

(b) Any records that establish the statutory elements of independent contractor prescribed in Section 440.02(15)(d), F.S., for each worker who claims to be or who the employer claims to be an independent contractor and not an employee under the workers' compensation law.

(11) Records retention. An employer under the workers' compensation law shall maintain the records specified in this Rule for the current calendar year to date and for the preceding three calendar years, in original form, whether paper, film, machine readable electronic material, or other media. A legible copy of the original record is an acceptable substitute for the original.

(12) Records location. An employer shall maintain the records specified in this rule at the corporate registered office, principal place of business, or job site in Florida.

Specific Authority 440.107(5) 440.107(2), 440.591 FS. Law Implemented 440.107(3), 440.107(5) 440.107(2), 440.591 FS. History--New 2-2-00, Formerly 38F-6.015, Amended 3-26-03, Formerly 4L-6.015, Amended \_\_\_\_\_

## Section II Proposed Rules

### DEPARTMENT OF STATE

#### Division of Library and Information Services

RULE TITLE: Library Grant Programs RULE NO.: 1B-2.011

PURPOSE, EFFECT AND SUMMARY: The purpose of this amendment is to add a Community Libraries in Caring grant program. Guidelines for this grant program are outlined in the application packet that contains information on eligibility requirements, application review procedures, evaluation and funding criteria, grant administration procedures and application forms.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No statement of estimated regulatory cost has been prepared.

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

SPECIFIC AUTHORITY: 257.14, 257.15, 257.193 FS.

LAW IMPLEMENTED: 257.14, 257.15, 257.193 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW: The hearing must be requested in writing by 5:00 p.m. Eastern Time, Tuesday, September 28, 2004. If not requested, this hearing will not be held.

TIME AND DATE: 9:30 a.m. Eastern Time, Tuesday, October 5, 2004

PLACE: Archives Conference Room, First Floor, State Library and Archives of Florida, R. A. Gray Building, 500 S. Bronough Street, Tallahassee, FL

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Judith Ring, Director, Division of Library and Information Services, R. A. Gray Building, 500 South Bronough Street, Tallahassee, FL 32399-0250, (850)245-6600, Suncom 205-6600

THE FULL TEXT OF THE PROPOSED RULE IS:

1B-2.011 Library Grant Programs.

(1) through (2)(f) No change.

(g) (The Community Libraries In Caring Program Application, effective \_\_\_\_\_; which contain instructions and application (Form DLIS/CLIC01), effective \_\_\_\_\_; and Annual Report (Form DLIS/CLIC02), effective \_\_\_\_\_.

(3) through (4) No change.

Specific Authority 257.14, 257.15, 257.191, 257.192, 257.193, 257.24, 257.41(2) FS. Law Implemented 240.5186, 257.12, 257.14, 257.15, 257.16, 257.17, 257.171, 257.172, 257.18, 257.19, 257.191, 257.192, 257.193, 257.195, 257.21, 257.22, 257.23, 257.24, 257.25, 257.40, 257.41, 257.42 FS. History--New 1-25-93, Amended 7-17-96, 4-1-98, 2-14-99, 4-4-00, 12-18-00, 11-20-01, 3-20-02, 1-9-03, 12-28-03, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Marian Deeney

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Judith A. Ring, Director, Division of Library and Information Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 31, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 6, 2004

### BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

### DEPARTMENT OF MANAGEMENT SERVICES

#### Division of Purchasing

RULE CHAPTER TITLE: General Regulations RULE CHAPTER NO.: 60A-1

RULE TITLE: Identical Evaluations of Responses RULE NO.: 60A-1.011

PURPOSE AND EFFECT: The purpose of this rule amendment is to modernize the "Tie Bid" provisions and prioritize the various statutory tie-breaking provisions.

SUMMARY: The revised statute prioritizes four methods of determining a winner, in the event of a tie-bid situation.

SPECIFIC AUTHORITY: 287.042(12) FS.  
 LAW IMPLEMENTED: 287.057(6), 287.082, 287.084, 287.087, 287.092 FS.

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

TIME AND DATE: 2:00 p.m., October 4, 2004  
 PLACE: Room 101, 4050 Esplanade Way, Tallahassee, Florida, 32399-0950

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Richard Brown, State Purchasing, 4050 Esplanade Way, Tallahassee, Florida 32399-0950, (850)488-3049, Fax (850)414-6122, e-mail: brownr2@dms.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:  
 (Substantial rewording of Rule 60A-1.011 follows. See Florida Administrative Code for current text.)

60A-1.011 Identical Evaluations of Responses (Tie) Bids/Proposals, Commodities/Contractual Services.

(1) Criteria. When evaluating vendor responses to solicitations, if the agency is confronted with identical pricing or scoring from multiple vendors, the agency shall determine the order of award using the following criteria, in the order of preference listed below (from highest priority to lowest priority):

- (a) The response is from a Florida-domiciled entity, as determined by the Department of State;
- (b) If the response relates to manufactured commodities, the response provides for manufacturing such commodities within the state (in preference over any foreign manufacturer);
- (c) If the response relates to manufactured commodities, the response provides for a foreign manufacturer that also has at least 200 employees working in the state (in preference over a foreign manufacturer with less than 200 employees working in the state); or
- (d) The response certifies that a drug-free workplace has been implemented in accordance with s. 287.087, F.S.

(2) No Applicable Criteria. If none of the criteria in subsection (1) are applicable, the agency may determine the order of award by using the number of valid vendor complaints of file or by a means of random selection (e.g., a coin toss or drawing of numbers).

Specific Authority 287.042(12) FS. Law Implemented 287.082, 287.084, 287.087, 287.092 FS. History—New 2-6-68, Revised 5-20-71, Amended 7-31-75, 10-1-78, 8-6-81, 2-13-83, 10-13-83, 3-1-84, Formerly 13A-1.11, Amended 11-3-88, 4-10-91, Formerly 13A-1.011, Amended \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Robert Hosay, Deputy Secretary, Department of Management Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: William Simon, Secretary, Department of Management Services  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 30, 2004  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 6, 2004

**DEPARTMENT OF MANAGEMENT SERVICES**

**Division of Purchasing**

RULE CHAPTER TITLE: General Regulations  
 RULE TITLE: Insurance  
 RULE CHAPTER NO.: 60A-1  
 RULE NO.: 60A-1.015

PURPOSE AND EFFECT: The purpose of this amendment is to delete an obsolete provision from the rule.

SUMMARY: The amended rule details the Department’s authority to purchase insurance, but eliminates DFS oversight of invoices.

SPECIFIC AUTHORITY: 287.042(12) FS.  
 LAW IMPLEMENTED: 287.022 FS.

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

TIME AND DATE: 2:00 p.m., October 4, 2004  
 PLACE: Room 101, 4050 Esplanade Way, Tallahassee, Florida 32399-0950

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Richard Brown, State Purchasing, 4050 Esplanade Way, Tallahassee, Florida 32399-0950, (850)488-3049, Fax (850)414-6122, e-mail: brownr2@dms.state.fl.us

THE FULL TEXT OF THE PROPOSED RULE IS:

60A-1.015 Insurance.

(1) Insurance shall be purchased for all agencies by State Purchasing whenever any part of the premium is paid by the State with the exception of title insurance for land acquisition, the State Group Health, and Life Programs, administered by the Department of Management Services and Self-Insurance Trust Fund administered by the Department of Financial Services, Division of Risk Management. Agencies may make emergency purchases of insurance pursuant to Section 287.057(5)(a), F.S. Requests for the purchase, renewal or endorsement of insurance and bonds shall be initiated in writing by authorized personnel of the requesting agency and submitted to State Purchasing. No agency shall contact the agent of record representing the insurance carrier with the exception of reporting a claim.

(2) All claims reports shall be submitted by the agency to the agent of record representing the insurance carrier. Any loss due to an alleged criminal act shall be reported immediately upon discovery to the appropriate law enforcement agency.

~~(3) Invoices will be forwarded by State Purchasing to the Department of Financial Services for the initial rate approval. The Department of Financial Services will transmit the invoice and rate approval to the State agency for payment. All renewals and endorsements with the same rate as previously approved by the Department of Financial Services will be transmitted to the State agency by the Department of Management Services. Covered agencies shall submit all premium payments directly to the agent of record representing the insurance carrier. Payments are to be made in accordance with Section 215.422, F.S.~~

Specific Authority 287.042(12) FS. Law Implemented 287.022 FS. History—New 8-6-81, Amended 11-4-82, Formerly 13A-1.15, Amended 11-3-88, 1-18-90, 4-10-91, 9-1-92, Formerly 13A-1.015, Amended 8-24-93, 1-9-95, 7-6-98, 1-2-00, 6-21-04,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Robert Hosay, Deputy Secretary, Department of Management Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: William Simon, Secretary, Department of Management Services

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 30, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: August 6, 2004

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Board of Accountancy**

RULE TITLE: Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances  
RULE NO.: 61H1-36.004

PURPOSE AND EFFECT: The purpose of this amendment is to update current disciplinary offenses and add additional cites and rule numbers and to add additional disciplinary offenses and penalties.

SUMMARY: This rule sets forth guidelines for disciplinary actions against CPAs when violations of the statutes and rules occur, gives the minium and maximum for each violation listed and explains the aggravating and mitigating circumstances.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 455.2273 FS.

LAW IMPLEMENTED: 455.2273, 473.323(1)(m) FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: John W. Johnson, Executive Director, Board of Accountancy, 240 N.W. 76 Drive, Suite A, Gainesville, Florida 32607

THE FULL TEXT OF THE PROPOSED RULE IS:

61H1-36.004 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1)(a) through (b) No change.

(2) The following disciplinary guidelines shall be followed by the board in imposing disciplinary penalties upon licensees for violation of the below mentioned statutes and rules:

VIOLATION	PENALTY RANGE		
	MINIMUM	MAXIMUM	
(a) Attempting to procure license by bribery or fraudulent misrepresentation ( <u>455.227(1)(h)</u> , 473.323(1)(b), <u>F.S.</u> )	Revocation and \$5,000 fine if licensed (denial of license and refer to State Attorney if not licensed)		
(b) CPA License disciplined by another jurisdiction ( <u>455.227(1)(f)</u> , 473.323(1)(c), <u>F.S.</u> )	Same penalty as imposed in other jurisdiction or imposition of same range of penalties as those set forth in those rules for the same type of violation.		
(c) Criminal conviction relating to accountancy ( <u>455.227(1)(c)</u> , 473.323(1)(d), <u>F.S.</u> )	Misdemeanor: Reprimand	Reprimand and \$5,000 fine one (1) year suspension and two (2) year probation	
	Felony: One (1) year suspension; two (2) year probation \$5,000 fine	Revocation and \$5,000 fine	
(d) Knowingly making or filing false report ( <u>455.227(1)(g)</u> , (1)(l), 473.323(1)(e), <u>F.S.</u> )	Reprimand one (1) year probation	Revocation and \$5,000 fine	
(e) Fraudulent, false, deceptive or misleading advertising (473.323(1)(f), <u>F.S.</u> , <u>Rule 61H1-24.001, F.A.C.</u> )	Letter of Guidance	Reprimand, one (1) year probation and \$5,000 fine	
(f) Incompetence (mental or physical impairment) (473.323(1)(g), <u>F.S.</u> , <u>Rule 61H1-36,001, F.A.C.</u> )	Suspension until ability to practice proved, followed by probation		
(g) Fraud, <del>or</del> <u>deceit or misleading</u> ( <u>455.227(1)(a)</u> , (m), 473.323(1)(g), (k), <u>F.S.</u> )	Reprimand, one (1) year suspension; two (2) years probation and \$5,000 fine	\$5,000 fine and revocation	
(h) Negligence or misconduct 1. Technical standards and professional competence ( <u>455.227(1)(o)</u> , 473.315, <u>F.S.</u> ; <u>Rules 61H1-21.006 and 61H1-22, F.A.C.</u> )	Letter of Guidance	Reprimand and one (1) year probation (continuing education and review of practice at licensee's expense and limited area of practice)	
	2. Lack of independence (473.315, <u>473.319</u> , <u>473.3205, F.S.</u> ; <u>Rule 61H1-21.001, F.A.C.</u> )	Reprimand, one (1) year probation with review of practice and continuing education	Reprimand, one (1) year suspension, two (2) years probation and review of practice and continuing education
	3. Commissions and contingent fees (Rules <u>61H1-21.001</u> , 61H1-21.003, 61H1-21.005, <u>F.A.C.</u> )	Reprimand	One (1) year suspension, two (2) years probation \$5,000 fine
4. Client records disposition (Rule 61H1-23.002, <u>F.A.C.</u> )	Letter of Guidance	Suspension until records are returned	
(i) Solicitation (473.323(1)(l), <u>F.S.</u> ; Rule 61H1-24.002, <u>F.A.C.</u> )	Letter of Guidance	Reprimand, one (1) year probation \$5,000 fine and one (1) year suspension	

(j) Practicing on suspended or revoked license (473.323(1)(i), F.S.)	Revoke if previously suspended; refer to State Attorney if previously revoked	
(k) Practicing on inactive or delinquent license ( <u>455.271</u> , 473.323(1)(i), F.S.)	Reprimand and fine based on length of time in practice while inactive; \$100/month or \$5,000 maximum (penalty will require licensure or cease practice)	
(l) Licensees practicing in an unlicensed firm (including sole proprietors) or otherwise in violation of 473.309, 473.3101, and 473.323(1)(g), F.S.; <u>Rule 61H1-26.001, F.A.C.</u>	Reprimand and \$100 per month fine to maximum of \$5,000 and suspension of right to practice until corrected	
(m) Suspension of right to practice in front of any state or federal agency ( <u>455.227(1)(f)</u> , 473.323(1)(j), F.S.)	Same penalty as imposed by agency or imposition of same range of penalties as those set forth in those rules for the same type of violation	
(n) Lack of Good Moral Character (473.323(1)(l), F.S.)	Reprimand; and one year probation	Revocation
(o) Failure to pay fines or administrative costs imposed by final order or citations set forth in <u>Rule 61H1-36.005, F.A.C.</u>	\$100 per month late fee for every month the licensee is late to a maximum of \$5,000	Revocation
(p) <u>Violation of CE requirements (473.323(1)(a) by 473.312 or 473.323(1)(h), 455.227(1)(q), F.S. by Rules 61H1-33.003 and/or 61H1-33.0035, F.A.C.)</u>	<u>Reprimand, probation, make up missed CEs and penalty CEs</u>	<u>Suspension and \$1000 fine</u>
(q) <u>Violation of client confidentiality (473.323(1)(a) by 473.316(1)(h), or 455.227(1)(q), F.S. by Rule 61H1-23.001, F.A.C.)</u>	<u>Reprimand, probation, and \$1000 fine</u>	<u>Suspension and \$5000 fine</u>
(r) <u>Misleading or deceptive name (473.323(1)(a) by 473.321, F.S.)</u>	<u>Reprimand, probation, and \$1000 fine</u>	<u>Suspension and \$5000 fine</u>
(s) <u>Violation of 473.323(1)(a) by 473.322, F.S.:</u>		
1. <u>Present license of another as one's own (473.322(1)(d), F.S.)</u>	<u>Reprimand, probation, and \$1000 fine</u>	<u>Suspension and \$5000 fine</u>
2. <u>Give false or forged evidence to Board or member thereof (473.322(1)(e), F.S.)</u>	<u>Reprimand, probation, and \$1000 fine</u>	<u>Revocation and \$5,000 fine</u>

<p>3. <u>Use or attempt to use license that has been suspended, revoked, or placed on inactive or delinquent status (473.322(1)(f), F.S.)</u></p>	<p><u>Reprimand, probation, and \$1000 fine</u></p>	<p><u>Revocation and \$5,000 fine</u></p>
<p>4. <u>Employ unlicensed persons to practice public accounting; aiding or assisting unlicensed practice public accounting. (473.322(1)(g), F.S.)</u></p>	<p><u>Reprimand, probation, and \$1000 fine</u></p>	<p><u>Suspension and \$5000 fine</u></p>
<p>5. <u>Conceal information relative to violations of Chapter 473 (473.322(1)(h), F.S.)</u></p>	<p><u>Reprimand, probation, and \$1000 fine</u></p>	<p><u>Suspension and \$5000 fine</u></p>
<p>(t) <u>Failure to provide legally-required written disclosure to client or public (violation of 473.323(1)(m), F.S.)</u></p>	<p><u>Reprimand, Probation, and \$1000 Fine</u></p>	<p><u>Suspension and \$5,000 fine</u></p>
<p>(u) <u>Violation of 473.323(1)(a) by 455.227(1), F.S.:</u></p>		
<p>1. <u>Improper influence on client (455.227(1)(n), F.S.)</u></p>	<p><u>Reprimand, Probation, and \$1000 Fine</u></p>	<p><u>Revocation and \$5,000 fine</u></p>
<p>2. <u>Improper delegation of professional responsibilities (455.227(1)(p), F.S.)</u></p>	<p><u>Reprimand, Probation, and \$1000 Fine</u></p>	<p><u>Suspension and \$5,000 fine</u></p>
<p>3. <u>Improper interference with investigation or disciplinary proceeding (455.227(1)(r), F.S.)</u></p>	<p><u>Reprimand, Probation, and \$1000 Fine</u></p>	<p><u>Revocation and \$5,000 fine</u></p>
<p>4. <u>Failure to perform statutory/ legal obligations (455.227(1)(k), F.S.)</u></p>	<p><u>Reprimand, Probation and \$1000 Fine</u></p>	<p><u>Suspension and \$1,000 fine</u></p>
<p>(v) <u>Failure to maintain current address (violation of 455.275, 455.227(1)(q), and 473.323(1)(h), F.S. by violating Rule 61H1-26.005, F.A.C.)</u></p>	<p><u>Reprimand and \$500 Fine</u></p>	<p><u>Suspension and \$1,000 fine</u></p>
<p>(w) <u>Standards for assembly of financial statements (violation of 455.227(1)(q) and 473.323(1)(h), F.S. by Rule 61H1-20.0053, F.A.C.)</u></p>	<p><u>Reprimand, probation, and \$1000 fine</u></p>	<p><u>Suspension and \$5,000 fine</u></p>
<p>(x) <u>Violation of 473.323(1)(h) and 455.227(1)(q), F.S., by Rule 61H1-25.001, F.A.C.)</u> Same as (2)(u) supra</p>	<p><u>Reprimand, probation, and \$1000 fine</u></p>	<p><u>Suspension and \$5,000 fine</u></p>
<p>(y) <u>Minimum Capital (Violation of and 455.227(1)(q) and 473.323(1)(h), F.S. by Rule 61H1-26.002, F.A.C.)</u></p>	<p><u>Reprimand, Probation, \$1000 Fine and Corrective Action. Must document required capital.</u></p>	<p><u>Suspension and \$5,000 Fine</u></p>

<u>(z) Licensure of firm names and changes (violation of 455.227(1)(q) and 473.323(1)(h), F.S. by Rules 61H1-26.003 and 61H1-26.004, F.A.C.)</u>	<u>Reprimand, Probation, \$100/ Month Fine and Corrective Action. Must document licensure.</u>	<u>Suspension and \$5,000 Fine</u>
<u>(aa) Failure to report discipline violation (455.227(1)(i), F.S.)</u>	<u>Reprimand, Probation, and \$1000 Fine.</u>	<u>Suspension and \$5,000 Fine.</u>

(3) through (7) No change.

Specific Authority 455.2273 FS. Law Implemented 455.2273, 473.323(1)(m) FS. History—New 1-7-87, Amended 9-16-87, 8-25-88, 6-18-91, 12-30-91, Formerly 21A-36.004, Amended 12-7-93, 5-23-94, 8-16-99, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Board of Accountancy  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Accountancy  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 27, 2004  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 14, 2004

**DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

**Florida Real Estate Appraisal Board**

RULE TITLE: Education Requirements  
 RULE NO.: 61J1-4.001

PURPOSE AND EFFECT: The purpose of the proposed rule is to bring the rule into compliance with statutory changes.

SUMMARY: The proposed rule change affects rule provisions relating to education requirements.

SUMMARY OF STATEMENT OF ESTIMATE OF REGULATORY COSTS: No Statement of Estimated Regulatory Costs was prepared.

Any person who wishes to provide information regarding the Statement of Estimated Regulatory Costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this Notice.

SPECIFIC AUTHORITY: 475.614 FS.

LAW IMPLEMENTED: 475.613, 475.615, 475.617 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ashley Dashnaw, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE FULL TEXT OF THE PROPOSED RULE IS:

61J1-4.001 Education Requirements.

(1)(a) Persons desiring to become registered as a trainee appraiser must satisfactorily complete 75 classroom hours, inclusive of examination, of Board approved academic courses in subjects related to real estate appraisal, which shall include coverage of the Uniform Standards of Professional Appraisal Practice. ~~A classroom hour is defined as 50 minutes out of each 60 minute segment.~~

(b) If a registration expires due to failure to renew pursuant to Rule 61J1-4.007, F.A.C., the original 75 classroom hours to become initially registered will be invalid and may not be used to secure another registration.

(c) If an initial application to become registered is not received within 2 years after the successful completion of the course as provided in paragraph (1)(a), the applicant must take the 15 classroom hour Uniform Standards of Professional Appraisal Practice course.

(2) Persons desiring to become certified as a residential appraiser must successfully complete 120 classroom hours, inclusive of examination, of Board approved academic courses in subjects related to real estate appraisal, which shall include The 15-hour National USPAP course or its equivalent, taught by an AQB certified USPAP instructor. The 120 classroom hours may include the 75 classroom hour requirement for becoming registered or the 90 classroom hour requirement for becoming licensed as an appraiser. ~~A classroom hour is defined as 50 minutes out of each 60 minute segment.~~

(3) Persons desiring to become certified as a general appraiser must successfully complete 180 classroom hours, inclusive of examination, of Board approved academic courses in subjects related to real estate appraisal, which shall include The 15-hour National USPAP course or its equivalent, taught by an AQB certified USPAP instructor. The 180 classroom hours may include the 75 classroom hour requirement for becoming registered, the 90 classroom hour requirement for becoming licensed as an appraiser, or the 120 classroom hour requirement for becoming certified as a residential appraiser. ~~A classroom hour is defined as 50 minutes out of each 60 minute segment.~~

(4) Credit towards the classroom hour requirement shall only be granted where the length of the educational offering is at least 15 classroom hours, and the person successfully completes an examination pertinent to that educational offering. A classroom hour is defined as 50 minutes out of each 60 minute segment.

(5) Board approved pre-registration courses for trainee appraisers must include the following subject matter:

- (a) Real property concepts and characteristics;
- (b) Legal consideration;
- (c) Influences on real estate values;
- (d) Types of value;
- (e) Economic principles;
- (f) Overview of real estate markets and analysis;
- (g) Ethics and how they apply in appraisal theory and practice;
- (h) Overview of approaches to value;
- (i) Valuation procedures;
- (j) Property description;
- (k) Residential applications;
- (l) Coverage of the Uniform Standards of Professional Appraisal Practice; and
- (m) Coverage of Florida rules and regulations that pertain to the practice of appraisal.

(6) Board approved pre-certification courses for certified residential appraisers must include the following subject matter:

- (a) Residential market analysis;
- (b) Residential highest and best use;
- (c) Residential site valuation;
- (d) Residential cost approach;
- (e) Residential sales comparison approach;
- (f) Residential income approach;
- (g) Residential report writing;
- (h) Residential case studies;
- (i) Statistics;
- (j) Modeling;
- (k) Finance;
- (l) Advanced residential applications;
- (m) Advanced residential case studies;
- (n) Appraisal standards and ethics; and
- (o) National Uniform Standards of Professional Appraisal Practice.

(7) Board approved pre-certification courses for certified general appraisers must include the following subject matter:

- (a) General appraiser market analysis;
- (b) General appraiser highest and best use;
- (c) General appraiser sales comparison approach;
- (d) General appraiser site valuation and cost approach;
- (e) General appraiser income approach; and
- (f) General appraiser report writing and case studies.

(8) Board prescribed or approved courses shall be offered by a nationally or state recognized appraisal organization, accredited universities, colleges, community colleges, area vocational-technical centers, state or federal agencies or commissions, and proprietary real estate schools registered pursuant to Section 475.451, F.S. A copy of the course shall be submitted to the board for evaluation at least 90 days prior to use. The provider must submit two complete copies of the course materials, a detailed course timeline, learning objectives and end-of-course examinations; one submission must be a blind copy. A detailed course syllabus and a typical end-of-course examination must be submitted to the Board by the entity desiring to offer a course for evaluation and approval. The course and exam must be submitted at least 90 days prior to offering the course. The Board will notify the entity within 60 days whether the course and exams meet the criteria set out in subsections (5), (6) and (7) above and subsection (9) below. Approval must be granted before the course is conducted. Institutions, entities and schools offering Board prescribed or approved appraisal educational courses are responsible for keeping the course subject matter current and accurate.

(9) The Board shall also approve past appraisal courses which cover substantially the same subject matter, classroom hours of attendance, and completion standards as the board approved courses offered by the entities as set out in subsections (4), (5), (6), (7), (8) and (10). If the requested information is found lacking to show course equivalency the Board may request supportive documentation to determine course equivalency.

(10) Satisfactory course completion is demonstrated by achieving a grade of 75% or higher on ~~a the~~ Board approved end-of-course examination. The examinations are is prepared and administered by a nationally or state recognized appraisal organization, accredited university, college, community college, area vocational-technical center, state or federal agency or commission, or real estate school upon completion of the classroom instruction. The end-of-course exam must test what the course is about and the student's knowledge of the course. The provider shall develop at least two forms of the end-of-course examinations and submit them for approval with a detailed course syllabus, detailed timeline and two copies of the course material in a blind format containing no reference to the provider submitting the course. The answer key must be unique for each form of the examination and reference the page numbers containing the information on which each question and correct answer is based. At least 70% of the questions on each examination form shall be application oriented. Application level means the ability to use the learned material in a completely new and concrete situation. It usually involves the application of rules, policies, methods, computations, laws, theories, or any other relevant and available information. No more than 10% of the questions on each form of the test shall be at the knowledge level. Knowledge level means the recall of



specific fact, patterns, methods, terms, rules, dates, formulas, names or other information that should be committed to memory. A provider offering prescribed courses must maintain a sufficient bank of questions to assure examination validity. A course that is more than 30 hours shall contain at least 100 items. A course that is 30 hours or less shall contain a minimum of 50 items. All questions shall be multiple choice with 4 answer choices each. The order of the examination questions may not follow the sequence of the course content. No examination shall contain more than 20% duplication of questions. The examination shall comply with the Item Writing Guidelines, incorporated herein by reference. Approval of satisfactory course completion shall not be issued to any student having absences in excess of 10% of the classroom hours.

(11) The institution or school offering these Board prescribed or approved courses shall fully inform each student of the standards and requirements at the commencement of each course. Each student shall receive a copy of the most current course approval letter, issued by the Board, at the commencement of each course. Notice of course completion shall be made on the form prescribed by the Board in Rule 61J1-4.005, F.A.C.

(12) Where any national or state recognized appraisal organization, accredited university, college, community college, area vocational-technical center, state or federal agency or commission, or proprietary real estate school allows the Board approved end-of-course examination to be retaken, students failing the Board approved end-of-course examination must wait at least 30 days from the date of the original examination to ~~again~~ take the alternate end-of-course examination. Within one year of the original end-of-course examination, a student may retake the prescribed end-of-course exam a maximum of one time. Otherwise, students failing the ~~an~~ appraisal education course examination must repeat the Board prescribed or approved course prior to being eligible to again take the end-of-course examinations. Makeup classes to enable the student to take the end-of-course examination and makeup examination, which are due to student or family illness, may not extend more than 30 days beyond the class scheduled examination without approval from the Board.

(13) Credit towards the classroom hour requirement may also be satisfied by teaching appraisal courses. Registered trainee appraisers may not satisfy any requirement of this rule with any course they have instructed. The appraisal courses must cover substantially the same subject matter as the Board prescribed courses. Credit shall be awarded on an hour-for-hour basis. Credit shall only be granted on a one time basis for teaching a particular appraisal course. The Board may request supportive documentation to ascertain course content and to verify the date(s), time, place and hours taught.

Specific Authority 475.614 FS. Law Implemented 475.613, 475.615, 475.617 FS. History—New 10-15-91, Formerly 21VV-4.001, Amended 1-9-94, 3-10-98, 9-6-98, 10-10-99, 5-25-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Florida Real Estate Appraisal Board

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Florida Real Estate Appraisal Board  
DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 2, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: July 16, 2004

## DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

### Florida Real Estate Appraisal Board

RULE TITLE: Continuing Education  
RULE NO.: 61J1-4.003

PURPOSE AND EFFECT: The purpose of the proposed rule is to bring the rule into compliance with statutory changes.

SUMMARY: The proposed rule change affects rule provisions relating to continuing education.

SUMMARY OF STATEMENT OF ESTIMATE OF REGULATORY COSTS: No Statement of Estimated Regulatory Costs was prepared.

Any person who wishes to provide information regarding the Statement of Estimated Regulatory Costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this Notice.

SPECIFIC AUTHORITY: 475.614 FS.

LAW IMPLEMENTED: 475.613, 475.618 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 WEEKLY.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Ashley Dashnaw, Division of Real Estate, 400 West Robinson Street, Hurston Building, North Tower, Suite N801, Orlando, Florida 32801

THE FULL TEXT OF THE PROPOSED RULE IS:

61J1-4.003 Continuing Education.

(1) All registered, licensed and certified appraisers must satisfactorily complete a minimum of 30 hours of 50 minutes each of appraiser continuing education as prescribed or approved by the Florida Real Estate Appraisal Board, without duplication of material, during each renewal period as defined in Rule 61J1-2.002, F.A.C. The 30-hours shall include The 7-hour National USPAP update course or its equivalent and shall be taught by an AQB certified USPAP instructor, without significant duplication of material, as defined in Section 475.611(1)(o), F.S. A minimum of 3 hours shall be dedicated to a review and update of the Florida Real Estate Appraisal Law and Board Rules, and provide an introduction to other state and federal laws affecting real estate appraisals. A registered,

licensed or certified appraiser is not required to complete the 30 hours of continuing education as a condition for initial registration, licensure or certification renewal if the time between the effective date on the initial registration, license or certificate and the beginning of the initial registration, licensure or certificate renewal is less than 12 months. Registered appraisers who comply with the Post Licensure requirements and Florida laws and rule update, as set forth in Rule 61J1-4.009, F.A.C., are not required to complete any additional continuing education for that renewal cycle.

(2) The Board shall approve for appraisal continuing education credit any course, seminar or conference in the real estate appraisal practice area provided by national or state recognized appraisal organization, accredited university, college, community college, area technical center, state or federal agency or commission or proprietary real estate school. The course will be approved for 24 months. A course may not be offered after the expiration date except for a course that is begun before the expiration date may be completed even if the completion date is after the expiration date. The criteria for approval shall be as set out in subsection (3) below.

(3) Satisfactory completion of the Board prescribed or approved continuing education course or courses of classroom instruction is demonstrated by successfully meeting standards established for each Board prescribed course. These standards for approval of continuing education courses for appraisers shall be that the course or courses contain at least 3 hours of instruction and cover real estate appraisal related topics such as ad valorem taxation, arbitration, business courses related to real estate appraisal, construction estimating, ethics and standards of professional practice, land use planning, zoning and taxation, management, leasing, brokerage, timesharing, property development, real estate appraisal (valuations/evaluations), real estate financing and investment, real estate law, real estate litigation, real estate appraisal related computer applications, real estate securities and syndication, and real property exchange. Approval of satisfactory course completion shall not be issued to any registrant, licensee or certificate holder not attending a minimum of 90% of each of the classroom hours of Board prescribed course instruction.

(a) A copy of the course and all course materials shall be submitted to the Board for evaluation at least 90 days prior to use. The Board will issue a status report to the course provider within 60 days after submission of the course. Approval must be granted before the course and examinations, if required, may be offered. It is the responsibility of the institution, school, or entity offering the Board approved courses to keep the course materials current and accurate, and notify the Board at least 90 days before implementing any significant changes to the course during its approval period.

(b) The national or state recognized appraisal organization, accredited university, college, community college, area technical center, state or federal agency or commission, or

proprietary real estate school offering these Board prescribed or approved courses shall fully inform each student of the standards and requirements at the commencement of each course by providing each student a course syllabus that clearly states the course objective(s) and explains the desired learning outcomes. At least 70% of the desired learning outcomes shall be at the application level or higher. No more than 10% of the desired learning objectives shall be at the knowledge level. Notice of course completion shall be made as prescribed by the Board in Rule 61J1-4.005, F.A.C.

(c) For purposes of this rule, "application level" is defined as the ability to use the learned material in a completely new and concrete situation. It usually involves the application of rules, policies, methods, computations, laws, theories, or any other relevant and available information.

(d) For purposes of this rule, "knowledge level" is defined as recalling specific facts, patterns, methods, terms, rules, dates, formulas, names, or other information that must be committed to memory.

(4)(a) The continuing education courses required in this rule may be satisfied by a Board approved equivalent distance education course. Distance education is education that takes place when the learner is separated from the source of instruction by time and/or distance. Such distance education course subject matter, assignment work, scholastic standards and other related requirements shall be evaluated in the same manner as the course offered by classroom instruction, having due regard however, to the different method of presentation. The institution offering distance education courses must provide proof of certification of the delivery method by an independent certified organization approved by the AQB.

(b) A copy of the distance education course materials and a copy of each form of the course examination that will be administered to students shall be submitted to the Board for evaluation and approval at least 90 days prior to use. A minimum of 2 course examinations for each course shall be submitted for approval. The examination may be administered at the end of the course or portions of the examination may be administered to students at appropriate intervals during the course. The Board will issue a status report to the course provider within 60 days after submission of the course and examinations. Approval must be granted before the course and examinations may be offered. Thereafter, the course and examinations shall be maintained by each institution, school, or entity offering the distance education course(s) in accordance with the Board approved standard as subsequently modified by changing times, standards and laws. It is the responsibility of the institution, school or entity offering the Board approved distance education courses to keep the course material current and accurate, and notify the Board at least 90 days before implementing any significant changes to the course during its approval period.

(c) Satisfactory completion of the Board prescribed continuing education course(s) through distance education is demonstrated by achieving a grade of 80% or higher on the Board approved examination. Students failing the Board prescribed course examination must repeat the Board prescribed distance education course of study prior to being eligible to again take the course examination, which must be a different examination from the one the student previously failed.

(d) The objective of the distance education course examination is to test fairly and reliably whether students have learned essential facts and concepts from the course. This examination shall consist of a minimum of 3 questions per instructional hour. All questions shall be multiple choice with 4 answer choices each. The order of the examination questions may not follow the sequence of the course content. The answer key must reference the page number(s) containing the information on which each question and correct answer is based. The answer key must be unique for each form of the examination. At least 70% of the questions on each form of the test shall be at the application level or higher. No more than 10% of the questions on each form of the test shall be at the knowledge level. No examination shall contain more than 20% duplication of questions. The examination shall comply with the item Writing Guidelines, incorporated herein by reference.

(e) In all Board approved continuing education courses by distance education, the institution, school or entity shall provide to students an address, telephone number, or e-mail address of a Board approved instructor to answer inquiries.

(f) Continuing education courses by distance education will be approved for 24 months at which point the course will expire unless submitted to the Board and approved for renewal. Courses may not be offered or distributed after the expiration date. However, a 15-day grace period beyond the expiration date will be allowed in order to grade an examination postmarked or otherwise received prior to the expiration date of the course. Students must be notified of the course expiration date upon receipt of the course materials.

(5) The Florida institution, organization, permitted real estate school or Board approved entity offering these Board prescribed or approved courses shall fully inform each student of the standards, requirements and criteria at the commencement of each course. Each student shall receive a copy of the most current course approval letter, issued by the Board, at the commencement of each course. Notice of course completion shall be as prescribed by Rule 61J1-4.005, F.A.C.

(6) These Board prescribed or approved courses shall be offered by a nationally or state recognized appraisal organization, area technical centers, accredited university, college and community college, state or federal agency or commission, or proprietary real estate school that holds a permit pursuant to Section 475.451, F.S., or at a place approved

by the Board. Satisfactory completion of these courses will not entitle any person to renew a registration, license or certification until such person has met all requirements of law.

(7) A registrant, licensee, or certificate holder, including a Board member, may earn five (5) classroom hours by attending an entire meeting where the Board considers disciplinary cases, for a maximum of ten (10) of the required thirty (30) hours; provided that, the individual is not appearing as a party to a disciplinary action and notifies the Division of Real Estate, Education Section, of the intent to attend at least seven (7) days prior to the meeting.

(8) Credit towards the continuing education requirement of this rule may also be satisfied by teaching Board approved appraisal courses. Credit shall be awarded on an hour-for-hour basis. Individuals claiming such credit must teach the appraisal course during the renewal cycle in which credit is claimed and may not claim the course more than once in the renewal cycle. The Board may request supportive documentation to ascertain course content and to verify the date(s), time, place and hours taught.

Specific Authority 475.614 FS. Law Implemented 475.613, 475.618, 475.628 FS. History—New 10-15-91, Amended 4-21-92, 6-7-92, Formerly 21VV-4.003, Amended 11-3-94, 9-5-96, 4-6-98, 9-6-98, 9-14-00, 10-22-01, 3-31-02, 5-25-04, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Florida Real Estate Appraisal Board  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED  
 THE PROPOSED RULE: Florida Real Estate Appraisal Board  
 DATE PROPOSED RULE APPROVED BY AGENCY  
 HEAD: August 2, 2004  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
 PUBLISHED IN FAW: July 16, 2004

**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

**DEPARTMENT OF HEALTH**  
**Board of Chiropractic Medicine**  
 RULE TITLES: RULE NOS.:  
 Citations 64B2-16.0075  
 Mediation 64B2-16.010  
 Notice of Noncompliance 64B2-16.011  
 PURPOSE AND EFFECT: The Board proposes to update the existing language in Rules 64B2-16.010 and 64B2-16.0075, F.A.C., and promulgate new Rule 64B2-16.011, F.A.C.  
 SUMMARY: Citation offenses include a time in which to correct the violation; a new citation offense is failure to maintain financial responsibility and a new set of citation penalties is included for the physician assistants. Mediation

offenses are expanded to include failure to promptly return a license, issuance of a bad check and failure to notify a change of address. Notices of noncompliance are appropriate for failure to notify of a change of address and issuance of a bad check if corrected within 15 days.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 120.695, 456.073(3), 456.077, 456.078, 460.405 FS.

LAW IMPLEMENTED: 120.695, 456.035, 456.072(3), 456.073, 456.078 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Joe Baker, Jr., Board Executive Director, Board of Chiropractic Medicine, 4052 Bald Cypress Way, Bin #C07, Tallahassee, Florida 32399-3259

THE FULL TEXT OF THE PROPOSED RULES IS:

64B2-16.0075 Citations.

(1) "Citation" means an instrument which meets the requirements set forth in Section 456.077, F.S., and which is served upon a licensee, an applicant, a candidate trainee, or any other person within the jurisdiction of this Board, for the purpose of assessing a penalty in an amount established by this rule. All citations will include a requirement that the subject correct the violation, if remediable, within a specified period of time not to exceed 60 days, and impose whatever obligations will remedy the offense, except that up to six months shall be permitted with regard to the completion of continuing education credit hours.

(2) In lieu of the disciplinary procedures contained in Section ~~456.073~~ ~~456.077~~, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject within six months after the filing of the complaint which is the basis for the citation.

(3) The Board designates the following as citation violations, which shall result in a penalty of ~~\$500~~ ~~five hundred dollars~~ (~~\$500.00~~) if the citation is accepted by the licensee:

~~(a) Causing to be advertised an advertisement which does not identify the physician or institution as being chiropractic, Section 460.413(1)(e), F.S.~~

~~(b) Failure to notify the Department of change of address, Rule 64B2-10.0055, F.A.C. Section 455.717(1), F.S.~~

~~(c) Failure to review and correct any factual inaccuracies in the practitioner profile within 15 30 days of when furnished based upon any information provided by the practitioner, Sections 460.413(1)(i), 456.041(7), 456.042, F.S.~~

~~(d) through (e) renumbered (c) through (d) No change.~~

~~(f) Advertising any reduced or discounted fees for services or treatments, or advertising any free services or treatments, without prominently stating in the advertisement the usual fees, Section 460.413(1)(ee), F.S.~~

~~(g) No change.~~

(f) Failing to maintain financial responsibility for a period of not more than 90 days, Rule 64B2-17.009, F.A.C.

(4) Failure of chiropractic physicians First time failure to complete the required continuing education during the biennial license period; Section 456.072(3), F.S.

~~(a) through (b) No change.~~

(5) Failure of certified chiropractic physicians assistants to complete the required continuing education during the biennial license period; Section 456.072(3), F.S.

(a) Failure to complete less than 10 hours shall result in a penalty of \$100:

(b) Failure to complete 10 or more hours will result in a penalty of \$200. In addition, licensees shall make up all continuing education hours in deficiency, and shall take one additional hour of continuing education for each hour of continuing education deficiency. Said hours shall not count toward the licensee's continuing education renewal requirements for the next biennium.

~~(5) No change.~~

~~(6) Prior to issuance of the citation, the investigator must confirm that the violation has been corrected or is in the process of being corrected.~~

~~(7) Once the citation becomes a final order, the citation and complaint become a public record pursuant to Chapter 119, F.S., unless otherwise exempt from the provisions of Chapter 119, F.S. The citation and complaint may be considered as aggravating circumstances in future disciplinary actions pursuant to Rule 64B2-16.003, F.A.C.~~

~~(8) The procedures described herein apply only for an initial offense of the alleged violation. Subsequent violation(s) of the same rule or statute shall require the procedure of Section 456.073, F.S., to be followed. In addition, should an initial offense for which a citation could be issued occur in conjunction with violations not described herein, then the procedures of Section 456.073, F.S., shall apply.~~

(8)(9) The Department shall report to the Board regarding the number of citations issued and the nature of the offenses for which they were issued provide to the Board a list of the names, license numbers, and violations for those persons issued a citation.

Specific Authority 456.077, 460.405 FS. Law Implemented 456.035, 456.072(3), 456.073 FS. History—New 1-19-92, Amended 4-26-93, Formerly 21D-16.0075, 61F2-16.0075, Amended 7-18-95, Formerly 59N-16.0075, Amended 2-11-99, 5-31-00, 10-7-02,\_\_\_\_\_.

64B2-16.010 Mediation.

(1) No change.

(2) The board finds that mediation is an acceptable method of dispute resolution for the following violations as they are economic in nature or can be remedied by the licensee:

(a) Failure of the licensee to timely pay any assessed administrative fines or costs, Section 460.413(1)(v), F.S. and

(b) Failure of the licensee to timely respond to a continuing education audit, Section 460.413(1)(i), F.S.

(c) Failure to promptly return a license or certificate, Rule 64B2-16.009, F.A.C.

(d) Issuance of a bad check to the Department, Section 460.413(1)(i), F.S.

(e) Failure to notify the Department of a change of address within 45 days, Rule 64B2-10.0055, F.A.C.

Specific Authority 456.078 FS. Law Implemented 456.078 FS. History—New 5-1-95, Formerly 59N-16.010, Amended\_\_\_\_\_.

64B2-16.011 Notice of Noncompliance.

In accordance with Section 456.073, F.S. and Section 120.695, F.S., the Board shall issue a notice of noncompliance as a first response to a minor violation of a rule. Failure of a licensee to take action to correct the violation within 15 days shall result in either the issuance of a citation when appropriate or the initiation of regular disciplinary proceedings. The minor violations which shall result in a notice of noncompliance are:

(1) Failure to notify of a change of address within 60 days as required by Rule 64B2-10.0055, F.A.C.

(2) Issuance of a bad check to the Department, Section 460.413(1)(i), Florida Statutes.

Specific Authority 120.695, 456.073(3), 460.405 FS. Law Implemented 120.695, 456.073(3) FS. History—New\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Chiropractic Medicine

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Chiropractic Medicine

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 20, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: June 11, 2004

**DEPARTMENT OF HEALTH  
Board of Physical Therapy Practice**

RULE TITLE: Licensure by Endorsement  
PURPOSE AND EFFECT: The Board proposes to clarify current rule text limiting to five the number of times that an applicant may take the examination.

RULE NO.: 64B17-3.003

SUMMARY: Applicants may take the national physical therapy examination no more than five occasions.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: No Statement of Estimated Regulatory Cost was prepared.

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

SPECIFIC AUTHORITY: 486.025, 486.081 FS.

LAW IMPLEMENTED: 486.081 FS.

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

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Kaye Howerton, Board Executive Director, Board of Physical Therapy Practice, 4052 Bald Cypress Way, Bin #C05, Tallahassee, Florida 32399-3255

THE FULL TEXT OF THE PROPOSED RULE IS:

64B17-3.003 Licensure by Endorsement.

An applicant demonstrating that he or she meets the requirements of Rule 64B17-3.001, F.A.C., may be licensed to practice physical therapy by endorsement by presenting evidence satisfactory to the Board that the applicant has active licensure in another jurisdiction and has passed an examination before a similar, lawful, authorized examining board in physical therapy in such other jurisdiction if their standards for licensure are as high as those maintained in Florida. The standard for determining whether the standards of another jurisdiction are as high as the standards in Florida shall be whether the written examination taken for licensure in such other jurisdiction by applicants meeting Florida's minimum educational qualifications was through the national physical therapy examination provider certified by the Department. An applicant who has failed to pass the national physical therapy examination by or on the fifth attempt after five attempts, regardless of the jurisdiction through which the examination was taken, is precluded from licensure.

Specific Authority 486.025, 486.081 FS. Law Implemented 486.081 FS. History—New 8-6-84, Formerly 21M-7.26, Amended 5-18-86, Formerly 21M-7.026, 21MM-3.004, 61F11-3.004, 59Y-3.004, Amended 4-21-02, 11-11-02,\_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Board of Physical Therapy Practice

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Board of Physical Therapy Practice

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 26, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: November 14, 2003

**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

**Economic Self-Sufficiency Program**

RULE TITLE: Family-Related Medicaid Income and Resource Criteria  
 RULE NO.: 65A-1.707

PURPOSE AND EFFECT: The proposed rule amendment will align the 1931 family-related Medicaid income and resource criteria as defined in Rule 65A-1.707, F.A.C., with the 1931 family-related Medicaid coverage group as defined in Rule 65A-1.703, F.A.C. The amendment also deletes unnecessary language regarding definitions for a secondary school and full-time attendance.

SUMMARY: The proposed rule aligns budgeting methodology for the 1931 Medicaid eligibility group with the 1931 Medicaid filing unit policy as specified in Rule 65A-1.703, F.A.C. The amendment also deletes unnecessary definitions for secondary school and full-time attendance.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: A statement of estimated regulatory cost was not prepared for this rule repeal.

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

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

TIME AND DATE: 10:00 a.m., October 4, 2004  
 PLACE: 1317 Winewood Boulevard, Building 3, Room 100, Tallahassee, Florida 32399-0700

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Pat Bailey, Management Review Specialist, 1317 Winewood Boulevard, Building 3, Room 454, Tallahassee, Florida 32399-0700, (850)410-3479

THE FULL TEXT OF THE PROPOSED RULE IS:  
 65A-1.707 Family-Related Medicaid Income and Resource Criteria

(1) Family-related Medicaid income is based on the definitions of income, resources (assets), verification and documentation requirements as follows.

- (a) through (c)1. No change.
- 2. The following income is considered in determining gross non-earned income of the coverage group: income of a parent living in the home with a child under age 18; or, is under age 21 if in a coverage group for children under age 21 ~~if a full-time student, under age 19;~~ or income of the individual sponsor and the sponsor's spouse of certain non-citizens.
- 3. No change.
- (d)1. through 4. No change.

5. A full-time student or part-time student who is not a full-time employee, who is under the age of ~~18~~ 19 or is under age 21 if in a coverage group for children under age 21, and who is in a secondary school or equivalent level of vocational or technical training will have their gross earned income disregarded in the budget. A full-time student includes a participant in the Job Corps. The income of such a student also does not count toward determination of eligibility against the CNS. Earnings for classroom attendance negates student status except when in relation to income under the Workforce Investment Act of 1998 (WIA, formerly JTPA). Student refers to the minor child whose needs are included in the coverage group as a minor child not as a parent or relative. A part-time student who is not a full-time employee is defined as one whose school or training schedule is at least one-half of a full-time curriculum and who is regularly employed less than 30 hours per week. ~~Definition of secondary school is found in paragraph 6A-5.0752(2)(g), F.A.C.~~ Definition of full-time attendance is found in paragraph 65A-4.207(1)(b), F.A.C.

- 6. through 7. No change.
- (e) through (f) No change.
- (2) No change.

Specific Authority 409.919 FS. Law Implemented 409.903, 409.918, 409.919 FS. History—New 10-8-97, Amended 2-15-01, \_\_\_\_\_.

NAME OF PERSON ORIGINATING PROPOSED RULE: Pat Bailey, Management Review Specialist  
 NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Connie B. Reinhardt, Director of Economic Self-Sufficiency Services  
 DATE PROPOSED RULE APPROVED BY AGENCY HEAD: August 20, 2004  
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: May 14, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Accounting and Auditing**

RULE TITLES:	RULE NOS.:
Registration	69I-20.001
Procedures for Filing Claim	69I-20.0021
Proof of Ownership and Entitlement to Unclaimed Property	69I-20.0022
Database Submissions	69I-20.0023
Payment of Conflicting Claims	69I-20.0027
Definitions	69I-20.030
Reporting Safe Deposit Box Contents	69I-20.035
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Stated Penalty Guidelines for Violation of Sections 717.1322 and 717.1341, F.S., by Registrants 69I-20.075

Stated Penalty Guidelines for Violation of Sections 717.1322 and 717.1341, F.S., by Persons Who Are Not Registrants 69I-20.076

Criminal Proceedings 69I-20.077

Aggravating and Mitigating Factors 69I-20.078

Time for Payment of Administrative Fines and Costs 69I-20.079

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**PURPOSE AND EFFECT:** The purpose and effect of proposed Rule 69I-20.0020, F.A.C., is the creation of forms for the registration of Florida private investigators, Florida certified public accountants and Florida attorneys pursuant to Sections 717.117(8) and 717.1400, Florida Statutes. The purpose and effect of proposed rule amendments to Rule 69I-20.0021, F.A.C., is to make changes to unclaimed property claims processing as well as the creation and amendment of forms. The purpose and effect of proposed rule amendments to subsection 69I-20.0022(3), F.A.C., is to make changes to the filing of claims for unclaimed property owned by decedents. The purpose and effect of proposed rule amendments to sub-subparagraph 69I-20.0022(3)(a)3.a., F.A.C., is to make changes to Form DFS-UP-1243, Estate Affidavit. The purpose and effect of proposed rule amendments to paragraph 69I-20.0022(5)(c), F.A.C., is to make changes to the filing of claims for unclaimed property owned by dissolved corporations. The purpose and effect of proposed Rule 69I-20.0023, F.A.C., is to provide for the filing of database search results with claims for unclaimed property. The purpose and effect of proposed rule amendments to Rule 69I-20.0027, F.A.C., is to provide how conflicting claims shall be paid. The purpose and effect of proposed rule amendments to Rule 69I-20.030, F.A.C., is to add additional definitions. The purpose and effect of proposed Rule 69I-20.0035, F.A.C., is to provide for safe deposit box contents reporting. The purpose and effect of proposed rule amendments to Rule 69I-20.036, F.A.C., is to provide requirements for the remitting of safe deposit box contents. The purpose and effect of proposed Rule 69I-20.050, F.A.C., is to establish a procedure. The purpose and effect of proposed Rules 69I-20.071-.080, F.A.C., is to establish disciplinary guidelines.

**SUMMARY:** Rule 69I-20.001, F.A.C.: Sections 717.117(8) and 717.1400, Florida Statutes, require that a Florida private investigator, a Florida accountant or a Florida attorney must be registered with the Department in order to file claims, purchase unclaimed property, receive fee distributions, and obtain social security numbers. The proposed rule incorporates by reference into the Department’s rules the application forms in order to register with the Department.

Rule 69I-20.0021, F.A.C.: The rule amendments: (a) incorporate by reference into the Department’s rules the notices that are sent regarding claims that require additional

information. The notices assist the Department in its efforts to obtain information which may result in the approval of the claim; (b) incorporate by reference into the Department’s rules amended claim forms; (c) incorporate by reference into the Department’s rules the full disclosure form; and (d) clarify how the contents of safe deposit boxes are to be shipped to the claimant. As an alternative to picking up the contents of a safe deposit box valued at ten thousand dollars (\$10,000) or more, the claimant must arrange for the shipping of the contents of the safe deposit box at the expense of the claimant. If the value of the contents of the safe deposit box is less than ten thousand dollars (\$10,000) and a common carrier will accept delivery, the Department will ship the contents.

Subsection 69I-20.0022(2), F.A.C.: The proposed rule amendment incorporates by reference into the Department’s rules the notarized sworn statement.

Subsection 69I-20.0022(3), F.A.C.: The proposed rule amendment clarifies what is required to be filed if the owner of the unclaimed property is deceased. For aggregate unclaimed property amounts of over \$5,000.00, the decedent’s estate must be probated unless the decedent’s estate has been previously administered. If the estate has been previously administered, the claim must include a certified copy of a court order which identifies the recipients of the decedent’s property and their percentage interest in the estate. If such an order is not available, the claimant must submit a copy of documents from the probate court file from which the identity and proportional entitlement of each can be determined. For aggregate unclaimed property amounts of \$5,000.00 or less, Form DFS-UP-1243, Estate Affidavit, may be used regardless of whether the decedent’s estate has been probated in the past.

Sub-subparagraph 69I-20.0022(3)(a)3.a., F.A.C., Form DFS-UP-1243, Estate Affidavit: The proposed rule amendment modifies the Estate Affidavit so that the claimant will specify on what basis the claimant is a recipient under the intestacy statutes. The claimant will also be required to state that all persons who are listed before the claimant, as being entitled to the decedent’s estate under the applicable intestacy statute recipients, are deceased.

Paragraph 69I-20.0022(5)(c), F.A.C.: The proposed rule amendment clarifies that the claimant must prove a connection to the dissolved corporation and specifies what must be filed with the Department when filing a claim for unclaimed property owned by a dissolved corporation. As an alternative to filing a certified copy of the last corporate filing reflecting the officers and directors of the corporation, the claimant must provide the Department with the state of incorporation’s web site address if the same information is available on the Internet site. As an alternative to a bankruptcy search, the claimant must provide the Department with the results of a Case Management/Electronic Case Files (CM/ECF) search, if available, or a Public Access to Court Electronic Records (PACER) search, in the bankruptcy court of the state and

district of incorporation and where the main office is located, if different. The claim must provide the results of a CM/ECF or a PACER search by both the corporate name and by tax identification number. The rule amendments also require bankruptcy information to be provided if the dissolved corporation has been a debtor in bankruptcy. If the bankruptcy estate is open or if the bankruptcy estate is reopened, the unclaimed property will be remitted to the bankruptcy estate.

Rule 69I-20.0023, F.A.C.: The proposed rule provides that a claimant, or a claimant's representative, may submit the results of a database search with the claim for unclaimed property.

Rule 69I-20.0027, F.A.C.: The proposed rule amendment provides how conflicting claims are to be paid.

Rule 69I-20.030, F.A.C.: The proposed rule amendment provides the definitions of the following terms: "approximate value", "electronic medium", and "auction fees, preparation costs, and expenses."

Rule 69I-20.035, F.A.C.: The proposed rule provides a form for the reporting of safe deposit box contents.

Rule 69I-20.036, F.A.C.: The proposed rule amendments specify safe deposit box shipping requirements, allow additional time to ship the contents of safe deposit boxes to the Department, and require holders to notify the Department in writing within 120 days of the filing of the report that the safe deposit box contents have either been claimed by the owner or have no commercial value and will not be remitted to the Department by the holder.

Rule 69I-20.050, F.A.C.: The proposed rule establishes a voluntary disclosure agreement procedure.

Rule 69I-20.071-.080, F.A.C.: The proposed rules establish the penalty guidelines.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No Statement of Estimated Regulatory Costs was prepared.

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

SPECIFIC AUTHORITY: 717.117(1), 717.138 FS.

LAW IMPLEMENTED: 92.525, 117.05, 717.117, 717.119, 717.1201, 717.124, 717.12403, 717.12404, 717.12405, 717.1241, 717.1242, 717.1243, 717.125, 717.126, 717.1261, 717.1262, 717.132, 717.1322, 717.134, 717.1341, 717.135, 717.1351, 717.139, 717.1400, 732.102, 732.103 FS.

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

TIME AND DATE: 9:00 a.m., October 6, 2004

PLACE: Suite 547, The Fletcher Building, 101 E. Gaines St., Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this program, please advise the Department at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Paul C. Stadler, Jr., Assistant General Counsel, Department of Financial Services, Division of Legal Services, Suite 464, The Fletcher Building, 200 E. Gaines St., Tallahassee, Florida 32399-4247, (850)410-9461

THE FULL TEXT OF THE PROPOSED RULES IS:

69I-20.001 Registration.

Sections 717.117(8) and 717.1400, F.S., requires that, in order to file claims as a Claimant's Representative, acquire ownership or entitlement to unclaimed property, and receive a distribution of fees and costs from the Department, private investigators licensed to practice in the State of Florida, certified public accountants licensed to practice in the State of Florida and attorneys licensed to practice in the State of Florida must register with the Department.

(1) To register with the Bureau of Unclaimed Property a private investigator licensed to practice in the State of Florida must file a duly completed and executed, Form DFS-UP-140, Application for Registration as an Unclaimed Property Claimant Representative – Florida Private Investigator, effective \_\_\_\_\_, and must provide the documents specified in the form.

(2) To register with the Bureau of Unclaimed Property a certified public accountant licensed to practice in the State of Florida must file a duly completed and executed, Form DFS-UP-142, Application for Registration as an Unclaimed Property Claimant Representative – Florida Certified Public Accountant, effective \_\_\_\_\_, and must provide the documents specified in the form.

(3) To register with the Bureau of Unclaimed Property an attorney licensed to practice in the State of Florida must file a duly completed and executed, Form DFS-UP-141, Application for Registration as an Unclaimed Property Claimant Representative – Florida Attorney, effective \_\_\_\_\_, and must provide the documents specified in the form.

(4) The forms referred to herein are hereby incorporated by reference and available from the Florida Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358.

Specific Authority 717.138 FS. Law Implemented 92.525, 717.124, 717.135, 717.1351, 717.1400 FS. History–New \_\_\_\_\_

69I-20.0021 Procedures for Filing Claim.

(1) Claims Submission. Claims for unclaimed property in the custody of the Department, pursuant to Chapter 717, F.S., shall be submitted to the Department on the form(s) prescribed and supplied by the Department, together with documentation



proving entitlement to the unclaimed property ~~supporting the claim~~. All forms referenced in this rule are available from and shall be submitted to: The Florida Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358.

(a) ~~Only complete claims shall be filed with the Department. The Department will only accept and review claims that are complete.~~

(b) A complete claim shall include the correct claim form identified in this rule, fully completed with all blanks filled in and manually signed and dated by all claimants or the Claimants' Representative, proof of entitlement, and all supporting documentation as described and required by this rule, and Rule 69I-20.0022, F.A.C.

(c) Claims meeting the requirements of paragraph (b) above shall be deemed complete.

(d) Incomplete claims delivered to the Department will be returned to the claimant with a notice letter describing the additional documentation that must be submitted to make the claim complete. The notices are Form DFS-UP-106a, Unclaimed Property Request for Further Information (Apparent Owner), Form DFS-UP-106b, Unclaimed Property Request for Further Information (Business), Form DFS-UP-107a, Unclaimed Property Request for Further Information (Other Than Apparent Owner), and Form DFS-UP-108a, Unclaimed Property Request for Further Information (Claimant's Representative), which are hereby incorporated by reference, effective \_\_\_\_\_.

(e) The claim may be refiled at any time.

(2) Claim Determination. The Department will only review the merits of a claim that has been deemed complete as filed. ~~The Within 90 days of receipt of the fully completed and duly executed claim for unclaimed property, the Department will determine whether the claimant has established ownership and entitlement to the unclaimed property.~~

(a) If the claim is approved, the proceeds will be delivered as set forth in subsection ~~(10)(44).~~

(b) If the claim is denied, written notice containing rights to request a hearing as provided in Sections 120.569 and 120.57, F.S., will be mailed to the claimant or the Claimant's Representative at the address provided in the claim. ~~The claim will be denied without prejudice and may be refiled at any time.~~

(3) Withdrawal of Claim. A claimant or a Claimant's Representative may make a written request, including email or facsimile transmission, that a claim be withdrawn at any time, except as provided in Section 717.1241, F.S.

(4) Claims Filed by Apparent Owner, (including Corporations).

(a) Claims by apparent owners for unclaimed property shall be submitted on Form DFS-UP-106, entitled Claim by Apparent Owner, which is hereby incorporated by reference, effective \_\_\_\_\_ ~~revised 10-1-01.~~

(b) Form DFS-UP-106 shall be manually signed and dated by the claimant and accompanied by the following:

1. Personal identification of the claimant as provided in subsection 69I-20.0022(2), F.A.C.

2. Proof demonstrating that the claimant is the owner and is entitled to the claimed property as required by Rule 69I-20.0022, F.A.C. When ownership is claimed by an entity, personal identification of the entity representative as provided by subsection 69I-20.0022(2), F.A.C., is also required. Personal identification of the entity representative is not required if the entity is an active Florida corporation, ~~the entity representative is a corporate officer listed on the Florida Secretary of State's website, and the property is to be mailed to the corporate address listed on the website.~~

(5) Claims Filed by Other than Apparent Owners.

(a) Claims for unclaimed property filed by someone other than the apparent owner, for example, an heir, personal representative, or beneficiary, shall be submitted on Form DFS-UP-107, entitled Claim by Other than Apparent Owner, which is hereby incorporated by reference, effective \_\_\_\_\_ ~~revised 10-1-01.~~

(b) Form DFS-UP-107 shall be manually signed and dated by the claimant and accompanied by the following:

1. Original documentation establishing such person's right to act on behalf of the owner.

2. The name, address, taxpayer identification number (if available), and telephone number (if available), of the beneficiary, heir or personal representative for whom payment is sought.

3. Personal identification as provided by subsection 69I-20.0022(2), F.A.C., of the beneficiary, heir, ~~or~~ personal representative, or, in the case of a Purchase Agreement, of the buyer and owner for whom payment is sought.

4. Proof demonstrating that the estate beneficiary or heir is entitled to the unclaimed property consistent with Rule 69I-20.0022, F.A.C.

5. If applicable, the original Purchase Agreement signed and dated by the owner and the buyer pursuant to Section 717.1351, F.S.

6. Full disclosure must be provided on a duly completed and executed, Form DFS-UP-143, Florida Department of Financial Services Full Disclosure Form, which is hereby incorporated by reference, effective \_\_\_\_\_. The original disclosure form must be filed with the Department. The disclosure form and the purchase agreement must be signed and dated on the same day.

(6) Claims Filed by Claimant's Owner's Representative.

(a) All claims for unclaimed property filed by a Claimant's an Owner's Representative shall be submitted on Form DFS-UP-108, entitled Claim by Claimant's Owner's Representative, which is hereby incorporated by reference, effective \_\_\_\_\_ ~~revised 10-1-01.~~

(b) Form DFS-UP-108 shall be manually signed and dated by the person(s) filing the claim and accompanied by the following:

1. Original Recovery Agreement signed and dated by the claimant and establishing the Claimant's Representative pursuant to Section 717.135, F.S. Owner's Representative's right to act on behalf of the claimant owner.

2. The name, address, taxpayer identification number (if available), and telephone number (~~if available~~), of the person or entity for whom payment is sought.

3. Personal identification of the person(s) ~~or entity~~ for whom payment is sought as provided in subsection 69I-20.0022(2), F.A.C. When ownership is claimed by an entity, personal identification of the entity representative is also required as provided in subsection 69I-20.0022(2), F.A.C., must be filed, unless the entity is an active Florida corporation; ~~the corporate representative is listed as an officer of the corporation on the Secretary of State's website, and the property is to be mailed to the corporate address listed on the website.~~

4. Proof demonstrating that the person(s) or entity being represented is entitled to the property being claimed consistent with Rule 69I-20.0022, F.A.C.

(c) Claimant's Owner's Representative Fee Caps.

1. The Agreement between the claimant owner and the Claimant's Owner's Representative shall reflect the total fee charged by the Representative for the account(s) listed on the claim form and the Recovery Agreement.

2. The Agreement between the claimant owner and the Claimant's Owner's Representative shall contain either full disclosure or fee caps.

3. Full disclosure must be provided on a duly completed and executed, Form DFS-UP-143, Florida Department of Financial Services Full Disclosure Form, which is hereby incorporated by reference, effective \_\_\_\_\_. The original disclosure form must be filed with the Department. The disclosure form and the recovery agreement must be signed and dated on the same day, will be recognized by the Department when the following language, fully completed with all appropriate blanks filled in, is conspicuously, and as a single statement, incorporated within the Agreement as follows:

FULL DISCLOSURE STATEMENT

Pursuant to Chapter 717, F.S., this unclaimed property is currently being held by the Florida Department of Banking and Finance. The person/entity that reported it to the state is (XYZ Corporation). The person/entity's last date of contact with the apparent owner was (mm/dd/yy). The property consists of (\$ ## of shares/SDB contents — list contents), from (type of property — deposit/wages/etc.). The property has an approximate value of:

4. If ~~full disclosure is not made, and~~ the Agreement between the claimant owner and the Claimant's Owner's Representative contains fees that exceed statutory caps, the Department will deny the claim pay only the statutory fee caps. ~~If the value of the property is less than \$ 25.00, only the value of the property will be paid.~~

5. Fees will be paid when the value of all approved accounts associated with the Agreement have been determined as follows:

a. Cash accounts – The value of cash accounts will be determined when posted to the account.

b. Securities – If the security is transferred to the claimant's brokerage owner/broker's account, value of securities will be determined as of the close of business on the date of the transfer.

c. Tangible Personal Property – The value of tangible personal property accounts shall be based on the appraised shipping value at the time the property is prepared for transfer to the claimant owner or Owner's Representative. ~~A letter indicating the appraised value will be sent to the owner and the Owner's Representative.~~

6. Contracts for the recovery of small estate accounts pursuant to Section 717.1243, F.S., by Estate Affidavit (Form DFS-UP-1243), in lieu of probate, are subject to Section 717.135(1), F.S.

(7) Claims Filed by Holders of Unclaimed Property Paid or Delivered to the Department.

(a) Claims for unclaimed property filed by a holder shall be submitted on Form DFS-UP-110, Claim Filed by Holder, which is hereby incorporated by reference, effective \_\_\_\_\_ revised 10-1-04.

(b) Form DFS-UP-110 shall be manually signed and dated by the authorized representative of the holder.

(8) Claim by Other States.

(a) The Claims for unclaimed property filed by another state shall be submitted on Form DFS-UP-131, Claim by Other States, which is hereby incorporated by reference, effective \_\_\_\_\_ revised 10-1-04.

(b) Form DFS-UP-131 shall be manually signed and dated by the authorized representative of the state filing the claim.

(9) Claims for Reimbursement of Costs by Holders of Safe Deposit Boxes or Other Safekeeping Repositories.

(a) This subsection applies to claims for reimbursement filed by holders of unclaimed property for their actual costs of the opening of safe deposit boxes and for any valid lien or contract providing for the holder to be reimbursed for unpaid rent or storage charges. The claim shall be submitted on Form DFS-UP-112, entitled Safe Deposit Reimbursement Claim Form, which is hereby incorporated by reference, effective \_\_\_\_\_ revised 10-1-04.

(b) Form DFS-UP-112 shall be manually signed and dated by an authorized representative of the holder.

(c) Form DFS-UP-112 shall not be filed with the Department prior to the date of the sale of the contents of the safe deposit box or other safekeeping repository.

~~(10) Form DFS-UP-105, Missing Assets, which is hereby incorporated by reference, effective 10-1-01, can be downloaded from the Department's website at www.dbf.state.fl.us and used by apparent owners and other than apparent owners (but not Owner's Representatives) to submit claims for unclaimed property.~~

~~(10)(11) Payment and Delivery of Property.~~

(a) Payment and Delivery when Claim is Filed by person entitled to the unclaimed property Owner.

1. Cash. The Department will issue and mail a warrant payable to the claimant.

2. Securities. The Department will liquidate all securities ~~issues~~ which can be sold as soon as practicable, unless the security cannot be sold due to market conditions liquidity, current valuation or ongoing corporate activity. Payment will be provided as follows:

a. If the securities have been liquidated, payment of the cash proceeds will be made by warrant and mailed to the claimant's owner's address.

b. For Securities that cannot be sold due to market conditions and can be certificated, the Department will request, in writing, a certificate be issued for the number of shares due the claimant and the certificate in a claimed account, for which liquidation has not been requested, will be registered in the claimant's owner's name, unless the claimant requests, in writing that the securities be and transferred electronically to the claimant's owner's existing brokerage, mutual fund or other securities type account, provided the information required by the securities industry is available at the time the claim is filed. If the security can be certificated and delivery of the certificate is requested, the certificate will be mailed to the owner. The information required by the securities industry for electronic transfer could include the broker or agent's DTC number (Depository Trust Corporation), ABA number (American Banker's Association), the claimant's brokerage, mutual fund, or other securities type owners' account number and account registration.

c. Certificated securities that cannot be sold, due to market conditions based on market liquidity, current valuation or ongoing corporate activity will be registered in the name of the claimant's name owner and mailed to the claimant's address.

d. For Non-certificated securities that cannot be sold due to market conditions and can not be certificated, the Department will make an attempt to liquidity, current valuation or ongoing corporate activity but can be electronically transferred, will be electronically transferred the securities to the claimant's an owner's brokerage, or mutual fund, or other securities type account, if providing the information required by the securities industry is provided at the time the claim is filed.

e. Securities that cannot be sold, certificated or electronically transferred to an owner's brokerage account will not be paid. Written notice will be provided to the owner.

f. All securities will be registered according to industry standards.

3. Tangible Personal Property.

a. If the property is valued at has a value of less than ten thousand dollars (\$10,000); and can if it will be accepted for delivery by a common carrier, the property will be shipped mailed to the owner at the address listed on the claim.

b. If the property is valued at has a value of ten thousand dollars (\$10,000) or more greater, or the property cannot it will not be accepted for delivery by a common carrier, the Department will advise the claimant owner of the award by letter, and make the property available for pickup during normal business hours at the Department's offices in Tallahassee, Florida.

i. The claimant owner must produce the award letter and a personal picture identification in order to claim the property at the Department's Tallahassee address.

ii. ~~Anyone other than the owner must produce the award letter, written authorization to receive the property signed by the owner and notarized, and personal picture identification in order to receive the property at the Department's Tallahassee address.~~

ii.iii. Receipt of the property must be acknowledged in writing by the person receiving the property by a signed receipt.

iii.iv. If the property is not collected at the Department's Tallahassee office within ninety (90) days of the date on the award letter, it may be offered for sale at the next auction and the proceeds delivered the same as cash in paragraph (11)(a) above.

c. If the property is valued at ten thousand dollars (\$10,000) or more, the claimant must arrange with a common carrier to pick up the property during normal business hours at the Department's office in Tallahassee, Florida. All claimant's communications with the Department regarding how the property is to be delivered to the claimant must be in writing. Upon request, the Department will provide the claimant with the appraised shipping value.

(b) Payment and Delivery of Claims filed by Claimant's Owner's Representative.

1. Cash – Payment of cash will be made to claimants owners by warrant, net of the Claimant's Owner's Representative's fees, and mailed to the claimant owner. Payment of fees to Claimant's Owner's Representatives will be made electronically at least twice a month provided a completed Form DFS-AA-26E, incorporated by reference in Rule 69I-22.002, F.A.C., is provided.

2. Securities – The Department will liquidate all securities ~~issues~~ that can be sold as soon as practicable, unless the security cannot be sold due to market conditions liquidity, current valuation or ongoing corporate activity. Payment will be provided as follows:

a. If the securities have been liquidated, payment of the cash proceeds will be made as set forth in subparagraph ~~(10)(b)1. (11)(b)1-~~ above.

b. ~~For Certificated~~ securities that cannot be sold due to market conditions and can be certificated, the Department will request, in writing, that a certificate be issued for the number shares due the claimant, and liquidity, current valuation or ongoing corporate activity will be registered in the name of the claimant, unless the claimant requests, in writing with notice to the Claimant's Representative, the Department electronically transfer the shares to a brokerage, mutual fund or other securities type account and the information required by the securities industry to make the transfer is provided by the claimant owner and mailed to the Owner's Representative with notice to the owner.

c. If the security can be certificated and delivery of the certificate is requested, in writing, by the claimant owner and the Claimant's Owner's Representative, the security will be registered in the claimant's owner's name and the certificate will be mailed to the Claimant's Owner's Representative with notice to the claimant owner.

d. ~~For Non-certification~~ securities that cannot be sold due to market conditions and can not be certificated, the Department liquidity, current valuation, or ongoing corporate activity will be registered in the name of the owner and transferred make an attempt to electronically transfer the securities to the claimant's an owner's brokerage, or mutual fund, or other securities type account, if the information required by the securities industry is provided at the time the claim is filed. Such information could include the broker or agent's DTC number (Depository Trust Corporation), ABA number (American Banker Association), the claimant's owner's account number and account registration. If such information is not available at the time the claim is to be paid, written notice will be provided to the Claimant's Owner's Representative, who must provide the information. The security for which such information is required will not be paid until the information is provided. When the security is paid, the owner and the Claimant's Owner's Representative will receive written notice of the transfer.

e. ~~Securities that cannot be electronically transferred to a brokerage or mutual fund account, but can be certificated, will be registered in the name of the owner. The certificate will be mailed to the Owner's Representative, with written notification to the owner.~~

~~e.f.~~ Securities that cannot be sold, electronically transferred, or certificated, will not be paid. Written notice will be provided to the claimant owner and the Claimant's Owner's Representative.

~~f.g.~~ All securities will be registered according to industry standards.

Specific Authority 717.138 FS. Law Implemented 92.525,717.1201, 717.124, 717.12403, 717.12404, 717.12405, 717.1242, 717.1243, 717.125, 717.126, 717.1261, 717.1262, 717.135, 717.1351, 717.139 FS. History–New 3-20-91, Amended 3-13-96, 8-18-96, 1-28-97, 1-18-99, 4-16-02, Formerly 3D-20.0021, Amended \_\_\_\_\_.

69I-20.0022 Proof of Ownership and Entitlement to Unclaimed Property.

(1) No change.

(2) ~~Claims by Apparent Owner.~~ Any and all persons claiming an interest in unclaimed property in the possession of the Department shall file with the Department a copy of a valid driver's license of the claimant at the time the original claim form is filed. If the claimant has not been issued a valid driver's license at the time the original claim form is filed, the Department shall be provided with a legible copy of a photographic identification of the claimant issued by the United States or a foreign nation, a state or territory of the United States or foreign nation, or a political subdivision or agency thereof current drivers license showing the full name and current address of such person or persons. In the event that a current drivers license is not available, another form of identification showing full name and current address of such person or persons shall be filed with the Department. In lieu of filing a copy of a government issued photographic identification of the claimant with the claim, the claimant or the Claimant's Representative may file Form DFS-UP-144, Notarized Sworn Statement of the Claimant, which has been accurately completed in full, executed by the claimant and the notary. This form is incorporated by reference effective \_\_\_\_\_ and available from the Florida Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358. The notarized sworn statement must accurately affirm the claimant's identity and state the claimant's address. This subsection shall not apply to any person who is acting as an Claimant's Owner's Representative.

(3) Claims by Beneficiaries or Estates.

(a) If the apparent owner is deceased, the claim must include a certified copy of the decedent's death certificate, as well as the following:

1. Open Estates – Records, certified by the clerk of court within one (1) year of the date of filing the claim with the Department, reflecting the personal representative's right to act for the estate of the apparent owner.

2. Closed Estates – A certified copy of a Attach a probate court order, certified by the clerk of court ~~within one (1) year of the date of filing of the claim with the Department,~~ identifying the beneficiaries and the proportional entitlement

of each to the estate. ~~If a court order, identifying the beneficiaries and the proportional entitlement of each to the property of the estate is not available, the claimant must submit those documents from the probate court file from which this information may be determined. Typically, this information may be obtained from the decedent's will, if one exists, and the Order admitting the will to probate; the Petition for Administration; or the Petition for Discharge with exhibits. If any such combination of documents is submitted, they must be accompanied by a copy of the Order of Discharge and the docket sheet. In no event is the will standing alone, sufficient.~~

3. ~~Unclaimed Property with Aggregate value of \$5,000.00 or Less. – If all Will Never Probated – If an owner died with a will, but the will was not probated, and~~

~~a. All of the unclaimed property held by the Department on behalf of a deceased apparent the owner has an aggregate value of \$5,000 or less, as an alternative to paragraph (3)(a)2., the claimant may file a~~ A copy of the will, if the decedent had a will, and an affidavit signed by all the beneficiaries stating that all the beneficiaries have amicably agreed upon a division of the estate, ~~that no probate proceedings are pending for the estate,~~ and that all funeral expenses, expenses of the last illness and other lawful claims have been paid. The affidavit shall be submitted on Form DFS-UP-1243, Estate Affidavit, ~~effective \_\_\_\_\_ revised 10/1/01,~~ which is hereby incorporated by reference and available from the Florida Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358. No partial payments shall be made.

~~b. If the aggregate value of the unclaimed property held by the Department is more than \$5,000, a probate estate administration must be opened and a current certified copy of a court order identifying either the personal representative, or, in the case of a summary administration, the beneficiaries and the proportional share of each to the estate, must be submitted to the Department.~~

4. ~~No Will and No Administration.~~

~~a. All of the unclaimed property held by the Department on behalf of the owner has an aggregate value of \$5,000 or less and the estate was never probated, a beneficiary may file an affidavit signed by all the beneficiaries, stating that all the beneficiaries have amicably agreed among themselves upon a division of the estate, that no probate proceedings have been instituted upon the estate, and that all funeral expenses, expenses of the last illness, and any other lawful claims have been paid. The affidavit shall be submitted on Form DBF-UP-1243. No partial payments shall be made.~~

~~b. If the aggregate value of the unclaimed property held by the Department is \$5,000 or more, a probate administration must be opened and a certified copy of a court order identifying either the personal representative or, in the case of a~~

~~summary administration, the beneficiaries and their proportional interests in the estate must be submitted to the Department.~~

(4) Claims for Guardianship Assets.

(a) The claim must be filed by the court appointed guardian or ~~Claimant's Owner's~~ Representative, who must provide a court order evidencing the guardian's existing authority to act on behalf of the ward, certified by the clerk of court within one (1) year of filing the claim with the Department, along with the guardian's name, address and social security number.

(b) The warrant will be made payable to "Guardian For" the ward.

(5) Claims for Business Accounts. Any person claiming an interest in an unclaimed business account in the possession of the Department as an official of the business shall file with the Department the following:

(a) If the unclaimed business account relates to a proprietorship or a partnership then:

1. Documentation to reflect that the apparent owner is the same proprietorship or partnership, and

2. Documentation reflecting the individual's authorization to file a claim for the proprietorship's or partnership's unclaimed property.

3. Personal identification shall be provided as specified in subsection (2) of this rule.

(b) If the unclaimed business account relates to an active corporation:

1. ~~The last annual report of the corporation if it is available from the Internet site of the Florida Department of State. The claimant must furnish the Department with a printout from the Florida Department of State Internet site identifying the officers and directors of the corporation. If the last annual report of the corporation is not available from the Internet site of the Florida Department of State, the claimant shall file a microfiche copy of the records on file with the Florida Department of State. If microfiche from the Florida Department of State is not available, the claimant may furnish to the Department a uniform resource locator (U.R.L.) for the address of a free Internet site operated by the state of incorporation of the corporation that provides access to the last corporate filing identifying the officers and directors of the corporation. The claimant must furnish the Department with a printout from the free Internet site identifying the officers and directors of the corporation. If the free Internet site is not available, an authenticated copy of the last corporate filing Certification, within one (1) year of the filing of the claim, from an appropriate state official of the state of incorporation shall be provided to the Department which identifies to reflect the officers and directors of the corporation. In the case of a Florida Corporation, a copy of the most recent filing with the Florida Secretary of State shall be provided.~~

2. Unless the corporate representative is listed as an officer or director of the corporation on the Secretary of State's corporate website, evidence to reflect the claimant's right to act on behalf of the business. Letterhead and business cards alone will not be sufficient to meet the required burden of proof. For example:

a. Signed and dated statement by an officer or director of the corporation, other than the person signing the claim, authorizing the individual authority to file the claim.

b. Bylaws of the corporation identifying the person signing the claim as occupying a position with authority to contractually bind the corporation.

c. Corporate resolution authorizing the person signing, to file the claim on behalf of the corporation.

~~3. Personal identification as specified in subsection (2) of this rule, unless the claimant is an active Florida corporation, the corporate representative is listed as an officer of the corporation on the Secretary of State's corporate website, and the property is to be mailed to the corporate address listed on the website.~~

3.4. Documents evidencing ownership or entitlement to the account. Letterhead and business cards alone will not be sufficient to meet the required burden of proof. Examples of other documentary evidence include: evidence that the corporation is the sole corporation that has operated under the reported name; utility bills, canceled checks or deposit slips, copies of annual reports, sales or marketing materials that would identify the corporation and match one of the account identifiers, copy of an occupational license issued to the corporation, price lists, bank statements, loan papers, etc., documents in the corporation's name which establish a relationship with a bank, tax filings, including annual tax returns, quarterly employee withholding filings, employee tax filing records such as W-2 or W-4 forms (with personal information redacted), sales tax filings, other tax filings or bills, financial statements (audited), SEC filings (other than those which are public records), company identification cards, insurance documentation – property and casualty, health and workers' compensation insurance policies, claim forms, premium statements, benefit membership cards.

(c)1. If the unclaimed business account is that of a dissolved corporation, the claimant must specify the corporation's state of incorporation and its last principal business address. The claimant must provide a certified copy of the last corporate filing identifying the officers and directors of the corporation. This document must be obtained if the unclaimed business account is for a dissolved corporation, then certification from an appropriate authorized state official of the state of incorporation, certified within one (1) year of the filing of the claim, shall be provided to the Department to reflect the last corporate filing. A certified copy of the last corporate filing shall not be required if:

a. The last annual report of the corporation if it is available from the Internet site of the Florida Department of State. The claimant must furnish the Department with a printout from the Florida Department of State Internet site identifying the officers and directors of the corporation.

b. If the last annual report of the corporation is not available from the Internet site of the Florida Department of State, the claimant shall file a microfiche copy of the records on file with the Florida Department of State.

c. If microfiche from the Florida Department of State is not available, the claimant may furnish to the Department a uniform resource locator (U.R.L.) for the address of a free Internet site operated by the state of incorporation of the corporation that provides access to the last corporate filing identifying the officers and directors of the corporation. The claimant must furnish the Department with a printout from the free Internet site identifying the officers and directors of the corporation.

2. The appropriate evidence shall be provided must prove to reflect that the dissolved corporation is the same corporation as shown on the Department's records. The and appropriate evidence must prove that shall be provided to reflect the claimant is entitled to all or a proportional share of the dissolved corporation or that the claimant is an officer or director of the corporation. It is not sufficient that the claimant has the same name as that of an officer or director of the dissolved corporation. The claimant must demonstrate a connection to the dissolved corporation. Subparagraph (5)(b)4. herein provides examples of documents which may establish a connection between the claimant and the dissolved corporation.

3. A claim for an unclaimed business account of a dissolved corporation must indicate whether the dissolved corporation has ever been a debtor in bankruptcy. If the dissolved corporation has ever been a debtor in bankruptcy, the claim must identify the bankruptcy chapter under which the bankruptcy case proceeded. The claim must also identify the location of the bankruptcy court, the case number, and the address and telephone number of the Office of the U.S. Trustee in that jurisdiction. If no bankruptcy proceedings of the dissolved corporation are known, the claim must either provide the results of a bankruptcy court web site Case Management/Electronic Case Files (CM/ECF) search, if available, or a Public Access to Court Electronic Records (PACER) search. The CM/ECF or PACER search must be conducted in the bankruptcy court of the state and district of incorporation and where the main office is located, if different. The claim must provide the results of both a search by corporate name and a search by tax identification number, if available, for the state and district of incorporation and the location of the main office, if different. As an alternative to the CM/ECF or PACER search, the claim must provide a completed United States Bankruptcy Court Application for

Search of Bankruptcy Records shall be provided to the Department from the state and district of incorporation, and from the district where the main office is located, if different.

4. The Office of the U.S. Trustee or the trustee will be contacted by the Department if the dissolved corporation was a debtor in a closed Chapter 7 bankruptcy case and the aggregate value of the unclaimed property is greater than \$2,500.00. If the bankruptcy case is reopened, the unclaimed property will be remitted to the bankruptcy trustee.

5. Unclaimed property will be remitted to the bankruptcy trustee for a corporation in a pending bankruptcy case unless the debtor is in possession of the bankruptcy estate. If the debtor is in possession of the bankruptcy estate, the unclaimed property will be remitted to the debtor corporation.

6. Personal identification shall be provided as specified in subsection (2) of this rule.

Specific Authority 717.138 FS. Law Implemented 92.525, 117.05, 717.124, 717.12403, 717.12404, 717.12405, 717.1242, 717.1243, 717.126, 717.1261, 717.1262, 717.139, 732.102, 732.103 FS. History—New 3-20-91, Amended 3-13-96, 8-18-96, 1-28-97, 1-18-99, 4-16-02, Formerly 3D-20.0022, Amended \_\_\_\_\_, Cf. 11 U.S.C. ss. 541, 542

#### 69I-20.0023 Database Submissions.

(1) A claimant, or a claimant's representative, may submit the results of a database search for the Department to consider with the claim for unclaimed property.

(2) In the event that the claim is denied, and a hearing is requested by the claimant or the claimant's representative, the evidentiary requirements of Sections 120.569 and 120.57, F.S., shall apply to the results of a database search.

(3) Unless otherwise provided by Florida law, the results of a database search shall be public record in accordance with Section 119.07, F.S.

Specific Authority 717.138 FS. Law Implemented 717.124, 717.126 FS. History—New \_\_\_\_\_.

#### 69I-20.0027 Payment of Conflicting Claims.

When ownership has been established but conflicting claims have been received by the Department, the property shall be remitted to the person submitting the first claim received by the Department in accordance with Subsection 717.1241(1).

##### (1) Example One:

(a) On January 1st a claim is filed by Claimant Representative "A". Entitlement is not established by the documents filed by Claimant Representative "A".

(b) On January 2nd a claim is filed by Claimant Representative "B". Entitlement is established by the documents filed by Claimant Representative "B".

(c) On January 3rd Claimant Representative "A" files documents with the Department that establish entitlement.

(d) The claim filed by Claimant Representative "B" shall be approved because it is the first claim received that establishes entitlement. The claim filed by Claimant Representative "A" shall be denied.

##### (2) Example Two:

(a) On January 1st a claim is filed by Claimant Representative "A". Entitlement is not established by the documents filed by Claimant Representative "A".

(b) On January 2nd Claimant Representative "A" files documents with the Department that establish entitlement.

(c) On January 3rd a claim is filed by Claimant Representative "B". Entitlement is established by the documents filed by Claimant Representative "B".

(d) The claim filed by Claimant Representative "A" shall be approved because it is the first claim received that establishes entitlement. The claim filed by Claimant Representative "B" shall be denied.

##### (3) Example Three:

(a) On January 1st a claim is filed by Claimant Representative "A". Entitlement is not established by the documents filed by Claimant Representative "A".

(b) On January 2nd Claimant "B" files documents with the Department that establish entitlement. The documents include an agreement to purchase the unclaimed property and a copy of "B's" check to the apparent owner of the unclaimed property evidencing the payment of consideration for the unclaimed property.

(c) On January 3rd Claimant Representative "A" files documents with the Department that establish entitlement.

(d) The claim filed by Claimant "B" shall be approved because it is the first claim received that establishes entitlement. The claim filed by Claimant Representative "A" shall be denied.

##### (4) Example Four:

(a) On January 1st Claimant "A" files documents with the Department that do not establish entitlement. The documents include an agreement to purchase the unclaimed property from the apparent owner. The documents do not include a copy of "A's" check to the apparent owner of the unclaimed property evidencing the payment of consideration for the unclaimed property.

(b) On January 2nd a claim is filed by Claimant Representative "B". Entitlement is established by the documents filed by Claimant Representative "B".

(c) On January 3rd Claimant A files a copy of "A's" check to the apparent owner of the unclaimed property evidencing the payment of consideration for the unclaimed property.

(d) The claim filed by Claimant Representative "B" shall be approved in the amount of "B's" fees because it is the first claim received that establishes entitlement. Claimant "A's" claim shall be approved for the balance of the funds.

##### (5) Example Five:

(a) On January 1st a claim is filed by Claimant Representative "A". Entitlement is established by the documents filed by Claimant Representative "A".

(b) On January 2nd Claimant "B" files documents with the Department that establish entitlement. The documents include an agreement to purchase the unclaimed property and a copy of "B's" check to the apparent owner of the unclaimed property evidencing the payment of consideration for the unclaimed property.

(c) The claim filed by Claimant Representative "A" shall be approved in the amount of "A's" fees because it is the first claim received that establishes entitlement. Claimant "B's" claim shall be approved for the balance of the funds.

(6) Example Six:

(a) On January 1st a claim is filed by Claimant Representative "A". Entitlement is established by the documents filed by Claimant Representative "A".

(b) On January 1st Claimant "B" files documents with the Department that establish entitlement. The documents include an agreement to purchase the unclaimed property and a copy of "B's" check to the apparent owner of the unclaimed property evidencing the payment of consideration for the unclaimed property.

(c) The claim filed by Claimant "B" shall be approved. The Claim filed by Claimant Representative "A" shall be denied.

Specific Authority 717.138 FS. Law Implemented 717.124, 717.1241, 717.126 FS. History-New \_\_\_\_\_.

69I-20.030 Definitions.

As used in these rules.

(1) through (2) No change.

(3) "Presumed Unclaimed Abandoned" means the apparent owner has not indicated an interest in the property for the applicable prescribed period. The interest should be evidenced by communication by the owner with a record of same on file.

(4) through (7) No change.

(8) "Claimant's Owner's Representative" means a Florida ~~an~~ attorney-at-law, Florida-certified public accountant, or private investigator who investigative agency which is duly licensed to do business in Florida, registered with the Department, and who is authorized by the claimant owner to claim unclaimed property on the claimant's owner's behalf.

(9) "Entity Representative" means one who is legally authorized to represent a claimant that is not a natural person. As used in this definition, the phrase "entity representative" does not include a Claimant's an Owner's Representative.

(10) "Approximate value" or "approximate dollar value." for purposes of Sections 717.135 and 717.1351, F.S., means within 15% of the actual value. "Received," for purposes of Section 717.1241, F.S., means the date a claim was initially submitted to the Department, even if it is later determined to be incomplete. However, no claim shall be considered received pursuant to Section 717.1241, F.S., unless it is accompanied by

~~an executed claim form, an Agreement pursuant to Section 717.135, F.S. (where applicable), and some documentation supporting ownership or entitlement.~~

(11) "Electronic medium," for purposes of Section 717.117(1), F.S., means 3.5 inch Diskette or CD-ROM.

(12) "Auction fees, preparation costs, and expenses," for purposes of Section 717.122(1), F.S., means appraiser and contractor fees, catalogue fees, and travel expenses.

Specific Authority 717.138 FS. Law Implemented 717.102(1), 717.117, 717.1201(7), 717.122, 717.135, 717.1351, 717.139 FS. History-New 6-23-91, Amended 1-28-97, 4-16-02, Formerly 3A-20.030, Amended \_\_\_\_\_.

69I-20.035 Reporting Safe Deposit Box Contents.

Safe deposit box contents shall be reported by submitting a completed Form DFS-UP-155, Safe Deposit Box Inventory Form of Property Presumed Unclaimed, effective \_\_\_\_\_, hereby incorporated by reference and available from the Department of Financial Services, Bureau of Unclaimed Property, 200 East Gaines Street, Tallahassee, Florida 32399-0358.

Specific Authority 717.117(1), 717.138 FS. Law Implemented 717.117 FS. History-New \_\_\_\_\_.

69I-20.036 Remitting of Safe Deposit Box Contents and Reimbursement of Expenses.

(1) All property presumed abandoned under Section 717.116, F.S., shall be delivered to the Department pursuant to Section 717.119, F.S. The delivery of the property, through the U.S. Mail or other carrier, shall be insured at an amount equal to the estimated value of the property. The package should be clearly marked on the outside "Deliver Unopened." A holder's safe-deposit box contents shall be delivered to the Department in a single shipment. In lieu of a single shipment, holders may provide the Department with a single detailed shipping schedule that includes package tracking information for all packages being sent pursuant to this section. The detailed shipping schedule shall specify the name of the apparent owner previously reported to the Department, the physical address of the safe deposit box whose contents are being remitted, and the name of a person who may be contacted regarding the report and the remittance of the safe deposit boxes.

(2) No change.

(3) Holders shall request reimbursement from the Department by submitting a completed Form DFS-UP-112, Safe Deposit Reimbursement Claim Form, effective \_\_\_\_\_, ~~revise 10-1-04,~~ hereby incorporated by reference and available from the Florida Department of Financial Services, Bureau of Unclaimed Property, ~~Suite 330, Fletcher Building,~~ Tallahassee, Florida 32399-0358 ~~32399-0333.~~

(4)(a) All intangible and tangible property held in a safe deposit box or any other safekeeping repository and reported to the ~~Department department~~ pursuant to Section 717.117, F.S., shall be delivered to the ~~Department department~~ in accordance with Section 717.119(4), F.S. Delivery of property shall be



commenced 120 days after the report due date and completed within ~~180~~ 165 days after the report is due. In the event that the reporting date is postponed, the time periods specified in paragraph (4)(a) are extended for a period of time equal to the additional time given to the holder to report the unclaimed property.

(b) As used herein, delivery in accordance with Section 717.119(4), F.S., means actual delivery of the unclaimed property ~~to at~~ the offices of the ~~Department~~ department in Tallahassee, Florida, Fla. As proof of actual delivery holders may submit the registered mail return receipt.

(c) Within 120 days of the filing of the report, the ~~Department may~~ department will review reports submitted and notify the holder if the ~~Department~~ department declines to accept certain items as having insufficient value to warrant the expense of notice and sale.

(d) The holder must notify the Department in writing within 120 days of the filing of the report that the safe deposit box contents have either been claimed by the owner or have no commercial value and will not be remitted to the Department by the holder.

(5) No change.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.120(7), 717.127 FS. History—New 6-23-91, Amended 8-24-98, 4-16-02, Formerly 3D-20.036, Amended \_\_\_\_\_.

#### 69I-20.050 Voluntary Disclosure Agreements.

(1) The Department's goal is to collect and return unclaimed property to its rightful owners in accordance with the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S. To achieve these results, the Department is encouraging businesses ("Holders") inside and outside the State of Florida who are in possession of unclaimed property to comply with Florida's Unclaimed Property Law. This compliance can be achieved using a program called voluntary disclosure. This program provides the following benefits to a holder:

(a) It relieves the Holder of associated expense and liability holding unclaimed property;

(b) Penalties and fines are not assessed by the Department;

(c) The reach back period for the review of the Holder's records is five years instead of ten years; and

(d) The audit period for verification of the disclosure is two years from the date that the report and remittance is accepted by the Department.

(2) To participate in this program, the Holder must not:

(a) Be currently under examination; or

(b) Have filed an annual report of unclaimed property with the Department.

(3) The property to be disclosed must be unreported and unremitted unclaimed property due to the State of Florida. No property will be accepted on behalf of another state.

(4) Upon notification by the Holder or its agent that the Holder desires to participate in the program, the Bureau of Unclaimed Property ("Bureau") will mail a proposed voluntary disclosure agreement to the Holder or its agent. After the Holder and the Bureau have tentatively agreed to the terms and conditions of the voluntary disclosure agreement, the Holder must complete, execute and return the voluntary disclosure agreement to the Bureau with the following information:

(a) Name of entity, mailing address, contact person, telephone number, facsimile number and e-mail address of the contact person, federal employer identification number, and standard industrial code classification.

(b) The Holder's state of incorporation;

(c) The Holder's principal place of business (city and state);

(d) If the Holder's state of incorporation and principal place of business is outside of Florida, the Holder must provide a list detailing the cities in Florida where the Holder conducts business with the number of locations in each city, and;

(e) If the Holder has no locations within Florida, the Holder must so state.

(5) If the executed voluntary disclosure agreement is adopted and incorporated by reference into a final order of the Department, within the nine-month period from the entry of the final order, the Holder is obligated to submit a detail plan outlining the disclosure process to be completed by the Holder, the estimation calculations used by the Holder, and a report identifying the unclaimed property due to the Department. The unclaimed property remittance must accompany the report.

(6) Once the report and remittance have been reviewed and accepted by the Department, the Department will notify the Holder of the commencement of the two-year audit period.

Specific Authority 717.117(1), 717.138 FS. Law Implemented 717.117, 717.119, 717.129 FS. History—New \_\_\_\_\_.

#### 69I-20.071 Purpose.

The purpose of Rules 69I-20.071 through 69I-20.070, F.A.C., is to implement the Department's duty to establish penalty guidelines for violations of Sections 717.1322 and 717.1341, F.S.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History—New \_\_\_\_\_.

#### 69I-20.072 Penalty Guideline Definitions.

The following definitions shall apply for purposes of this rule chapter.

(1) "Administrative complaint" refers to formal administrative charges filed by the Department against a person. The charges consist of factual allegations with citations to violations of the Florida Disposition of Unclaimed Property Act, Chapter 717, Florida Statutes, Department rules or orders.

(2) "Aggregate final penalty" means the total of the final penalties against a person in one or more enforcement actions.

(3) “Count” refers to a series of one or more numbered paragraphs of factual allegations in an administrative complaint that are incorporated by reference under the word “Count” followed by a Roman numeral, which are set apart from other counts in an administrative complaint, and which if true would constitute a violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(4) “Convicted” means adjudicated guilty by a court.

(5) “Department” means the Florida Department of Financial Services.

(6) “Final penalty” means the penalty actually imposed on a person.

(7) “Penalty per count” means the total of the stated penalties in a count for each act, transaction or occurrence in violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(8) “Registrant” means a person who has satisfied the requirements of Section 717.1400, F.S., and whose registration is active.

(9) “Stated penalty” means the penalty set forth in Rules 69I-20.075 or 69I-20.076, F.A.C., for each act, transaction or occurrence in violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(10) “Total penalty” refers to the sum of the penalties for each count.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.073 Calculating Penalty.

(1) Penalty Per Count. The Department is authorized to find that grounds exist under Section 717.1322, F.S., for disciplinary action based upon a single act, transaction or occurrence of misconduct by a person. “Penalty per count” means the total of the stated penalties in a count for each act, transaction or occurrence in violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(2) Total Penalty. Each penalty per count shall be added together and the sum shall be referred to as the “total penalty”.

(3) Final Penalty. The final penalty means the penalty which will be imposed against a person under these rules, as adjusted to take into consideration aggravating or mitigating factors, if any.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.074 Prosecutorial Discretion.

(1) Stipulated Disposition. The provisions of this rule are intended and shall not be construed to limit the ability of the Department to informally dispose of disciplinary actions by stipulation, agreed settlement or consent order whether or not the Department has initiated administrative charges.

(2) Cease and Desist Orders and Orders to take Corrective Action. This rule chapter shall not preclude the Department from initiating an administrative action against registered or unregistered individuals as authorized by Section 717.132, F.S.

(3) Collateral Actions. The provisions of this rule chapter are not intended and shall not be construed to limit the ability of the Department to pursue or recommend collateral, civil or criminal actions where appropriate.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.075 Stated Penalty Guidelines for Violation of Sections 717.1322 and 717.1341, F.S., by Registrants.

(1) If it is found that a registrant has violated any of the following subsections of Section 717.1322, F.S., the following stated penalty guidelines shall apply for each act, transaction or occurrence. The penalty imposed within the range of penalties should be based upon the severity of the violation. It is the Florida Legislature’s intent that minor violations be distinguished from serious violations.

(a) Section 717.1322(1)(a), F.S. – suspension of 6 months to revocation if the act is willful or with reckless disregard or deliberate ignorance of the truth, 1 to 2 months if the act is not willful or with reckless disregard or deliberate ignorance of the truth.

(b) Section 717.1322(1)(b), F.S. – suspension of 6 months to revocation.

(c) Section 717.1322(1)(c), F.S. – suspension of 6 months to revocation.

(d) Section 717.1322(1)(d), F.S. – suspension of 3 to 6 months.

(e) Section 717.1322(1)(e), F.S. – suspension of 3 to 6 months.

(f) Section 717.1322(1)(f), F.S. – suspension of 3 to 6 months if the act is willful, 1 to 2 months if the act is not willful.

(g) Section 717.1322(1)(g), F.S. – suspension of 3 months to revocation and a \$500 to \$1,000 fine per day of non-compliance.

(h) Section 717.1322(1)(h), F.S. – see Rule 69I-20.077, F.A.C.

(i) Section 717.1322(1)(i), F.S. – suspension of 3 to 6 months if the act is willful, 1 to 2 months if the act is not willful.

(j) Section 717.1322(1)(k), F.S. – suspension of 3 to 6 months and a \$500 to \$1,000 fine per day of non-compliance if the act is willful, 1 to 2 months suspension if the act is not willful.

(k) Section 717.1322(1)(l), F.S. – suspension of 12 to 24 months.

(1) Section 717.1341(3), F.S. – a fine equal to the value of the property for the first offense, a fine equal to twice the value of the property for the second offense, and a fine equal to three times the value of the property for the third and subsequent offenses.

(2) Any registrant that has an aggregate final penalty of suspension of more than 3 years shall have such person's registration revoked and shall be prohibited from being director, officer, agent, employee, or ultimate equitable owner of a 10% percent or greater interest in an employer of a registrant.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_

69I-20.076 Stated Penalty Guidelines for Violation of Sections 717.1322 and 717.1341, F.S., by Persons Who Are Not Registrants.

(1) If it is found that a person, who is not a registrant when the act was committed, has violated any of the following subsections of Section 717.1322, F.S., the following stated penalty guidelines shall apply for each act, transaction or occurrence. The penalty imposed within the range of penalties should be based upon the severity of the violation. It is the Florida Legislature's intent that minor violations be distinguished from serious violations.

(a) Section 717.1322(1)(a), F.S. – fine of \$500 to \$1,000 if the act is willful or with reckless disregard or deliberate ignorance of the truth, \$100 to \$250 if the act is not willful or with reckless disregard or deliberate ignorance of the truth.

(b) Section 717.1322(1)(b), F.S. – fine of \$500 to \$2,000.

(c) Section 717.1322(1)(c), F.S. – fine of \$500 to \$2,000.

(d) Section 717.1322(1)(d), F.S. – fine of \$250 to \$750.

(e) Section 717.1322(1)(e), F.S. – fine of \$250 to \$750.

(f) Section 717.1322(1)(f), F.S. – fine of \$500 to \$1,000 if the act is willful, \$100 to \$250 if the act is not willful.

(g) Section 717.1322(1)(g), F.S. – \$500 to \$1,000 fine per day of non-compliance.

(h) Section 717.1322(1)(i), F.S. – fine of \$250 to \$750 if the act is willful, \$100 to \$250 if the act is not willful.

(i) Section 717.1322(1)(j), F.S. – fine of \$500 to \$1,000 if the person has committed the act for compensation or gain, or in the expectation of compensation or gain, a reprimand if the person has committed the act without the expectation of compensation or gain.

(j) Section 717.1322(1)(k), F.S. – fine of \$500 to \$1,000 fine per day of non-compliance if the act is willful, \$100 to \$250 if the act is not willful.

(k) Section 717.1322(1)(l), F.S. – fine of \$1,000 to \$2,000.

(l) Section 717.1341(3), F.S. – a fine equal to the value of the property for the first offense, a fine equal to twice the value of the property for the second offense, and a fine equal to three times the value of the property for the third and subsequent offenses.

(2) Any person that has an aggregate final penalty of more than \$5,000 shall be prohibited from being director, officer, agent, employee, or ultimate equitable owner of a 10% percent or greater interest in an employer of a registrant.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_

69I-20.077 Criminal Proceedings.

(1) If a person is found to have committed criminal conduct in the course of such persons business, in violation of Section 717.1322(1)(h), F.S., the following stated penalty shall apply:

(a) If a person is convicted by a court for committing a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, the penalty shall be revocation, if the person is registered, and the entry of an order prohibiting the person from being director, officer, agent, employee, or ultimate equitable owner of a 10% percent or greater interest in an employer of a registrant.

(b) If a person is not convicted of, but has been found guilty of or has pleaded guilty or nolo contendere to the commission of a crime punishable by imprisonment of 1 year or more under the law of the United States of America or of any state thereof or under the law of any other country, which involves moral turpitude and is a crime involving breach of trust or dishonesty, the penalty shall be revocation, if the person is registered, and the entry of an order prohibiting the person from being director, officer, agent, employee, or ultimate equitable owner of a 10% percent or greater interest in an employer of a registrant.

(c) If a person is not convicted of, but has been found guilty of or has pleaded guilty or nolo contendere to, a felony or a crime punishable by imprisonment of 1 year or more under the laws of the United States of America or of any state thereof or under the law of any other country, which does not involve moral turpitude and is not a crime involving breach of trust or dishonesty, the penalty shall be a 24 month suspension, if the person is registered, and the entry of an order prohibiting the person from being director, officer, agent, employee, or ultimate equitable owner of a 10% percent or greater interest in an employer of a registrant for a period of 24 months.

(2) Foreign Law Enforcement Records. In the event that a law enforcement record includes convictions, charges, or arrests outside the United States, the Department shall consider the following factors to reduce or eliminate the penalty:

(a) Whether the crime in the criminal record would be a crime under the laws of the United States or any state within the United States;

(b) The degree of penalty associated with the same or similar crimes in the United States; and

(c) The extent to which the foreign justice system provided safeguards similar to those provided criminal defendants under the Constitution of the United States.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.078 Aggravating and Mitigating Factors.

(1) It is the Florida Legislature’s intent that minor violations be distinguished from serious violations. A specific finding of mitigating or aggravating circumstances shall allow the Department to impose a penalty other than that provided for in the stated penalty guidelines.

(2) The variation and range of penalties permitted are as follows:

(a)1. A suspension may be reduced to a fine equivalent to \$500 to \$1,000 for each month of suspension.

2. A total penalty dollar amount may be reduced by up to 50%.

3. A reduction of the penalty may only be done only once for each act, transaction or occurrence in violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(b)1. A suspension of 2 years or more may be increased to a revocation.

2. The total dollar penalty amount may be increased by up to 50%; provided that the stated penalty dollar amount shall not exceed the maximum statutory amount for each act, transaction or occurrence.

3. An increase of the penalty may only be done only once for each act, transaction or occurrence in violation of the Florida Disposition of Unclaimed Property Act, Chapter 717, F.S.

(4) Aggravating and mitigating factors for penalties assessed under Rules 69I-20.075 and 69I-20.076, F.A.C., and Sections 717.117(3), 717.119(5)(c), and 717.134, F.S.:

(a) Willfulness of person’s conduct;

(b) Degree of actual injury to victim;

(c) Degree of potential injury to victim;

(d) Age or capacity of victim;

(e) Timely restitution;

(f) Motivation of person;

(g) Financial gain or loss to person;

(h) Cooperation with the Department;

(i) Related criminal charge; disposition;

(j) Previous disciplinary orders or prior warning by the Department;

(k) The amount of the claim involved;

(l) The complexity of locating the owner;

(m) The steps taken to ensure the accuracy of the claim by the person filing the claim;

(n) The acts of commission and omission of the ultimate owners in establishing themselves as rightful owners of the funds;

(o) The acts of commission or omission of the agent or employee of an employer in the filing of the claim;

(p) The actual knowledge of the agent, employee, employer, or owner in the filing of the claim;

(q) The departure, if any, by the agent or employee from the internal controls and procedures established by the employer with regard to the filing of a claim;

(r) The number of defective claims previously filed by the agent, employee, employer, or owner; and

(s) Other relevant factors.

(5) Aggravating and mitigating factors for penalties assessed under Rule 69I-20.077, F.A.C.:

(a) Number of years that have passed since criminal proceeding;

(b) Age of person at time the crime was committed;

(c) Whether the person served time in jail;

(d) Whether or not the person violated criminal probation;

(e) Whether or not the person is still on criminal probation;

(f) Whether or not the person’s actions or behavior resulted in substantial injury to victim;

(g) Whether or not restitution was, or is being timely paid;

(h) Whether or not the person’s civil rights have been restored; and

(i) Other relevant factors.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.079 Time for Payment of Administrative Fines and Costs.

In disciplinary cases where the Department has imposed an administrative fine for violation of Florida Disposition of Unclaimed Property Act, Chapter 717, F.S., the fine shall be paid within 30 days of the filing date of the final order unless otherwise directed by the Department.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History–New \_\_\_\_\_.

#### 69I-20.080 Minor Violations.

Pursuant to Section 717.1322, F.S., the Department sets forth below those minor violations for which there is no substantial threat to the public health, safety, and welfare. Next to each violation is the fine to be imposed.

(1) Section 717.1400(5)(a), F.S. – reprimand if the written notification of the termination of the agency or employment is no more than 30 days late and a \$50 fine for each successive 30-day period up to a maximum fine of \$2,000.

(2) Section 717.1400(5)(c), F.S. – reprimand if the copy of the renewed private investigator’s Class “C” individual license under Chapter 493, F.S., or a private investigator’s employer’s Class “A” business license under Chapter 493, F.S., is provided to the Department no more than 30 days late and a \$50 fine for each successive 30-day period up to a maximum fine of \$2,000.

Specific Authority 717.138 FS. Law Implemented 717.117, 717.119, 717.132, 717.1322, 717.134, 717.1341 FS. History—New \_\_\_\_\_

NAME OF PERSON ORIGINATING PROPOSED RULE:  
Walter T. Graham, Chief, Bureau of Unclaimed Property  
NAME OF SUPERVISOR OF PERSON WHO APPROVED  
THE PROPOSED RULE: Doug Darling, Director, Division of  
Accounting and Auditing  
DATE PROPOSED RULE APPROVED BY AGENCY  
HEAD: August 26, 2004  
DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
PUBLISHED IN FAW: November 27, 2002, October 10, 2003  
and May 14, 2004

**DEPARTMENT OF FINANCIAL SERVICES**

**Division of Workers' Compensation**

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Workers' Compensation Claims	69L-3
RULE TITLES:	RULE NOS.:
Purpose	69L-3.001
Definitions	69L-3.002
Procedures for Filing Documents	69L-3.003
Electronic Filing of Workers' Compensation Forms	69L-3.0033
Injured Worker Informational Brochure	69L-3.0035
Employer Informational Brochure	69L-3.0036
First Report of Injury or Illness: Employer's Responsibility to Record and Report Accidents	69L-3.004
First Report of Injury or Illness: Claims-Handling Entity's Responsibility to Record and Report Accidents	69L-3.0045
Wage Statement: Employer's and Claims-Handling Entity's Responsibility to Record and Report Wages	69L-3.0046
Fraud Statement	69L-3.0047
Funeral Expense Bills	69L-3.0085
Notice of Action/Change	69L-3.0091
Notice of Denial	69L-3.012
Claim Cost Report	69L-3.016
Wage Loss Benefits Due to Permanent Impairment (Dates of Accident August 1, 1979 through December 31, 1993)	69L-3.018
Wage Loss Benefits for Temporary Partial Disability (Date of Accident August 1, 1979 through December 31, 1993)	69L-3.019
Temporary Partial Disability Benefits (Dates of Accident January 1, 1994 through September 30, 2003)	69L-3.0191
Temporary Disability Benefits (Dates of Accident On or After October 1, 2003)	69L-3.01915
Impairment Income Benefits (Dates of Accidents January 1, 1994 through September 30, 2003)	69L-3.0192

Impairment Income Benefits (Dates of Accident On or After, October 1, 2003) 69L-3.01925  
 Supplemental Income Benefits (Dates of Accident January 1, 1994 through September 30, 2003) 69L-3.0193  
 Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident Prior to October 1, 2003 69L-3.0194  
 Permanent Total and Permanent Total Supplemental Benefits for Dates of Accident On or After October 1, 2003 69L-3.01945  
 Forms 69L-3.0195  
 Additional Income Source Reports 69L-3.021  
 Monthly Risk Class/SIC Code Report 69L-3.0212  
 Aggregate Claims Administration Change Report 69L-3.0213  
 Aggregate Defense Attorney Fee Report 69L-3.0214  
 Forms 69L-3.025  
**PURPOSE AND EFFECT:** The purpose and effect of the proposed rewrite is to clarify the filing requirements and timeframes of statutory required workers' compensation claim forms, and clarify the payment of compensation benefits to the injured worker.  
**SUMMARY:** New filing requirements and revised claim forms regarding workers' compensation claims.  
**SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS:** No SERC has been prepared.  
 Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.  
**SPECIFIC AUTHORITY:** 440.105(7), 440.14, 440.14(5), 440.15, 440.15(1)(f)2., 440.15(2), 440.15(2)(d), 440.15(3)(b), 440.15(3)(f), 440.15(4), 440.15(4)(e), 440.185, 440.185(2), 440.185(4), 440.185(5), 440.185(9), 440.185(10), 440.19, 440.20, 440.20(3), 440.20(15)(f), 440.207(2), 440.345, 440.35, 440.38(2), 440.38(5), 440.38(6), 440.41, (1993), 440.51(8), 440.51(9), 440.591, 440.593 FS.  
**LAW IMPLEMENTED:** 440.105(7), 440.12, 440.12(2), 440.13, 440.14, 440.14(3), 440.15(1), 440.15(2), 440.15(3), 440.15(3)(f) 440.15(3)(d)2., 440.15(4), 440.15(4)(b), 440.15(9), 440.15(10), 440.185(4),(10), (1993), 440.185, 440.185(2), 440.185(3), 440.185(4), 440.185(5), 440.185(9), 440.185(10), 440.192(8), 440.20, (1993), 440.20, 440.20(2)(a), 440.20(3), 440.20(4), 440.20(6), 440.20(8)(b), 440.20(9), 440.20(9), 440.20(20)(15)(a), 440.20(15)(f), 440.207(2), 440.345, 440.35, 440.38(2)(b), 440.41, 440.491, 440.51(6), 440.51(9), 440.51(8), 440.51(9), 440.51(8),(9), 440.59, 440.591, 440.593 FS.  
**IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):**  
**TIME AND DATE:** 9:00 a.m., October 5, 2004

PLACE: Room 104 J, 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 program, please advise the Department at least 5 calendar days before the program by contacting the person listed below.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Fred Becknell, Insurance Administrator, Bureau of Monitoring and Audit, Division of Workers' Compensation, Department of Financial Services, 200 East Gaines Street, Tallahassee, Florida 32399-4224, (850)413-1763

THE FULL TEXT OF THE PROPOSED RULES IS:

69L-3.001 Purpose.

The purpose of this rule chapter is to establish the responsibilities of the employer and insurer to record and report workers' compensation accident information under Section 440, F.S., including the filing of claim forms with the Division, and to other affected parties. If an insurer contracts with another entity to handle claims on its behalf, the practices of the claims-handling entity in fulfilling the responsibilities under this chapter shall be deemed the practices of the insurer for the purposes of assessing penalties and fines against the insurer. These rules are intended to ensure the accurate and timely payment of compensation to the employee.

Specific Authority 440.591 F.S. Law Implemented 440.20(8)(b), 440.20(20)(15)(a), 440.591 F.S. History--New \_\_\_\_\_.

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 Sections ss- 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 Section s- 440.14(1)(g), F.S. If no temporary total 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 s- 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 Section 440.15(4), F.S., the first biweekly work week includes the week the employee returned to work with restrictions resulting from the accident. "Carrier" unless otherwise indicated, includes self-insured employers, group self-insured funds, local governmental workers' compensation insured pools, commercial self-insured funds and stock companies, and mutual companies, exchanges and associations authorized to provide workers' compensation coverage in this

state. Carrier includes every individual, insurer, company, association, organization, society reciprocal insurer or interinsurance exchange, partnership, syndicate, business trust, corporation, agent, general agent, broker, solicitor, service representative, adjuster, and every legal entity which is engaged as indemnitor, surety, or contractor in the business of entering into contracts whereby one undertakes to indemnify another of pay or allows a specified amount or a determinable benefit upon determinable contingencies.

(3) "Claims-handling Entity" means any insurer, third-party administrator, servicing company, 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. "Carrier Code #" means the internal audit number which the Division assigns each individual insurance carrier, self-insured employer, or self-insured fund upon receipt of notification to write or administer workers' compensation insurance in Florida. The carrier must include the correct carrier code # on every claims form promulgated under this chapter. A service company, adjusting company, or third party administrator servicing a claim for a self-insured employer or self-insurance fund must include both the carrier code # and the Service Co/TPA Code # on any form promulgated under this chapter.

(4) "Class Code" means the 4 digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee as it exists in the NCCI Scopes™ Manual 2004 Edition which is hereby incorporated by reference. A listing of Class Codes may be obtained by contacting NCCI's Customer Service Center at (800)622-4123. "Carrier File #" means the internal identification number assigned to a file by a carrier. The carrier must include the carrier file number where required on any form promulgated under this chapter.

(5) "Carrier Name, Address, and Telephone" means the name, mailing address and telephone number of the carrier with responsibility for handling the claim. If a servicing company is the entity handling the claim on behalf of a self-insured employer, fund or another carrier, the servicing company must include the name, address, and telephone number of the servicing company, and not that of the self-insured employer, fund or other carrier, on the form. The carrier telephone number provided must enable a caller to readily ascertain the name of the adjuster or claims representative handling the claim.

(5)(6) "Compensation Rate" means 66 2/3% (.6667) of the employee's average weekly wage pursuant to s. 440.14, F.S., as calculated by the claims-handling entity, carrier, 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 was delivered to the U.S. Postal Service or other delivery service, hand delivered to the employee or deposited by electronic funds transfer.

(7) “Date Prepared” means the date the form was prepared by the adjuster or claims representative to be sent to the Division or other parties.

(8) “Days” means calendar days unless otherwise noted.

(9) “Denied Case” means any ~~a lost time~~ case for which the claims-handling entity ~~earlier~~ has denied liability for all workers’ compensation benefits.

~~(10) “Division” means the Division of Workers’ Compensation of the Department of Insurance of the State of Florida.~~

~~(10)(11) “Document” means any notice, form, or report, or electronic data submission which shall must be submitted to the Division under this chapter or which the Division requests in connection with any matter covered by this chapter. Unless otherwise specified, this definition includes data submitted to the Division using Electronic Data Interchange (EDI) or another Division approved electronic format.~~

~~(11)(12) “File” or “Filed” means a document has been received and accepted in accordance with Rule 69L-3.003, F.A.C. by the Division party to which it was sent.~~

~~(12)(13) “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 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 prorated. The “initial filing period” is the filing period, which occurs during the last 13 weeks of impairment income benefits.~~

~~(13)(14) “First Aid Case” means a work injury or illness, which is treated at the work place, does not require medical treatment for which charges are incurred, and does not cause the employee to miss work for more than one day shift.~~

~~(15) “Fraud Statement” means the notice, which must be included on all claim forms pursuant to ss. 440.105(7) 440.185(4), F.S.~~

~~(14) “Full Salary in Lieu of Compensation” means the monies an employer paid the employee as salary, wage, or other remuneration for a period of disability for which the insurer would have otherwise been obligated to pay compensation benefits.~~

~~(15) “Full Salary End Date” means the date through which the employer paid full salary in lieu of compensation.~~

~~(16) “Indemnity Only Denied Case” means any case for which the 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)(16) “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).~~

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

~~(19)(17) “Lost Time Case” means a work injury or illness, which has caused the employee to be out of work for more than 7 calendar seven days or for which indemnity benefits have been paid. Lost time cases shall also include compensable volunteer workers to whom no indemnity benefits will be paid, but who have lost more than seven (7) calendar days from work; compensable death cases for which there are no known or confirmed dependents; and injuries which result in the loss of more than 7 calendar seven days for which the employer is continuing to pay full salary in lieu of compensation for any portion thereof. The 7 calendar days of disability do not have to be consecutive, but are cumulative and can occur over a period of time.~~

~~(20)(18) “Medical Only Case” means a work-related injury which requires medical treatment for which charges will be incurred, but which does not cause the employee to miss more than 7 calendar seven days of work.~~

~~(21)(19) “Medical Only to Lost Time Case” means a work injury or illness, which initially did not result in cause a loss of more than 7 calendar seven days of work but later resulted in a loss of more than (7) calendar seven days of work. Medical only to lost time cases shall include previous medical only cases in which Impairment Income Benefits are paid based on obtaining Maximum Medical Improvement with a Permanent Impairment Rating greater than zero (0) % and settlement only cases involving payment of indemnity benefits.~~

~~(22) “NAICS Code” means the 6-digit code published in the North American Industry Classification System 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) “Notification” or “Knowledge” means an entity’s earliest receipt of information, including mail, telephone, facsimile, direct personal contact or electronic submission.~~

~~(24)(20) “Overall Maximum Medical Improvement” means the date on which maximum medical improvement has been achieved with respect to all compensable medical or psychiatric conditions caused by a compensable injury or disease.~~

~~(25)~~(21) "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 prorated. 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.

~~(22)~~"Permanent Impairment Rating" means the rating on which the carrier will base its determinations concerning the employee's indemnity benefits.

~~(23)~~"Risk Class Code" means the 4 digit code assigned by the National Council on Compensation Insurance (NCCI) for the particular occupation of the injured employee. A listing of Risk Class Codes may be obtained by contacting NCCI at 750 Park of Commerce Drive, Boca Raton, Florida 33487.

~~(24)~~"Salary Continued in Lieu of Compensation" means the monies an employer paid the employee as salary, wage, or other remuneration equaling at least the compensation rate for a period of disability for which the carrier would have otherwise been obligated to pay compensation benefits.

~~(25)~~"Salary End Date" means the date through which the employer paid salary in lieu of compensation.

~~(26)~~"Send" means to transmit a document to the party or parties intended to receive it, including by U.S. mail, hand delivery, or electronic transmission to the party or parties to receive it. Sending is complete upon transmission by one of these methods. A carrier completing a form shall mark as the "Sent to Division Date" the date it sends the Division the form.

~~(27)~~"Service Co/TPA" means an entity which has contracted with an insurer for the purpose of providing all services necessary to adjust workers' compensation claims on the insurer's behalf.

~~(28)~~(27) "Service Co/TPA Code #" means the internal audit number assigned by the Division to a service company, adjusting company, managing general agent or third party administrator. Any form promulgated under this chapter and filed by a service company, adjusting company, or third party administrator must include the correct Service Co/TPA Code #.

~~(28)~~"SIC Code" means the 4 digit "Standard Industrial Classification Code" which identifies the nature of the employer's business. A listing of SIC Code numbers may be obtained by contacting the Government Printing Office Bookstore, 100 West Bay Street, Jacksonville, Florida 32202.

Specific Authority 440.185(2),(5)(6), 440.20(3), 440.38(2),(6), 440.591 FS. Law Implemented 440.185, 440.13, 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, 1-8-94, Formerly 38F-3.002, Formerly 4L-3.002, Amended \_\_\_\_\_.

#### 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 claims-handling entity carrier shall ensure that all parts of all documents filed with the Division pursuant to this 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 claims-handling entity any document on which the appropriate information required in subsection (3) of this section and paragraph 69L-3.0045(1)(d), F.A.C., does not appear, and will notify the claims-handling entity of its error or omission. If a document is not complete and legible, the Division will return it to the claims-handling entity's carrier's address as provided on the form for correction or completion. The 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 to the Division.

~~(2) Carrier or employers 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 Title 69L, F.A.C.~~

~~(3) Forms must be completed according to instructions. Entities completing forms must include the Division assigned Carrier or Service Co/TPA Code #, where required.~~

(3)(4) The claims-handling entity carrier, where required, shall include on every document it submits to the Division the following information:

(a) The employee's name.

(b) The the employee's social security number as assigned by the Social Security Administration. If the employee does not have a social security number because the employee is an alien, the claims-handling entity carrier shall contact the Division following the instructions provided on the following website: [www.fldfs.com/WC/organization/odqc.html](http://www.fldfs.com/WC/organization/odqc.html) (under Records Management – Division Assigned Numbers) instead use the number on the employee's Arrival and Departure card (Form I94) or Alien Registration Receipt card (Form I151). If the carrier is unable to ascertain the numbers, it shall send a written request to the Information Management Unit of the Division at the address in subsection (1); to obtain a Division assigned temporary internal file number until the social security number one of the above identifying numbers is obtained. Upon receipt of the employee's social security number, the 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) The month, day date, and year of the employee's accident or illness, in the following order: mm-dd-yy or mm-dd-ccyy month/day/year.



(d) The “Insurer Code #”. A 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 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 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 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) The “Sent to Division Date”.

The Division shall return to the carrier any document on which the appropriate identification does not appear and shall notify the carrier of its error or omission. The carrier shall make the correction and resubmit the document to the Division. The filing date of the document is the date the Division receives the corrected document. If the carrier reports an incorrect employee name, social security number or date of accident, it shall send an Form DWC-4 or electronic alternative, pursuant to subsection 69L-3.0091(16), F.A.C. All subsequent filings must reflect the corrected information.

(4)(5) The insurer or the claims-handling entity A carrier 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 supply each employer to which it provides coverage a supply of Form DWC-1, First Report of Injury or Illness, unless an alternative electronic reporting arrangement with the claims-handling entity is in place and Form DWC-1a, Wage Statement. The name of the insurer and the claims-handling entity’s carrier’s name, address, and telephone number shall must be preprinted or pre-stamped on each such form. As required by these rules, the carrier shall supply to employees Form DWC-40, Statement of Quarterly Earnings for Supplemental Income Benefits for dates of accident on or after 1/1/94, and Form DWC-3, Request for Wage Loss/Temporary Partial Benefits, for dates of accident prior to 1/1/94.

(5)(6) All submissions of Computer generated versions of any forms promulgated under this rule shall must appear in substantial conformity with the promulgated printed form in design, layout, field size, and content and shall contain all data elements required by the promulgated form. Computer generated forms must contain all data elements required by the form. If the Division finds that a the computer-generated form is not the same as sufficiently similar to the promulgated printed form, if it fails to contain all data elements, or if it is

unclear or confusing, the Division will return the form and to the carrier and notify the carrier of the deficiency. The the claims-handling entity carrier 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. The filing date of the form is the date the Division receives the corrected form.

(7) A carrier wishing to use alternative electronic reporting methods, or to alter any existing approved alternative electronic reporting methods, must submit a written proposal to the Director of the Division of Workers’ Compensation, who will review the proposal to ensure compliance with applicable statutes and rules, and compatibility with the Division’s systems. The Director shall inform the carrier in writing of the Division’s determination. After the carrier has received written approval of its proposal, it may send documents to the Division according to the method set out in its proposal.

(8) Only those documents required by this or previous editions of Title 69L-3, F.A.C., shall be maintained in the Division’s files.

(6)(9) Any insurer or claims-handling entity person or entity failing to timely send documents promulgated under this chapter is subject to administrative fines civil penalties assessed by the Division according to the provisions of Rule Chapter 69L-24, F.A.C.

Specific Authority 440.185(2),(5), 440.20(3), 440.207(2), 440.38(2),(5), 440.591 FS. Law Implemented 440.185, 440.51(8), 440.51(9), 440.20 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, Formerly 4L-3.003, Amended \_\_\_\_\_.

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

Forms DFS-F2-DWC-1 and DFS-F2-DWC-13, as incorporated in Rule 69L-3.025, F.A.C., may be alternatively reported to the Division using Electronic Data Interchange (EDI).

Specific Authority 440.185(2), 440.593 FS. Law Implemented 440.593 FS. History—New \_\_\_\_\_.

#### 69L-3.0035 Injured Worker Informational Brochure.

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the 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-60 Spanish, “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.

Specific Authority 440.185(4), 440.593 FS. Law Implemented 440.593 FS. History—New \_\_\_\_\_.

69L-3.0036 Employer Informational Brochure.

In accordance with Section 440.185(4), F.S., the carrier or its claims-handling entity on behalf of the 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-65 Spanish "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.

Specific Authority 440.185(4), 440.593 FS. Law Implemented 440.593 FS. History--New \_\_\_\_\_.

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 claims-handling entity, the employer shall maintain a record of the following information regarding the injury or illness complete either:

1. The employee's name Form DWC-1, First Report of Injury or Illness; or
2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C. A form which the Division has previously approved in writing.
3. Date and time of the accident or injury.
4. Occupation of the employee.
5. Who the injury was reported to and when.
6. Description of the accident or illness, including the cause of injury.
7. Injury or illness that occurred and affected body part.
8. Treatment rendered.
9. Names of witnesses.
10. Location address of the injury if different than the employer's address.

(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 claims-handling entity, either:

1. Form DWC 1, First Report of Injury or Illness;
2. An approved alternative electronic data reporting method

(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 claims-handling entity carrier as follows:

(a) First Reports of Injury:

~~(a)1-~~ An employer shall report all cases, except first aid cases, to its claims-handling entity carrier within 7 seven days after ~~the employer's~~ knowledge of an industrial injury or disease. ~~The employer may inform the carrier either by~~

~~telephone, by electronic medium, or by completing and submitting Form DWC-1. The employer shall not delay reporting the injury or illness to the claims-handling entity submitting the Form DWC-1 because the employee's signature is unavailable.~~

~~(b)2-~~ An employer is not required to report a first aid case to the carrier. If a first aid case later becomes a medical only or lost time case, the employer shall report the injury or illness to inform the claims-handling entity carrier within 7 seven days after its the employer's knowledge of the change in status. ~~The employer may inform the carrier either by telephone, by electronic medium, or by submitting Form DWC 1. The employer shall complete the Employer section of Form DWC 1 and ensure that the Employee section is complete before submitting the form to the carrier.~~

~~(c)3-~~ When an employer submits to its claims-handling entity carrier Form DFS-F2-DWC-1, the employer it shall provide a copy of the form to the employee or the employee's estate. If the information required by ~~in~~ Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., is reported to the claims-handling entity carrier by other means ~~telephone or electronic medium~~, the claims-handling entity carrier shall provide mail the employee and the employer a completed Form DFS-F2-DWC-1, paper version of an approved First Report of Injury or Illness, within three (3) business days of the claims-handling entity's notification of the injury or illness. An approved First Report of Injury or Illness is an Form DWC-1, or an ACCORD 4 form, also known as Form IA-1, if the carrier is approved to electronically submit First Reports of Injury or Illness to the Division. Form IA-1 may be sent to the employee and employer, if the claims-handling entity has been approved by the Division to electronically send the first report of injury information required in Rule 69L-3.0045, F.A.C., to the Division.

~~(d)4-~~ In addition to the reporting requirements pursuant to Rule 69L-3.004(2)(a), F.A.C., if ~~if~~ an injury or illness results in the employee's death, the employer shall give notice by telephone or by other means ~~facsimile or telegram~~ to the Division of Workers' Compensation Safety within 24 hours of the ~~employer's~~ knowledge of the death, and shall file Form DWC 1 with the carrier. The mailing address of the Division of Workers' Compensation for reporting of death cases is: State of Florida, Department of Financial Services Insurance, Division of Workers' Compensation, Occupational Safety and Health Unit, 200 East Gaines Street, Tallahassee, Florida 32399-42224227. The telephone number for purposes of reporting death cases is (800)219-8953, (850)413-1611 (850)922-8953 or by facsimile at (850)922-0024.

~~(b) Wage Statements:~~ Within fourteen days after the employer has knowledge of a lost time case, it shall report wage information to the carrier on Form DWC 1A, Wage Statement. The employer shall provide a copy of the form, and any corrected form, to the employee or the employee's estate.

(3) Employers shall retain a copy or electronic record of all information required which must be maintained or reported under this section for not less than 2 two years and 6 six months after the date the injury or illness is reported to the employer.

Specific Authority 440.35, 440.14(3), 449.591, 440.185(2),(5),(9), 440.19 FS. Law Implemented 440.14(3), 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 \_\_\_\_\_.

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

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

(a) Upon receipt of a Form DFS-F2-DWC-1, as adopted in Rule 69L-3.025, F.A.C., or DWC-1a, the claims-handling entity carrier shall legibly date stamp the form in the "Received by Claims-handling Entity carrier" box. Upon notification of the injury by any other means, the 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 claims-handling entity of the injury by telephone or electronic data interchange, the 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 claims-handling entity's knowledge of the injury. However, if the claims-handling entity has been approved by the Division to electronically send the first report of injury information required in Rule 69L-3.0045, F.A.C., Form IA-1 may be sent to the employee and employer. If the employer submits to the carrier the information required by Form DWC 1 by telephone or electronically, and the carrier is approved to send Form DWC 1 electronically to the Division, the carrier shall mail the employee and the employer a paper copy of Form DWC 1 or the approved alternative form ACORD 4 or Form IA 1 within three business days.

(c) The claims-handling entity shall confirm that the following information on the Form DFS-F2-DWC-1 is correct:

1. Employee's name.
2. Social security number or other identifying number pursuant to paragraph 69L-3.003(3)(b), F.A.C.
3. Employee's address.
4. Employee's telephone number (if provided by the employee or employer).
5. Date (mm-dd-yy or mm-dd-ccyy) and time of accident.
6. Occupation of the employee.
7. Location of the accident.
8. Description of the accident, including the cause and nature of the injury, and part(s) of the body affected.

~~The carrier shall confirm that Form DWC-1 contains the employee's correct name, social security number or other identifying information required by Rule 69L-3.003(4)(b), date of accident (month/day/year) and time of accident, or supply or correct that information. It shall complete the section requesting carrier information and ensure that the other portions of the form are complete and legible. It should compare Forms DWC-1 and DWC-1a to confirm that the employee name, social security number or other identifying information, and the date of injury on the two forms are consistent.~~

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

~~1. "Insurer Code #": The carrier shall mark either Box 1 (Denied lost time case), Box 2 (Medical Only to Lost Time case), or Box 3 (Lost Time case). If Box 2 or Box 3 are marked, the blank for "date first payment mailed (following Box 3), must be completed unless the employee is receiving salary in lieu of compensation, the employee is a volunteer who has a lost time case, or the employee's death is compensable and the employee has no dependents. If Box 2 is marked, all information required with regard to Box 3 must also be completed.~~

~~2. "Service Co/TPA Code #", if applicable~~

~~3. The "Insurer Name" and the "Claims-handling Entity Name, Address, and Telephone" as applicable. 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 given. The telephone number provided shall enable a caller to readily contact the office handling the claim.~~

~~4. "Claims-handling Entity File #".~~

~~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. "Denied Case": When the liability for the claim is being totally denied, Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., shall be filed with the Division at the same time as the Form DFS-F2-DWC-1 pursuant to Rule 69L-3.012, F.A.C.~~

~~b. "Indemnity Only Denied Case": When only indemnity benefits are being denied, a Form DFS-F2-DWC-12 shall be filed with the Division at the same time as the Form DFS-F2-DWC-1, pursuant to Rule 69L-3.012, F.A.C.~~

~~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. If the claims-handling entity electronically submits Form DFS-F2-DWC-1 to the Division, the "Employee's 8th Day of Disability" and the "Entity's Knowledge of the 8th Day of Disability" will not be reported through the electronic form equivalent of Form DFS-F2-DWC-1 and shall be reported via an alternate electronic format approved by the Division. The claims-handling entity shall send the "Employee's 8th Day of Disability" and the "Entity's Knowledge of the 8th Day of Disability" at the same time the electronic form equivalent of Form DFS-F2-DWC-1 is required to be sent to the Division as specified in Rule 69L-24.0231, F.A.C. The requirement to report the "Employee's 8th Day of Disability" and the "Entity's Knowledge of the 8th Day of Disability" via an alternative electronic format shall commence no later than 90 days after the effective date of this rule.

ii. IB Only Cases: The "Date First Payment Mailed", "AWW", "Comp Rate", the type of initial benefit paid identified as "I.B.", and the notation "IB Only" in the "Remarks" section shall be provided.

iii. Settlement Only Cases: The "Date First Payment Mailed", the type of initial benefit paid identified as "Settlement Only" shall be provided.

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., F.A.C.

e. "Full Salary End Date". If the employer paid full salary in lieu of compensation and the 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 subsections sub-subparagraph 69L-3.0045(1)(d)5.c. and d., F.A.C. The following data fields are not required for the filing of Form DFS-F2-DWC-1:

i. If the employer is continuing full salary in lieu of compensation, the "Date First Payment Mailed", "AWW" and "Comp Rate" are not required.

ii. If the employee is a volunteer who has a lost time case, "Date First Payment Mailed", "AWW" and "Comp Rate" are not required unless the volunteer meets statutory requirements to be paid for concurrent employment.

iii. If the employee's death is compensable and the employee has no known dependents, the "Date First Payment Mailed" is not required.

2. ~~The carrier shall provide, in the designated spaces, the "Carrier Code #" and, the carrier's Service Co/TPA #, if the carrier is a Service Co/TPA.~~

3. ~~The carrier shall provide the Carrier File # in the designated space.~~

4. ~~The carrier shall provide its name, address, and telephone number in the designated spaces.~~

~~(e)(f) The claims-handling entity shall carrier must report to the Division the risk class code of every "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). Standard Industrial Classification Code of every employer for whom it files an Form DWC 1. The information shall be reported in one of the following ways: 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.~~

~~1. On Form DWC-1, if the information is available at the time the form is submitted;~~

~~2. On Form DWC-4, within 30 days of the date that the carrier has knowledge of the injury or illness; or~~

~~3. On Form DWC-48. The carrier shall include on this form the risk class code of all employees and the SIC Code of all employers with respect to whom it has sent Form DWC-1 in a calendar month. The carrier must have sent this form to the Division by the fourteenth day of the following calendar month. If the carrier has incorrectly reported a risk class code or SIC code, it shall send corrected information to the Division on Form DWC4 within fourteen days of knowledge that the previously reported code(s) was/were incorrect, or file an amended Form DWC 48 in compliance with Rule 69L-3.0212, F.A.C.~~

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

~~1. "Penalty Amount Paid in 1st Payment" and~~

~~2. The "Interest Amount Paid in 1st Payment".~~

~~(2) Reporting. The claims-handling entity shall Carriers must report industrial injuries or illnesses to the Division as follows:~~

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

~~1. Initial lost time cases.~~

~~2. Death cases with or without dependents.~~

~~3. Lost time cases in which the employer continued full salary in lieu of compensation for 8 or more days.~~

~~4. Compensable lost time cases in which the employee was a volunteer.~~

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

1. Medical only to lost time cases, delayed disability.
2. Cases involving multiple periods of disability.
3. Cases in which the employer continued full salary in lieu of compensation.
4. Compensable lost time cases in which the employee was a volunteer.

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

(d) If the initial payment of indemnity benefits is for impairment benefits, the claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after knowledge of maximum medical improvement with the permanent impairment rating greater than zero.

(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 claims-handling entity shall send to the Division a completed Form DFS-F2-DWC-1 within 14 days after the first date payment mailed.

(f) For all cases denied in their entirety, the 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 claims-handling entity denied only indemnity benefits and is paying medical benefits for the employee, the 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)(a) Medical Only Cases: shall not be sent to the Division unless the claims-handling entity has received a written request from the Division. The carrier shall report these cases by submitting information only as requested in writing by the Division. The claims-handling entity carrier shall send Form DFS-F2-DWC-1 within 14 30 days of receipt of the request. The notation "MO Filed Pursuant to Division Request" shall be provided in the "Remarks" field.

(b) Lost Time and Death Cases:

1. The carrier shall report these cases to the Division within 14 days of receiving Form DWC-1 from the employer or a Petition for Benefits from the employee. The 14 day period begins to run upon the carrier's receipt of the Petition for Benefits or the information required by Form DWC-1 by mail, facsimile transmission, or telephone conversation.

2. If the carrier amends Form DWC-1a, the carrier shall send a copy of the amended form to the employer and the employee. The carrier shall send the form to the Division only if requested by the Division.

(e) Medical Only to Lost Time Cases: If a case originally reported as a medical only case under paragraph (2)(a) later involves the loss of more than seven days of work as a result of the industrial injury or illness, the carrier shall send Form DWC-1 to the Division within 14 days of its knowledge of the change in status of the case.

(d) Denied Lost Time Cases: The carrier shall report all lost time claims which it denies in entirety to the Division by sending Forms DWC-1 and DWC-12, Notice of Denial, within 14 days after receiving either Form DWC-1 or a Petition for Benefits. The carrier shall also send the employer and the employee a copy of the Form DWC-12 which it sends to the Division.

(3) If the employee was employed by more than one employer at the time of the injury, the carrier shall complete the top portion of Form DWC-1a before sending it to the employee to obtain the concurrent wage information.

Specific 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), 440.20(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 \_\_\_\_\_.

69L-3.0046 Wage Statement: Employer's and Claims-Handling Entity's Responsibility to Record and Report Wages.

(1) Employer's responsibility: The employer shall report wage information to the 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 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) Claims-handling entity's responsibility:

(a) The 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, social security number or other identifying information, and the date of injury on the two forms are consistent.

(b) For earnings of concurrent employment, the claims-handling entity shall inform the employee of the responsibility of providing the claims-handling entity with any concurrent wage information. The claims-handling entity shall provide a blank copy of Form DFS-F2-DWC-1a to the employee within 3 business days of the claims-handling entity's knowledge of the employee's concurrent employment, in order for the employee to timely provide any concurrent wage information.

Specific Authority 440.14, 440.185(5), 440.591 FS. Law Implemented 440.12(2), 440.185(5),(9) FS. History—New \_\_\_\_\_.

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 Section 440.105(7), F.S.

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

Specific Authority 440.105(7), 440.591 FS. Law Implemented 440.105(7) FS. History—New \_\_\_\_\_.

69L-3.0085 Funeral Expense Bills.

Specific Authority 440.591 FS. Law Implemented 440.16, 440.20(2) FS. History—Formerly 38F-3.15, New 10-30-79, Amended 11-5-81, Formerly 38F-3.085, Amended 4-11-90, 1-30-91, 11-8-94, Formerly 38F-3.0085, Repealed \_\_\_\_\_.

69L-3.0091 Notice of Action/Change.

The 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 subsection 69L-3.0045(2), F.A.C., within 14 days of the claims-handling entity's knowledge of the action or change which it is reporting. The 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 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 claims-handling entity's knowledge of the action or change which it is reporting to the Division.

(1) The claims-handling entity shall use the following codes to identify a particular "Disability Type" on Form DFS-F2-DWC-4, where it shall indicate the "Disability Type" in the applicable fields "Indemnity Reinstated After Suspension" or "Disability Type Adjusted". The carrier shall send to the Division, with copies to the employer, employee, legal counsel if represented, and dependents of the deceased employee and their legal counsel, Form DWC 4, within 14 days of the action or change which it is reporting. "Disability Types":

(a) "TT" means temporary total disability benefits.

(b) "TTC" means increased temporary total disability benefits payable at 80% of the average weekly wage.

(c) "TTE" means additional temporary total compensation paid during training and education.

(d) "TP" means temporary partial disability benefits.

(e) "PI" means permanent impairment benefits for dates of accident prior to January 1, 1994.

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

(g) "WL" means wage loss benefits for dates of accident prior to January 1, 1994.

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

(i) "PT" means permanent total disability benefits.

(j) "DB" means death benefits.

(2) The carrier is not required to send Form DWC-4, Notice of Action/Change, if indemnity benefits have never been paid with respect to an industrial accident or injury.

(3) If a carrier initially denies a case and later rescinds its denial, the carrier shall complete and send Form DWC 4 in addition to Form DWC 12. The carrier shall report the "initial indemnity started effective date" on Form DWC 4 as the date disability began. The carrier shall also state the indemnity disability type, the average weekly wage, and the compensation rate.

(4) The carrier shall use the following codes to identify a particular disability type on Form DWC 4, where the carrier must indicate "initial indemnity started" or "indemnity reinstated after suspension":

DISABILITY TYPES:

(a) TT means temporary total disability benefits.

(b) TTC means increased temporary total disability benefits payable at 80% of the average weekly wage.

(c) TTE means additional temporary total compensation paid during training and education.

(d) TP means temporary partial disability benefits.

(e) PI means permanent impairment benefits for dates of accident prior to 1/1/94.

(f) IB means impairment income benefits paid pursuant to s. 440.15(3)(a)3., F.S. (1994) for dates of accident on or after 1/1/94.

(g) WL means wage loss benefits for dates of accident prior to 1/1/94.

(h) SB means supplemental income benefits paid pursuant to Section 440.15(3)(b), F.S. (1994) for dates of accident on or after 1/1/94.

(i) PT means permanent total disability benefits.

(j) DB means death benefits.

(2)(5) The carrier shall send Form DWC-4 when the carrier suspends payment of all indemnity benefits and does not intend to continue the benefits under another disability type. If the claims-handling entity carrier suspends benefits for any of the reasons stated in paragraphs (a)-(h) below, the claims-handling entity carrier 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 claims-handling entity carrier shall must state the “Effective Date” effective date of the suspension and the applicable suspension “Reason Code” in the applicable fields reason code. The “Effective Date” of the suspension shall be the last date through which benefits were paid. The following “Suspension Reason Codes” 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 claims-handling entity carrier does not anticipate paying further indemnity benefits of any kind.

(b) “S2” means medical noncompliance. The employee failed to report for an independent medical examination pursuant to Section s. 440.13(5)(d), F.S., (1994), or failed to report for an evaluation by an expert medical advisor appointed by a Judge of Compensation Claims JCC pursuant to Section s. 440.13(9)(c), F.S. (1994).

(c) “S3” means administrative noncompliance. The employee has failed to comply with one or more of the following statutory sections and any applicable rules:

1. Section s. 440.15(1)(e)3., F.S. (1994) – employee in PT status failed to attend vocational evaluation or testing.

2. Section s. 440.15(1)(f)2.b., F.S. (1994) – employee in PT status failed to report or apply for social security benefits.

3. Section s. 440.15(2)(d), F.S. (1994) – employee in TT status failed or refused to complete and return the Form DFS-F2-DWC-19.

4. Section 440.15(7), F.S. (1994) – employee in TP status failed or refused to complete and return the Form DFS-F2-DWC-19.

5. Section s. 440.15(6),(7), F.S. (2003 1994) – employee refused suitable employment.

5. s. 440.15 (8), F.S. (1994).

6. Section s. 440.15(9)(10), F.S. (2003 1994) – 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. Section 440.491(6)(b), F.S. (2003) – employee failed or refused to accept vocational training or education.

8. Section 440.15(4)(d), F.S. (2003) – employee in TP status failed to notify the claims-handling entity of the establishment of earnings capacity within 5 business days of returning to work.

9. Section 440.15(4)(e), F.S. (1994) – employee in TP status terminated from post-injury employment due to the employee’s misconduct.

10. Section 440.105(7), F.S., (2003) – employee failed or refused to sign and return the fraud statement.

(d) “S4” means employee claimant death. The carrier has suspended all indemnity benefits because of the employee’s death, whether or not the death is compensable. This code is used if there are no known or confirmed dependents to whom death benefits must be paid or if because the death was not compensable.

(e) “S5” means incarceration. The employee has become an inmate of a public institution and compensation benefits have been suspended because there are no known or confirmed dependents.

(f) “S6” means employee’s claimant’s whereabouts unknown. The claims-handling entity carrier’s 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 claims-handling entity carrier can send compensation checks; or compensation checks have been returned to the claims-handling entity carrier indicating that the employee has moved, with the address unknown, or does not reside not at that address.

(g) “S7” means benefits exhausted, or entitlement to benefits exhausted, due to statutory limits. The employee is no longer eligible for or entitled to any indemnity benefits.

(h) “S8” means jurisdiction change. The employee elects to receive workers’ compensation benefits under another state’s law, or the claims-handling entity carrier determines the claim is compensable under the Federal Employers Liability Act, the Longshoremen’s and Harbor Workers’ Compensation Act, or the Jones Act.

(3)(6) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it reinstates indemnity benefits after a suspension. It shall must state the “Effective Date” effective date of the “Indemnity Reinstated After Suspension” reinstatement and the “Disability Type” disability type of disability benefits being reinstated in the applicable fields.

(4)(7) The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when the employee has resumed work, or has been medically released to return to work. 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 carrier must indicate whether the employee was given any physical restrictions in the “Restrictions?” fields identified as either “Yes” or “No”.

(5)(8) The claims-handling entity shall send Form DFS-F2-DWC-4 reporting the date the judge of compensation claims mailed the final order pursuant to Sections 440.20(11)(a), (b) or (c), F.S. in the “Final Indemnity Settlement Date” field. The carrier shall send Form DWC-4 when a final indemnity settlement has been approved signed pursuant to Section 440.20(11), F.S. It must state the date the

final indemnity settlement was paid. The date the settlement was paid shall not be reported as earlier than the date the settlement was actually approved.

~~(6)(9)~~ The claims-handling entity shall send Form DFS-F2-DWC-4 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. The carrier shall send Form DWC 4 when the employee has reached overall maximum medical improvement or has been given a permanent impairment rating. It must state the date the employee reached overall maximum medical improvement and the percentage of permanent impairment on which it will calculate payment of wage loss benefits, permanent impairment benefits, or impairment income benefits.

~~(7)(10)~~ The claims-handling entity carrier 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.

~~(11)~~ The carrier shall send Form DWC 4 when it pays permanent impairment benefits for dates of injury that occurred prior to 1/1/94. It must state the date the permanent impairment benefits are paid.

~~(8)(12)~~ The claims-handling entity carrier 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 1/1/94. It shall ~~must~~ state the date the impairment income benefits were started in the "Start Date" field, the 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. If the "Weekly Rate" at which the benefits will be paid changes because the employee returned to work or stopped earning at least the average weekly wage, the claims-handling entity shall file a DFS-F2-DWC-4 to report the new "Start Date" and the new "Weekly Rate" at which the benefits will be paid.

~~(9)(13)~~ The claims-handling entity carrier 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)(14)~~ The claims-handling entity carrier shall send Form DFS-F2-DWC-4 if ~~when~~ the employee is accepted or adjudicated as permanently and totally disabled. The following information, when applicable, shall be provided:

1. It shall ~~include~~ the date on which the employee was accepted or adjudicated as permanently and totally disabled in the "Date Accepted/Adjudicated" field.

2. The 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 "PT Supplemental Rate" field. It shall also send this form to report the rate at which permanent total supplemental benefits are being paid and the effective date of the permanent total supplemental payment rate, as well as to report annual changes in this rate.

3. The effective date of the change in the permanent total supplemental benefits rate, including the effective date for annual rate increases is to be reported in the "PT Supp Effective Date" field.

(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 claims-handling entity carrier will reports \$0 as the permanent total supplemental rate in the "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)(15)~~ The claims-handling entity carrier shall send Form DFS-F2-DWC-4 when it adjusts or offsets the employee's weekly compensation rate. It shall include the Benefit Adjustment Type 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 claims-handling entity carrier 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 claims-handling entity carrier 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 ~~must~~ 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. "A" means apportionment or contribution. The weekly benefit amount has been reduced for shared or partial liability(s).

2. "B" means subrogation or third party offset. The weekly benefit amount has been reduced for recovery from third party tortfeasor pursuant to Section ~~§~~ 440.39(2), F.S. (1994).

3. "C" means overpayment credit. The weekly benefit amount has been reduced for benefits paid but not owed, pursuant to Section ~~§~~ 440.15(12)(13), F.S. (1994).

4. "H" means child support or alimony reduction. The weekly benefit amount has been reduced for income deduction orders, pursuant to Section ~~§~~ 61.1301, F.S.

5. "N" means medical noncompliance offset. The weekly benefit amount has been reduced because the employee has failed to accept training and education pursuant to 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 Section ~~§~~ 440.13(5)(d), F.S. (1994).

6. "P" means advance recoupment. The weekly benefit amount has been reduced for reimbursement of benefit payments advanced pursuant to 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 Section ~~§~~ 440.15(9)(10), 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 Section ~~§~~ 440.15(9)(10), F.S.

9. "U" means unemployment compensation offset. The weekly benefit amount has been reduced for unemployment compensation benefits, pursuant to Section ~~§~~ 440.15(10)(11), F.S.

10. "V" means safety violation offset. The weekly benefit amount has been reduced for safety violation(s) pursuant to 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.

(c) For permanent total cases only, if the claims-handling entity is taking an offset based on the Supreme Court holding in Escambia County Sheriff's Dept. v. Grice, 692 So. 2d 896 (Fla. 1997), it shall indicate "Yes" in the "Grice Offset? (Y)" field in the "Benefit Adjustments" section on Form DFS-F2-DWC-4.

(12)(16) The claims-handling entity carrier shall send Form DFS-F2-DWC-4, ~~or the electronic equivalent~~, 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 claims-handling entity carrier or servicing company 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 claims-handling entity carrier 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" ~~corrections of~~ section. ~~When reporting a change in the employer liable for compensation, the carrier of the employer which has become liable for compensation shall send this form, and additionally state the name and address of the employer now liable for compensation in the "remarks" section. The claims-handling entity shall report these changes only for lost time cases as defined in subsections 69L-3.002(17) and (19), F.A.C.~~

(13) The 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.

~~(17) The carrier may send Form DWC-4 to report or change information on risk class code, SIC code or Carrier/Service Company, or it may use other forms as provided in this chapter.~~

Specific Authority 440.591, 440.185, 440.20(3) 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

## 69L-3.012 Notice of Denial.

(1) ~~If Whenever~~ the claims-handling entity denies carrier ~~disputes the employee's entitlement to any benefits, 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 claims-handling entity decided to deny or rescind the denial of benefits complete ~~Form DWC-12, and send copies of the form to the parties. It shall send the Form DWC-12 form to the Division only when required by this rule.~~

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

(3) If the 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 claims-handling entity's notification of the injury, illness or death. The 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., and send it with Form DFS-F2-DWC-12, pursuant to sub-subparagraph 69L-3.0045(1)(d)5.b., F.A.C.

~~(4)(3)~~ When the 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 claims-handling entity's knowledge of the requested benefit being denied.

~~(a)~~ If the carrier initiates payment of indemnity benefits without prejudice and without admitting liability pursuant to s. 440.20(4), F.S., but denies benefits within 120 days after the initial provision of indemnity benefits, it shall send Form DWC-12 to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.

~~(b)~~ If the carrier initiates payment of indemnity benefits without prejudice but denies compensability after 120 days after the initial provision of indemnity benefits, the carrier shall send Form DWC-12, to the Division, claimant, employer, and other interested parties within 14 days after cessation of benefits and shall set forth the reasons for the denial on Form DWC-12.

~~(5)(4)~~ If a Petition for Benefits is the claims-handling entity's first notification of an injury and the 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 claims-handling entity's receipt of the Petition for Benefits. Within 14 days after it receives by certified mail a Petition for Benefits, the carrier must either pay the requested benefits or send Form DWC-12 to the Division. The carrier must also send copies of Form DWC-12 by certified mail to the party filing the Petition for Benefits, the employer, and the claimant. If an individual self-insured employer acts as its own servicing agent, it need not send the employer's copy. Only those benefits requested in the petition that are being denied should be responded to on Form DWC-12. Benefits requested in the petition that are not in dispute and that have or will be paid by the carrier should be responded to in a separate letter, which shall be mailed to the party filing the petition for benefits, the employer, and the claimant.

~~(6)(5)~~ When the 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 claims-handling entity shall send Form DFS-F2-DWC-12 with the denial rescinded section completed. The "Date Denial Rescinded" is the date the 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.

~~(a)~~ If the carrier has denied benefits for a lost time case and has sent Form DWC-12 to the Division, and then voluntarily commences the payment of indemnity benefits or is ordered to pay indemnity benefits, it shall send a copy of the

original Form DWC-12 with the "Date Denial Rescinded" section completed, within 14 days after it commences payment. The "Date Prepared" shall be corrected to reflect the date the rescinded Form DWC-12 was completed. The date that payments commence shall be stated in the "Date Denial Rescinded" section.

~~(b)~~ The carrier must also send Form DWC-4 and indicate as the "effective date" the date disability began. It shall indicate the employee's average weekly wage in the section for "previous average weekly wage." It shall indicate the employee's compensation rate in the section for "previous comp rate."

~~(7)(6)~~ 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 claims-handling entity carrier, and the wage loss calculation yields an amount of benefits payable, but the claims-handling entity carrier denies or disputes the employee's eligibility for those benefits, the claims-handling entity carrier shall, within fourteen (14) days of receipt of the Form DFS-F2-DWC-3 form:

~~(a)~~ Send to the Division the following: Form DWC-3, completed by the employee and the carrier; Form DWC-12; and a copy of any information or document relating to the employee's job search:

1. Form DFS-F2-DWC-3, completed by the employee and the claims-handling entity,
2. Form DFS-F2-DWC-12; and
3. A copy of any information or document relating to the employee's job search.

~~(b)~~ Send to the employee the following: copies of the Forms DWC-3 and a DWC-12, which it sent to the Division:

1. Copies of the Forms DFS-F2-DWC-3; and
2. DFS-F2-DWC-12.

~~(8)(7)~~ 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 claims-handling entity carrier denies or disputes the employee's eligibility for those benefits, the claims-handling entity carrier shall, within 14 days of receipt of the form:

~~(a)~~ Send to the Division the following: Form DWC-40, completed by the employee and the carrier, and Form DWC-12.

1. Form DFS-F2-DWC-40, completed by the employee and the claims-handling entity; and
2. Form DFS-F2-DWC-12.

~~(b)~~ Send to the employee the following: copies of the Forms DWC-40 and a DWC-12, which it sent to the Division.

1. Copies of the Forms DFS-F2-DWC-40; and
2. DFS-F2-DWC-12.

Specific Authority 440.591, 440.20(3), 440.20(15)(f) FS. Law Implemented 440.12(2), 440.14, 440.20(2), (4), 440.192(8), 440.20(9), 440.20(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 \_\_\_\_\_.

#### 69L-3.016 Claim Cost Report.

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

(a) Lost time cases as defined in subsection 69L-3.002(17), F.A.C., which include lost time cases in which no indemnity benefits have been paid for volunteers pursuant to Section 440.02(15), F.S., and compensable death cases with no dependents. Cases in which the carrier has paid indemnity benefits, including benefits pursuant to a lump sum settlement.

(b) Lost time cases in which the employee has received full salary in lieu of compensation for 8 or more days of disability. Cases in which the employee has received salary in lieu of compensation.

(c) Cases in which the only indemnity benefits paid were for impairment income benefits, a lump sum settlement or a final settlement.

(2) The claims-handling entity carrier 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 claims-handling entity shall indicate the type of report as "Initial Report Summarizing First Six Months." Six months after the date of accident, if any indemnity benefits have been paid within that time. The carrier shall indicate that this is the "initial report summarizing first six months." If the case became a lost time case after 6 or more months from the date of accident, the carrier shall submit Form DWC-13 within 30 days after the anniversary date of the accident. The carrier shall indicate that this is an initial report.

1. If the case status changed to lost time after the 6-month anniversary of the date of accident, the claims-handling entity shall submit Form DFS-F2-DWC-13, in accordance with paragraph 69L-3.016(2)(b), F.A.C. The 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 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 Within 30 days after each annual anniversary of the date of accident for all open cases which the carrier considers to be open. The claims-handling entity carrier shall indicate the type of report, as that this is an "Annual Report On Open Cease." This filing shall not occur prior to the anniversary date of the date of accident unless the case is closed.

(c) Final Claim Cost Report: Within 30 days after the anniversary of the date of accident, for all cases in which no payments which must be reported on Form DWC-13 have been made in the previous year, or if the carrier considers a case to be closed with respect to medical and indemnity benefits, The carrier shall indicate that this is a "Final Report Case Closed." After having sent a final report, the carrier is not required to send a subsequent Form DWC-13 unless a payment for any category of benefits reported on Form DWC-13 is made subsequent to sending a "Final Report Case Closed." The carrier shall report those payments by sending a Form DWC-13 within 30 days after the anniversary of the date of accident. The carrier shall indicate that this is a "final report/case closed."

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 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 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 claims-handling entity makes a subsequent payment for any category of benefits required to be reported on Form DFS-F2-DWC-13, the claims-handling entity shall send an amended Final Form DFS-F2-DWC-13 in accordance with paragraph 69L-3.016(2)(d), F.A.C.

(d) Amended Claim Cost Report: If the claims-handling entity determines that the previously filed Form DFS-F2-DWC-13 was misreported or incorrect, it shall file an amended claim cost report to make the corrections within 30 days of the claims-handling entity's determination. The claims-handling entity shall indicate the report type by marking the appropriate box and include the word "Amended" in the "Type of Report" section on the Form DFS-F2-DWC-13.

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

(a) The type of report being sent.

(b) The exact “Average Week Wage” average weekly wage and “Compensation Rate” compensation rate as of the date the report is sent, in dollars and cents.

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

(d) The number of “Weeks” and “Days” weeks and days for which a particular indemnity benefit was paid, except for statutory permanent impairment and wage loss benefits for dates of accident prior to January 1, 1994 1/1/94. Indemnity benefits are payable only for entire days and not fractions thereof.

(e) The exact cumulative total amount, in dollars and cents, of all benefits paid up to the date the form is sent, including amounts reported on previous Forms DFS-F2-DWC-13 in the “Total (Paid To Date Columns I & II)” field forms.

(f) The cumulative total of any recoveries the claims-handling entity carrier 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 all other recoveries except overpayments.”

(g) The amount of money for indemnity and medical benefits settled and paid in a lump sum, or the amount of ~~money~~ paid to an employee as a lump sum settlement for medical benefits only, and the date payment mailed is to be reported in the “Date Paid” field for either settlement type as applicable. This latter settlement amount shall must be reported only for lost time cases on Form DFS-F2-DWC-13 as “Medical Settlement Amt.” For multiple settlements, the cumulative amount of the settlements and the latest settlement date shall be reported. Medical benefits may be the subject of a lump sum settlement regardless of the employee’s date of injury.

(h) In the event that claims are transferred from one 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 claims-handling entity. All subsequent reporting on Form DFS-F2-DWC-13 shall include all historical data.

Specific Authority 440.591, 440.185 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, Formerly 4L-3.016, 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 ~~two~~ 2 week period in which wage loss due to permanent impairment is suffered, the employee shall file a ~~an~~ Form DFS-F2-DWC-3, as adopted in Rule 69L-3.025, F.A.C., Request for Wage Loss/Temporary Partial Benefits, with the claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity carrier. A Form DFS-F2-DWC-3 form without an original signature of the injured employee shall not be processed for payment by the claims-handling entity carrier.

(2) Claims-handling entity’s Carrier’s Responsibilities.

(a) Within ~~five (5)~~ working days of its first knowledge of the date of maximum medical improvement, the claims-handling entity carrier shall send to the employee an informational letter which explains the employee’s possible eligibility for wage loss benefits, together with at least ~~four (4)~~ copies of the Form DFS-F2-DWC-3, Request for Wage Loss/Temporary Partial Benefits. The letter to the employee must contain at least the following information:

“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 form (DFS-F2-DWC-3) to us within 14 days after the end of any ~~two~~ 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 ~~the Florida Job Service Office~~ and any other 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 claims-handling entity carrier 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 claims-handling entity carrier shall complete calculation of benefits due, make any payments due, and send copies of the completed form to the employee and the employer. The claims-handling entity carrier shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity carrier is denying wage loss benefits, the claims-handling entity carrier shall indicate in the claims-handling entity carrier 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., ~~Notice of Denial~~ and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity's carrier's receipt of Form DFS-F2-DWC-3.

(3) Calculation of Wage Loss Benefits. The first calendar week of eligibility for wage loss benefits may be a partial week since eligibility begins on the date of maximum medical improvement. All other weeks of eligibility shall be full calendar weeks. To determine the amount of wage loss benefits due for a partial week: divide the pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of maximum medical improvement through the last working day of that calendar week, multiply by 85 % if the date of accident is before July 1, 1990, or by 80 % if the date of accident is July 1, 1990 or later, insert the resulting figure on the Form DFS-F2-DWC-3 in the box labeled "ADJ. WW," and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(3)(b), 440.185(4),(10), 440.41 FS. (1993), Law Implemented 440.15(3), 440.185(4),(10) FS. (1993), 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 \_\_\_\_\_.

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 ~~two~~ 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., ~~Request for Wage Loss/Temporary Partial Benefits~~, with the claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity carrier. A Form DFS-F2-DWC-3 ~~form~~ without an original signature of the injured employee shall not be processed for payment by the claims-handling entity carrier.

(2) Claims-handling entity's Carrier's Responsibilities.

(a) Within ~~five~~ (5) working days of its first knowledge of the date of temporary partial disability, the claims-handling entity carrier 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, Request for Wage Loss/Temporary Partial Benefits.~~ The letter to the employee must at least contain the following information:

“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 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 ~~the Florida Job Service Office and any other~~ 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 claims-handling entity carrier 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 claims-handling entity carrier shall complete calculation of benefits due, make any payments due, and send copies of the

completed form to the employee and the employer. The claims-handling entity carrier shall also send the employee a blank Form DFS-F2-DWC-3. If the claims-handling entity carrier is denying wage loss benefits for temporary partial disability, the claims-handling entity carrier shall indicate in the claims-handling entity carrier section of the Form DFS-F2-DWC-3 that wage loss benefits are being denied, complete an Form DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., Notice of Denial, and send both forms to the employee, employer, legal counsel, and the Division within 14 days of the claims-handling entity’s carrier’s receipt of Form DFS-F2-DWC-3.

(3) Calculation of Temporary Partial Wage Loss Benefits. The first calendar week of eligibility for temporary partial wage loss benefits may be a partial week since eligibility begins on the date of claimant’s release to return to light duty work. All other weeks of eligibility shall be full calendar weeks. To determine the amount of benefits due for a partial week, divide the pre-injury average weekly wage by the number of days employed per week, multiply by the number of days from date of release to return to light duty work through the last working day of that calendar week, multiply by 85 % if the date of accident is before July 1, 1990 or by 80 % if the date of accident is July 1, 1990 or later, insert the resulting figure on Form DFS-F2-DWC-3 in the box labeled “ADJ.WW,” and complete the calculations shown on that form.

Specific Authority 440.591, 440.15(4)(e)(a), 440.185(4),(10), 440.41 FS. (1993), Law Implemented 440.15(4)(b), 440.185(4), (10), 440.20 FS. (1993), 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 \_\_\_\_\_.

69L-3.0191 Temporary Disability Benefits (Dates of Accident ~~on or After~~ 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 Section ~~§~~ 440.15(2)(a), F.S., or after the employee has received 104 weeks of temporary partial disability benefits paid pursuant to 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 claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity's carrier'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 information:

"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) your doctor says you have reached maximum medical improvement from your injury; or
- (b) you have received 104 weeks of either temporary total or temporary partial disability benefits, or both combined; or
- (c) you are making 80% or more of the wages you were making at the time of your accident.

If you earn wages after the doctor says you can return to work, you must immediately contact this office and give us the name of your employer and the amount of money you are making. If you stop making at least 80% of the wages you were making at the time of your accident, you should also contact this office immediately. If you receive unemployment compensation benefits or Social Security benefits, you must immediately contact this office and tell us what kind of benefits you are getting and the amount of those benefits. If the form "Employee Earnings Report" (Form DFS-F2-DWC-19) was sent with this letter, you must fill it out, sign it and return it within 21 days after you received it. You may be asked to fill out one of these forms once a month. If you do not fill out, sign and return the form, your compensation benefits may be stopped until you return the form. If you turn down an offer of a job that you can do, your compensation benefits may be stopped. For more information about temporary partial disability benefits, please call the Employee Assistance and Ombudsman Office (EAO) of the Division of Workers' Compensation at any of its local offices listed in your

"Important Workers' Compensation Information For Florida Workers" "Employee's Rights" brochure, or at 1(800)342-1741."

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

Temporary partial disability benefits shall be calculated using the 80%-80% formula pursuant to 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 claims-handling entity shall investigate an employee's post-injury earnings, including contacting the current employer, to determine the amount of temporary partial disability benefits for which the employee is entitled, and to ensure the timely payment of those benefits. The carrier shall continue to investigate an employee's status so as to determine the amount of temporary partial disability benefits for which an employee is eligible, and to ensure the timely payment of those benefits.

(a) No post-injury earnings – If the 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 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 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. 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. Once re-employed, the first week of temporary partial disability may be paid as a partial week in order to coincide with the post-injury employer's work week. To determine the amount of benefits due for a partial week:

a. divide the pre-injury average weekly wage by the pre-injury number of days employed per week to calculate the daily rate;

b. multiply this daily rate by the number of days the employee worked during the post injury employer's work week;

c. multiply this amount by 80%;

d. subtract the partial week's earnings; and

e. multiply the difference by 80%, resulting in the temporary partial benefit due for this partial week.

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

1. If the last known earnings are \$0, payments of temporary partial disability benefits for any biweekly period are due no later than the last day of that biweekly period as long as the employee continues to be eligible.

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 claims-handling entity may then suspend payment of the employee’s temporary partial disability benefits until the claims-handling entity’s receipt of the form in accordance with Rule 69L-3.021, F.A.C.

~~(5)(a) 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 carrier shall contact the employer for whom the employee worked at the time of the accident to ascertain if the employee has returned or will be returning to work for that employer.~~

~~(b) If the accident employer is holding open the employee’s pre injury job and the employee anticipates returning to that job after maximum medical improvement, the carrier shall pay temporary partial disability benefits to the employee as if the employee has \$0 earnings.~~

~~(c) If the employee has not and will not be returning to work for the accident employer, the carrier shall mail to the employee the informational letter and Form DWC-19, and attempt to contact the employee to ascertain if the employee has obtained other employment. The carrier shall begin to pay temporary partial disability benefits as if the employee has \$0 earnings, subject to receipt of the employee’s completed Form DWC-19 or other confirmation of actual earnings.~~

~~(d) At any time the carrier is unable to confirm reemployment with the employee or is unable to obtain earnings information from the employee’s present employer or employers, the carrier shall calculate benefits based on the last wage information submitted or obtained, and continue to pay temporary partial disability benefits, subject to the employee’s timely return of Form DWC-19. If the employee does not timely return Form DWC-19, the carrier may then suspend payment of the employee’s temporary partial disability benefits.~~

~~(6) 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 return to work. In order for the carrier to more readily make the~~

~~weekly wage comparison, the first week of temporary partial disability benefits may be paid as a partial week, so that remaining weeks can coincide with the employee’s actual post injury pay periods. To determine the amount of benefits due for a partial week: divide the pre-injury average weekly wage by the number of days employed per week; multiply by the number of days from date of release to return to light duty work through the last working day of that calendar week; multiply by 80 % percent; subtract any weekly earnings; and multiply the remainder by 80 % percent.~~

~~(7) The payment period for temporary partial disability benefits is biweekly. Other than the first and last weeks of temporary partial disability benefits, benefits shall be calculated on the basis of full calendar weeks. The carrier’s payment of temporary partial disability benefits for any biweekly period is due no later than the last date of that biweekly period.~~

~~(8) Temporary partial disability benefits shall be calculated by the 80%-80% formula pursuant to Section 440.15(4)(a), F.S., even if the employee’s earnings are \$0. This benefit is subject to the maximum compensation rate as defined by Section 440.12, F.S.~~

~~(9) The carrier may require information from the employee concerning the employee’s receipt of wages, unemployment compensation benefits, or Social Security benefits by sending the employee a copy of Form DWC-19, pursuant to ss. 440.15(8),(10) and (11), F.S. carrier may not require the employee to submit a Form DWC-19 more often than once a month. If the employee does not mail the completed form to the carrier within 21 days after the employee’s receipt of Form DWC-19, the carrier may suspend temporary partial compensation benefits until it receives the form. If wage information obtained after a period for which temporary partial benefits have already been paid shows that the benefit amount paid for a week was more than that to which the employee was entitled, the carrier may obtain repayment through a credit against subsequent benefits. The carrier may also obtain repayment of any overpayment of temporary partial disability benefits caused by the employee’s receipt of unemployment benefits or social security benefits. If the employee is receiving Social Security benefits, the carrier shall request the employee to complete and return Form DWC-14, Request for Social Security Information. Until Form DWC-14 has been completed and returned to the carrier by the Social Security Administration, the carrier may not obtain repayment of those benefits. Repayment of all indemnity benefits is subject to the limitations of Section 440.15(13), F.S.~~

~~Specific 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 \_\_\_\_\_.~~



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

(1) Letter requirement – The claims-handling entity shall mail an informational letter to the employee and employer within 5 business days after the 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.

These benefits, called Temporary Partial Disability benefits, will be paid until:

1. You reach maximum medical improvement or can return to work without restrictions;

2. You receive the maximum of 104 weeks allowed by law for either Temporary Total Disability benefits, Temporary Partial Disability benefits or Training and Education Temporary Total benefits, or 104 weeks for the combined benefits; or

3. You earn 80% or more of the weekly wages you were making at the time of your accident.

IMPORTANT: Temporary Partial Disability benefits may be stopped if:

(a) You do not notify this office within five (5) business days after you return to work;

(b) You are not working due to your own misconduct on the job;

(c) You refuse suitable employment offered to you; or

(d) You do not return, if requested, Form DFS-F2-DWC-19, “Employee Earnings Report”, as adopted in Rule 69L-3.025, F.A.C., to this claims office within 21 days after you receive it and report the receipt of any earnings, including Unemployment Compensation or Social Security benefits. You may be asked to complete, sign, and return this form once a month.

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 using the 80%-80% formula pursuant to 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 claims-handling entity shall investigate an employee’s post-injury earnings, including contacting the current employer, 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 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 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 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. 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. Once re-employed, the first week of temporary partial disability may be paid as a partial week in order to coincide with the post-injury employer’s work week. To determine the amount of benefits due for a partial week:

a. Divide the pre-injury average weekly wage by the pre-injury number of days employed per week to calculate the daily rate;

b. Multiply this daily rate by the number of days the employee worked during the post injury employer’s work week;

c. Multiply this amount by 80%;

d. Subtract the partial week’s earnings; and

e. Multiply the difference by 80%, resulting in the temporary partial benefit due for this partial week.

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

1. If the last known earnings are \$0, payments of temporary partial disability benefits for any biweekly period are due no later than the last day of that biweekly period as long as the employee continues to be eligible.

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 claims-handling entity may then suspend payment of the employee’s temporary partial disability benefits until the claims-handling entity’s receipt of the form in accordance with Rule 69L-3.021, F.A.C.

Specific Authority 440.15(4), 440.591 FS. Law Implemented 440.15(4) FS. History–New \_\_\_\_\_.

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

(1)(a) After the employee has reached maximum medical improvement, the claims-handling entity ~~earlier~~ shall make the initial payment of impairment income benefits no later than the 20th day after the claims-handling entity ~~earlier~~ 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 claims-handling entity ~~earlier~~ 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 claims-handling entity ~~earlier~~ 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% percent of the average weekly temporary total disability benefit, as defined in subsection 69L-3.002(1), F.A.C.

(b) If impairment income benefits are due and no previous temporary total disability benefits have been paid, the average weekly temporary total disability benefit shall be 66 2/3% percent of the employee’s average weekly wage, up to the maximum compensation rate for the accident year.

(3) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.591 FS. Law Implemented 440.15(3) FS. History–New 11-9-94, Formerly 38F-3.0192, 4L-3.0192, Amended \_\_\_\_\_.

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

(1)(a) 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 claims-handling entity shall make the initial payment of impairment income benefits no later than the 14th day after the claims-handling entity has knowledge of the employee’s permanent impairment rating.

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

(c) Impairment income benefits may not be offset by social security or unemployment compensation benefits received by the employee.

Specific Authority 440.15(3)(f), 440.591 FS. Law Implemented 440.15(3)(f) FS. History–New \_\_\_\_\_.

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

An employee may be eligible to receive Supplemental Income Benefits if an impairment rating of 20% ~~percent~~ or more has been assigned in accordance with Section ~~s~~ 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 Section ~~s~~ 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 prorated. The “initial filing period” is the filing period; which occurs during the last 13 weeks of impairment income benefits.

(b) “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.

(c) "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 prorated. 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.

(2)(a) No later than 15 weeks before the expiration of the impairment income benefit period, the claims-handling entity carrier shall send by certified mail to each employee eligible for supplemental income benefits an informational letter substantially in conformance with subsection paragraph (7) of this rule section and two copies of Form DFS-F2-DWC-40, as adopted in Rule 69L-3.025, F.A.C., Statement of Quarterly Earnings for Supplemental Benefits. The claims-handling entity carrier shall fill out the first two lines on one of the Forms DFS-F2-DWC-40 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 claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity carrier may later obtain repayment of any overpayment in accordance with paragraph (3)(d) of this rule and pursuant to Section s. 440.15(12)(13), F.S.

(c) For any filing period, the claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity carrier 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 claims-handling entity carrier, 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) To calculate benefits due for a partial month of the initial payment period: divide the monthly supplemental income benefit payment amount, computed from the

"calculation" section on Form DFS-F2-DWC-40, by 4.3; divide that amount by 7 to yield the daily rate; multiply this daily rate by the number of days from the first day of eligibility for supplemental income benefits through the last day of the first calendar month in the payment period. Record this figure on Form DFS-F2-DWC-40 in the box labeled "Payment Amount for Initial Month."

(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 claims-handling entity carrier. Subsequent monthly payments of supplemental income benefits for which the claims-handling entity carrier has received Form DFS-F2-DWC-40 shall be paid as follows:

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

2.(2) the second (~~2nd~~) and third (~~3rd~~) months of this payment period shall be paid on the first (~~1st~~) day of each month in that payment period. If Form DFS-F2-DWC-40 was not timely returned by the employee to allow the claims-handling entity carrier to issue payment as per paragraphs (a) and (b) above, the claims-handling entity carrier 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 claims-handling entity carrier may recalculate 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 Section s. 440.15(12)(13), F.S. In no case shall the repayment amount be greater than 20% percent of the monthly supplemental income benefit payment amount.

(e) The monthly supplemental income benefit payable shall may not exceed the maximum weekly benefit amount as set out in Section s. 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 claims-handling entity carrier by the seventh (~~7th~~) day after the expiration of the payment period associated with that filing period.

(b) Within 7 days after the claims-handling entity carrier has made the first payment of supplemental income benefits in any payment period, the claims-handling entity carrier shall send the completed Form DFS-F2-DWC-40 to the Division, the employee, the employer, and any other interested parties. If the claims-handling entity carrier denies payment of supplemental income benefits for any payment period, the claims-handling entity carrier must attach Form

DFS-F2-DWC-12, as adopted in Rule 69L-3.025, F.A.C., ~~Notice of Denial~~, to Form DFS-F2-DWC-40 and provide the reason(s) for the denial.

(c) The claims-handling entity ~~carrier~~ 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 claims-handling entity ~~carrier~~ shall indicate on one of the forms the beginning and ending dates of the employee's next filing period.

(5) The amount payable for supplemental income benefits shall be based on earnings information submitted by the employee for the previous filing period, and shall be paid monthly, with the exception of the initial payment which may be prorated. Once the employee has been determined to be eligible for supplemental income benefits for the filing period, the monthly benefit amounts shall be the same for each month of that filing period, unless it is the initial payment of supplemental income benefits for a partial month, or if an adjustment is being made for an overpayment, or if the final payment of supplemental income benefits expires at the 401 week maximum.

(6) Supplemental income benefits may not be offset by ~~s~~Social ~~s~~Security or unemployment compensation benefits received by the employee.

(7) The informational letter to the employee referred to in ~~subsection paragraph~~ (2) of this rule must contain at least the following ~~information~~:

"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. You must be unable to earn at least 80% of what you earned before your injury for at least 90 days in a row, and
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, claims-handling entity ~~carrier~~ 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 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."

Specific Authority 440.15(3)(b)5., 440.591 FS. Law Implemented 440.15(3), 440.20(3), 440.491 FS. History—New 11-9-94, Formerly 38F-3.0193, 4L-3.0193, Amended \_\_\_\_\_.

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

(1) Permanent total benefits paid for injuries occurring prior to July 1, 1955, shall not be made in excess of 700 weeks. Permanent total benefits paid for injuries occurring on or after July 1, 1955, 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 Section 440.15(1)(d), F.S., the Chapter 59A-28, F.A.C., such employee may be eligible for impairment income and supplemental benefits pursuant to Section 440.15(3), F.S.

~~(b) The carrier has the right to require, no more than once every calendar year, that a permanently and totally disabled employee undergo vocational evaluation or have testing conducted pursuant to Section 440.491, F.S. The Carrier shall no later than ten working days prior to such evaluation or testing confirm in writing to the employee the date, time and place of such evaluation or testing. In the confirmation letter, the carrier shall advise the employee of the procedures that the employee will be going through and the approximate time frame for completion of such evaluation or testing. Such notification shall be sent by the carrier to the employee's~~

counsel if any, no later than seven days before the date of the evaluation or testing. This subsection applies only to permanent total cases in which the date of accident is on or after 101094.

(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 Section 440.20(12), F.S. Such benefits shall be equal to 5 ~~five~~ % 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) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1st of the next calendar year.

(b) When acceptance of adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

(3)(a) Permanent total supplemental benefits shall be paid by the Division, unless the claims-handling entity carrier 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 claims-handling entity carrier for injury occurring on or after July 1, 1984. The claims-handling entity carrier is not required to pay permanent total supplemental benefits for any period prior to October 1, 1974.

(c) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 5 ~~five~~ % each January 1st after the commencement of such entitlement. However when such permanent total supplemental benefits are combined with the compensation rate, the such combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(d)1. The injured employee is entitled to full permanent supplemental and compensation benefits as of the such employee's 62nd birthday for dates of accident prior to July 1, 1990 ~~7-1-90~~. The employee's entitlement to permanent total supplemental benefits shall cease on the such employee's 62nd birthday if the such employee is eligible for social security benefits under 42 U.S.C. Sections ~~ss.~~ 402 and 423, whether or not the such employee has applied for such benefits when the employee's date of accident occurred on or after July 1, 1990 ~~7-1-90~~.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in Chapter 440, F.S. Dependent benefits shall be determined for each dependent as though ~~if~~ the employee were deceased.

~~3. All permanent total benefits shall cease when the injured employee accepts a full settlement of benefits in exchange of all future liability of the employer.~~

~~3.4.~~ When the injured employee receives a full or partial lump-sum advance of the such employee's permanent total disability compensation benefits, the employee's permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by the such lump-sum advance.

~~4.5.~~ Neither the claims-handling entity carrier, 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, Employee Earnings Report, or Form DFS-F2-DWC-14, Request for Social Security Disability Benefit Information, DWC-14, or Form DFS-F2-DWC-30, Authorization and Request for Unemployment Compensation Information, as adopted ~~incorporated by reference~~ in Rule ~~Chapter~~ 69L-3.025, F.A.C., within 21 days after the employee received the request.

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

(a) Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). Compensation rate (plus) + Principal Insurance Amount (P.I.A.) + five % permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. When the injured employee is receiving social security dependent benefits, such dependent benefits shall be added to the Principal Insurance Amount for purposes of determining the offset.

(b) Add the Compensation Rate (CR) plus the Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents plus 5% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication. Subtract the greater of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE).

(c) Subtract the greater of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE). The resulting difference is the offset amount. Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3). The resulting difference is the offset amount.

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

(b) Social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

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

(d) No social security offset shall be taken take which is greater than the offset that would otherwise be taken by the Social Security Administration.

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

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

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2)(d) 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 \_\_\_\_\_.

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

(1) Permanent total benefits paid for injuries occurring on or after October 1, 2003, shall cease at age 75. If it is determined that the injury prevented the employee from working sufficient quarters to be eligible for social security benefits under 42 U.S.C. Sections 402 or 423, benefits will continue to be paid in accordance with the requirements of Chapter 440, F.S. If the accident occurred on or after the employee reaches age 70, benefits shall be payable during the continuance of permanent total disability, not to exceed 5 years from the date of permanent total disability.

(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 Section 440.15(1)(d), F.S., the employee may be eligible for impairment income benefits pursuant to 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 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) When the date of the employee's injury and acceptance or adjudication of permanent total disability is within the same calendar year, supplemental benefits are payable January 1 of the next calendar year.

(b) When acceptance or adjudication is in a calendar year other than the year of injury, supplemental benefits are payable as of the date the employee was accepted or adjudicated permanently and totally disabled.

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

(b) An injured employee entitled to or receiving permanent total supplemental benefits shall have such benefits increased by 3% each January 1 after the commencement of such entitlement. However, when the permanent total supplemental benefits are combined with the compensation rate, the combination of benefits shall not exceed the maximum compensation rate in effect for the year in which the combined benefits are being paid.

(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. Permanent total supplemental benefits shall cease on the employees 62nd birthday, regardless of whether the employee has applied for or is eligible to apply for social security benefits under 42 U.S.C., Sections 402 or 423. If it is determined that the injury prohibited the employee from qualifying for social security benefits, supplemental benefits will continue to be paid as long as the employee remains eligible.

2. All permanent total benefits shall cease when the employee becomes an inmate of a public institution, unless the employee has dependents as defined in Chapter 440, F.S. Dependent benefits shall be determined for each dependent as though the employee were deceased.

3. When the injured employee receives a full or partial lump-sum advance of such employee's permanent total disability compensation benefits, the employee's permanent total supplemental benefits shall be computed on the employee's weekly compensation rate as reduced by the lump-sum advance.

4. Neither the 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.

(4) The social security offset of permanent total disability benefits shall be calculated as follows:

(a) Convert monthly social security benefit to weekly benefit by dividing the monthly amount by 4.3 (monthly amount divided by 4.3).

(b) Add the Compensation Rate (CR) + Principal Insurance Amount (PIA) or the Maximum Family Benefits (MFB) if the employee has dependents + 3% permanent total supplemental benefits due at the time of permanent total acceptance or adjudication.

(c) Subtract the greatest of 80% of average weekly wage (AWW), or 80% of weekly average current earnings (ACE). The resulting difference is the offset amount.

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

(b) The social security offset shall not be applied retroactively nor shall social security annual cost of living increases or initial lump-sum payments be included in any offset.

(c) No social security offset shall be taken which is greater than the offset that would otherwise be taken by the Social Security Administration.

(d)1. Within 14 days after request by the Division, the 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 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.

Specific Authority 440.15(1)(f)2.a., 440.591, 440.15(2)(d) FS. Law Implemented 440.15(1) FS. History--New \_\_\_\_\_

#### 69L-3.0195 Forms.

Specific Authority 440.13(11)(b), 440.591 FS. Law Implemented 440.13(11)(b), 440.15(1)(f)1.(10) FS. History--New 10-2-94, Amended 6-4-97, Formerly 38F-24.029, 38F-3.0195, 4L-3.0195, Repealed \_\_\_\_\_

#### 69L-3.021 Additional Income Source Reports.

(1) Within 21 days after the employee receives a request from either the Division or the claims-handling entity carrier for either Form DFS-F2-DWC-14, Request for Social Security Disability Benefits Information, or Form DFS-F2-DWC-30, as adopted in Rule 69L-3.025, F.A.C., Authorization Request for Unemployment Compensation Information, 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 claims-handling entity carrier.

(2) Upon request of the Division, employer, or claims-handling entity carrier, 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., Employee Earnings Report, within 21 days after receiving it to report all earnings of any nature, including

all social security benefits. The Division, employer, or claims-handling entity carrier may require the employee to send Form DFS-F2-DWC-19 no more than once a month.

(3) If the employee willfully fails or refuses to report information requested in accordance with subsection (1) or (2) 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 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 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)(4) The party requesting the employee's authorization for release of social security benefit information shall furnish the Form DFS-F2-DWC-14 form to the employee. The requesting party shall be responsible for submitting the Request for Social Security Disability Benefit Information to the Social Security Administration office nearest to the employee's address. The requesting party must send a copy of the completed Form DFS-F2-DWC-14 to the Division within 14 days of the request.

(6)(5) If the claims-handling entity carrier changes the employee's compensation rate based on any offset, the claims-handling entity carrier 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)(6) If the employee's benefits have been suspended due to the employee's willful failure or refusal to furnish a signed release, the claims-handling entity carrier 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.

(7) When submitting Form DWC-14 to the Social Security Administration, or Form DWC-30 to the Division of Unemployment Compensation, the requestor may want to include with the form a self-addressed stamped return envelope or the requestor's return address printed on a peel-off adhesive label in order to expedite processing.

Specific Authority 440.591, 440.15(1)(f)2.a.,(2)(d) 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 \_\_\_\_\_

69L-3.0212 Monthly Risk Class/SIC Code Report.

Specific Authority 440.591 FS. Law Implemented 440.59 FS. History--New 11-8-94, Formerly 38F-3.0212, Repealed \_\_\_\_\_.

69L-3.0213 Aggregate Claims Administration Change Report.

(1) If the responsibility for handling claims files has changed due to a claims-handling entity carrier or servicing agent taking over the claims from another a claims-handling entity carrier or servicing agent, the new claims-handling entity shall report this change ~~carrier or servicing agent may send Form DWC-49~~ to the Division. They may send Form DFS-F2-DWC-49, as adopted in Rule 69L-3.025, F.A.C., to report an aggregate listing of claims affected by the change in administration rather than sending an individual Form DFS-F2-DWC-4, as adopted in Rule 69L-3.025, F.A.C., on each claims file in accordance with the provisions of Rule 69L-3.0091, F.A.C.

(2) If the claims-handling entity carrier chooses to send Form DFS-F2-DWC-49 in place of separate Forms DFS-F2-DWC-4 to report a claims administration change, the claims-handling entity carrier shall send Form DFS-F2-DWC-49 to the Division within 30 days ~~after~~ of the effective date ~~of~~ in the change in the of administration of claim files.

(3) If a claims-handling entity carrier chooses to send Form DFS-F2-DWC-49 ~~in place of separate Forms DWC-4~~ to report a claims administration change, the claims-handling entity carrier must use a separate Form DFS-F2-DWC-49 for each claims office location handling those ~~claims~~ files.

(4) Any attachment(s) used to report additional information shall be ~~must~~ in a format that contains all of the data fields identified on the identical to Form DFS-F2-DWC-49.

Specific Authority 440.591, FS. Law Implemented 440.59, FS. History--New 11-8-94, Formerly 38F-3.0213, 4L-3.0213, Amended \_\_\_\_\_.

69L-3.0214 Aggregate Defense Attorney Fee Report.

Specific Authority 440.345 FS. Law Implemented 440.345 FS. History--New 11-25-96, Formerly 38F-3.0214, Repealed \_\_\_\_\_.

(Substantial rewording of Rule 69L-3.025 follows. See Florida Administrative Code for present text.)

69L-3.025 Forms.

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



(a)	<u>Form DFS-F2-DWC-1</u>	<u>08/2004</u>	<u>First Report of Injury or Illness</u>
(b)	<u>Form IA-1</u>	<u>1-1-02</u>	<u>Workers' Compensation – First report of Injury or Illness – For use only by entities approved to transmit electronic First Reports of injury to the Division</u>
(c)	<u>Form DFS-F2-DWC-1a</u>	<u>08/2004</u>	<u>Wage Statement</u>
(d)	<u>Form DFS-F2-DWC-3</u>	<u>08/2004</u>	<u>Request for Wage Loss/Temporary Partial Benefits</u>
(e)	<u>Form DFS-F2-DWC-4</u>	<u>08/2004</u>	<u>Notice of Action/Change</u>
(f)	<u>Form DFS-F2-DWC-12</u>	<u>08/2004</u>	<u>Notice of Denial</u>
(g)	<u>Form DFS-F2-DWC-13</u>	<u>08/2004</u>	<u>Claim Cost Report</u>
(h)	<u>Form DFS-F2-DWC-14</u>	<u>08/2004</u>	<u>Request for Social Security Disability Benefit Information</u>
(i)	<u>Form DFS-F2-DWC-19</u>	<u>08/2004</u>	<u>Employee Earnings Report</u>
(j)	<u>Form DFS-F2-DWC-30</u>	<u>08/2004</u>	<u>Authorization and Request for Unemployment Compensation Information</u>
(k)	<u>Form DFS-F2-DWC-33</u>	<u>08/2004</u>	<u>Permanent Total Offset Worksheet</u>
(l)	<u>Form DFS-F2-DWC-35</u>	<u>08/2004</u>	<u>Permanent Total Supplemental Worksheet</u>
(m)	<u>Form DFS-F2-DWC-40</u>	<u>08/2004</u>	<u>Statement of Quarterly Earnings for Supplemental Income Benefits</u>
(n)	<u>Form DFS-F2-DWC-49</u>	<u>08/2004</u>	<u>Aggregate Claims Administration Change Report</u>
(o)	<u>Form DFS-F2-DWC-60</u>	<u>08/2004</u>	<u>Important Workers' Compensation Information For Florida's Workers</u>
(p)	<u>Form DFS-F2-DWC-61</u>	<u>08/2004</u>	<u>Informacion Importante De Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Trabajadores De La Florida</u>
(q)	<u>Form DFS-F2-DWC-65</u>	<u>08/2004</u>	<u>Important Workers' Compensation Information For Florida's Employers</u>
(r)	<u>Form DFS-F2-DWC-66</u>	<u>08/2004</u>	<u>Informacion Importante Del Seguro De Indemnizacion Por Accidentes De Trabajo Para Los Empleadores De La Florida</u>

(2) The Division will not supply the forms promulgated under this chapter, but will make sample. Forms are available on the Division's web site: <http://www.fldfs.com/wc>.

(3) For a transitional period of 90 days from the effective date of this rule, an insurer or claims-handling entity 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.

Specific Authority 440.15, 440.185, 440.20, 440.345 FS. Law Implemented 440.14(3), 440.15(1),(4),(9),(10), 440.185, 440.185(4),(5),(10), 440.20(2),(3), 440.345, 440.35, 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

NAME OF PERSON ORIGINATING PROPOSED RULE:  
 Dan Sumner, Deputy Director of Workers' Compensation,  
 Division of Workers' Compensation, Department of Financial  
 Services

NAME OF SUPERVISOR OR PERSON WHO APPROVED  
 THE PROPOSED RULE: Tanner Holloman, Director of  
 Workers' Compensation, Division of Workers' Compensation,  
 Department of Financial Services

DATE PROPOSED RULE APPROVED BY AGENCY  
 HEAD: February 23, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT  
 PUBLISHED IN FAW: March 5, 2004

### Section III Notices of Changes, Corrections and Withdrawals

**DEPARTMENT OF STATE**

**Division of Elections**

RULE NO.:  
 1S-2.015

RULE TITLE:  
 Minimum Security Procedures for  
 Voting Systems