
69L-3.019	Wage Loss Benefits for Temporary Partial Disability (Dates of Accident August 1, 1979 through December 31, 1993)
69L-3.0191	Temporary Disability Benefits (Dates of Accident January 1, 1994 through September 30, 2003)
69L-3.01915	Temporary Partial Disability Benefits (Dates of Accident on or After October 1, 2003)
69L-3.0192	Impairment Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003)

69L-3.01925	Impairment Income Benefits (Dates of Accident on or After October 1, 2003)
69L-3.0193	Supplemental Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003)
69L-3.0194	Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident Prior to October 1, 2003
69L-3.01945	Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident on or After October 1, 2003
69L-3.021	Additional Income Source Reports
69L-3.025	Forms

PURPOSE AND EFFECT: The proposed rule amends Rule Chapter 69L-3, F.A.C., as follows: revisions are made to the rule chapter’s title list; the defined term “Claims-handling Entity” is replaced by the defined term “Claim Administrator”; the term “carrier” is replaced by the term “insurer;” revisions are made to websites, e-mail addresses and the phone numbers used to contact or make reports to the Division of Workers’ Compensation (“Division”); language is added to clarify that the filing of paper documents requires the express permission of the Division and that such provisions do not supersede the electronic filing requirements found under Chapter 69L-56, F.A.C. The proposed rule also deletes obsolete language and a related form. The proposed rule includes additional technical changes and is renumbered accordingly.

SUMMARY: The rule chapter is amended to clarify that the filing of paper documents, when approved by the Division of Workers’ Compensation, does not supersede the requirements for electronic submittal of claims information, as specified under Rule Chapter 69L-56, F.A.C. The rulemaking also updates terminology and contact information, deletes an obsolete form and related language, and makes additional technical changes.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Upon review of the proposed changes to these rules,

the Department has determined that the amendments will not exceed any one of the economic analysis criteria as set forth under paragraph 120.541(2)(a), F.S.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 440.105(7), 440.14(5), 440.15(1)(f)2.a., b., (2)(d), (3)(b)5., (f), (4)(a), (e), 440.185(2), (4), (5), (9), (10), 440.19, 440.20(3), 440.207(2), 440.35, 440.38(2), (5), (6), 440.41, 440.51(8), (9), 440.591, 440.593 FS.

LAW IMPLEMENTED: 440.02, 440.05, 440.102, 440.105(7), 440.107, 440.12 (2), 440.13, 410.14, 440.15(1), (2), (3)(d)2., (f), (4)(b), (5), 440.16, 440.185(2), (3), (4), (5), (9), (10), 440.185(10) (1993), 440.19, 440.191, 440.192(8), 440.20 (2) (a), (3), (4), (6), (9), (15)(f), 440.20 (1993), 440.207(2), 440.21, 440.34(3), 440.345, 440.35, 440.38(2)(b), 440.40, 440.41, 440.491, 440.51(6), (8), (9), 440.59, 440.593, F.S.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: Monday, March 3, 2014, 10:00 a.m.

PLACE: Room 102, Hartman Building, 2012 Capital Circle Southeast, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Pam Macon @ (850)413-1708 or Pamela.Macon@MyFloridaCFO.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pam Macon, Chief, Bureau of Monitoring and Audit, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4232, (850)413-1708 or Pamela.Macon@MyFloridaCFO.com

THE FULL TEXT OF THE PROPOSED RULE IS:

WORKERS' COMPENSATION CLAIMS

69L-3.002 Definitions.

When used in this chapter, the following terms have the following meanings:

(1) "Average Weekly Temporary Total Disability Benefit" means the weekly average of all benefits paid pursuant to ~~paragraphs Sections~~ 440.15(2)(a) and (b), F.S. The weekly average shall be determined by dividing the total amount of temporary total disability benefits paid to date, by the number of weeks and days paid as calculated pursuant to ~~paragraph Section~~ 440.14(1)(g), F.S. If no temporary total disability benefits were paid, the average weekly temporary total disability benefit shall be 66 2/3% of the employee's average weekly wage, subject to the maximum compensation rate in accordance with Section 440.14, F.S.

(2) "Biweekly work week" means two consecutive 7-day periods coinciding with the post injury employer's work week. For the purposes of calculating Temporary Partial Benefits pursuant to ~~subsection Section~~ 440.15(4), F.S., the first biweekly work week includes the week the employee returned to work.

(3) "~~Claim Administrator Claims-handling Entity~~" means any insurer, claims-handling entity, qualified servicing entity, service company/third-party administrator (Service Co/TPA), self-serviced self-insured employer or fund, or managing general agent and includes all claims office locations that will be responsible for adjusting and submitting workers' compensation claims to the Division.

(4) No change.

(5) "Compensation Rate" means 66 2/3% of the employee's average weekly wage pursuant to Section 440.14, F.S., as calculated by the claim administrator ~~claims-handling entity~~, as ordered by a Judge of Compensation Claims, or to which the parties have stipulated.

(6) "Date Payment Mailed" means the date payment of a benefit left the control of the claim administrator ~~claims-handling entity~~ (or the claim administrator's ~~claims-handling entity~~ legal representative if delivery is made by the legal representative) for delivery to the employee or the employee's representative, whether by U.S. Postal Service or other delivery service, hand delivery, or deposit by electronic funds transfer.

(7) through (8) No change.

(9) "Denied Case" means any case for which the claim administrator ~~claims-handling entity~~ has denied liability for all workers' compensation benefits.

(10) through (11) No change.

(12) "Filing Period for Supplemental Income Benefits" means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a "quarter" as set out in subparagraph Section

440.15(3)(b)7., F.S. (1994), ~~which is incorporated herein by reference~~, except for the second filing period, which may consist of less than 13 weeks if the first payment period was pro-rated. The “initial filing period” is the filing period which occurs during the last 13 weeks of impairment income benefits.

(13) through (15) No change.

(16) “Indemnity Only Denied Case” means any case for which the ~~claim administrator claims handling entity~~ has denied all indemnity benefits at the time of the filing of the DFS-F2-DWC-1, however, compensability of the case is accepted and medical benefits will be provided.

(17) “Initial Payment of Supplemental Income Benefits” means payment of supplemental income benefits for the first whole or partial calendar month immediately following the expiration of the impairment income benefit period. The initial payment of supplemental income benefits shall cover the time beginning with the day after the expiration of impairment income benefits and ending with the last date in the initial calendar month pursuant to Section 440.15, F.S. (1994), ~~which is incorporated herein by reference~~.

(18) “Insurer Code #” means the Division-assigned number for the insurer as defined in ~~subsection Section~~ 440.02(38), F.S., which bears the financial risk of the claim.

(19) through (21) No change.

(22) “NAICS Code” means the 5 or 6-digit code published in the North American Industry Classification System (NAICS) 2007 ~~2002~~ Edition, hereby incorporated by reference, that represents the nature of the employer’s business. Classification information may be obtained by contacting the NAICS Association, 341 East James Circle, Sandy, Utah 84070, or visiting the website: www.naics.com.

(23) and (24) No change.

(25) “Payment Period for Supplemental Income Benefits” means the period of 3 consecutive calendar months immediately following the filing period. The first payment period may consist of less than 3 full months if the first monthly payment is pro-rated. The last payment period may consist of less than 3 full months if the employee has reached a maximum of 401 weeks of benefits. All other payment periods of supplemental income benefits shall be for 3 full calendar months, pursuant to Section 440.15, F.S.

(26) through (28) No change.

Rulemaking Authority 440.185(2), (5), (10), 440.20(3), 440.38(2), (6), 440.591 FS. Law Implemented 440.13, 440.185, 440.20(3), 440.38(2)(b) FS. History—New 11-5-81, Formerly 38F-3.02, Amended 4-11-90, 1-30-91, 6-10-92, 11-8-94, Formerly 38F-3.002, 4L-3.002, Amended 1-10-05, _____.

69L-3.003 Procedures for Filing Documents.

(1) Instructions on or pertaining to forms promulgated under this chapter, are also rules under this chapter and forms

shall be completed in accordance with such instructions. When forms are reproduced, they shall be reproduced in their entirety, including instructions. The ~~claim administrator claims handling entity~~ shall ensure that all documents filed with the Division pursuant to this rule chapter are complete and legible. These documents shall be filed with the Florida Department of Financial Services, Division of Workers’ Compensation, 200 East Gaines Street, Tallahassee, Florida 32399-4226, except as otherwise indicated. The Division shall return to the ~~claim administrator claims handling entity~~ any document on which the appropriate information required in subsection (3) of this rule section and paragraph 69L-3.0045(1)(d), F.A.C., does not appear, and will notify the ~~claim administrator claims handling entity~~ of its error or omission. If a document is not complete and legible, the Division will return it to the ~~claim administrator’s claims handling entity~~ address as provided on the form for correction or completion. The ~~claim administrator claims handling entity~~ shall make the correction, include a revised “Sent to Division Date” and resubmit the document to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent and accepted by the Division.

(2) ~~Claim administrators Claims handling entities~~ shall respond to any written request for information by the Division no later than 14 days after receiving the request, except as otherwise provided in Rule Chapter 69L-3, F.A.C.

(3) The ~~claim administrator claims handling entity~~, where required, shall include on every document it submits to the Division the following information:

(a) No change.

(b) The employee’s social security number as assigned by the Social Security Administration. If the employee does not have a social security number, the ~~claim administrator claims handling entity~~ shall email contact the Division at DWCAssignedNumber@myfloridacfo.com ~~following the instructions provided on the following website: www.fldfs.com/WC/organization/odgc.html (under Records Management Division Assigned Numbers)~~ to obtain a Division assigned number until the social security number is obtained. Upon receipt of the employee’s social security number, the ~~claim administrator claims handling entity~~ shall file Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., with the Division in accordance with Rule 69L-3.0091, F.A.C.

(c) No change.

(d) The “Insurer Code #”. A ~~claim administrator claims handling entity~~ adjusting claims for one or more insurers shall report the correct “Insurer Code #” for each specific claim.

(e) The “Service Co/TPA Code #”. If a third-party administrator, servicing agent, or other claim administrator

~~claims handling entity~~ is servicing a claim for an insurer, self-insured employer or self-insurance fund, it shall include both the “Insurer Code #” and the “Service Co/TPA Code #” on any form.

(f) The “Claims-handling Entity File #”. A claim administrator ~~claims handling entity~~ shall report its internal identification number assigned to a file on forms as required under this chapter.

(g) The name, address and telephone number of the claim administrator ~~claims handling entity~~. When a “Service Co/TPA” is adjusting claims for an insurer, the name, address and telephone number of the “Service Co/TPA” in addition to the name of the insurer shall be provided. The telephone number provided shall enable a caller to readily contact the office handling the claim.

(h) No change.

(4) The insurer or the claim administrator ~~claims handling entity~~ shall provide a supply of Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., to the employer, unless an alternative electronic reporting arrangement with the claim administrator ~~claims handling entity~~ is in place. The name of the insurer and the claim administrator’s ~~claims handling entity’s~~ name, address and telephone number shall be pre-printed or pre-stamped on each such form.

(5) All submissions of forms promulgated under this rule shall conform with the promulgated form in design, layout, field size, content and shall contain all data elements required by the promulgated form. If the Division finds that a computer-generated form is not the same as the promulgated form, the Division will return the form and the claim administrator ~~claims handling entity~~ shall make the correction, include a revised “Sent to Division Date” and resubmit a corrected form to the Division. The document will be considered completed and in compliance with this section when the corrected document is resent to the Division and is accepted.

(6) Any insurer or claim administrator ~~claims handling entity~~ failing to timely send documents promulgated under this rule chapter is subject to administrative fines assessed by the Division.

(7) This rule does not supersede Division filing requirements found in Rule Chapter 69L-56, F.A.C., and the filing requirements found herein only apply to circumstances under which permission has been granted by the Division to file paper documents.

Rulemaking Authority 440.185(2), (5), 440.20(3), 440.207(2), 440.38(2), (5), 440.591 FS. Law Implemented 440.185, 440.20, 440.51(8), (9) FS. History—Originally numbered 38F-3.01, 3.02, 3.03, New 10-30-79, Amended 11-5-81, Formerly 38F-3.03, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.003, 4L-3.003, Amended 1-10-05,_____.

69L-3.0033 Electronic Filing of Workers’ Compensation Forms.

Forms DFS-F2-DWC-1, DFS-F2-DWC-4, DFS-F2-DWC-12 and DFS-F2-DWC-13, as incorporated in Rule 69L-3.025, F.A.C., ~~shall be~~ may be alternatively reported to the Division using Electronic Data Interchange (EDI). Requirements for EDI reporting are located in Rule Chapter 69L-56, F.A.C. Rulemaking Authority 440.185(2), 440.593 FS. Law Implemented 440.593 FS. History—New 1-10-05, Amended_____.

69L-3.0035 Injured Worker Informational Brochure.

In accordance with subsection ~~Section~~ 440.185(4), F.S., the insurer carrier or its claim administrator ~~claims handling entity~~ on behalf of the insurer carrier shall mail to the injured worker an informational brochure, Form DFS-F2-DWC-60, “Important Workers’ Compensation Information For Florida’s Workers” or Form DFS-F2-DWC-61, “Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida”, as adopted in Rule 69L-3.025, F.A.C., as applicable within 3 business days after notification of the injury or illness.

Rulemaking Authority 440.185(4), 440.593 FS. Law Implemented 440.593 FS. History—New 1-10-05, Amended_____.

69L-3.0036 Employer Informational Brochure.

In accordance with subsection ~~Section~~ 440.185(4), F.S., the insurer carrier or its claim administrator ~~claims handling entity~~ on behalf of the insurer carrier shall annually mail to the employer an informational brochure, Form DFS-F2-DWC-65, “Important Workers’ Compensation Information For Florida’s Employers” or Form DFS-F2-DWC-66, “Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida”, as adopted in Rule 69L-3.025, F.A.C., as applicable.

Rulemaking Authority 440.185(4), 440.593 FS. Law Implemented 440.593 FS. History—New 1-10-05, Amended_____.

69L-3.004 First Report of Injury or Illness: Employer’s Responsibility to Record and Report Accidents.

(1) An employer shall record all industrial injuries and diseases as follows:

(a) For a first aid case that is not required to be reported to the claim administrator ~~claims handling entity~~, the employer shall maintain a record of the following information regarding the injury or illness:

1. No change.

2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.

3. through 8. No change.

(b) For a medical only case, lost time case, or death case, the employer shall complete Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., or report the information

regarding the injury or illness by other means as provided by the claim administrator claims handling entity.

(2) An employer shall report on Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., information concerning an industrial injury or disease to its claim administrator claims handling entity as follows:

(a) An employer shall report all cases, except first aid cases, to its claim administrator claims handling entity within 7 days after the employer's knowledge of an industrial injury or disease. The employer shall not delay reporting the injury or illness to the claim administrator claims handling entity because the employee's signature is unavailable.

(b) If a first aid case later becomes a medical only or lost time case, the employer shall report the injury or illness to the claim administrator claims handling entity within 7 days after the employer's knowledge of the change in status.

(c) When an employer submits to its claim administrator claims handling entity Form DFS-F2-DWC-1, the employer shall provide a copy of the form to the employee or the employee's estate. If the information required by Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., is reported to the claim administrator claims handling entity by other means the claim administrator claims handling entity shall provide the employee and the employer a completed Form DFS-F2-DWC-1, within three (3) business days of the claim administrator's claims handling entity's notification of the injury or illness. Form IA-1, Workers Compensation – First Report of Injury or Illness, © IAIABC 2002, as adopted in Rule 69L-3.025, F.A.C., may be sent to the employee and employer, if the claim administrator claims handling entity is electronically sending the first report of injury information required in Rule 69L-3.0045, F.A.C., to the Division.

(d) In addition to the reporting requirements pursuant to paragraph ~~69L-3.004(2)(a), F.A.C. of this rule~~, if an injury or illness results in the employee's death, the employer shall give notice by telephone or by other means to the Division of Workers' Compensation within 24 hours of the employer's knowledge of the death. ~~The mailing address for reporting of death cases is: Department of Financial Services, Division of Workers' Compensation, Occupational Safety and Health Unit 200 East Gaines Street, Tallahassee, Florida 32399-4222. The telephone number for reporting death cases is (800) 219-8953, (850) 413-1611 or by facsimile at (850) 413-1979 (850) 922-0024. The email address for reporting death cases is DWCFatalityreport@myfloridacfo.com.~~

~~(3) Employers shall retain a record of all information required under this section for not less than 2 years and 6 months after the date the injury or illness is reported to the employer.~~

Rulemaking Authority 440.185(2), (5), (9), 440.19, 440.35, 449.591 FS. Law Implemented 440.185(2), (3), (5), 440.207(2), 440.35 FS. History—New 8-30-79, Amended 12-23-80, 11-5-81, 6-12-84, Formerly 38F-3.04, Amended 1-1-87, 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.004, 4L-3.004, Amended 1-10-05,_____.

69L-3.0045 First Report of Injury or Illness: Claim Administrator's Claims Handling Entity Responsibility to Record and Report Accidents.

(1) A claim administrator claims handling entity shall record all industrial injuries and diseases as follows:

(a) Upon receipt of a Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., the claim administrator claims handling entity shall legibly date stamp the form in the "Received by Claims-handling Entity" box. Upon notification of the injury by any other means, the claim administrator claims handling entity shall record the earliest date of notification in the file and on the Form DFS-F2-DWC-1.

(b) If the employer notifies the claim administrator claims handling entity of the injury by telephone or electronic data interchange, the claim administrator claims handling entity shall produce and mail to the employee and employer a paper copy of Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., within 3 business days of the claim administrator's claims handling entity knowledge of the injury. However, if the claim administrator claims handling entity is electronically sending the first report of injury information required in Rule 69L-3.0045, F.A.C., Form IA-1, Workers Compensation – First Report of Injury or Illness, © IAIABC 2002, as adopted in Rule 69L-3.025, F.A.C., may be sent to the employee and employer.

(c) The claim administrator claims handling entity shall make reasonable efforts to confirm that the following information on the Form DFS-F2-DWC-1 is correct:

1. No change.
2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.
3. Employee's mailing address.
4. through 8. No change.

(d) The claim administrator claims handling entity shall complete the "Claims-handling Entity Information" section of Form DFS-F2-DWC-1 as follows:

1. through 4. No change.
5. Indicate the status of the case by marking the appropriate box: "Denied Case", "Indemnity Only Denied Case", "Medical Only Which Became Lost Time Case", or "Lost Time Case". In addition, the following information is required:

a. through b. No change.

c. "Medical Only Which Became Lost Time Case":

i. Delayed disability cases: The fields for "First Date of Disability", "Date First Payment Mailed", "AWW", "Comp Rate", "Employee's 8th Day of Disability", the "Entity's Knowledge of the 8th Day of Disability" and the type of initial benefit paid shall be provided, except as indicated in sub-subparagraph ~~69L-3.0045(1)(d)5.f., F.A.C. of this rule.~~

ii. through iii. No change.

d. "Lost Time Cases": The "First Date of Disability", "Date First Payment Mailed", "AWW", "Comp Rate" and the type of initial benefit paid shall be provided except as indicated in sub-subparagraph ~~69L-3.0045(1)(d)5.f. of this rule, F.A.C.~~

e. "Full Salary End Date". If the employer paid full salary in lieu of compensation and the ~~claim administrator claims-handling entity~~ has knowledge of the day the employer discontinued paying full salary, the "Full Salary In Lieu of Comp" box is to be checked "Yes" and the "Full Salary End Date" field on the DFS-F2-DWC-1 must be completed when the DFS-F2-DWC-1 is filed.

f. Exceptions to sub-subparagraphs ~~69L-3.0045(1)(d)5.c. and d., F.A.C. of this rule.~~ The following data fields are not required for the filing of Form DFS-F2-DWC-1:

i. through iii. No change.

(e) The ~~claim administrator claims-handling entity~~ shall report to the Division the "Employee's Class Code" based on the National Council on Compensation Insurance (NCCI) classification system (Scopes Manual), and the "Employers' NAICS Code" based on the North American Industrial Classification System (NAICS). The information shall be reported on Form DFS-F2-DWC-1 if the information is available at the time of filing with the Division. If either code is not available at time of filing, this information shall be filed on Form DFS-F2-DWC-4 pursuant to subsection 69L-3.0091(14), F.A.C.

(f) If the initial payment of compensation was not timely paid in accordance with Section 440.20, F.S., the ~~claim administrator claims-handling entity~~ shall also report the following information, where applicable:

1. through 2. No change.

(2) The ~~claim administrator claims-handling entity~~ shall report industrial injuries or illnesses to the Division as follows:

(a) When disability is immediate and continuous for 8 or more days, the ~~claim administrator claims-handling entity~~ shall send a completed Form DFS-F2-DWC-1 within 14 days after the ~~claim administrator's claims-handling entity~~ knowledge of the injury or illness for the following cases:

1. through 4. No change.

(b) When disability is not immediate and continuous but resulted in 8 or more days of disability, the ~~claim administrator claims-handling entity~~ shall send a completed Form DFS-F2-DWC-1 within 6 days after the ~~claim administrator's claims-handling entity~~ knowledge of the eighth day of disability for the following cases:

1. through 4. No change.

(c) If the initial payment of indemnity benefits is for temporary partial, the ~~claim administrator claims-handling entity~~ shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(d) If the initial payment of indemnity benefits is for impairment benefits, the ~~claim administrator claims-handling entity~~ shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(e) When the initial payment of indemnity results from an agreement or order for indemnity benefits, and a Form DFS-F2-DWC-1 was not previously filed, the ~~claim administrator claims-handling entity~~ shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the date payment mailed.

(f) For all cases denied in their entirety, the ~~claim administrator claims-handling entity~~ shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days of its knowledge of the injury or illness.

(g) For cases where the ~~claim administrator claims-handling entity~~ denied only indemnity benefits and is paying medical benefits for the employee, the ~~claim administrator claims-handling entity~~ shall send to the Division completed Forms DFS-F2-DWC-1 and DFS-F2-DWC-12 within 14 days after denial of the indemnity benefits.

(h) Medical Only Cases shall not be sent to the Division unless the ~~claim administrator claims-handling entity~~ has received a written request from the Division. The ~~claim administrator claims-handling entity~~ shall send Form DFS-F2-DWC-1 within 14 days of receipt of the request. The notation "MO Filed Pursuant to Division Request" shall be provided in the "Remarks" field.

(3) This rule does not supersede Division filing requirements found in Rule Chapter 69L-56, F.A.C., and the filing requirements found herein only apply to circumstances under which permission has been granted by the Division to file paper documents.

Rulemaking Authority 440.14(5), 440.185(2), (5), (9), 440.20(3), 440.207(2), 440.51(8), (9), 440.591 FS. Law Implemented 440.12, 440.185(2), (5), (9), 440.20(2)(a), (6), 440.41 FS. History—New 4-11-90, Amended 1-30-91, 11-8-94, 12-5-96, Formerly 38F-3.0045, 4L-3.0045, Amended 1-10-05, _____.

69L-3.0046 Wage Statement: Employer's and Claim Administrator's ~~Claims handling Entity's~~ Responsibility to Record and Report Wages.

(1) Employer's responsibility: The employer shall report wage information to the claim administrator ~~claims handling entity~~ on Form DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., pursuant to Section 440.14, F.S. The employer shall provide the claim administrator ~~claims handling entity~~ all required wage information within 14 days of the employer's knowledge of a "lost time" or a "medical only to lost time case".

(2) Claim administrator's ~~Claims handling entity~~ responsibility: The claim administrator ~~claims handling entity~~ shall compare Forms DFS-F2-DWC-1 and DFS-F2-DWC-1a, as adopted in Rule 69L-3.025, F.A.C., to confirm that the employee name or other identifying information, and the date of injury on the two forms are consistent.

Rulemaking Authority 440.14, 440.185(5), 440.591 FS. Law Implemented 440.12(2), 440.185(5), (9) FS. History—New 1-10-05, Amended 3-16-09, _____.

69L-3.0047 Fraud Statement.

(1) An injured employee or any other party making a claim shall provide his or her personal signature attesting that they have reviewed, understand and acknowledge the fraud statement as specified in subsection Section 440.105(7), F.S.

(2) A party who makes claims for services provided to the claim administrator ~~claims handling entity~~ on a recurring basis may make one personally signed attestation to the claim administrator ~~claims handling entity~~ as required by subsection Section 440.105(7), F.S., which will satisfy the requirement for all claims submitted to the claim administrator ~~claims handling entity~~ for the calendar year in which the attestation is submitted.

Rulemaking Authority 440.105(7), 440.591 FS. Law Implemented 440.105(7) FS. History—New 1-10-05, Amended _____.

69L-3.0091 Notice of Action/Change.

The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., to the Division as specified in this section for any industrial accident or injury filed for lost time cases as defined in Rule subsection 69L-3.0045(2), F.A.C., within 14 days of the claim administrator's ~~claims handling entity~~ knowledge of the action or change which it is reporting. The claim administrator ~~claims handling entity~~ shall complete the applicable fields for each required Form DFS-F2-DWC-4; the "Remarks" section may only be used to supplement the information reported. The claim administrator ~~claims handling entity~~ shall send to the

employee and the employer copies of Form DFS-F2-DWC-4, for each action or change required by this section within 14 days of the claim administrator's ~~claims handling entity~~ knowledge of the action or change which it is reporting to the Division.

(1) The claim administrator ~~claims handling entity~~ shall use the following codes to identify the "Disability Type" or the "Disability Type Adjusted" on Form DFS-F2-DWC-4. "Disability Types":

(a) through (e) No change.

(f) "IB" means impairment income benefits paid pursuant to subsection Section 440.15(3), F.S., for dates of accident on or after January 1, 1994.

(g) No change.

(h) "SB" means supplemental income benefits paid pursuant to paragraph Section 440.15(3)(b), F.S. (1994) for dates of accident on or after January 1, 1994 through September 30, 2003.

(i) through (j) No change.

(2) If the claim administrator ~~claims handling entity~~ suspends benefits for any of the reasons stated in paragraphs (a)-(h) of this subsection below, the claim administrator ~~claims handling entity~~ shall send the Division Form DFS-F2-DWC-4, and not Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C. The claim administrator ~~claims handling entity~~ shall state the "Effective Date" of the suspension and the applicable suspension "Reason Code" in the applicable fields. The "Effective Date" of the suspension shall be the last date through which benefits were paid. The following "Suspension Reason Codes" shall be used to identify the reason for which all indemnity benefits have been suspended:

(a) "S1" means returned to work, or medically determined or qualified to return to work. All indemnity benefits have been suspended because the employee has returned to work, or has been medically released to return to work, and the claim administrator ~~claims handling entity~~ does not anticipate paying further indemnity benefits of any kind.

(b) "S2" means medical non-compliance. The employee failed to report for an independent medical examination pursuant to paragraph Section 440.13(5)(d), F.S., or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims pursuant to paragraph Section 440.13(9)(c), F.S.

(c) "S3" means administrative non-compliance. The employee has failed to comply with one or more of the following statutory sections and any applicable rules:

1. Subparagraph Section 440.15(1)(e)3., F.S. – employee in PT status failed to attend vocational evaluation or testing.

2. ~~Sub-subparagraph Section~~ 440.15(1)(f)2.b., F.S. – employee in PT status failed to report or apply for social security benefits.

3. ~~Paragraph Section~~ 440.15(2)(d), F.S. – employee in TT status failed or refused to complete and return the Form DFS-F2-DWC-19.

4. ~~Subsection Section~~ 440.15(7), F.S. – employee in TP status failed or refused to complete and return the Form DFS-F2-DWC-19.

5. ~~Subsection Section~~ 440.15(6), F.S. – employee refused suitable employment.

6. ~~Subsection Section~~ 440.15(9), F.S. – employee failed or refused to sign and return the release for social security benefits earnings on the Form DFS-F2-DWC-14, or unemployment compensation earnings on Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C.

7. ~~Paragraph Section~~ 440.491(6)(b), F.S. – employee failed or refused to accept vocational training or education.

8. ~~Paragraph Section~~ 440.15(4)(d), F.S. – employee in TP status failed to notify the claim administrator ~~claims handling entity~~ of the establishment of earnings capacity within 5 business days of returning to work.

9. ~~Paragraph Section~~ 440.15(4)(e), F.S. – employee in TP status terminated from post-injury employment due to the employee's misconduct.

10. ~~Subsection Section~~ 440.105(7), F.S. – employee refused to sign and return the fraud statement.

(d) through (e) No change.

(f) "S6" means employee's whereabouts unknown. The claim administrator's ~~claims handling entity~~ good faith repeated attempts to locate and send compensation checks to the employee have been unsuccessful; or the employee has no known address, representative or guardian to whom the claim administrator ~~claims handling entity~~ can send compensation checks; or compensation checks have been returned to the claim administrator ~~claims handling entity~~ indicating that the employee has moved, with the address unknown, or does not reside at that address.

(g) No change.

(h) "S8" means jurisdiction change. The employee elects to receive workers' compensation benefits under another state's law, or the claim administrator ~~claims handling entity~~ determines the claim is compensable under the Federal Employer's Liability Act, the Longshoremen's and Harbor Workers' Compensation Act, or the Jones Act.

(3) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when it reinstates indemnity benefits after a suspension. It shall state the "Effective Date" of the "Indemnity Reinstated After Suspension" and the "Disability Type" of benefits being reinstated in the applicable fields.

(4) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when the employee has resumed work, has been medically released to return to work, or to report the assignment of physical restrictions or the removal of all physical restrictions. The date the employee resumed work is the employee's actual return to work date and is to be reported in the "Actual Return To Work Date" field. The date the employee's medical release states that the employee may resume work is the employee's released to return to work date and is to be reported in the "Released To Return To Work Date" field. The claim administrator ~~claims handling entity~~ must indicate whether the employee was given any physical restrictions in the "Restrictions?" fields identified as either "Yes" or "No".

(5) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 reporting the date payment mailed resulting from a final order for indemnity benefits pursuant to subsection Section 440.20(11), F.S. This date is to be placed in the "Date Final Settlement Mailed" field and shall not be reported as earlier than the date the settlement was actually approved.

(6) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 ~~to report when it is paying benefits to the employee after establishing~~ the overall maximum medical improvement date and a permanent impairment rating to the body as a whole greater than zero. The date on which the overall maximum medical improvement is established is to be reported in the "MMI Date" field and the permanent impairment rating is to be reported in the "PI Rating" field.

(7) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 to report the date of the employee's death in the "Date of Death" field, whether or not the death is considered compensable.

(8) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when it begins payment of impairment income benefits for dates of injury on and after January 1, 1994. It shall state the date the impairment income benefits were started in the "Start Date" field, the initial weekly rate at which the benefits will be paid in the "Weekly Rate" field, and the total number of weeks the employee is entitled to the benefits in the "Total Number of Weeks of Entitlement" field.

(9) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when it amends either the employee's average weekly wage or the compensation rate. It shall state the previous average weekly wage in the "Previous AWW" field and previous compensation rate in the "Previous Comp Rate" field and the amended average weekly wage in the "Amended AWW" field and the amended compensation rate in the "Amended Comp Rate" field. It shall also indicate

if the average weekly wage change was retroactive to the date of injury in the “Yes” or “No” boxes in the “Retroactive to D/A” field, and if not, the date on which the new average weekly wage was effective in the “If No, Give Effective Date” field.

(10)(a) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 if the employee is permanently and totally disabled. The following information, when applicable, shall be provided:

1. No change.

2. The claim administrator ~~claims handling entity~~ shall report any changes to the weekly rate at which the permanent total supplemental benefits will be paid, corresponding to the rate change in PT Supplemental Benefits, including the annual rate increases in the “Weekly PT Supplemental Rate” field.

3. No change.

(b) If the employee’s permanent total supplemental benefits are suspended because the employee has reached age 62 and is eligible for Social Security benefits, then the claim administrator ~~claims handling entity~~ reports \$0 as the permanent total supplemental rate in the “Weekly PT Supplemental Rate” field. The effective date is the date on which permanent total supplemental benefits will no longer be paid and is to be reported in the “PT Supp Effective Date” field.

(11) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when it adjusts or offsets the employee’s weekly compensation rate. It shall include the Benefit Adjustment Code in the “Benefit Adjustment Code” section, the “Disability Type” in the “Disability Type Adjusted” field, the weekly amount by which the employee’s payment is being reduced in the “Weekly Adj Amount” field, and the date the offset or adjustment is effective in the “Effective Date” field. If the offset or adjustment is temporary, the claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 when it resumes payment at the former rate to report the date the adjustment ends in the “Adjustment End Date” field.

(a) If the claim administrator ~~claims handling entity~~ sends Form DFS-F2-DWC-4 to report a change in the employee’s weekly compensation rate due to a social security offset, it shall send a completed Form DFS-F2-DWC-14 when it submits Form DFS-F2-DWC-4.

(b) The following codes shall be used to show that the rate of pay has been adjusted due to the corresponding reason(s), or that the rate of pay has been offset because of the below reason(s).

BENEFIT ADJUSTMENT CODES:

1. No change.

2. “B” means subrogation or third party offset. The weekly benefit amount has been reduced for recovery from third party tort-feasor pursuant to subsection Section 440.39(2), F.S.

3. “C” means overpayment credit. The weekly benefit amount has been reduced for benefits paid but not owed, pursuant to subsection Section 440.15(12), F.S.

4. No change.

5. “N” means medical non-compliance offset. The weekly benefit amount has been reduced because the employee has failed to accept training and education pursuant to paragraph Section 440.491(6)(b), F.S., for dates of accident prior to October 1, 2003 or the employee has failed to timely cancel an independent medical examination pursuant to paragraph Section 440.13(5)(d), F.S.

6. “P” means advance recoupment. The weekly benefit amount has been reduced for reimbursement of benefit payments advanced pursuant to subsection Section 440.20(13), F.S.

7. “R” means social security retirement offset. The weekly benefit amount has been reduced for retirement benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to subsection Section 440.15(9), F.S.

8. “S” means social security disability offset. The weekly benefit amount has been reduced for disability benefits paid under the Federal Old Age, Survivors, and Disability Insurance Act, pursuant to subsection Section 440.15(9), F.S.

9. “U” means unemployment compensation offset. The weekly benefit amount has been reduced for unemployment compensation benefits, pursuant to subsection Section 440.15(10), F.S.

10. “V” means safety violation offset. The weekly benefit amount has been reduced for safety violation(s) pursuant to subsection Section 440.09(5), F.S.

11. “X” means death or dependent change. The weekly benefit amount has been adjusted because of a change in number or kind of dependents entitled to death benefits pursuant to Section 440.16, F.S.

(12) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4, to report a correction in the employee’s social security number in the “Social Security Number/Correct #” field, date of accident in the “Date of Accident/Correct Date” field, employee’s name in the “Employee’s Name/Correct Name” field, or the claim administrator ~~claims handling entity~~ handling the case in the “Claims-handling Entity” field. When reporting corrections to the employee’s name, social security number, or date of accident, the claim administrator ~~claims handling entity~~ shall

include the original (incorrect) information at the top of the form, and the corrected (new) information in the applicable field in the "Corrections Of" section. The claim administrator ~~claims handling entity~~ shall report these changes only for lost time cases as defined in subsection 69L-3.002(19), F.A.C.

(13) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-4 to report or change the class code of the employee in the "Class Code" field or the employer's NAICS code in the "NAICS Code" field.

(14) This rule does not supercede Division filing requirements found in Rule Chapter 69L-56, F.A.C., and the filing requirements found herein only apply to circumstances under which permission has been granted by the Division to file paper documents.

Rulemaking Authority 440.185, 440.20(3), 440.591 FS. Law Implemented 440.15(3)(d)2., 440.185, 440.20, 440.207(2), 440.51(8), (9) FS. History—New 1-30-91, Amended 11-8-94, Formerly 38F-3.0091, 4L-3.0091, Amended 1-10-05, _____.

69L-3.012 Notice of Denial.

(1) If the claim administrator ~~claims handling entity~~ denies entitlement to any benefit, or subsequently rescinds that denial, it shall send a copy of Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., to the employee, employer and any additional party requesting payment or authorization. The Form DFS-F2-DWC-12 shall be mailed within 14 days of the date the claim administrator ~~claims handling entity~~ decided to deny or rescind the denial of benefits.

(2) If the claim administrator ~~claims handling entity~~ initially denies the compensability of or coverage for a case, it shall send Form DFS-F2-DWC-12 to the Division within 14 days after the claim administrator ~~claims handling entity~~ receives notification of the injury, illness or death. The claim administrator ~~claims handling entity~~ shall also mark the "Denied Case" box on Form DFS-F2-DWC-1 pursuant to subparagraph 69L-3.0045(1)(d)5.a., F.A.C.

(3) If the claim administrator ~~claims handling entity~~ initially denies only the indemnity benefits of a claim, it shall send Form DFS-F2-DWC-12 to the Division within 14 days after the claim administrator's ~~claims handling entity's~~ notification of the injury, illness or death. The claim administrator ~~claims handling entity~~ shall also mark the "Indemnity Only Denied Case" box on Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., pursuant to subparagraph 69L-3.0045(1)(d)5.b., F.A.C.

(4) When the claim administrator ~~claims handling entity~~ denies any subsequent indemnity benefit on a lost time case, it shall send Form DFS-F2-DWC-12. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the claim administrator's ~~claims handling entity's~~ knowledge of the requested benefit being denied.

(5) If a Petition for Benefits is the claim administrator's ~~claims handling entity's~~ first notification of an injury and the claim administrator ~~claims handling entity~~ denies the case in its entirety, it shall send Forms DFS-F2-DWC-12 and DFS-F2-DWC-1 to the Division within 14 days of the claim administrator's ~~claims handling entity's~~ receipt of the Petition for Benefits.

(6) When the claim administrator ~~claims handling entity~~ has previously denied any indemnity benefits for a lost time case and has sent Form DFS-F2-DWC-12 to the Division, and then commences the payment of indemnity benefits, the claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-12 with the denial rescinded section completed. The "Date Denial Rescinded" is the date the claim administrator ~~claims handling entity~~ decided to rescind the denial. The Form DFS-F2-DWC-12 shall be sent to the Division within 14 days of the date that the denial was rescinded.

(7) When an employee requests wage loss benefits for dates of accident August 1, 1979 through December 31, 1993, by sending Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., to the claim administrator ~~claims handling entity~~, and the wage loss calculation yields an amount of benefits payable, but the claim administrator ~~claims handling entity~~ denies or disputes the employee's eligibility for those benefits, the claim administrator ~~claims handling entity~~ shall, within 14 days of receipt of the Form DFS-F2-DWC-3:

(a) Send to the Division the following:

1. Form DFS-F2-DWC-3, completed by the employee and the claim administrator ~~claims handling entity~~;

2. through 3. No change.

(b) No change.

(8) When an employee files a Statement of Quarterly Earnings for Supplemental Income Benefits for Dates of Accident January 1, 1994 through September 30, 2003, Form DFS-F2-DWC-40, as adopted in Rule 69L-3.025, F.A.C., and the supplemental income benefit calculation yields an amount of benefits payable, but the claim administrator ~~claims handling entity~~ denies or disputes the employee's eligibility for those benefits, the claim administrator ~~claims handling entity~~ shall, within 14 days of receipt of the form:

(a) Send to the Division the following:

1. Form DFS-F2-DWC-40, completed by the employee and the claim administrator ~~claims handling entity~~; and

2. No change.

(b) No change.

(9) This rule does not supersede Division filing requirements found in Rule Chapter 69L-56, F.A.C., and the filing requirements found herein only apply to circumstances under which permission has been granted by the Division to file paper documents.

Rulemaking Authority 440.185(5), 440.20(3), 440.591 FS. Law Implemented 440.12(2), 440.14, 440.192(8), 440.20(2), (4), (9), (15)(f), 440.207(2) FS. History—New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.12, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.012, 4L-3.012, Amended 1-10-05,_____.

69L-3.016 Claim Cost Report.

(1) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-13, as adopted in Rule 69L-3.025, F.A.C., to the Division for the following cases:

(a) Lost time cases as defined in Rule subsection 69L-3.002(19), F.A.C., which include lost time cases in which no indemnity benefits have been paid for compensable volunteers pursuant to subsection Section 440.02(15), F.S., and compensable death cases with no dependents.

(b) through (d) No change.

(2) The claim administrator ~~claims handling entity~~ shall send Form DFS-F2-DWC-13, to the Division at the following times:

(a) Initial Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid within the first 6 months of the date of accident. This report shall be sent within 30 days after the 6-month anniversary of the date of accident. The initial claim cost report shall not be sent prior to the 6-month anniversary unless the case is closed. The claim administrator ~~claims handling entity~~ shall indicate the type of report as “Initial Report Summarizing First Six Months.”

1. If the case status changed to lost time after the 6-month anniversary of the date of accident, the claim administrator ~~claims handling entity~~ shall submit Form DFS-F2-DWC-13, in accordance with paragraph 69L-3.016(2)(b), F.A.C. of this rule. The claim administrator ~~claims handling entity~~ shall indicate the type of report as “Initial Report Summarizing First Six Months” and “Annual Report On Open Case.”

2. If the case is closed within 6 months of the date of accident, the claim administrator ~~claims handling entity~~ shall submit Form DFS-F2-DWC-13 and indicate the type of report as “Initial Report Summarizing First Six Months” and “Final Report – Case Closed – No Activity in Past Year or Case Settled.”

(b) Annual Claim Cost Report: The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The Form DFS-F2-DWC-13 shall be sent to the Division within 30 days after each annual anniversary of the date of accident for all open cases. The claim administrator ~~claims handling entity~~ shall indicate the type of report, as an “Annual Report On Open Case.” The annual DFS-F2-DWC-13 filing shall not occur prior to the anniversary date of the date of accident unless the case is closed.

(c) Final Claim Cost Report:

1. The Form DFS-F2-DWC-13 shall reflect all cumulative claim costs paid on the case since the date of accident. The form shall be sent within 30 days after the annual anniversary of the date of accident for lost time cases closed since the last required filing of the Form DFS-F2-DWC-13. However, the claim administrator ~~claims handling entity~~ may send the Final Form DFS-F2-DWC-13 prior to the anniversary date if it has closed a case with respect to medical and indemnity benefits. The claim administrator ~~claims handling entity~~ shall indicate the type of report as a “Final Report-Case Closed – No Activity In Past Year Or Case Settled.”

2. After filing a Final Claim Cost Report, if the claim administrator ~~claims handling entity~~ makes a subsequent payment for any category of benefits required to be reported on Form DFS-F2-DWC-13, the claim administrator ~~claims handling entity~~ shall send another Final Form DFS-F2-DWC-13 in accordance with subparagraph 69L-3.016(2)(c)1., F.A.C. of this rule.

(3) The claim administrator ~~claims handling entity~~ shall complete Form DFS-F2-DWC-13 for all lost time cases, and shall include the following information, where applicable:

(a) through (b) No change.

(c) The “Full Salary End Date” for employees who receive full salary in lieu of compensation for any period after the date of accident. When the employer pays full salary in lieu of compensation through the time the form is sent, the claim administrator ~~claims handling entity~~ shall mark the “Full Salary In Lieu Of Compensation for Any Period Of Time” box “Yes” and leave the “Full Salary End Date” blank.

(d) through (e) No change.

(f) The cumulative total of any recoveries the claim administrator ~~claims handling entity~~ has obtained up to the filing of the form, except for recovery of overpayments. Totals entered as “Paid to Date” in Columns I and II are not reduced for recoveries, except for recovery of overpayment. Recovery of a deductible amount chargeable to an employer is reported in “All Other Recoveries Except Overpayments.”

(g) No change.

(h) In the event that claims are transferred from one claim administrator ~~claims handling entity~~ to another, the insurer shall provide cumulative totals by specific claim cost type for all applicable data elements on Form DFS-F2-DWC-13 on each transferred case to the acquiring claim administrator ~~claims handling entity~~. All subsequent reporting on Form DFS-F2-DWC-13 shall include all historical data.

(4) This rule does not supersede Division filing requirements found in Rule Chapter 69L-56, F.A.C., and the filing requirements found herein only apply to circumstances

under which permission has been granted by the Division to file paper documents.

Rulemaking Authority 440.185, 440.591 FS. Law Implemented 440.185, 440.51(6) FS. History—New 10-30-79, Amended 11-5-81, Formerly 38F-3.16, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.016, 4L-3.016, Amended 1-10-05, _____.

69L-3.017 Notice of Apportionment of Medical Reimbursement Due to a Pre-Existing Condition(s).

For dates of injury occurring on or after 10/1/2003, if the claim administrator ~~claims handling entity~~ decides to apportion payment of a medical benefit pursuant to subsection Section 440.15(5), F.S., it shall send Form DFS-F2-DWC-12, Notice of Denial, or a letter to the employee explaining its apportionment decision, no later than three (3) business days after the date the claims-handling entity notified a health care provider that payment of the medical benefit will be apportioned pursuant to subsection 69L-7.602(5), F.A.C. Compliance with this rule is independent of and does not satisfy the notification requirement pursuant to subsection 69L-7.602(5), F.A.C.

Rulemaking Authority 440.185(5), 440.591 FS. Law Implemented 440.12(2), 440.15(3), (5) FS. History—New 10-10-12, Amended _____.

69L-3.018 Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993).

(1) Employee's Responsibilities. During any 2 week period in which wage loss due to permanent impairment is suffered, the employee shall file a Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., with the claim administrator ~~claims handling entity~~ within 14 days of the end of that period. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claim administrator ~~claims handling entity~~ a "work search report" for the period during which wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant applied for work during the period for which wage loss benefits are being claimed, the date the claimant applied for work at each business, and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of social security information and Unemployment Compensation wage and benefits information. The employee shall send the completed Form

DFS-F2-DWC-3 to the claim administrator ~~claims handling entity~~. A Form DFS-F2-DWC-3 without an original signature of the injured employee shall not be processed for payment by the claim administrator ~~claims handling entity~~.

(2) Claim Administrator's ~~Claims handling Entity's~~ Responsibilities.

(a) Within 5 working days of its first knowledge of the date of maximum medical improvement, the claim administrator ~~claims handling entity~~ shall send to the employee an informational letter which explains the employee's possible eligibility for wage loss benefits, together with at least 4 copies of the Form DFS-F2-DWC-3. The letter to the employee must contain at least the following:

"Your treating physician has reported that you have reached maximum medical improvement and you may return to work but that you have a permanent impairment which has resulted in a work-related physical restriction which may affect your ability to perform the duties of your usual occupation or other appropriate employment. If this physical restriction causes you to lose wages, you may be entitled to additional benefit payments under the Florida Workers' Compensation Law.

If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS Form (DFS-F2-DWC-3) to us within 14 days after the end of any 2 week period for which a loss of wages is claimed. If you fail to send the completed form within that 14-day period, you may be ineligible for wage loss benefits during that period.

In addition, to be eligible for wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work-related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities.

To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with any public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have reached maximum medical improvement. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earning you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your permanent impairment to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding wage loss benefits, you may call the Employee Assistance and Ombudsman Office of the Division of Workers' Compensation at any of their local offices, or at 1(800)342-1741."

(b) The claim administrator ~~claims handling entity~~ shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claim administrator ~~claims handling entity~~ shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claim administrator ~~claims handling entity~~ shall also send the employee a blank Form DFS-F2-DWC-3. If the claim administrator ~~claims handling entity~~ is denying wage loss benefits, the claim administrator ~~claims handling entity~~ shall indicate in the claim administrator ~~claims handling entity~~ processing section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete a Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claim administrator's ~~claims handling entity's~~ receipt of Form DFS-F2-DWC-3.

(3) No change.

Rulemaking Authority 440.15(3)(b), 440.185(4), (10), 440.41, 440.591 FS. Law Implemented 440.15(3), 440.185(4), 440.185(10) (1993) FS. History— New 10-30-79, Amended 11-5-81, 5-30-82, 6-12-84, Formerly 38F-3.18, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.018, 4L-3.018, Amended 1-10-05,_____.

69L-3.019 Wage Loss Benefits for Temporary Partial Disability (Dates of Accident August 1, 1979 through December 31, 1993).

(1) Employee's Responsibilities. During any 2 week period in which wage loss for temporary partial disability is suffered, the employee shall file a Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., with the claim administrator ~~claims handling entity~~ within 14 days. The employee shall complete the "Employee" portion of the Form DFS-F2-DWC-3 and the employee shall also fill out the back of the Form DFS-F2-DWC-3 thereby furnishing the claim administrator ~~claims handling entity~~ a "work search report" for the period for which temporary partial wage loss benefits are claimed, including the name, address, telephone number, and person contacted at each business where the claimant

applied for work during the period for which temporary partial wage loss benefits are being claimed, the date the claimant applied for work at each business and a description of the type of work or the specific job for which the claimant applied at each. The listing should also include any contacts with a public or private employment agency and the dates of such contacts. The employee shall sign and date the form with the signature authorizing the release of Social Security information and Unemployment Compensation wage and benefit information. The employee shall file the completed Form DFS-F2-DWC-3 with the claim administrator ~~claims handling entity~~. A Form DFS-F2-DWC-3 without an original signature of the injured employee shall not be processed for payment by the claim administrator ~~claims handling entity~~.

(2) Claim Administrator's ~~Claims handling Entity's~~ Responsibilities.

(a) Within 5 working days of its first knowledge of the date of temporary partial disability, the claim administrator ~~claims handling entity~~ shall mail to the employee an informational letter, which explains the employee's eligibility for temporary partial wage loss benefits, together with at least four (4) copies of the Form DFS-F2-DWC-3. The letter to the employee must at least contain the following:

"Your treating physician has reported that you may return to limited duty work with some temporary physical restrictions. Your temporary total disability benefits have been suspended but you may be entitled to additional benefit payments under the Florida Workers' Compensation Law. If you lose wages, you must complete and send a REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS Form (DFS-F2-DWC-3) to us within 14 days after the end of any two-week period for which a loss of wages is claimed. If you fail to send the completed form within that 14-day period, you may be ineligible for temporary partial wage loss benefits during that period. In addition, to be eligible for temporary partial wage loss benefits, you must demonstrate that you have made a valid effort to obtain suitable gainful employment and that your loss of wages is due to your work-related physical restriction and NOT due to economic conditions, the unavailability of jobs, your unemployment due to misconduct or your failure to accept employment within your capabilities. To show that you have made a genuine effort to obtain employment, list the dates, names, addresses, type of work, person contacted and the telephone number of the places of employment that you have contacted on the reverse side of the REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS form. You should also list the dates you make contact with any public or private employment agency.

Please note that the Florida Workers' Compensation Law allows us to evaluate your efforts to obtain gainful employment beginning with the 13th week after you have received the first payment of a temporary partial wage loss benefit. If it can be shown that there are actual job openings within your geographical area and which are within your physical and vocational capabilities, the amount of earnings you could have earned at those jobs can be deducted from your benefit payment.

Enclosed are REQUEST FOR WAGE LOSS/TEMPORARY PARTIAL BENEFITS forms for your use. Keep them with your other valuable documents until you either use them or your entitlement to these benefits expires. We are also reporting your status to the Division of Workers' Compensation in Tallahassee.

If you desire further information regarding Wage Loss benefits, you may call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of their local offices, or at 1 (800) 342-1741."

(b) The claim administrator ~~claims handling entity~~ shall date stamp the Form DFS-F2-DWC-3 upon receipt and within 14 days of receipt of the Form DFS-F2-DWC-3 from the employee, the claim administrator ~~claims handling entity~~ shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claim administrator ~~claims handling entity~~ shall also send the employee a blank Form DFS-F2-DWC-3. If the claim administrator ~~claims handling entity~~ is denying wage loss benefits for temporary partial disability, the claim administrator ~~claims handling entity~~ shall indicate in the claim administrator ~~claims handling entity~~ section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete a Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claim administrator's ~~claims handling entity's~~ receipt of Form DFS-F2-DWC-3.

(3) No change.

Rulemaking Authority 440.15(4)(e), 440.185(4), (10), 440.41, 440.591 FS. Law Implemented 440.15(4)(b), 440.185(4), 440.185(10) (1993), 440.20 (1993) FS. History—New 10-30-79, Amended 11-5-81, Formerly 38F-3.19, Amended 4-11-90, 1-30-91, 11-8-94, 11-11-96, Formerly 38F-3.019, 4L-3.019, Amended 1-10-05,_____.

69L-3.0191 Temporary Disability Benefits (Dates of Accident January 1, 1994 through September 30, 2003).

(1) Temporary disability benefits include temporary total and temporary partial disability benefits and are payable for a

maximum of 104 weeks. An employee's eligibility for temporary disability benefits ceases after the employee has received 104 weeks of temporary total disability benefits paid pursuant to paragraph Section 440.15(2)(a), F.S., or after the employee has received 104 weeks of temporary partial disability benefits paid pursuant to subsection Section 440.15(4), F.S., or after the employee has received 104 weeks of any combination of these two benefits.

(2) An employee is eligible for temporary partial disability benefits if the employee has received a medical release to return to work, is unable to earn at least 80% of the employee's pre-injury average weekly wage, has not reached maximum medical improvement, and has not received payment for 104 weeks of temporary total or temporary partial disability benefits or any combination of the aforementioned benefits. The Division does not require an employee to request temporary partial disability benefits by filing a form promulgated by the Division. The claim administrator ~~claims handling entity~~ shall not require the employee to demonstrate eligibility for temporary partial disability benefits by submitting documentation indicating the employee has looked for work.

(3) Within five (5) days of its knowledge that the employee has been released to return to work, unless the employee's eligibility for temporary partial disability benefits has expired, the claim administrator ~~claims handling entity~~ shall mail to the employee an informational letter which explains the employee's eligibility for temporary partial disability benefits. The letter must advise the employee about the employee's obligation to report, at the claim administrator's ~~claims handling entity's~~ request using Form DFS-F2-DWC-19, as adopted in Rule 69L-3.025, F.A.C., the employee's receipt of any and all of the following: salary, wages, Unemployment Compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following:

"Your doctor has said that you are able to return to work, but you have not reached maximum medical improvement from your injury (maximum medical improvement is the date after which a doctor says you will not get any better from your injury). You are eligible for temporary partial disability benefits if you cannot make at least 80% of the wages you were making at the time of your accident after the doctor says you can return to work. These benefits will continue until one of the following happens:

(a) through (c) No change.

(4) Calculations and payment of temporary partial disability benefits:

Temporary partial disability benefits shall be calculated pursuant to ~~paragraph Section~~ 440.15(4)(a), F.S., even when the employee's earnings are \$0. Temporary partial benefits calculated for any given week are subject to the maximum weekly compensation rate as defined by Section 440.12, F.S. The ~~claim administrator claims handling entity~~ shall investigate an employee's post-injury earnings, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits.

(a) No post-injury earnings – If the ~~claim administrator claims handling entity~~ has determined there are no earnings, the first installment of temporary partial disability benefits is due no later than 14 days after the date the employee's medical release states that the employee may resume work. The ~~claim administrator claims handling entity~~ shall pay temporary partial disability benefits to the employee based on \$0 earnings. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than the last day of that biweekly period as long as the employee continues to be eligible.

(b) Post-injury earnings –

1. If re-employed and the employee or employer has notified the ~~claim administrator claims handling entity~~ within 5 business days after returning to work, the first installment is due within 7 days after the last date of the post-injury employer's first biweekly work week as defined in subsection 69L-3.002(2), F.A.C. Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than 7 days after the end of the last date of that biweekly period as long as the employee continues to be employed and eligible.

2. No change.

(c) No confirmation of earnings – At any time the ~~claim administrator claims handling entity~~ is unable to confirm earnings information from the employee's post injury employer or employers, the ~~claim administrator claims handling entity~~ shall calculate benefits based on the last wage information submitted or obtained and continue to pay temporary partial disability benefits.

1. No change.

2. If the last known earnings are greater than \$0, payments of temporary partial disability benefits for any biweekly period are due no later than seven (7) days after the last day of that biweekly period as if the employee continues to be employed and eligible. If the employee does not timely return Form DFS-F2-DWC-19, the ~~claim administrator claims handling entity~~ may then suspend payment of the employee's temporary partial disability benefits until the ~~claim administrator's claims handling entity's~~ receipt of the form in accordance with Rule 69L-3.021, F.A.C.

Rulemaking Authority 440.15(2)(d), (4)(a), 440.185(4), (5), 440.20(3), 440.591 FS. Law Implemented 440.15(2), (4), 440.185(4), (5), 440.20(3) FS. History—New 11-8-94, Formerly 38F-3.0191, 4L-3.0191, Amended 1-10-05, _____.

69L-3.01915 Temporary Partial Disability Benefits (Dates of Accident on or After October 1, 2003).

(1) Letter requirement – The ~~claim administrator claims handling entity~~ shall mail an informational letter to the employee and employer within 5 business days after the ~~claim administrator's claims handling entity's~~ knowledge of the employee's release to restricted work. This letter shall explain the employee's eligibility for temporary partial disability benefits and the obligation to report earnings. These earnings would include the receipt of any of the following: salary, wages, Unemployment Compensation benefits, or Social Security benefits. The letter to the employee must contain at least the following:

“Your doctor has released you to return to work, but because of your work-related accident, you have been given restrictions on the type of work you can now do. Because you have not reached maximum medical improvement (the date after which your doctor says your injury will probably not get better), you may continue receiving workers' compensation benefits approximately every two weeks if you are not able to earn at least 80% of the weekly wages you were making before your injury.

(a) No change.

You are to notify this office immediately if you stop making at least 80% of your pre-injury weekly wages. However, if you leave your job without just cause as determined by a judge, your temporary partial disability benefits will be paid based on the amount of money you would have earned had you not left work.

For more information about temporary partial disability benefits, please call the Employee Assistance Ombudsman Office (EAO) with the Division of Workers' Compensation at any of its local offices listed in your “Important Workers' Compensation Information For Florida Workers' brochure, or at 1 (800) 342-1741.”

(2) Calculations and payment of temporary partial disability benefits:

Temporary partial disability benefits shall be calculated pursuant to ~~paragraph Section~~ 440.15(4)(a), F.S., even when the employee's earnings are \$0. Temporary partial benefits calculated for any given week are subject to the maximum weekly compensation rate as defined by Section 440.12, F.S. The ~~claim administrator claims handling entity~~ shall investigate an employee's post-injury earnings, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits.

(a) No post-injury earnings – If the claim administrator ~~claims handling entity~~ has determined there are no earnings, the first installment of temporary partial disability benefits is due no later than 14 days after the date the employee’s medical release states that the employee may resume work. The claim administrator ~~claims handling entity~~ shall pay temporary partial disability benefits to the employee based on \$0 earnings. Subsequent payments of temporary partial disability benefits for any biweekly period is due no later than the last day of that biweekly period as long as the employee continues to be eligible.

(b) Post-injury earnings –

1. If re-employed and the employee or employer has notified the claim administrator ~~claims handling entity~~ within 5 business days after returning to work, the first installment is due within 7 days after the last date of the post-injury employer’s first biweekly work week, as defined in subsection 69L-3.002(2), F.A.C. Subsequent payments of temporary partial disability benefits for any biweekly period are due no later than 7 days after the end of the last date of that biweekly period as long as the employee continues to be employed and eligible.

2. No change.

(c) No confirmation of earnings – At any time the claim administrator ~~claims handling entity~~ is unable to confirm earnings information from the employee’s post injury employer or employers, the claim administrator ~~claims handling entity~~ shall calculate benefits based on the last wage information submitted or obtained and continue to pay temporary partial disability benefits.

1. No change.

2. If the last known earnings are greater than \$0, payments of temporary partial disability benefits for any biweekly period are due no later than seven (7) days after the last day of that biweekly period as if the employee continues to be employed and eligible. If the employee does not timely return Form DFS-F2-DWC-19, the claim administrator ~~claims handling entity~~ may then suspend payment of the employee’s temporary partial disability benefits until the claim administrator ~~claims handling entity~~’s receipt of the form in accordance with Rule 69L-3.021, F.A.C.

Rulemaking Authority 440.15(4), 440.591 FS. Law Implemented 440.15(4) FS. History–New 1-10-05, Amended _____.

69L-3.0192 Impairment Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003).

(1)(a) After the employee has reached maximum medical improvement, the claim administrator ~~claims handling entity~~ shall make the initial payment of impairment income benefits

no later than the 20th day after the claim administrator ~~claims handling entity~~ has knowledge of the employee’s permanent impairment rating; however this initial payment may be made before the 20th day. The initial payment of impairment income benefits must include payment for all full weeks of entitlement since the date of maximum medical improvement up to the time the initial payment is made. Impairment income benefits are payable whether the employee is working or not.

(b) Impairment income benefits may be paid in either weekly or biweekly installments. If the claim administrator ~~claims handling entity~~ pays benefits biweekly, it shall issue payment for both weeks at the end of the first week. To establish and maintain a biweekly installment schedule, the claim administrator ~~claims handling entity~~ shall issue the check for the first and second weeks of entitlement at the end of the first week, the third and fourth weeks of entitlement at the end of the third week, and so on.

(2)(a) Impairment income benefits are paid at a rate of 50% of the average weekly temporary total disability benefit, as defined in subsection 69L-3.002(1), F.A.C.

(b) No change.

(3) No change.

Rulemaking Authority 440.591 FS. Law Implemented 440.15(3) FS. History–New 11-8-94, Formerly 38F-3.0192, 4L-3.0192, Amended 1-10-05, _____.

69L-3.01925 Impairment Income Benefits (Dates of Accident on or After October 1, 2003).

(1) The initial payment of impairment income benefits shall include payment for all full weeks of entitlement since the date of maximum medical improvement up to the time the initial payment is made. After the employee has reached maximum medical improvement, the claim administrator ~~claims handling entity~~ shall make the initial payment of impairment income benefits no later than the 14th day after claim administrator ~~claims handling entity~~ has knowledge of the employee’s permanent impairment rating.

(2) Impairment income benefits shall be paid in biweekly installments pursuant to paragraphs ~~Sections~~ 440.15(3)(c) and (g), F.S. (2003).

(3) No change.

Rulemaking Authority 440.15(3)(f), 440.591 FS. Law Implemented 440.15(3)(f) FS. History–New 1-10-05, Amended _____.

69L-3.0193 Supplemental Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003).

An employee may be eligible to receive Supplemental Income Benefits if an impairment rating of 20% or more has been assigned in accordance with paragraph ~~Section~~ 440.15(3)(b), F.S., (1994).

(1) Definitions: The following words and terms when used in this rule shall have the following meanings:

(a) "Filing Period for Supplemental Income Benefits" means a period of 13 consecutive weeks (approximately 3 months) for which the employee reports any earnings and files a claim for supplemental income benefits. The filing period shall represent a "quarter" as set out in ~~subparagraph Section~~ 440.15(3)(b)7., F.S. (1994), except for the second filing period, which may consist of less than 13 weeks if the first payment period was pro-rated. The "initial filing period" is the filing period which occurs during the last 13 weeks of impairment income benefits.

(b) through (c) No change.

(2)(a) No later than 15 weeks before the expiration of the impairment income benefit period, the ~~claim administrator claims handling entity~~ shall send by certified mail to each employee eligible for supplemental income benefits an informational letter substantially in conformance with subsection (7) of this rule ~~section~~, and two copies of Form DFS-F2-DWC-40, as adopted in Rule 69L-3.025, F.A.C. The ~~claim administrator claims handling entity~~ shall fill out the first two lines on one of the Forms DFS-F2-DWC-40, ~~as adopted in Rule 69L-3.025, F.A.C.~~, before sending it to the employee and indicate the beginning and ending dates of the initial filing period. The second Form DFS-F2-DWC-40 should be left blank.

(b) If the ~~claim administrator claims handling entity~~ has knowledge that the employee is eligible for supplemental income benefits and fails to timely provide the employee with written notification and forms as required by this rule, the ~~claim administrator claims handling entity~~ shall pay supplemental income benefits for all months for which the employee was not provided a form. Payment shall be computed as if the employee had \$0 earnings. The ~~claim administrator claims handling entity~~ may later obtain repayment of any overpayment in accordance with paragraph (3)(d) of this rule and pursuant to ~~subsection Section~~ 440.15(12), F.S.

(c) For any filing period, the ~~claim administrator claims handling entity~~ shall add all earnings reported by the employee and divide by the total number of weeks in that filing period to yield a "current average weekly wage." The current average weekly wage shall include any weeks for which \$0 earnings were reported.

(3) Payment of Supplemental Income Benefits:

(a) The ~~claim administrator claims handling entity~~ shall issue the initial payment (the first whole or partial calendar month) of supplemental income benefits by the 7th day after the expiration of impairment income benefits. The ~~claim~~

~~administrator claims handling entity~~ shall make the first payment of supplemental income benefits with or without receipt of the employee's first Form DFS-F2-DWC-40. If the employee timely filed Form DFS-F2-DWC-40 with the ~~claim administrator claims handling entity~~, the second and third months in the initial payment period shall be paid on the first (1st) day of each month in that payment period.

(b) No Change.

(c) Except for the initial payment of supplemental income benefits, payments of additional monthly supplemental income benefits are contingent upon the employee having filed Form DFS-F2-DWC-40 with the ~~claim administrator claims handling entity~~. Subsequent monthly payments of supplemental income benefits for which the ~~claim administrator claims handling entity~~ has received Form DFS-F2-DWC-40 shall be paid as follows:

1. The first month in the next payment period shall be paid within 7 days of the ~~claim administrator's claims handling entity's~~ receipt of Form DFS-F2-DWC-40;

2. The second and third months of this payment period shall be paid on the first day of each month in that payment period. If Form DFS-F2-DWC-40 was not timely returned by the employee to allow the ~~claim administrator claims handling entity~~ to issue payment as per paragraphs (3)(a) and (3)(b) of this rule ~~above~~, the ~~claim administrator claims handling entity~~ shall within 7 days of receipt of Form DFS-F2-DWC-40 pay any and all months of supplemental income benefits due and owing as of the date the form was received, subject to the information submitted by the employee on the form.

(d) If upon receipt of Form DFS-F2-DWC-40 it is determined that an overpayment of supplemental income benefits has occurred, the ~~claim administrator claims handling entity~~ may re-calculate the amount of supplemental income benefits due for the remaining months in that payment period or any subsequent payment periods and obtain repayment, subject to the provisions of ~~subsection Section~~ 440.15(12), F.S. In no case shall the repayment amount be greater than 20% of the monthly supplemental income benefit payment amount.

(e) The monthly supplemental income benefit payable shall not exceed the maximum weekly benefit amount as set out in Section 440.12, F.S., multiplied by 4.3.

(4) Filing Requirements:

(a) The employee will not be entitled to supplemental income benefits for any filing period for which Form DFS-F2-DWC-40 has not been filed with the ~~claim administrator claims handling entity~~ by the seventh day after the expiration of the payment period associated with that filing period.

(b) Within 7 days after the ~~claim administrator claims-handling entity~~ has made the first payment of supplemental income benefits in any payment period, the claim administrator ~~claims-handling entity~~ shall send the completed Form DFS-F2-DWC-40 to the Division, the employee, the employer, and any other interested parties. If the claim administrator ~~claims-handling entity~~ denies payment of supplemental income benefits for any payment period, the claim administrator ~~claims-handling entity~~ must attach Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., to Form DFS-F2-DWC-40 and provide the reason(s) for the denial.

(c) The claim administrator ~~claims-handling entity~~ shall provide the employee with at least two (2) additional Forms DFS-F2-DWC-40 upon payment of the first month for any payment period. The claim administrator ~~claims-handling entity~~ shall indicate on one of the forms the beginning and ending dates of the employee's next filing period.

(5) through (6) No change.

(7) The informational letter to the employee referred to in subsection (2) of this rule must contain at least the following: "Because your doctor found that you have a permanent impairment of 20% or more due to your work injury, you may be eligible to receive additional workers' compensation benefits, known as SUPPLEMENTAL INCOME BENEFITS. However, you must also meet the requirements below in order to receive payment for these benefits:"

1. No change.

2. You must try in good faith to find a job that you are able to do and cooperate with any reemployment help offered by the employer, claim administrator ~~claims-handling entity~~ or the Division of Workers' Compensation.

To get your first check for supplemental income benefits, you need to complete, sign and return the enclosed "Statement of Quarterly Earnings for Supplemental Benefits" Form (DFS-F2-DWC-40) to this office. We recommend you return the form no later than 7 days after the end of the filing period, shown in section "A" of the enclosed form. This should enable you to keep your payments coming about every 4 to 6 weeks. Report any wages you earn during the last 13 weeks that you are paid impairment income benefits. Do not include the amount paid to you for your impairment income benefits. Follow the filing instructions on the back of the form to make sure there will not be a break in your payments. Your supplemental income benefits will be calculated by a formula that is based on the wages you report for every filing period on each "Statement of Quarterly Earnings for Supplemental Income Benefits."

If you already know that you will not be eligible for payment of supplemental income benefits when your impairment income benefits end, keep this letter and the other blank form for possible future use, because you may later become eligible for supplemental benefits.

If you do not work during the filing period, it is suggested that you keep records of all the places you look for work, the dates you look, the type of work you are seeking, and the names of the people you contact.

If you turn down the offer of a job that you are able to do, your supplemental income benefits will be calculated on the basis of what that job would have paid you, for as long as the job offer remained open to you. Also, if you refuse to accept training or education offered by the employer, this office, or the Division, your supplemental income benefits may be reduced by one-half. If you have any questions, contact your claims representative at this office, at the address and telephone number listed in this letter. You may also call the Division of Workers' Compensation's Employee Assistance and Ombudsman Office (EAO) at any of its branch offices listed in your employee brochure, or at its toll-free telephone number in Tallahassee at 1 (800) 342-1741."

Rulemaking Authority 440.15(3)(b)5., 440.591 FS. Law Implemented 440.15(3), 440.20(3), 440.491 FS. History—New 11-8-94, Formerly 38F-3.0193, 4L-3.0193, Amended 1-10-05, _____.

69L-3.0194 Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident Prior to October 1, 2003.

(1)(a) No change.

(b) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to paragraph Section 440.15(1)(d), F.S., the employee may be eligible for impairment income and supplemental benefits pursuant to subsection Section 440.15(3), F.S.

(2) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits when the injury occurred subsequent to June 30, 1955, and the liability of the employer has not been discharged pursuant to subsection Section 440.20(12), F.S. Such benefits shall be equal to 5% of the employee's weekly compensation rate which was in effect on the date of the employee's injury, multiplied by the number of calendar years since the date of injury.

(a) through (b) No change.

(3)(a) Permanent total supplemental benefits shall be paid by the Division, unless the claim administrator ~~claims-~~

~~handling entity~~ made an election to pay such benefits, to an injured employee whose accident occurred subsequent to June 30, 1955, and before July 1, 1984. Permanent total supplemental benefits are not payable for any period prior to October 1, 1974.

(b) Permanent total supplemental benefits shall be paid by the claim administrator ~~claims handling entity~~ for injury occurring on or after July 1, 1984. The claim administrator ~~claims handling entity~~ is not required to pay permanent total supplemental benefits for any period prior to October 1, 1974.

(c) No change.

(d)1. through 3. No change.

4. Neither the claim administrator ~~claims handling entity~~, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails or refuses to file a completed Form DFS-F2-DWC-19, or Form DFS-F2-DWC-14, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., within 21 days after the employee received the request.

(4) No change.

(5)(a) Neither the claim administrator ~~claims handling entity~~ nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) No change.

(c) The Division shall have priority over the claim administrator ~~claims handling entity~~ in taking any available social security offset on dates of accident prior to July 1, 1984.

(d) No change.

(e)1. Within 14 days after request by the Division, the claim administrator ~~claims handling entity~~ shall file a completed Form DFS-F2-DWC-35, as adopted by reference in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

2. Within 14 days after request by the Division, the claim administrator ~~claims handling entity~~ shall file a completed Form DFS-F2-DWC-33, as adopted by reference in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

Rulemaking Authority 440.15(1)(f)2.a., (2), 440.591 FS. Law Implemented 440.15(1) FS. History—New 8-29-94, Amended 5-14-95, Formerly 38F-24.027, 38F-3.0194, 4L-3.0194, Amended 1-10-05, _____.

69L-3.01945 Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident on or After October 1, 2003.

(1) No change.

(2) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall continue during the continuance of the employee's entitlement.

(a) When a permanently and totally disabled employee re-establishes an earning capacity and undertakes a trial period of re-employment pursuant to paragraph Section 440.15(1)(d), F.S., the employee may be eligible for impairment income benefits pursuant to subsection Section 440.15(3), F.S.

(3) Permanently and totally disabled employees are entitled to permanent total disability supplemental benefits, if the liability of the employer has not been discharged pursuant to subsection Section 440.20(12), F.S. Such benefits shall be equal to 3% of the employee's weekly compensation rate which was in effect on the date of the employee's injury multiplied by the number of calendar years since the date of injury.

(a) through (b) No change.

(4)(a) Permanent total supplemental benefits shall be paid by the claim administrator ~~claims handling entity~~.

(b) No change.

(c) For injuries occurring on or after October 1, 2003, the employee's entitlement to specific benefits shall cease when any of the following occurs:

1. through 3. No change.

4. Neither the claim administrator ~~claims handling entity~~, employer, or Division of Workers' Compensation shall pay any permanent total benefits for as long as the injured employee willfully fails or refuses to file a completed Form DFS-F2-DWC-19, or Form DFS-F2-DWC-14, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., within 21 days after the employee receives the request.

(5) No change.

(6)(a) Neither the claim administrator ~~claims handling entity~~ nor the Division shall take the social security offset until after the Social Security Administration has removed its offset.

(b) and (c) No change.

(d)1. Within 14 days after request by the Division, the claim administrator ~~claims handling entity~~ shall file a completed Form DFS-F2-DWC-35, as adopted in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

2. Within 14 days after request by the Division, the claim administrator ~~claims handling entity~~ shall file a completed Form DFS-F2-DWC-33, as adopted in Rule 69L-3.025, F.A.C., with the Division's Permanent Total Section.

Rulemaking Authority 440.15(1)(f)2.a., (2)(d), 440.591 FS. Law Implemented 440.15(1) FS. History—New 1-10-05, Amended _____.

69L-3.021 Additional Income Source Reports.

(1) Within 21 days after the employee receives a request from either the Division or the claim administrator ~~claims handling entity~~ for either Form DFS-F2-DWC-14, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., the

employee shall complete the form and return it to the party requesting the information. The employee shall renew the authorization each 12 months upon a request by the Division, employer or claim administrator claims handling entity.

(2) Upon request of the Division, employer, or claim administrator claims handling entity, any employee eligible for temporary total, temporary partial, permanent total disability or permanent total supplemental compensation shall complete, sign, and return Form DFS-F2-DWC-19, as adopted in Rule 69L-3.025, F.A.C., within 21 days after receiving it to report all earnings of any nature, including all social security benefits. The Division, employer, or claim administrator claims handling entity may require the employee to send Form DFS-F2-DWC-19 no more than once a month.

(3) If the employee refuses to report information requested in accordance with subsection (1) or (2) of this rule above within 21 days after receipt of the request, payments of workers' compensation disability benefits for temporary total, temporary partial, permanent total or permanent total supplemental compensation shall cease until such time as the employee furnishes the signed form.

(4) For dates of accident on or after October 1, 2003, upon the request of the claim administrator claims handling entity, any employee eligible for impairment income benefits shall complete, sign, and return Form DFS-F2-DWC-19 within 21 days after receiving it to report all earnings. The claim administrator claims handling entity may require the employee to send Form DFS-F2-DWC-19 no more than once a month. If the employee refuses to report earnings within 21 days after receipt of the request, payments of workers' compensation disability benefits for impairment income benefits shall cease until such time as the employee furnishes the signed form.

(5) No change.

(6) If the claim administrator claims handling entity changes the employee's compensation rate based on any offset, the claim administrator claims handling entity shall send to the Division, along with the appropriate income source report, Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., indicating the change in accordance with the provisions of Rule 69L-3.0091, F.A.C.

(7) If the employee's benefits have been suspended due to the employee's refusal to furnish a signed release, the claim administrator claims handling entity shall send to the Division Form DFS-F2-DWC-4 indicating the effective date and reason code for suspension of the benefits in accordance with the provisions of Rule 69L-3.0091, F.A.C.

Rulemaking Authority 440.15(1)(f)2.a., b., (2)(d), 440.591 FS. Law Implemented 440.15(1), (2), (4), 440.185, 440.20(3) FS. History—New 10-30-79, Amended 11-5-81, Formerly 38F-3.21, Amended 4-11-90, 1-30-91, 6-10-92, 11-8-94, Formerly 38F-3.021, 4L-3.021, Amended 1-10-05, _____.

69L-3.025 Forms.

(1) The following forms are to be used with this rule chapter and are hereby incorporated by reference:

- (a) Form DFS-F2- 3/16/09 First Report of Injury or Illness
DWC-1
- (b) Form IA-1 1/1/02 Workers' Compensation – First Report of Injury or Illness, © International Association of Industrial Accident Boards and Commissions (IAIABC) 2002. Note: Form IA-1 is to be used only by those entities approved to transmit electronic First Reports of Injury to the Division
- (c) Form DFS-F2- 3/16/09 Wage Statement
DWC-1a
- ~~(d)~~ ~~Form DFS-F2- 3/16/09 Request for Wage Loss/Temporary Partial Benefits~~
~~DWC-3~~
- ~~(d)~~~~(e)~~ Form DFS-F2- 3/16/09 Notice of Action/Change
DWC-4
- ~~(e)~~~~(f)~~ Form DFS-F2- 3/16/09 Notice of Denial
DWC-12
- ~~(f)~~~~(g)~~ Form DFS-F2- 3/16/09 Claim Cost Report
DWC-13
- ~~(g)~~~~(h)~~ Form DFS-F2- 3/16/09 Request for Social Security Disability Benefit Information
DWC-14
- ~~(h)~~~~(i)~~ Form DFS-F2- 3/16/09 Employee Earnings Report
DWC-19
- ~~(i)~~~~(j)~~ Form DFS-F2- 3/16/09 Authorization and Request for Unemployment Compensation Information
DWC-30
- ~~(j)~~~~(k)~~ Form DFS-F2- 3/16/09 Permanent Total Offset Worksheet
DWC-33
- ~~(k)~~~~(l)~~ Form DFS-F2- 3/16/09 Permanent Total Supplemental Worksheet
DWC-35
- ~~(l)~~~~(m)~~ Form DFS-F2- 3/16/09 Statement of Quarterly Earnings for Supplemental Income Benefits
DWC-40
- ~~(m)~~ ~~Form DFS-F2- 3/16/09 Aggregate Claims Administration Change Report~~
~~DWC-49~~
- ~~(m)~~~~(n)~~ Form DFS-F2- 03/10 Important Workers' Compensation Information for Florida's Workers
DWC-60
- ~~(n)~~~~(p)~~ Form DFS-F2- 03/10 Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida
DWC-61
- ~~(o)~~~~(q)~~ Form DFS-F2- 03/10 Important Workers' Compensation Information for Florida's Employers
DWC-65
- ~~(p)~~~~(r)~~ Form DFS-F2- 03/10 Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida
DWC-66

(2) The Division will not supply the forms promulgated under this chapter, but will make sample forms available on the Division's website: <http://www.myfloridacfo.com/division/WC/> ~~<http://www.myfloridacfo.com/WC/>~~.

~~(3) For a transitional period of 90 days from the effective date of this rule, an insurer or claims handling entity claim administrator may use forms identified and adopted in subsection 69L 3.025(1), F.A.C., or the corresponding form(s) in effect prior to the adoption of this rule. After the completion of the 90 day transitional period, only the forms adopted in this rule may be used.~~

Rulemaking Authority 440.15, 440.185, 440.20, 440.591 FS. Law Implemented 440.02, 440.05, 440.102, 440.107, 440.12, 440.13, 440.14, 440.15, 440.16, 440.185, 440.19, 440.191, 440.192, 440.20(2), (3), 440.21, 440.34(3), 440.345, 440.35, 440.40, 440.491, 440.51(6), (9) FS. History—New 4-11-90, Amended 1-30-91, 11-8-94, 11-11-96, 11-25-96, Formerly 38F-3.025, 4L-3.025, Amended 1-10-05, 3-16-09, 11-30-10,_____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
Pam Macon, Chief, Bureau of Monitoring and Audit, Division of Workers' Compensation, Department of Financial Services
NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jeff Atwater, Chief of Financial Officer, Department of Financial Services
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 28, 2014
DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 30, 2013

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE NO.: 69L-7.501
RULE TITLE: Florida Workers' Compensation Reimbursement Manual for Hospitals

PURPOSE AND EFFECT: The purpose and effect of the proposed rule development is to amend the rule to adopt by reference the 2014 Edition of the Florida Workers' Compensation Reimbursement Manual for Hospitals, replacing the 2006 Edition of the Florida Workers' Compensation Reimbursement Manual for Hospitals in the existing rule. The 2014 Edition of the Florida Workers' Compensation Reimbursement Manual will incorporate a fee schedule for certain hospital outpatient services utilizing current procedural terminology (CPT) line level charge data. The proposed outpatient fee schedule includes adjustment of the reimbursement amount depending upon the geographic location of the service provider. In addition, the manual increases the current inpatient surgical and non-surgical per diem amounts by 16.5% and raises the current stop-loss threshold by 16.5%. Technical changes incorporated into the 2014 Edition of the Florida Workers' Compensation Reimbursement Manual for Hospitals include a new manual format and an expanded table of contents, with chapters organized by topic.

SUMMARY: Rule amendment to adopt the 2014 Edition of the Florida Workers' Compensation Reimbursement Manual for Hospitals. The Manual incorporates a fee schedule reimbursement methodology for certain hospital outpatient services based on CPT line level charge data including an adjustment based upon defined geographic areas in Florida.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: The Department has conducted an economic analysis of the proposed rule and determined that there is no adverse impact or potential regulatory cost associated with the proposed rule that exceeds any of the criteria under paragraph 120.541(1)(b) or 120.541(2)(a), F.S. The Department based its analysis on its experience in estimating operating costs within the rulemaking process, as well as data provided to it by the National Council on Compensation Insurance, Inc. ("NCCI"). The Department also utilized information that was gathered through survey and consultation with regulated entities and industry representatives.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

RULEMAKING AUTHORITY: 440.13(12), (14), 440.591 FS.

LAW IMPLEMENTED: 440.13(7), (12), (14) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

DATE AND TIME: Tuesday, March 4, 2014, 10:00 a.m.

PLACE: Room 102, Hartman Building, 2012 Capital Circle Southeast, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Eric Lloyd @ (850)413-1689 or Eric.Lloyd@myfloridacfo.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Eric Lloyd, Program Administrator, Medical Services Section, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4232, (850)413-1689 or Eric.Lloyd@myfloridacfo.com

THE FULL TEXT OF THE PROPOSED RULE IS:

69L-7.501 Florida Workers' Compensation Reimbursement Manual for Hospitals.

(1) The Florida Workers' Compensation Reimbursement Manual for Hospitals, 2014 ~~2006~~ Edition, is adopted by reference as part of this rule. The Hospital Manual contains the Maximum Reimbursement Allowances (MRAs) determined by the Three-Member Panel, pursuant to subsection 440.13(12), F.S., and establishes policy, procedures, principles and standards for implementing statutory provisions regarding reimbursement for medically necessary services and supplies provided to injured workers in a hospital setting. The policy, procedures, principles and standards in the Manual are in addition to the requirements established by the Florida Workers' Compensation Medical Services Billing, Filing and Reporting Rule, Rule 69L-7.602, F.A.C. The Reimbursement Manual for Hospitals is available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or may be obtained free of charge by print or download from the Department's website at <http://www.myfloridacfo.com/Division/WC/provider/reimbursement-manuals.htm> ~~<http://www.fldfs.com/we>~~.

(2) The Florida Workers' Compensation Health Care Provider Reimbursement Manual [HCP RM], ~~2006~~, incorporated by reference into Rule 69L-7.020, F.A.C.; and the Workers' Compensation Medical Services Billing, Filing and Reporting Rule, Rule 69L-7.602, F.A.C., are recognized for use in conjunction with the Florida Workers' Compensation Reimbursement Manual for Hospitals, 2014 Edition ~~also incorporated by reference into this rule~~. Both rules and the HCP RM are available for inspection during normal business hours at the Florida Department of Financial Services, Document Processing Section, 200 East Gaines Street, Tallahassee, Florida 32399-0311, or via the Department's web site at <http://www.myfloridacfo.com/Division/WC/provider/reimbursement-manuals.htm> ~~<http://www.fldfs.com/we>~~.

Rulemaking Specific Authority 440.13(12), (14), 440.591 FS. Law Implemented 440.13(7), (12), (14) FS. History—New 6-9-87, Amended 6-1-92, 10-27-99, 7-3-01, Formerly 38F-7.501, 4L-7.501, Amended 12-4-03, 1-1-04, 7-4-04, 10-1-07, _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Eric Lloyd, Program Administrator, Medical Services Section, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4232, (850)413-1689 or Eric.Lloyd@myfloridacfo.com

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Jeff Atwater, Chief of Financial Officer, Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: January 28, 2014

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAR: August 30, 2013

Section III Notice of Changes, Corrections and Withdrawals

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Florida Real Estate Appraisal Board

RULE NO.: 61J1-9.001
RULE TITLE: Standards of Appraisal Practice
NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 11, January 16, 2014 issue of the Florida Administrative Register.

The correction is in response to comments submitted by the Joint Administrative Procedures Committee in a letters dated January 24, 2014. The correction is as follows:

The statement that posting material on the Internet would constitute a violation of federal copyright law shall read as:

“The Board has determined that posting the material on the Internet would constitute a violation of the federal copyright law. At the time of adoption, the copyrighted material may be viewed at the Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801. The incorporated material will be available for public inspection and examination at the Department of State, Division of Library and Information Services, Administrative Code and Weekly Unit, Room 101, R.A. Gray Building, 500 South Bronough Street, Tallahassee, Florida 32399-0250.”

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Juana Watkins, Executive Director, Florida Real Estate Commission, 400 West Robinson Street, Suite N801, Orlando, Florida 32801

DEPARTMENT OF HEALTH

Board of Opticianry

RULE NO.: RULE TITLE:
64B12-8.005 Public Comment

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 18, January 28, 2014 issue of the Florida Administrative Register.

The correction is needed to include the hearing statement to the notice. The correction is as follows:

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Sue Foster, Executive Director, Board of Opticianry/MQA, 4052 Bald Cypress Way, Bin # C08, Tallahassee, Florida 32399-3258

DEPARTMENT OF HEALTH

Division of Emergency Medical Operations

RULE NO.: RULE TITLE:
64J-2.010 Apportionment of Trauma Centers within a Trauma Service Area (TSA)

NOTICE OF CORRECTION

Notice is hereby given that the following correction has been made to the proposed rule in Vol. 40, No. 22, February 3, 2014 issue of the Florida Administrative Register.

The history notes have been revised to reflect the following:

Rulemaking Specific Authority 395.402, 395.405 FS. Law Implemented 395.401, 395.4015, 395.402, 395.405 FS. History—New 12-10-92, Formerly 10D-66.1075, Amended 6-9-05, 12-18-06, Formerly 64E-2.022, Amended _____.

**Section IV
Emergency Rules**

NONE

**Section V
Petitions and Dispositions Regarding Rule
Variance or Waiver**

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District

RULE NO.: RULE TITLE:
40D-22.201 Year-Round Water Conservation Measures

The Southwest Florida Water Management District hereby gives notice that on February 3, 2014, it has issued an order granting a variance.

Petitioner’s Name: Golf Villa Florida Sunshine State B V – File Tracking No. 14-4180

Date Petition Filed: November 7, 2013

Rule No.: 40D-22.201, F.A.C.

Nature of the rule for which variance or waiver was sought: lawn and landscape irrigation

Date Petition Published in the Florida Administrative Register: November 12, 2013

General Basis for Agency Decision: Petitioner demonstrated substantial hardship and proposed an alternative means of achieving the purpose of the statute implemented by the rule.

A copy of the Order or additional information may be obtained by contacting: Lois Sorensen, 7601 US Highway 301, Tampa, Florida 33637, (813)985-7481, ext. 2298, water.variances@watermatters.org.

Section VI

Notice of Meetings, Workshops and Public Hearings

DEPARTMENT OF EDUCATION

The Florida Rehabilitation Council announces a telephone conference call to which all persons are invited.

DATE AND TIME: February 13, 2014, 9:00 a.m. – 10:00 a.m.

PLACE: Telephone conference number: 1(888)670-3525; conference call code number: 7923533220

GENERAL SUBJECT MATTER TO BE CONSIDERED: Florida Rehabilitation Council Evaluation Committee, General FRC Evaluation Business.

A copy of the agenda may be obtained by contacting: Roy Cosgrove, (850)245-3317, roy.cosgrove@vr.fldoe.org.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Roy Cosgrove, (850)245-3317, roy.cosgrove@vr.fldoe.org. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Roy Cosgrove, (850)245-3317, roy.cosgrove@vr.fldoe.org.

DEPARTMENT OF EDUCATION

Division of Florida Colleges

The Florida State College at Jacksonville District Board of Trustees announces the following campus/center tour and regular monthly Board meeting, which is open to the public and an Executive Session for Tuesday, February 11, 2014.

CAMPUS/CENTER TOUR:

DATE AND TIME: February 11, 2014, 11:00 a.m. – 12:00 Noon

PLACES: Downtown Campus, 101 West State Street, Jacksonville, FL 32202 / Advanced Technology Center, 401 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: Tour of Downtown Campus / Advanced Technology Center.

REGULAR MONTHLY BOARD MEETING:

DATE AND TIME: February 11, 2014, 12:00 Noon – 2:00 p.m.

PLACE: Advanced Technology Center, Room T-140 & T-141, 401 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: Regular meeting.

Copies of the agenda for the regular monthly Board meeting will be available for inspection beginning Tuesday, February 4, 2014, and copies will be provided upon written request and the payment of approved duplicating charges. Any person requesting to address agenda items at the Board of Trustees meeting will be provided an opportunity to do so by appearing before the Board at the meeting. All legal issues should be brought to the College's attention and an attempt made to resolve them prior to the public meeting. Any person requesting to appeal a decision made by the Board with respect to any matter considered at this meeting will need a record of the proceeding for such an appeal and may, therefore, need to ensure that a verbatim record is made.

If special accommodations are required, please advise Human Resources twenty-four (24) hours in advance of the tour and/or Board meeting by contacting Associate Vice President of Human Resources Dan Richardson at (904)632-3381 or Dan.Richardson@fscj.edu.

EXECUTIVE SESSION:

DATE AND TIME: February 11, 2014, immediately following the District Board of Trustees regular monthly meeting

PLACE: Advanced Technology Center, Room T-116, 401 West State Street, Jacksonville, Florida 32202

GENERAL SUBJECT MATTER TO BE CONSIDERED: Executive Session and Board discussion regarding the Faculty Collective Bargaining Agreement and related labor matters pursuant to Section 447.605, Florida Statutes (2013).

Pursuant to Section 447.605, Florida Statutes (2013), the Executive Session is closed to the public and exempt from the requirements of Section 286.011, Florida Statutes (2013). Documents prepared for the Executive Session pertaining to faculty collective bargaining are confidential and exempt from Section 119.07(1), Florida Statutes (2013).

All objections to this notice should be filed in writing with the College President, Florida State College at Jacksonville, on or before February 11, 2014.

The College does not discriminate on the basis of race, color, ethnicity, national origin, gender, religion, age or disability in

employment or the provision of services and is an equal access/equal opportunity/affirmative action College.

Florida State College at Jacksonville
Dr. Cynthia A. Bioteau, College President

DEPARTMENT OF TRANSPORTATION

The Florida Department of Transportation, District 2 announces a public meeting to which all persons are invited.

DATE AND TIME: February 11, 2014, 5:00 p.m. – 7:00 p.m.

PLACE: Micanopy Town Hall, Commission Meeting Room, 706 NE Chokolka Blvd., Micanopy, Florida

GENERAL SUBJECT MATTER TO BE CONSIDERED:

This meeting is being held to afford interested persons the opportunity to express their views concerning the location, conceptual design, social, economic and environmental effects of Financial Project ID: 432255-1, the Chokolka Boulevard Sidewalk project. You are invited to attend a Public Information Meeting to discuss the proposed construction of concrete sidewalks on Chokolka Boulevard in Micanopy, Florida. The meeting will be an "Open House" format to allow visitors to drop by anytime from 5:00 p.m. to 7:00 p.m. to talk with Department staff, ask questions and submit written comments. Public participation is solicited without regard to race, color, sex, age, religion, national origin, disability or family status.

A copy of the agenda may be obtained by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation, District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Mr. Bill Henderson, District Planning and Environmental Manager, Florida Department of Transportation, District 2, 1109 S. Marion Avenue, MS 2007, Lake City, Florida 32025-5874. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

REGIONAL PLANNING COUNCILS

Central Florida Regional Planning Council

The Central Florida Regional Planning Council announces a public meeting to which all persons are invited.

DATE AND TIME: February 18, 2014, 9:00 a.m.

PLACE: Bartow City Hall, Commission Chambers, 450 North Wilson Avenue, Bartow, FL 33830

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Bartow Community Redevelopment Agency (CRA) is soliciting residents' input as they update their Community Redevelopment Plan.

A copy of the agenda may be obtained by contacting: Eric Labbe at (863)534-7130, ext. 106 or at elabbe@cfrpc.org. If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

WATER MANAGEMENT DISTRICTS

Northwest Florida Water Management District
 The Northwest Florida Water Management District announces two workshops to which all persons are invited.

DATE AND TIMES: February 12, 2014, 2:00 p.m., Technical Workshop; 5:30 p.m., CT, Public Workshop

PLACE: Bay County Public Library, 898 W. 11th Street, Panama City, Florida 32401

PURPOSE: The District will solicit comments and input to support development of an update to the Region III Regional Water Supply Plan. As the District's recent Water Supply Assessment concluded that regional water supply planning should continue for Bay County, the District is updating the regional water supply plan per Section 373.709, F.S. This workshop will provide an opportunity for water supply utilities, local government officials and the public to ask questions and provide comments and recommendations. The workshop will also include water supply development project and funding options. The workshop agenda, preliminary draft plan update, and additional information are available on the District's website at:

www.nwfwmd.state.fl.us/rmd/water_supply_planning/region_III_wsp.html, or by contacting Leigh Brooks at 81 Water Management Drive, Havana, FL 32333-4712, (850)539-5999, 1(800)913-1518 or Leigh.Brooks@nwfwmd.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in the workshop is asked to advise the agency at least two days before the event by contacting Elaine McKinnon, Elaine.McKinnon@nwfwmd.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

WATER MANAGEMENT DISTRICTS

Southwest Florida Water Management District
 The Southwest Florida Water Management District (SWFWMD) announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, February 21, 2014, 10:00 a.m.

PLACE: SWFWMD Sarasota Service Office, 6750 Fruitville Road, Sarasota, FL 34240

GENERAL SUBJECT MATTER TO BE CONSIDERED: Southern Water Use Caution Area (SWUCA) Most Impacted Area (MIA) Stakeholder Workgroup Meeting. Discussion is focused on how to meet the minimum level set for the Upper Floridan aquifer to reduce the rate of saltwater intrusion. All or part of this meeting may be conducted by means of communications media technology in order to permit maximum participation of Governing Board members.

A copy of the agenda may be obtained by contacting: WaterMatters.org – Boards, Meetings & Event Calendar; 1(800)423-1476 (FL only) or (352)796-7211.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: SWFWMD Human Resources Bureau Chief at 1(800)423-1476 (FL only) or (352)796-7211, ext. 4703; TDD (FL only) 1(800)231-6103 or email to ADACoordinator@swfwmd.state.fl.us. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: melissa.dickens@watermatters.org; 1(800)423-1476 (FL only) or (352)796-7211, ext. 4422 (Ad Order EXE0304).

WATER MANAGEMENT DISTRICTS

South Florida Water Management District
 The South Florida Water Management District announces a public meeting to which all persons are invited.

DATE AND TIME: February 11, 2014, 5:00 p.m.

PLACE: South Florida Water Management District, St. Cloud Field Station, 3800 Old Canoe Creek Road, St. Cloud, FL 34769

GENERAL SUBJECT MATTER TO BE CONSIDERED: The South Florida Water Management District will be accepting public comments on the 2014 update of the existing Kissimmee Chain of Lakes Management Area Land Management Plan. The draft Management Plan is available for review at www.sfwmd.gov/land.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the

agency at least 7 days before the workshop/meeting by contacting: District Clerk at (561)682-2087. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: David Foote, SFWMD Land Resources Bureau, (561)682-2686.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Department of Environmental Protection, Division of Environmental Assessment and Restoration, announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, February 19, 2014, 9:00 a.m.

PLACE: Florida Department of Environmental Protection, Northeast District Office, 8800 Baymeadows Way West, Suite 100, Jacksonville, Florida

The meeting can also be accessed via GoToWebinar at: <https://www2.gotomeeting.com/register/211482410>.

Parties can register to attend the webinar via their personal computers and will be able to listen using their speakers connected to their computer. Parties attending by computer will be able to type in questions or make comments that can be addressed at the end of the meeting as time permits.

GENERAL SUBJECT MATTER TO BE CONSIDERED:

This is the third meeting of the Bacteria Technical Advisory Committee (TAC) and is a follow-up to TAC meetings held on August 20, 2013 in Tallahassee and November 19, 2013, in Orlando. The TAC meeting is associated with the development of rules intended to comprehensively revise fecal indicator bacteria surface water quality criteria in Chapter 62-302, F.A.C., and the associated impaired water methodologies in Chapter 62-303, F.A.C., as well as to establish statewide bacteria Total Maximum Daily Loads (TMDLs) in Chapter 62-304, F.A.C., and appropriate restoration actions to implement the TMDL. This meeting will focus on options for expressing a statewide bacteriological TMDL and implementation provisions to expedite restoration activities. Restoration activities for different types of sources will also be discussed.

A copy of the agenda may be obtained by contacting: Eric Shaw, Florida Department of Environmental Protection, Standards Development Section, MS 6511, 2600 Blair Stone Road, Tallahassee, FL 32399-2400, (850)245-8429 or e-mail: eric.shaw@dep.state.fl.us.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Eric Shaw at (850)245-8429 or by email: eric.shaw@dep.state.fl.us. If you are hearing or speech

impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Florida Department of Environmental Protection Clean Boating Partnership announces a workshop to which all persons are invited.

DATE AND TIME: February 25, 2014, 9:00 a.m. – 12:00 Noon

PLACE: Pinellas County UF/IFAS Extension, 1800 Weedon Drive NE, St. Petersburg, FL 33702

GENERAL SUBJECT MATTER TO BE CONSIDERED:

Clean and Resilient Marina / Clean Vessel Act Grant Program workshop for new and existing marine and freshwater marinas, boatyards, and retailers. Participants can learn about marina safety measures, permitting, regulations, and best management practices to prepare for an emergency. Participants can also learn how to qualify for designation as a clean facility and how to apply for grant funding to install and operate a pumpout at their facility.

A copy of the agenda may be obtained by contacting: Brenda Leonard, 3900 Commonwealth Blvd., MS 30, Tallahassee, FL 32399, Brenda.Leonard@dep.state.fl.us, (850)245-2847.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Brenda Leonard. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Brenda Leonard.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

The Florida Department of Environmental Protection Clean Boating Partnership announces public meetings to which all persons are invited.

DATES AND TIMES: February 25, 2014, 1:30 p.m. – 4:30 p.m.; February 26, 2014, 9:00 a.m. – 12:00 Noon

PLACE: Pinellas County UF/IFAS Extension, 1800 Weedon Drive NE, St. Petersburg, FL 33702

GENERAL SUBJECT MATTER TO BE CONSIDERED:

This meeting is to review discussion items and recommendations concerning the Department of Environmental Protection's Clean Marina Program and Clean Vessel Act Program.

A copy of the agenda may be obtained by contacting: Brenda Leonard, 3900 Commonwealth Blvd., MS 30, Tallahassee, FL 32399, Brenda.Leonard@dep.state.fl.us, (850)245-2847.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to

participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Brenda Leonard. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). For more information, you may contact: Brenda Leonard.

DEPARTMENT OF HEALTH

Board of Chiropractic

The Board of Chiropractic Medicine Probable Cause Panel announces a telephone conference call to which all persons are invited.

DATE AND TIME: Monday, February 10, 2014, 11:45 a.m. at Meet Me number: 1(888)670-3525, participant code: 7063065588

PLACE: Department of Health, 4042 Bald Cypress Way, Tallahassee, Florida 32399

GENERAL SUBJECT MATTER TO BE CONSIDERED: For cases previously heard by the panel.

A copy of the agenda may be obtained by contacting: Sherra W. Mears, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3257.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Sherra W. Mears. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

DEPARTMENT OF FINANCIAL SERVICES

Division of Treasury

The Florida Department of Financial Services announces a public meeting to which all persons are invited.

DATE AND TIME: February 13, 2014, 2:00 p.m.

PLACE: 1801 Hermitage Boulevard, Room 440C, Tallahassee, Florida 32308

GENERAL SUBJECT MATTER TO BE CONSIDERED: This is a quarterly meeting of the Chief Financial Officer's Treasury Investment Committee pursuant to Section 17.575, Florida Statutes. The purpose of the meeting is to provide an overview of Treasury operations and performance.

A copy of the agenda may be obtained by contacting: Karen Ashworth, Florida Department of Financial Services, Division of Treasury, (850)413-3304.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Karen Ashworth, Florida Department of Financial Services, Division of Treasury, (850)413-3304. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

For more information, you may contact: Karen Ashworth, Florida Department of Financial Services, Division of Treasury, (850)413-3304.

NORTH FLORIDA BROADBAND AUTHORITY

The North Florida Broadband Authority announces a public meeting to which all persons are invited.

DATE AND TIME: Wednesday, February 12, 2014, 10:00 a.m.

PLACE: 205 NE Marion Street, Lake City, FL 32055

GENERAL SUBJECT MATTER TO BE CONSIDERED: The North Florida Broadband Authority (NFBA) Board of Directors announces that a regular monthly meeting will be held on Wednesday, February 12, 2013, and all interested persons are invited. The NFBA is a public body created by Interlocal Agreement pursuant to Section 163.01, Florida Statutes. The meeting will be held at 10:00 a.m. at 205 NE Marion Street, Lake City, FL 32055. The Board will address general policy and operational matters of the NFBA. In accordance with the Americans with Disabilities Act, persons needing special accommodations or an interpreter to participate in this meeting should contact Springfield Law, P.A. at (352)371-9909 at least two business days prior to the date of the meeting.

A copy of the agenda may be obtained by contacting: letisha@springfieldlawpa.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 2 days before the workshop/meeting by contacting: Springfield Law P.A., 806 NW 16th Ave., Suite B, Gainesville, FL 32601, (352)371-9909. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

WORKFORCE FLORIDA

The Workforce Florida announces public meetings to which all persons are invited.

DATES AND TIMES: February 19, 2014: 8:30 a.m. – 10:30 a.m. ET, CareerSource Florida Day at the Capitol-Welcome

Session-Cabinet Rm.; 10:30 a.m. – 3:00 p.m. ET or conclusion of business, Legislative visits; 6:00 p.m. – 7:30 p.m., Board & Partners Reception – Governor’s Mansion. February 20, 2014, 8:30 a.m. – 12:30 p.m. ET, Board of Directors Meeting,

PLACE: CareerSource Florida Day at the Capitol – Cabinet Room and Individual Legislative Offices TBD.

Board of Directors Meeting, FSU Turnbull Conference Center, 555 W. Pensacola St., Tallahassee, FL 32306

GENERAL SUBJECT MATTER TO BE CONSIDERED: General Board meetings for discussion of workforce issues.

A copy of the agenda may be obtained by contacting: www.workforceflorida.com.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Peggy Dransfield, (850)921-1119. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

HDR, INC.

The Florida Department of Transportation, District 1 announces a stakeholder workshop which is open to the public.

DATE AND TIME: February 12, 2014, 2:00 p.m.

PLACE: Charlotte County/Punta Gorda MPO office (25550 Harbor View Road, Port Charlotte, FL 33980)

GENERAL SUBJECT MATTER TO BE CONSIDERED: The Florida Department of Transportation, District One is conducting a stakeholder kick-off for the Districtwide Freight Mobility and Trade Plan. The goal of the Freight Mobility and Trade Plan is to develop a prioritized list of needed improvements to facilitate freight movement within and through the District. The stakeholder kick-off will include an overview of plan goals and process, other on-going studies, and initial identification of issues.

For more information or a copy of the agenda, please contact: Terry Beacham, FDOT Project Manager, at (863)519-2388 or Jessica Dean, Consultant Public Information Manager at (407)420-4240.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Jessica Dean at (407)420-4240. If you are hearing or speech impaired, please contact the agency using the

Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice). Public participation is solicited without regard to race, color, national origin, age, sex, religion, disability or family status.

**Section VII
Notice of Petitions and Dispositions
Regarding Declaratory Statements**

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Division of Florida Condominiums, Timeshares and Mobile Homes

NOTICE IS HEREBY GIVEN that Division of Florida Condominiums, Timeshares, and Mobile Homes, Department of Business and Professional Regulation, State of Florida, has declined to rule on the petition for declaratory statement filed by Karen E. Maller, Esq., In Re: Trafalgar Square Condominium Association, Inc., Docket No. 2013040861, on October 2, 2013. The following is a summary of the agency's declination of the petition:

The Division declined to issue a Declaratory Statement because the purpose of a Declaratory Statement is to allow a petitioner to select a proper course of action in advance; and a Declaratory Statement is not the appropriate means for determining the conduct of another person. The order was filed with the Agency Clerk on January 22, 2014.

A copy of the Order Declining of the Petition for Declaratory Statement may be obtained by contacting: Danny Brown, Administrative Assistant II, at Department of Business and Professional Regulation, Division of Florida Condominiums, Timeshares, and Mobile Homes, 1940 North Monroe Street, Tallahassee, Florida 32399-2217, (850)717-1486, Daniel.Brown@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

NOTICE IS HEREBY GIVEN that the Construction Industry Licensing Board has received the petition for declaratory statement from Chipman Services, Inc., on January 28, 2014. The petition seeks the agency's opinion as to the applicability of Section 489.105 and Section 489.128, F.S., as it applies to the petitioner.

The Petitioner seeks a declaratory statement regarding (1) whether a Florida business owner under the definitions of Section 489.105(3), F.S., who only provides services that are isolated to the profession of welding, needs to possess a

contractor’s license; (2) whether the profession of welding falls under the definition of “specialty contractor” in Section 489.105(3)(q), F.S.; and (3) whether Section 489.128, F.S., is applicable to a business owner who provides services attached to welding. Except for good cause shown, motions for leave to intervene must be filed within 21 days after publication of this notice.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Drew Winters, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, FL 32399-0783, (850)487-1395 or by electronic mail: Amanda.Wynn@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

NOTICE IS HEREBY GIVEN that the Construction Industry Licensing Board has received the petition for declaratory statement from the City of Port St. Lucie, on January 28, 2014. The petition seeks the agency’s opinion as to the applicability of Section 489.113, F.S., as it applies to the petitioner.

The Petitioner seeks a declaratory statement on Chapter 489.113(2), Florida Statutes, regarding whether a general or building contractor can subcontract to an unlicensed contractor, the structural masonry work on a commercial building, when the local municipality regulates/requires a masonry license. Except for good cause shown, motions for leave to intervene must be filed within 21 days after publication of this notice.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Drew Winters, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, FL 32399-0783, (850)487-1395 or by electronic mail: Amanda.Wynn@myfloridalicense.com.

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Construction Industry Licensing Board

NOTICE IS HEREBY GIVEN that the Construction Industry Licensing Board has received the petition for declaratory statement from GeoStabilization International, LLC, on January 30, 2014. The petition seeks the agency’s opinion as to the applicability of Section 489.105, F.S., as it applies to the petitioner.

The Petitioner seeks a declaratory statement on Chapter 489.105, Florida Statutes, regarding whether one or more construction licenses are required to perform the following services: landslide remediation, slope stabilization/repair; rockfall mitigation; temporary shoring; bridge abutments and

retaining walls; rock wall repair; launched soil nails/drains; and micro piles. Except for good cause shown, motions for leave to intervene must be filed within 21 days after publication of this notice.

A copy of the Petition for Declaratory Statement may be obtained by contacting: Drew Winters, Executive Director, Construction Industry Licensing Board, 1940 North Monroe Street, Tallahassee, FL 32399-0783, (850)487-1395 or by electronic mail: Amanda.Wynn@myfloridalicense.com.

DEPARTMENT OF HEALTH

Board of Medicine

NOTICE IS HEREBY GIVEN THAT on January 23, 2014, the Board of Medicine issued a Final Order on the petition for declaratory statement filed on behalf of HMCS. The Notice of the Petition was published in Vol. 39, No. 218, of the November 7, 2013, issue of the Florida Administrative Register. The Board reviewed the Petition at its meeting held on December 6, 2013. The Board’s Final Order declines to issue a declaratory statement on the basis that the petitioner failed to demonstrate that it is a substantially affected person as set forth in Section 120.565(1), F.S.

A copy of the Final Order may be obtained by contacting the Board of Medicine, 4052 Bald Cypress Way, Bin #C03, Tallahassee, Florida 32399-3253.

DEPARTMENT OF HEALTH

Board of Pharmacy

NOTICE IS HEREBY GIVEN that the Board of Pharmacy has issued an order disposing of the petition for declaratory statement filed by David Benoit, on behalf of Northeast Pharmacy Service Corporation on September 23, 2013. The following is a summary of the agency’s disposition of the petition:

The Notice of Petition for Declaratory Statement published on September 26, 2013, in Vol. 39, No. 188, of the Florida Administrative Register. Petitioner sought the Board’s approval for an exemption from registration as a nonresident pharmacy that mail prescriptions to patients who vacation in Florida. The Board of Pharmacy considered the Petition at its December 4, 2013 meeting. The Board’s Order filed on December 30, 2013, denied the petition as the petition was not in substantial compliance with the provisions of Section 120.565, Florida Statutes, and Chapter 28-104, F.A.C., and the answer to the question posed is clear based on the applicable rules which have been duly promulgated and adopted. It would not be legally appropriate for the Board to issue a Declaratory Statement.

A copy of the Order Disposing of the Petition for Declaratory Statement may be obtained by contacting: Tammy Collins, Acting Executive Director, Board of Pharmacy, 4052 Bald Cypress Way, Bin C04, Tallahassee, Florida 32399-3254 or by email at info@floridaspharmacy.gov within 14 days of publication of this notice.

**Section VIII
Notice of Petitions and Dispositions
Regarding the Validity of Rules**

Notice of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

Notice of Disposition of Petition for Administrative Determination has been filled with the Division of Administrative Hearings on the following rules:

NONE

**Section IX
Notice of Petitions and Dispositions
Regarding Non-rule Policy Challenges**

NONE

**Section X
Announcements and Objection Reports of the
Joint Administrative Procedures Committee**

NONE

**Section XI
Notices Regarding Bids, Proposals and
Purchasing**

DEPARTMENT OF EDUCATION

University of South Florida

NOTICE TO PROFESSIONAL CONSULTANTS

Notice of Bid/Request for Proposal

February 4, 2014

The University of South Florida St. Petersburg announces that continuing professional services are required for the following discipline:

Architecture (Up to 3) (St. Petersburg Campus with ability to include other campuses as required).

PROJECT DESCRIPTION: Projects included in the scope of this Agreement will be specific projects for renovations, alterations, new additions for University facilities that have a basic construction budget that does not exceed \$2,000,000 or survey or studies for which the fee for professional services that does not exceed \$200,000. Projects for University facilities may include Teaching, Research, Health, Academic, Administrative, Recreation and Residence Life Facilities, as well as Infrastructure and Utility projects. Continuing Service contracts for these projects provide that the consultant will be available on an as-needed basis for an initial contract period of one (1) year with an Owner’s option to renew for one (1) additional year at a time up to a total of two (2) additional years. This selection is based upon Architectural services only. Engineering services (mechanical, electrical, structural and civil) required for specific projects shall be provided as part of basic services through the selected Architect(s) based upon project need. Use of USFSP Continuing Service Engineers by the selected Architect(s) shall be encouraged. The consultant(s) receiving the award will not have an exclusive contract to perform services for these projects. The University may have additional continuing service professionals under contract during the same time period. Blanket professional liability insurance in the amount of \$250,000 shall be required for the contract. Services required to be provided under the Continuing Services Contracts include the development of record drawings by the Continuing Service Consultant for projects designed by that consultant to reflect as-built conditions to facilitate the University’s space management program. Any new construction projects should have the ability to be USGBC LEED certified, to a minimum certification level of Silver, if required by the Owner and shall be included as part of basic services and will not be considered as an additional service.

INSTRUCTIONS: Firms desiring to provide professional services shall submit one (1) original submittal and four (4) spiral bound copies consisting of the information as required in the “SUBMITTAL REQUIREMENTS” of the Project Fact Sheet including a letter of interest, a completed “USFSP Professional Qualifications Supplement” dated May 2013, and any required or additional information within the proposal limits as described in the PQS General Instructions. Submittals that do not comply with these requirements or do not include the requested information may not be considered. No submittal material will be returned. Submittals become part of the public record. An applicant must be properly registered at the time of application to practice its profession in the State of Florida. If the applicant is a corporation, it must be properly chartered by the Florida Department of State to operate in Florida. The plans and specifications for University of South Florida St. Petersburg projects are subject to reuse in

accordance with the provisions of Section 287.055, Florida Statutes.

PROJECT SELECTION CRITERIA: Selection of finalists for interview will be made on the basis of professional qualifications, including experience and ability, design ability, past performance, workload, volume of USF work (including USF Foundation), and location. As part of the University of South Florida's Strategic Plan, USF made a commitment to foster a diverse community distinguished by a shared purpose, collaboration, open and timely communication, mutual respect, trust, and inclusiveness. The University of South Florida is an equal opportunity institution, and, as such, strongly encourages the lawful use of certified Minority and Women-owned Business Enterprises ("MBEs") in the provision of design and construction-related services by providing a fair and equal opportunity to compete for, or for participation in, design and/or construction-related services. MBE participation information by the Architect for this contract shall be provided by the Architect in response to a periodic request from the University's Supplier Diversity Manager's office. As required by Section 287.133, Florida Statutes, a consultant may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected consultant must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$25,000.00 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

The "USFSP Professional Qualification Supplement" form dated May 2013 and "Project Fact Sheet", which includes project information, are available at www.usfsp.edu/facilities. All interested firms are invited and encouraged to attend a Pre-Submittal Meeting to be held at 11:00 a.m. (Eastern Time), Monday, February 17, 2014, at the University of South Florida St. Petersburg in Davis Hall, Room 104, to review the scope and requirements of this project. Campus information/map can be obtained at: www.usfsp.edu/about-usfsp/visit-us. Directions and parking information can be obtained at the aforementioned website. The campus map shows where limited one hour visitor parking is available. Daily parking permits can be obtained in Bayboro Hall, Room 132.

Requests for meetings by individual firms will not be granted. It shall be noted that no communication shall take place between the applicants and the employees of the University of South Florida St. Petersburg, except as provided at the Pre-Submittal Meeting. Requests for clarification must be in writing to India Smith, Facilities Planning and Construction Services, University of South Florida St. Petersburg via e-mail: issmith@usfsp.edu.

One (1) original and four (4) spiral bound copies of the above required proposal data shall be submitted to: John Dickson, Director, Facilities Planning and Construction Services, University of South Florida St. Petersburg, 140 7th Avenue South, Terrace 100, St. Petersburg, Florida 33701. Applications that do not comply with the above instructions may be disqualified. Application materials will not be returned. Submittals are to be received at the above campus address (140 7th Avenue South, TER 100, St. Petersburg, Florida 33701, to the Attention: John Dickson, Director, Facilities Planning and Construction), by 2:00 p.m. (Eastern Time), Friday, February 28, 2014. Facsimile (FAX) or electronic submittals are not acceptable and will not be considered. The Selection Committee reserves the right to waive any irregularities and may reject all proposals and stop the selection process at any time.

DEPARTMENT OF EDUCATION

University of South Florida

NOTICE TO CONSTRUCTION MANAGERS

Notice of Bid/Request for Proposal

February 4, 2014

The University of South Florida St. Petersburg announces that continuing construction management services are required for the following discipline:

Construction Manager (Up to 3) (St. Petersburg Campus with the ability to include other campuses as required).

PROJECT DESCRIPTION: Projects included in the scope of this Agreement will be specific projects for renovations, alterations, new construction, and/or additions for University facilities that have a basic construction budget that does not exceed \$2,000,000 or survey or studies for which the fee for services that does not exceed \$200,000. Projects for University facilities may include Teaching, Research, Health, Academic, Administrative, Recreation and Residence Life Facilities, as well as Infrastructure and Utility projects. Continuing Service Contracts for these projects provide that the Construction Manager will be available on an as-needed basis for an initial period of one (1) year with an Owner's option to renew for one (1) additional year at a time up to a total of two (2) additional years. This selection is based upon Construction Management services only. The Construction Managers receiving the award will not have an exclusive contract to perform services for these projects. The University may have additional Continuing Service Construction Managers under contract during the same time period. Continuing Service projects include projects that are awarded based upon competitive proposals from Continuing Service Construction Managers under contract and may include projects that are negotiated individually with a specific Construction Manager. Services required to be provided under

the Continuing Services Contracts include the recording of as-built conditions by the Continuing Service Construction Manager for projects constructed by that Construction Manager for use in developing record drawings to facilitate the University's space management program. Any new construction projects should have the ability to be USGBC LEED certified, to a minimum certification level of Silver, if required by the Owner and shall be included as part of basic services and will not be considered as an additional service.

Performance and Payment Bonds shall be provided for individual projects exceeding \$100,000 and liability and worker's compensation insurance shall be required for the contract. Builder's Risk insurance may be required for specific projects based upon need.

INSTRUCTIONS: Firms desiring to provide Construction Management services shall submit one (1) original submittal and four (4) spiral bound copies consisting of the information as required in the "Submittal Requirements" of the Project Fact Sheet including a letter of interest, a completed "USFSP Construction Manager Qualifications Supplement" dated May 2012 and any required or additional information within the proposal limits as described in the CMQS Instructions, addressing the criteria contained therein, in the order listed, in a clear and concise manner. Submittals that do not comply with these requirements or do not include the requested information may not be considered. Submittals are not to exceed forty (40) pages, including the Construction Manager Qualifications Supplement, letter of interest, attachments and additional information. Pages must be numbered consecutively. Submittals are part of the public record and no submittal material will be returned. Applications submitted in any other format may not be considered. An applicant must be licensed to practice as a general contractor in the State of Florida at the time of application. Corporations must be registered to operate in the State of Florida by the Department of State, Division of Corporations, at the time of application. As required by Section 287.133, Florida Statutes, a Construction Management firm may not submit a proposal for this project if it is on the convicted vendor list for a public entity crime committed within the past 36 months. The selected Construction Management firm(s) must warrant that it will neither utilize the services of, nor contract with, any supplier, subcontractor, or consultant in excess of \$25,000 in connection with this project for a period of 36 months from the date of their being placed on the convicted vendor list.

PROJECT SELECTION CRITERIA: Selection of finalists for interviews will be made on the basis of Construction Manager qualifications including applicant's experience, applicant's personnel, applicant's ability to provide service, (record-keeping/administrative ability, recording of as-built conditions, critical path scheduling expertise, conceptual cost

estimating and cost control ability, quality control capability, etc.) and the applicant's license, bondability and insurability. As part of the University of South Florida's Strategic Plan, USF made a commitment to foster a diverse community distinguished by a shared purpose, collaboration, open and timely communication, mutual respect, trust, and inclusiveness. The University of South Florida is an equal opportunity institution, and, as such, strongly encourages the lawful use of certified Minority and Women-owned Business Enterprises ("MBEs") in the provision of design and construction-related services by providing a fair and equal opportunity to compete for, or for participation in, design and/or construction-related services. MBE participation information by the Construction Manager and/or the Construction Manager's consultants, for this contract, shall be provided by the Construction Manager in response to a periodic request from the University's Supplier Diversity Manager's office.

The "USFSP Construction Manager Professional Qualification Supplement" form dated May 2012 and "Project Fact Sheet", which includes project information, are available at www.usfsp.edu/facilities.

All interested firms are invited to and encouraged to attend a Pre-Submittal Meeting to be held at 9:00 a.m. (Eastern Time), Monday, February 17, 2014 at the University of South Florida St. Petersburg in Davis Hall, Room 104, to review the scope and requirements of this project. Campus information/map can be obtained at: www.usfsp.edu/about-usfsp/visit-us. Directions and parking information can be obtained at the aforementioned website. The campus map shows where limited one hour visitor parking is available. Daily parking permits can be obtained in Bayboro Hall, Room 132.

Requests for meetings by individual firms will not be granted. It shall be noted that no communication shall take place between the applicants and the employees of the University of South Florida St. Petersburg except as provided at the Pre-Submittal Meeting. Requests for clarification must be in writing to India Smith, Facilities Planning and Construction Services, University of South Florida St. Petersburg via e-mail: issmith@usfsp.edu.

One (1) original and four (4) spiral bound copies of the above requested proposal data shall be addressed to: John Dickson, Director, Facilities Planning and Construction Services, University of South Florida St. Petersburg, Terrace 100, 140 7th Avenue South, St. Petersburg, Florida 33701. Applications that do not comply with the above instructions may be disqualified. Submittals are to be received at the above address (140 7th Avenue South, Terrace 100, St. Petersburg, Florida 33701, to the Attention: John Dickson, Director, Facilities Planning and Construction), by 2:00 p.m. (Eastern Time), Friday, February 28, 2014. Facsimile (FAX) or electronic

submittals are not acceptable and will not be considered. The Selection Committee reserves the right to waive any irregularities and may reject all proposals and stop the selection process at any time.

Section XII Miscellaneous

DEPARTMENT OF HEALTH Board of Medicine

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Restriction Order with regard to the license of Chris Allen Lane, P.A., license number PA 9103721. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Dora Moreira, RN, license number RN 9270097. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Restriction Order with regard to the license of Sharon Hart, A.R.N.P., license number AN 3097622. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida

Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Suspension Order with regard to the license of Deborah Lynn Karstedt, R.N, a.k.a.: Deborah Lynn Johansen, R.N., license number RN 1467922. This Emergency Suspension Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Restriction Order with regard to the license of Patricia Marie Canard, RN, license number RN 289042. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

DEPARTMENT OF HEALTH Board of Nursing

Notice of Emergency Action

On January 31, 2014, the State Surgeon General issued an Order of Emergency Restriction Order with regard to the license of Bradley Shane Harper, RN, license number RN 9248233. This Emergency Restriction Order was predicated upon the State Surgeon General's findings of an immediate and serious danger to the public health, safety and welfare pursuant to Sections 456.073(8) and 120.60(6), Florida Statutes (2011). The State Surgeon General determined that this summary procedure was fair under the circumstances, in that there was no other method available to adequately protect the public.

Section XIII
Index to Rules Filed During Preceding
Week

RULES FILED BETWEEN JANUARY 27, 2014 AND
JANUARY 31, 2014

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF STATE
Division of Historical Resources

1A-32.001	1/27/2014	2/16/2014	39/219	
1A-32.003	1/27/2014	2/16/2014	39/219	
1A-32.005	1/27/2014	2/16/2014	39/219	

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Division of Animal Industry

5C-3.001	1/30/2014	2/19/2014	39/214	
5C-4.0015	1/30/2014	2/19/2014	39/214	
5C-30.003	1/30/2014	2/19/2014	39/214	
5C-30.004	1/30/2014	2/19/2014	39/214	
5C-31.001	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.002	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.003	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.004	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.005	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.006	1/30/2014	2/19/2014	39/214	39/247; 39/250
5C-31.007	1/30/2014	2/19/2014	39/214	39/247; 39/250

DEPARTMENT OF TRANSPORTATION

14-15.0081	1/30/2014	2/19/2014	39/233	
14-61.0013	1/30/2014	2/19/2014	39/233	
14-100.001	1/30/2014	2/19/2014	39/233	
14-100.002	1/30/2014	2/19/2014	39/233	
14-100.003	1/30/2014	2/19/2014	39/233	
14-100.005	1/30/2014	2/19/2014	39/233	

Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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DEPARTMENT OF CITRUS

20-13.0011	1/30/2014	2/19/2014	39/241	40/07
20-39.013	1/30/2014	2/19/2014	39/241	40/07
20-115.001	1/30/2014	2/19/2014	39/241	40/07

DEPARTMENT OF THE LOTTERY

53ER14-6	1/31/2014	1/31/2014	40/22	
53ER14-7	1/31/2014	1/31/2014	40/22	
53ER14-8	1/31/2014	1/31/2014	40/22	
53ER14-9	1/31/2014	1/31/2014	40/22	
53ER14-10	1/31/2014	1/31/2014	40/22	
53ER14-11	1/31/2014	1/31/2014	40/22	

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

Board of Veterinary Medicine

61G18-10.008	1/30/2014	2/19/2014	39/250	
61G18-15.005	1/30/2014	2/19/2014	39/250	

Electrical Contractors' Licensing Board

61G6-8.001	1/30/2014	2/19/2014	39/244	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

62-40.210	1/29/2014	*****	39/219	
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(Note: Effective date will be at the end of the 2014 Legislative Session pursuant to Section 373.036, F.S)

DEPARTMENT OF HEALTH

Board of Orthotists and Prosthetists

64B14-5.004	1/30/2014	2/19/2014	39/251	
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Division of Children's Medical Services

64C-3.002	1/29/2014	2/18/2014	39/218	
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Division of Environmental Health

64E-11.015	1/29/2014	2/18/2014	39/235	
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Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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LIST OF RULES AWAITING LEGISLATIVE APPROVAL PURSUANT TO SECTION 120.541(3), FLORIDA STATUTES

DEPARTMENT OF HEALTH

Division of Emergency Medical Operations

64J-2.006	7/12/2013	*****	39/53	39/103
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DEPARTMENT OF ENVIRONMENTAL PROTECTION

62-772.300	12/27/2013	*****	39/194	39/224
62-772.400	12/27/2013	*****	39/194	39/224

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

69L-7.020	10/24/2011	*****	37/24	37/3
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OIR Insurance Regulation

69O-186.013	12/30/2013	*****	39/201	39/230
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Rule No.	File Date	Effective Date	Proposed Vol./No.	Amended Vol./No.
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LIST OF RULES AWAITING LEGISLATIVE REVIEW AND CONSIDERATION PURSUANT TO SECTION 373.1391, F.S.

WATER MANAGEMENT DISTRICTS

South Florida Water Management District

40E-7.511	1/17/2014	*****	39/189	39/235
40E-7.520	1/17/2014	*****	39/189	39/235
40E-7.521	1/17/2014	*****	39/189	
40E-7.523	1/17/2014	*****	39/189	39/235
40E-7.525	1/17/2014	*****	39/189	
40E-7.526	1/17/2014	*****	39/189	39/235
40E-7.527	1/17/2014	*****	39/189	39/235
40E-7.528	1/17/2014	*****	39/189	
40E-7.529	1/17/2014	*****	39/189	39/235
40E-7.530	1/17/2014	*****	39/189	39/235
40E-7.532	1/17/2014	*****	39/189	
40E-7.534	1/17/2014	*****	39/189	39/235
40E-7.535	1/17/2014	*****	39/189	39/235
40E-7.537	1/17/2014	*****	39/189	39/235
40E-7.538	1/17/2014	*****	39/189	
40E-7.538	1/17/2014	*****	39/189	39/235
40E-7.5382	1/17/2014	*****	39/189	39/235
40E-7.5383	1/17/2014	*****	39/189	
40E-7.5384	1/17/2014	*****	39/189	
