A Practical Guide on How to Handle Employee Injury/Accident

Employer Manual
(HR Contacts and Supervisors only)

For more information regarding prevention of risk visit our website at http://www.nova.edu/cwis/fop/risk/
INTRODUCTION

This booklet is intended to give information to you as a supervisor of an injured Nova Southeastern University employee, and to outline your obligations, rights, and responsibilities as an employer under the Florida Workers' Compensation Statue. The Office of Risk Management (ORM), Department of Financial Operations administers Title XXXI Chapter 440.

Medical treatment for a work related injury is provided on a “medically necessary basis” that is determined by a treating physician.

The current contract for medical case management is with Cannon Cochran Management Services, INC. effective July 1, 2015.

This booklet is designed to provide general information to help you understand the employer's responsibilities under the statue. It is not intended to be used as a comprehensive guide on all workers' compensation issues you may encounter. The workers' compensation statue is constantly changing and many issues are determined by the factual circumstances of a claim and any applicable case law. In all instances, you will need to rely on the expertise of ORM's Workers' Compensation Specialist, CCMSI, and defense counsel to manage claim(s). If you have questions regarding a particular claim in your department please contact the Workers' Compensation Specialist at 954-262-5404.

We, at ORM, believe that by working together we can effectively provide appropriate benefits to all injured workers in a cost efficient manner and appreciate your continued support in educating employees about their benefit/rights under workers’ compensation. Should you require training on issues concerning workers’ compensation management or ergonomics please sign up at the Risk Management website http://www.nova.edu/cwis/fop/risk/training/index.html. Additionally, we have created training videos to further our efforts about campus safety please direct your staff to review these videos at our training site http://www.nova.edu/cwis/fop/risk/training/index.html.
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Employer Responsibilities during a Non-Emergency

1. Contact Novalert at 954-262-8999 about the accident/injury.


3. Provide injured worker with a copy of the fully executed forms (Case # will be provided once injury is reported to CCMSI).

4. Instruct the employee that he or she has the right to medical care. Assist the employee seeking care with calling HPD (Employee Health clinic) to ensure availability at 954-262-1860, 954-262-2183, or 954-262-4100. If HPD cannot schedule with the employee or is closed, the individual should be sent to the nearest approved workers’ compensation medical clinic (contact Risk Management at ext. 954-262-5404 for locations).

5. Fax or e-mail all executed forms including the First Report of Injury Form, NSU Employee Statement Regarding Cause of Accident, CCMSI Authorization for Medical Records and Communication Release, and CCMSI False and Fraudulent Claim Warning to the Office of Risk Management to 954-262-6860/3814 (fax) or scan to risk@nova.edu.

Steps for an Emergency

1. Contact Novalert at 954-262-8999 immediately. Novalert will contact 911 when needed.

2. Proceed by following steps 2 thru 5 above.
Dos & Don’ts of Reporting a Claim

DO

• Complete all pages of the injury report document (e.g. First Report of Injury Form, NSU Employee Statement Regarding Cause of Accident, CCMSI Authorization for Medical Records and Communication Release, and CCMSI False and Fraudulent Claim Warning).

• Write legibly on all pages of the injury report document.

• Report the injury immediately via fax (954-262-6860/3814) or scan and e-mail (risk@nova.edu) to the Risk Management Office.

• Use (current) First Report of Injury Form for Cannon Cochran Management Services, INC. Also found online at [http://www.nova.edu/risk/forms/workers-comp.pdf](http://www.nova.edu/risk/forms/workers-comp.pdf).

• Complete all areas denoted on the sample First Report of Injury form prior to faxing or emailing the completed injury report document.

• Fax or e-mail the completed injury report document to the Risk Management Office at 954-262-6860 or risk@nova.edu immediately after you are notified of a work related injury.

• Refer the injured employee to the NSU Medical Clinic (HPD). If your location is not within the vicinity of an NSU medical clinic, please contact your NSU Workers’ Compensation Risk Management Specialist (ext. 954-262-5404) or CCMSI adjuster (407-660-5637 /1- 866-291-0194) for an authorized location.

• Provide the employee with a copy of the completed injury report document.

Don’t

• Use pencils or light colored pens to complete the injury report document including the First Report of Injury form.

• Use First Report of Injury Form for York or any other insurance company

• Fax forms with missing information.
# Departmental Information (Section B)

## Risk Management Contact List

<table>
<thead>
<tr>
<th>CONTACT NAMES</th>
<th>PHONE</th>
<th>E-MAIL</th>
<th>POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Guimaraes</td>
<td>954-262-5271 (o)</td>
<td><a href="mailto:guimarae@nova.edu">guimarae@nova.edu</a></td>
<td>Director, Risk Management</td>
</tr>
<tr>
<td></td>
<td>954-993-3211 (c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>954-262-3814 (f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charmaine Beckford</td>
<td>954-262-5404 (o)</td>
<td><a href="mailto:bcharmai@nova.edu">bcharmai@nova.edu</a></td>
<td>Workers’ Compensation Risk Management Specialist</td>
</tr>
<tr>
<td></td>
<td>954-262-6860 (f)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alexandra Epstein</td>
<td>954-262-5273</td>
<td><a href="mailto:ealexand@nova.edu">ealexand@nova.edu</a></td>
<td>Risk Management Specialist</td>
</tr>
<tr>
<td></td>
<td>954-262-3814</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jessie Gilley</td>
<td>954-262-4329 (o)</td>
<td><a href="mailto:jg1932@nova.edu">jg1932@nova.edu</a></td>
<td>Risk Management Specialist - HPD</td>
</tr>
<tr>
<td></td>
<td>954-599-7477 (c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>954-262-3721 (f)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All Injuries/illnesses must be reported to the Risk Management Office (954-262-5404); by Fax # 954-262-6860, or via e-mail at bcharmai@nova.edu or risk@nova.edu. Public Safety must also be called to investigate the incident - Call Novalert immediately at ext. 28999. Novalert will call 911.

For injuries/illnesses that occur after clinic/physician hours, weekends and holidays call 1-877-253-5169, or in an emergency go to the nearest hospital for care.

**Send Medical Bills To:**
CCMSI Risk Services Group, Inc.
2600 Lake Lucien Dr. Suite 225
Maitland, FL 32751
1-866-291-0194P*217-477-6623 F

STOP

Completed injury report document including the First Report of Injury Form must be faxed to 954-262-6860 or emailed to bcharmai@nova.edu or risk@nova.edu immediately after you are notified of an injury.
In the event a job-related accident or illness occurs the following procedures must be followed:

If the injury or illness is life or limb threatening instruct the supervisor to call Public Safety emergency number (NOVALERT, ext. 28999). All emergencies are handled through the Public Safety Office with 911 being called for medical treatment. Typically the employee will be transported to the closest medical facility, For example, Westside Regional Hospital, Broward General Hospital, or Plantation General Hospital.

Public Safety department must be contacted to investigate all accidents (Tel. 954-262-8999).

Departmental Heads, designee, and or OHR contacts must provide the Risk Management staff with an executed injury report document, which includes the First Report of Injury form and any pertinent notes and information so the claim can be filed with CCMSI Management Corp. Failure to do so could result in monetary and other serious fines against the University. Therefore, all supervisors and or employees must report all work-related injuries immediately for filing. Employees are to report work-related injuries to their supervisors regardless of the severity of the injury.

Department Heads and/or OHR contacts must remind employees that they are not allowed to use their private doctor to cover work related injuries/illnesses. Treatment provided for a work-related injury or illness is not covered by regular medical insurance. In addition, all follow-up appointments (e.g. physical therapy) must be authorized in advance through the Workers’ Compensation Adjuster at 1-800-469-2608* 321-578-5126* 866 222-6630, or Risk Management Office ext. 954-262-5404.

Time away from work for the initial medical treatment should not be charged to the employee’s sick, personal, or vacation time. Non-exempt employees’ time should be reported as “Other Paid Leave-WC (opl-wc).” However, medical care after the initial medical treatment should be recorded in Shark Time (KRONOS) or on a leave and absentee report utilizing the employee’s accrued sick, personal, or vacation hours or be unpaid. Employees should coordinate scheduling follow-up appointments preferably before or after regular work schedule. Otherwise, permission must be obtained from direct report prior to scheduling any therapy or office visits to the doctor.

Employees are responsible for coordinating medical leave of absence with OHR and their department.

The Workers’ Compensation Risk Management Specialist will verify that the information contained on the First Report of Injury form is accurate to include ensuring that the individual is an employee via Banner system prior to uploading information to the CCMSI’s database.

Further, after reviewing the information contained on the First Report of Injury form, NSU Employee Statement Regarding Cause of Accident Form, CCMSI False or Fraudulent Claim Warning Form and CCMSI Authorization to Release Medical Records and Information Form the Workers’ Compensation Risk Management Specialist will forward a hardcopy of all the forms to CCMSI.
List of Medical Treatment Locations

**HPD Clinics**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davie</td>
<td>Sanford L. Ziff Health Center 3200 S. University Drive – 3rd floor Davie, FL 33328</td>
<td>(954) 262-4100</td>
<td>(954) 262-3984</td>
<td>(M-F) 9:00 a.m. - 5:00 p.m. Sat: 9:00 am - 1:00 pm</td>
</tr>
<tr>
<td>North Miami Beach</td>
<td>NSU Health Care Center 1750 NE 167 Street North Miami Beach, FL 33162-3017</td>
<td>(954) 262-4101 / (305) 949-6202</td>
<td>(954) 262-3210</td>
<td>(M-F) 9:00 a.m. - 5:00 p.m. Sat: 9:00 am - 1:00 pm</td>
</tr>
</tbody>
</table>

*Please contact the NSU Risk Management Office for other locations if the employee does not wish to go to the NSU Clinic.*

**URGENTMED**

To be used only if employees are outside NSU area or if Injury occurs and NSU’s clinic is closed/cannot accommodate the employee

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davie</td>
<td>2337 South University Drive Davie, FL 33324</td>
<td>(954) 423-9234</td>
<td>(954) 423-9231</td>
<td>(In the Promenade Plaza Near Longhorn Restaurant)</td>
</tr>
<tr>
<td>North Miami Beach</td>
<td>10199 Cleary Blvd – Suite 10 Plantation, FL 33324</td>
<td>(954) 473-8565</td>
<td>(954) 473-8015</td>
<td></td>
</tr>
</tbody>
</table>

**Concentra Medical Centers**

To be used only if employees are outside NSU area or if Injury occurs and NSU’s clinic is closed/cannot accommodate the employee

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fort Lauderdale (Sunshine)</td>
<td>1347 South Andrews Avenue Ft. Lauderdale, FL 33316</td>
<td>954-767-9999</td>
<td>954-763-9828</td>
<td>(M-F) 8:00 am – 08:00 pm Sat &amp; Sun: 10:00 am – 4:00 pm</td>
</tr>
<tr>
<td>Miami</td>
<td>7800 NW 25th St., Ste. 4 Miami, Florida 33122</td>
<td>305-593-2174</td>
<td>305-593-1417</td>
<td>(M-F) 8:00a.m. – 08:00 pm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Palm Beach</td>
<td>4455 Medical Center Way West Palm Beach, FL 33407</td>
<td>561-881-0066</td>
<td>561-881-5533;</td>
<td>(M-F) 7:30 am - 6:30 pm Sat &amp; Sun: 8:00 am – 4:00 pm</td>
</tr>
</tbody>
</table>
**US Health Works Medical Group**

*To be used only if employees are outside NSU area or if injury occurs and NSU’s clinic is closed/cannot accommodate the employee*

<table>
<thead>
<tr>
<th>Plantation</th>
<th>Ft Lauderdale</th>
</tr>
</thead>
<tbody>
<tr>
<td>7676-C Peters Road</td>
<td>1100 W Commercial Blvd, Ste 120</td>
</tr>
<tr>
<td>Plantation, FL 33324</td>
<td>Ft Lauderdale, FL 33309</td>
</tr>
<tr>
<td>Phone: 954-474-4403</td>
<td>Phone: 954-564-2592</td>
</tr>
<tr>
<td>Fax: 954-474-4706</td>
<td>Fax: 954-564-2705</td>
</tr>
<tr>
<td>Hours: (M-F) 8:00 am – 08:00 pm</td>
<td>Hours: (M-F) 8:00a.m. – 08:00 pm</td>
</tr>
<tr>
<td>Sat &amp; Sun: 10:00 am – 4:00 pm</td>
<td></td>
</tr>
</tbody>
</table>

*Please contact the NSU Risk Management Office for other locations.*

🌟 *For injuries/illnesses that occur after clinic/physician hours, weekends and holidays, you may send the employee to the closest urgent care facility, or in an emergency (911) to the nearest hospital for care.*
**First Report of Injury or Illness**

**Florida Department of Financial Services**  
**Division of Workers' Compensation**

For assistance call 1-800-342-1741 or contact your local EAO Office.  
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-0953.

**Employee Information**

<table>
<thead>
<tr>
<th>Name (First, Middle, Last)</th>
<th>Social Security Number</th>
<th>Date of Accident (Month-Day-Year)</th>
<th>Time of Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Address**

- Street:  
- City:  
- State:  
- Zip:  

**Telephone**

- Area Code:  
- Number:  

**Employer Information**

<table>
<thead>
<tr>
<th>Company</th>
<th>Federal ID Number (FEIN)</th>
<th>Date First Reported (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nova Southeastern University</td>
<td>55-1865392</td>
<td>2495360</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Business</th>
<th>Policy/Member Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2495360</td>
</tr>
</tbody>
</table>

**Date Employed**

- / /  

**Last Date Employee Worked**

- / /  

**WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKER'S COMP?**

- YES  
- NO

**Returned to Work**

- YES  
- NO

**Last Day Wages Will Be Paid Instead of Worker's Comp**

- / /  

**If Yes, Give Date**

- / /  

**Place of Accident**

- Street:  
- City:  
- State:  
- Zip:  

**County of Accident**

- 

**Claim Handling Entity Information**

- Insurer Name:  
- Insurer Address:  
- Insurer Telephone:  

**Remarks**

- Insurer Code:  
- Employee Class Code:  
- Employer's NICS Code:  
- Service Code:  
- Claim Handling Entity File #:  

**Form DFS-PD-DWC-1 (12/2009)**
DWC-1 Purpose and Use Statement

The collection of the social security number on this form is specifically authorized by Section 440.185(2), Florida Statutes. The social security number will be used as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law.
NSU EMPLOYEE STATEMENT REGARDING CAUSE OF ACCIDENT AND REQUEST FOR MEDICAL TREATMENT

Employee Name: ___________________________  SSN: ___________________________
Date of Birth: ___________________________  Date of Injury: ___________________________
Job Title: ___________________________  Supervisor's Name: ___________________________
Telephone contact Information: ___________________________  Supervisor's Signature: ___________________________
Dept. /Center: ___________________________  Supervisor's telephone #: ___________________________

Employee Refused Medical Care at time of Injury  □ Yes  □ No

List activity prior to accident *(work related activity only)*:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
WORKERS' COMPENSATION TREATMENT AUTHORIZATION FORM

This is a Worker’s Compensation Treatment Authorization Form. This Form is not a guarantee of eligibility or compensability for Workers’ Compensation Benefits.

To be completed by employer (please print)

Account Number: F45

Employer Name: Nova Southeastern University

Employer Address: 3301 College Avenue, Ft. Lauderdale, Florida 33314

Employee Name:

Social Security Number: Date of Injury:

Type of Injury:

Body Part Injured:

Supervisor issuing form: Charmaine Beckford (T) 954-262-5404* 954-262-6860-(F)

Supervisors: Please give this completed form to the injured employee to take with them to the physician.

This form is for one time use, only on this date _________.

Providers: You must call Cannon Cochran Management Services, Inc. toll free at 1-866-291-0194 prior to any additional treatment/admission or referral, other than an emergency. In an emergency, notification to CCMSI is required within 24 hours.

Send Medical Bills To:

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
1-866-291-0194 • 407-660-5600 • Fax: 217-477-6946 • FICURMA@mail@ccmsi.com
AUTHORIZATION FOR MEDICAL RECORDS AND COMMUNICATION RELEASE

Name: ____________________________ Date of Birth: ____________ Social Security #: ____________________________

I hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my mental or physical health, history, condition or wellbeing, to supply such information to my employer or its insurance carrier, claims administrator or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing with my employer or its insurance company, claims administrator, rehabilitation or medical management consultant or attorneys as to my care and treatment, and as to any other issues including diagnosis, prognosis, causal connection of care and treatment to my work injury or duties, and ability to work. I hereby waive my physician-patient privilege. In conjunction with this, I also authorize any treating physician or medical provider to review any additional materials provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim.

Note: Workers’ Compensation Requests Are Exempt From HIPAA. Pursuant to 45 CFR, Sect. 164.512(1) a covered entity may without penalty under HIPAA disclose protected health information to the extent necessary to comply with the law relating to workers’ compensation.

____________________________________
NAME-PLEASE PRINT

____________________________________
SIGNATURE

____________________________________
DATE

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
866-291-0194 • 407-660-5600 • Fax: 217-477-6946 • FICURMA@mail@ccmsi.com
False and Fraudulent Claim Warning

Please read the following information carefully. This form must be signed and returned within 30 days of the date it was received, stating that you have reviewed, understand and acknowledge the statement of benefits and/or payments shall be suspended until such signature obtained.

Workers’ Compensation fraud includes but is not limited to the following:

- Requesting and/or receiving temporary total, temporary partial, permanent total disability or impairment benefits while working for gain as an employee of a business, independent contractor, yourself or a business and not reporting that income to the insurance company.
- Making a false or written statement and/or submitting false documents to your employer, your physician and/or the insurance company or their representatives for the purpose of filing or supporting a claim for workers’ compensation benefits.
- Misrepresenting facts concerning an industrial accident, injury or illness to your employer, your physician and/or the insurance company or their representatives.
- Failing to report earnings when requested to do so by the insurance company.
- Selling your personal information to third parties for use of misrepresenting facts to any medical provider or insurance company.

Florida

Any person who knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud punishable as provided in Florida Statute 817.234.

I have reviewed, understand and acknowledge the above. This information is true and correct to the best of my knowledge.

Workers Name:

________________________________________

Please type or print

Claim #: __________________________ Employee: __________________________

Employer: __________________________

Employees’ Address: __________________________

Phone: __________________________

Workers’ Signature: __________________________ Date: __________________________

Cannon Cochran Management Services, Inc.
2600 Lake Lucien Drive • Suite 225 • Maitland, FL 32751
866-291-0194 • 407-660-5600 • Fax: 217-477-6946 • FICURMAmail@ccmsi.com
myMatrixx®
good medicine for business

FI CURMA
Workers’ Compensation Prescription Information

Employer:
Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>FICURMA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group#:</td>
<td>10602857</td>
</tr>
<tr>
<td>Member ID (SSN):</td>
<td></td>
</tr>
<tr>
<td>Date of Injury:</td>
<td></td>
</tr>
<tr>
<td>Processor:</td>
<td>myMatrixx</td>
</tr>
<tr>
<td>Bin#:</td>
<td>014211</td>
</tr>
</tbody>
</table>

Day supply is limited to 14 days for a new injury.

myMatrixx Help Desk: (877) 804-4900

Employee:
FICURMA has partnered with myMatrixx to make filling workers’ compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist:
Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers’ compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900
Workers’ Compensation Witness Report Form

Name of injured employee: ____________________________________________

Name of witness: ___________________________________________________

Telephone # of Witness: _____________________________________________

Location where incident occurred: _____________________________________

Date of incident: _________________  Time of incident: _________________

1. What were you (the witness) doing at the time of the incident?
   _________________________________________________________________

2. How and when did you become aware of the incident?
   _________________________________________________________________

3. What did you hear at the time of the incident?
   _________________________________________________________________

4. Describe what you saw at the time of the incident:
   _________________________________________________________________

5. Who else was present?
   _________________________________________________________________

6. Please relate any additional information you have pertaining to the incident:
   _________________________________________________________________
   _________________________________________________________________
   _________________________________________________________________

Witness’s signature: ___________________________  Date signed: ____________
Employee Information Section D

NSU Workers’ Compensation Quick Facts

**Reporting Period:** An employee who suffers an injury/illness arising out of and in the course of employment must advise his/her supervisor, Risk Management or OHR contact of the injury immediately, but no later than within 30 days after the date of or initial manifestation of the injury. **The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury.** Failure to report the injury/illness in the noted timeframe could result in the denial of the claim under certain circumstances. However, if the employee reports the injury after the 30 day period the information must be reported to Risk Management immediately using the pertinent forms found online at [http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf](http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf).

**Waiting Period for Comp Benefits after Injury:** 7 days

**Wage Replacement Benefits:** If an authorized treating physician places an injured worker off work the workers’ compensation benefits for lost wages will start on the eighth day that the employee is unable to work. No wage replacement benefits are paid for the first 7 days of work missed, unless the employee is out of work for more than 21 days due to the work-related injury. The wage replacement benefits will equal two-thirds (66-2/3%) of the employee’s pre-injury regular weekly wage, but the benefit will not exceed Florida’s Maximum Compensation Rate for the year of the accident and is on a paid bi-weekly basis. An injured worker who is receiving wage replacement can use 2.5 hours or equivalent hours of his/her own accrued sick, personal, or vacation hours towards full wage compensation (based on a 7.5 hour daily scale).

**Compensation is retroactive if disability continues for what period of time from the date of injury?** If an authorized treating physician places an injured worker off in excess of 21 days, the 7 days is paid by the 4th week of disability.
Choice of Physician: You must see a doctor authorized by your Risk Management office (ext. 25404) or the insurance company (407-660-5637 or 866-291-0194). If it is an emergency and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment, go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened. If it is after hours and you cannot reach the Risk Management office or adjuster, to tell you where to go for treatment and your PCP is not available go to the nearest emergency room and let Risk Management and the adjuster know as soon as possible what has happened.

Per Florida Statute 440.13(2) (f), an injured worker is entitled to a one time change per accident. The insurance company will authorize an alternative physician within five days of receiving a written request from the injured worker. If medical care is provided outside an authorized approved network, the employer chooses the physician.

Transportation during Disability Period: Medical transportation is available if the injured worker needs it. If the injured worker uses his/her vehicle for transportation to medical providers, they are reimbursed at the current rate of 44.5¢ per mile. The carrier/servicing agent can supply mileage forms or the employee can retrieve same online at http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf. Call Cannon Cochran Management Services, INC. immediately at 407-660-5637 or 866-291-0194 if you need transportation or cannot make an appointment.

Prescription Benefit: Medications can be dispensed at any pharmacy (see MyMatrixx listing). The injured worker pays no co-pay (prior to MMI) for Rx. if an authorized medical provider prescribes medical services, devices, appliances, etc., as it relates to the injury/illness. Please contact your claim adjuster at CCMSI (407-660-5637 or 866-291-0194) for authorization prior to receiving service or Risk Management for assistance.

Notification from Insurance Company: Within 3-5 business days after you or the Office of Risk Management report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers’ Compensation. These forms may be part of a packet which may include some or all of the following:

- A copy of your accident report or “First Report of Injury or Illness,” which you should read to make sure it is correct;
- A fraud statement, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible, or benefits may be temporarily withheld until you do so;
- A release of medical records, which you would have already read, signed and returned to the Office of Risk Management for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible; and

Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement. You may forward a copy to the Office of Risk Management to be placed on your file.
FAQ’s regarding Workers’ Compensation

How long do I have to report a claim to my employer?
All injured workers must contact their supervisor/employer immediately to notify them of any on-the-job injury. Claims reported after 30 days could be denied.

Which forms do I need to complete?

It is important that all injured workers complete the fraud statement. Benefits might become suspended if said injured workers refuse to provide the requested signature.

What doctor can I go to?
Your Workers’ Compensation Risk Management Specialist (employer) or insurance company (CCMSI), upon becoming aware of your injury will direct you to a health care provider for such period as the nature of the injury or the process of recovery may require. Medical care must be authorized by the Workers’ Compensation Risk Management Specialist or insurance company.

Why can’t I go to the doctor of my choice?
Per Florida Statute 440.13(2) (a), the law requires that the employer/insurance company provide the appropriate medical care.

Can I go to my own personal physician?
No. You must go to an authorized physician provided by FICURMA or the insurance company (CCMSI).

The doctor is not helping me. Can I request a different doctor for my treatment?
Yes. Per Florida Statute 440.13(2) (f), you are entitled to a one time change per accident. The request for a change in physician must be in writing and provided to the insurance company (CCMSI). Upon receipt of the request, the insurance company will select and authorize an alternative physician within five days of receipt of the written request. The injured worker or insurance company (CCMSI) may also select a one-time Independent Medical Examination (IME), per accident. Please note, if your accident occurred on or after 10/1/03, the party requesting the IME is responsible for payment.

Will I have to pay any medical bills?
No, all authorized medical bills should be submitted by the medical provider to CCMSI for payment until you reach maximum medical improvement. Once you reach Maximum Medical Improvement you will be required to pay $10.00 co-pay per visit.
If prescribed, how do I get my prescription filled?
If your authorized physician prescribes a prescription, please take the prescription to your pharmacist along with the information from MyMatrixx to ensure your prescriptions are billed directly to the insurance company. In rare cases you may be asked to pay for your medications: if this happens, you will be reimbursed any money you have to advance once receipts are provided to the insurance company.

What is my responsibility when the doctor places me on restricted duty?
It is your responsibility to communicate with your Supervisor and Workers’ Compensation Risk Management Specialist following your appointments. If you are given restrictions or placed out of work any time during your treatment, please ensure they are communicated to your Supervisor and Workers’ Compensation Risk Management Specialist immediately. Please remember, the doctor gives you restrictions until your next visit to help you recover from your injury. It is extremely important that you observe your restrictions at work as well as in your daily life.

If you are placed on medical leave please contact your Human Resources Total Rewards team for information pertaining to filing a request for medical leave due to your workers’ compensation status. The contact extensions information can be had online at http://www.nova.edu/hr/staff.html.

Do I have to attend my appointments?
Yes. Time, effort and expense are put into providing your medical care. If you do not follow the doctor’s direction and attend all medical appointments your case may be terminated for non-compliance and all benefits suspended.

If a medical bill comes to my house, what do I do?
Fax or mail the medical bill to the Risk Management Office (fax # 954-262-6860/3814). The Workers’ Compensation Risk Management Specialist relates it to the claim and forwards it to your adjuster. CCMSI will pay all authorized invoices for your claim. Otherwise, you can elect to forward the bill to your CCMSI adjuster (fax. 217-477-6623) or by email to the adjuster.

Will I get paid mileage to my medical appointments?
If you, a family member or friend drives you to an authorized appointment, physical therapy, hospital, diagnostic testing or pharmacy you are entitled to mileage reimbursement @ 45 cents per mile or current rate. A form is available to document the appropriate mileage.

What do I do if I can’t make my appointment or do not have transportation?
Call CCMSI immediately at 407-660-5637 or 866-291-0194.

When do I get my first check?
You should receive the first check within three (3) weeks after reporting your injury to FIGURMA/CCMSI and have been off work by an authorized treating physician beyond the waiting period.

All injured workers must report any wages (from all employment) earned to the insurance carrier.

How much will I be paid?
In most cases, benefits are calculated at 66 2/3 percent of your average weekly wage up to the state max for the year of your accident. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured.

**Will I be paid if the doctor takes me off work?**

In most cases, your first check will be from the 8th day of disability through the time your authorized treating physician releases you to return to work. Under Florida law, you are not paid for the first seven days of disability, unless you are out more than 21 days.

**Will the check come to my house?**

If you are entitled to benefits, your check will be mailed to your home. Please make sure we have the most up to date information regarding your address and phone number.

**Can I receive unemployment compensation and workers’ compensation benefits at the same time?**

No, not if you are receiving temporary total or permanent disability benefits, you must be medically able and available to work to qualify for unemployment benefits.

**Will I get fired because of my injury?**

No. It is against the law to fire you because you have filed or attempted to file a workers’ compensation claim.

**If I choose to have Legal Representation how would this affect my claim?**

Injured workers are not required to have an attorney but are free to retain one if they so desire. If an injured worker elects to hire an attorney to represent him or her with his or her workers’ compensation claim -

(a) Fees and costs may come out of benefits received, unless his or her employer or workers’ compensation carrier is held responsible for paying the attorney fees and other costs which may occur under certain limited circumstances.

(b) All communication, whether written or verbal, pertaining to an injured worker’s claim, must be between the injured worker’s attorney and NSU’s Third Party Administrator. Consequently, the injured worker cannot communicate with NSU representatives/employees pertaining to his/her claim while represented by an attorney.

**If my claim is based on Mental or nervous disorders how is it covered?**

Mental or nervous injuries (440.093): A mental or nervous injury due to stress, fright or excitement only is not an injury by accident arising out of the employment (see 440.02(1), Definitions.) Section 440.093 addresses mental or nervous injuries. It states that the physical injury must be and remains the major contributing cause and limits the payment of permanent benefits for mental or nervous injury to six months following date of maximum medical improvement for the physical injury.

**Who do I contact if I have any questions concerning my benefits?**

CCMSI.: @ 407-660-5637 or 866-291-0194. Their mailing address is CCMSI., 2600 Lake Lucien Dr. Suite 225, Maitland, FL 32751; Tel. 3407-660-5637 or 866-291-0194 and/or the Risk Management Office at 954-262-5404.
(a) All injured workers must complete and return forms to the insurance carrier when asked.
(b) All injured workers must notify the insurance carrier of any address changes.

Disclaimer: The above represents a summary of information pertaining to Nova Southeastern University's Worker's Compensation Benefit. Please note that worker's compensation law can be complex and these laws and policies are subject to amendment at any time. If you need help with a workers' compensation issue, please consult your CCMSI and/or Workers' Compensation Risk Management team.
Workers' Compensation Exemptions

Construction Industry
An employer in the construction industry who employs one or more part-time or full-time employees, including the owner, must obtain workers' compensation coverage.

Corporate officers or members of a limited liability company (LLC) in the construction industry may elect to be exempt if:
- The officer owns at least 10 percent of the stock of the corporation, or in the case of an LLC, a statement attesting to the minimum 10-percent ownership.
- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

No more than three corporate officers per corporation or limited liability member are allowed to be exempt. A $50 fee is required for each application submitted to obtain an exemption. Construction exemptions are valid for a period of two years or until a voluntary revocation is filed or the exemption is revoked by the Division.

Non-Construction Industry
An employer in the non-construction industry who employs four or more part-time or full-time employees, must obtain workers' compensation coverage.

Sale proprietors and partners in the non-construction industry are automatically exempt from the law, but can elect to be covered.

Non-construction industry corporate officers may elect to be exempt if:
- The officer is listed as an officer of the corporation in the records of the Florida Department of State, Division of Corporations.
- The corporation is registered and listed as active with the Florida Department of State, Division of Corporations.

There is no limit to the number of corporate officers who can exempt and there is no application fee. Non-construction exemptions are valid until a voluntary revocation is filed or the exemption is revoked by the Division.

For copies of the exemption form, contact the Division's Bureau of Compliance at (850) 413-1609 or go to http://www.MyFloridaCFO.com/WC/forms.html and click on Rule 69L-8 and form number DWC-250, Notice of Election to Be Exempt.

Frequently Asked Questions

Q: How many days do employees have to report work-related injuries or illnesses?
A: Employers are required to report accidents as soon as the work-related injuries or illnesses occur. By law, however, employees are required to report work-related injuries or illnesses within 30 days.

Q: To whom should I report the work-related injury?
A: You should report the accident to your insurance company as soon as you have knowledge of the injury. By law, you have seven days from the knowledge of the work-related injury.

Q: Do I have to report a claim if I do not believe it is a work-related injury or illness?
A: Yes. You should report all claims of work-related injuries or illnesses to your workers' compensation insurance carrier. This includes claims in which there are no witnesses of the injury or illness. If your carrier determines a claim is not work-related, the employee may appeal to a different insurance carrier.

Q: Does the employee pay any part of my workers' compensation insurance premium?
A: No. The law is very specific in this regard. It is the employer's responsibility to pay the entire premium for workers' compensation.

What Your Employee Can Expect From the Insurance Carrier

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of the employee's claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of the employee's claim. This information should be provided to the injured worker by mail on either a Notice of Action/Change form (DWC-4) or a Notice of Denial form (DWC-12)

Questions about workers' compensation?
Please visit our website at www.MyFloridaCFO.com/WC where you will find extensive information such as publications, databases, rules and forms that will give you a better understanding of workers' compensation.

Employee Assistance and Ombudsman Office Hotline
1-800-342-1741

Injured worker e-mail inquiries
wcabso@MyFloridaCFO.com

Customer Service
(850) 413-1601

Employer e-mail inquiries
WorkCompCostServ@MyFloridaCFO.com

Workers' Compensation Fraud Hotline
1-800-378-0445

IMPORTANT WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S EMPLOYERS

DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

69L-3.0036, F.A.C. Employer Informational Brochure
Rule 69L-3.125, F.A.C. Forms
RPR-002-WC-85
Revised March 2010
Your workers’ compensation insurance policy covers medical and partial wage-replacement benefits for any employee who sustains a work-related injury or illness.

This brochure will give you a better understanding of your role and responsibilities under the workers’ compensation system.

Workers’ Compensation Notice

The law requires that every employer who has secured workers’ compensation coverage post in conspicuous places a notice that contains the employer’s insurance carrier information, the expiration date of the policy, and an anti-fraud statement. The Division of Workers’ Compensation has developed this notice, in poster form, for carriers to provide to their policyholders. Your carrier is required by law to provide you with the poster(s).

Even if employers have purchased workers’ compensation policies, they shall be deemed to have failed to secure workers’ compensation coverage if they have committed any of the following actions:

- Materially understate or conceal payroll
- Materially misrepresent or conceal employee duties to avoid proper classification for premium calculations, or
- Materially misrepresent or concealed information pertinent to the computation and application of an experience modification factor.

Employees who fail to secure workers’ compensation coverage or fail to update information on their workers’ compensation insurance application are subject to stop work orders and civil and criminal penalties.

First Report of Injury

As soon as you become aware of a work-related injury or illness, immediately contact your workers’ compensation insurance carrier. If you do not report the injury or illness to your insurance carrier within seven days of the date you were informed, you may be subject to an administrative fine not to exceed $2,000 per occurrence. Most insurance companies have a toll-free number to report work-related injuries. If you report the injury or illness by telephone, the carrier will complete the form and send a copy to you and the employee within three business days. You can also fill out the First Report of Injury or Illness form (OWC-1) and send it to the insurance carrier. The form contains employer, employee and occupation information and can be obtained from the Division of Workers Compensation on their website at www.MyFlorida.com/WCforms/OWC-1.pdf. You must also provide a copy of the First Report of Injury or Illness form to the employee. The employee’s signature on the form is required, but if the employee is not able or available to sign it, then write “not available” in the employee signature box.

Workplace Fatalities

Employers must also report deaths resulting from workplace-related injuries or illnesses to the Division of Workers’ Compensation within 24 hours. To report a workplace fatality, call 1-800-216-9533 in Florida or 650-413-6161, or file the First Report of Injury or Illness form containing the finality information to 650-413-1803. To access the form, go to http://www.MyFlorida.com/WCforms.html and click on OWC-1.

Medical Benefits

As soon as you notify your carrier about your employee’s work-related injury, the carrier will:

- Determine the compensability of the injury
- Provide an authorized doctor
- Pay all authorized medically necessary care and treatment related to the injury or illness
- Provide a one-time change of physician within the business days of receipt of written request or
- Authorize treatment and care may include:
  - Doctor’s visits
  - Hospitalization
  - Physical therapy
  - Medical tests
  - Prescription drugs
  - Prostheses
  - Travel expenses to and from authorized provider or pharmacies.

Upon reaching maximum medical improvement (MMI), the employee is required to pay a $10 copayment per visit for medical treatment. MMI occurs when the treating physician determines that the employee’s injury has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

Workers’ compensation benefits for lost wages will start on the eighth day that the injured employee is unable to work. The injured employee will not receive wage replacement benefits for the first seven days of work missed, unless he or she is out of work for more than 21 days due to the work-related injury. In most cases, the wage replacement benefit will equal two-thirds of the employee’s pre-injury regular weekly wage, but the benefit will not be higher than Florida’s average weekly wage. If the employee qualifies for wage replacement benefits, he or she can expect to receive the first benefit check within 21 days after the carrier becomes aware of the injury or illness, and bi-weekly thereafter. The injured employee will be eligible for different types of wage replacement benefits depending on the progress of the claim and the severity of the injury.

| Temporary Total Benefits: These benefits are provided as a result of an injury that temporarily prevents the employee returning to work and the employee has not reached MMI. |
| Temporary Partial Benefits: These benefits are provided when the doctor releases the employee to return to work and the employee has not reached MMI and earns less than 80% of the pre-injury wage. The benefit is equal to 80% of the difference between 80% of the pre-injury wage and the post-injury wage. The maximum length of time the injured employee can receive temporary benefits is 104 weeks or until the date of MMI is determined, whichever is earlier. |
| Permanent Impairment Benefits: These benefits are provided when the injury causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole. If you return to work or above your pre-injury wage, the permanent impairment benefit is reduced by 50%. |
| Permanent Total Benefits: These benefits are provided when the injury causes the employee to be permanently and totally disabled according to the conditions stated in law. |

Death Benefits: Compensation for deaths resulting from work-related injuries or illnesses includes payment of funeral expenses and dependency benefits (each subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

Wage Statement Form

You must complete and provide a wage statement form (OPF-E-2) to your carrier for any employee who is entitled to wage replacement benefits within 14 days after the accident. You must also complete the form upon the termination of the employee or upon termination of wage replacement benefits for any employee who is collecting wage replacement benefits within seven days of such termination. To access the form, go to http://www.MyFlorida.com/WCforms.html and click on OWC-1.

Employee Assistance Office

If you have any questions or concerns about your employees’ workers’ compensation benefits, call your workers’ compensation insurance carrier. If the insurance carrier does not provide the information you have requested, you can contact the Division of Workers’ Compensation, Employee Assistance Office (EAO) at 1-800-942-7171. This office helps prevent and resolve disputes between injured workers and employers/carriers.

EAO specialists are knowledgeable about the workers’ compensation system and may be able to answer your questions. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at www.MyFlorida.com/WC/organization/eaوoffices.html.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcu.state.fl.us/forms/cc/001/apr

Anti-Fraud Reward Program

Workers’ compensation fraud occurs when any person knowingly and with intent to injure, defraud or defraud any employee or employees, insurance carrier or self-insured program. False or misleading information. Workers’ compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that leads to the arrest and conviction of persons committing insurance fraud. To report suspected workers’ compensation fraud, call 1-800-942-7171.
Información Para Empleadores

Preguntas hechas con frecuencia

P) ¿Cuántos días tienen los empleados para reportar lesiones o enfermedades relacionadas con el trabajo?
R) Los empleados deben informar a su empleador de cualquier lesión o enfermedad relacionadas con el trabajo que resulte en falta de trabajo o pérdidas de tiempo. Por lo tanto, deben reportarlas en el plazo de 30 días.

P) ¿A quién debo reportar la lesión relacionada con el trabajo?
R) Usted debe reportar el accidente a su compañía de seguros tan pronto usted tenga conocimiento de la lesión. Por ley, usted tiene seis días desde su primer conocimiento de la lesión relacionada con el trabajo.

P) ¿Tengo que reportar un reclamo si no creo que la lesión o enfermedad es relacionada con el trabajo?
R) Sí, Usted debe reportar todas las lesiones o enfermedades relacionadas con el trabajo a su compañía de seguros. Esto incluye las enfermedades de los que no hay testigos de lesiones u otras enfermedades. Es responsabilidad de la compañía de seguros por accidentes de trabajar investigar todas las demandas y determinar si el empleado tiene derecho a recibir beneficios de acuerdo a la ley de seguros por accidentes de trabajo.

P) ¿El empleado paga parte de la prima de seguro por accidentes de trabajo?
R) No. La ley es muy específica en este aspecto. Es la responsabilidad del empleador pagar la prima entera del seguro por accidentes de trabajo.

P) ¿A quién debo llamar si mis empleados tiene preguntas o preocupaciones con respecto a sus remuneraciones?
R) Usted debe comunicarse directamente con su representante de los empleados. Si el empleado no puede contestar la pregunta o resolver el problema, usted y sus empleados deben llamar a la oficina de la ayuda al Trabajador en 1-800-392-1741.

Información Importante

DEL SEGURO DE INDEMNIZACIÓN
POR ACCIDENTES DE TRABAJO
PARA LOS EMPLEADORES
DE LA FLORIDA

Preguntas sobre el seguro por accidentes de trabajo

Por favor, visite nuestra página Web en www.MyFlorida.com para acceder a información extensa tal como publicaciones, un número de bases de datos, reglas, y formularios que le darán un mejor entendimiento del seguro para accidentes de trabajo.

Oficina de Ayuda al Trabajador (Oficina de asistencia para el trabajador) 1-800-392-1741
Empleados lesionados pueden hacer preguntas por correo electrónico a:WWW.MyFlorida.com
Servicio al cliente (850) 413-1601
Empleadores pueden hacer preguntas por correo electrónico a:WWW.KompCustServ@MyFlorida.com
Preguntas sobre el programa contra el fraude: 1-800-392-9448

Para conseguir copias de la notificación de elección para ser exento (en Inglés Notice of Election to Be Exempt) llame al (800) 413-1609 o vaya a nuestro sitio Web en http://www.myfloridastate.com/WC/forms.html, y haga clic en la regla 69L-6 y número del formulario DWC-250 Elección de ser exento.
Su póliza de seguro para accidentes de trabajo cubre beneficios médicos y reemplazo parcial del salario para cualquier empleado que sostenga lesión o una enfermedad relacionada con su trabajo.

Este folleto le dará una mejor comprensión de su papel y responsabilidades bajo el sistema de seguro para accidentes de trabajo.

Aviso de seguro para accidentes de trabajo
La ley requiere que cada empleador que ha adquirido una póliza de seguro para accidentes de trabajo coloque en un lugar o lugares conspicuos un anuncio que contenga información sobre la compañía de seguros, la fecha de recibo de la póliza, y una declaración de lo que está cubierto.

Fallecimientos relacionados con el trabajo
Un fallecimiento también es una situación que podría requerir la intervención de un miembro de la familia.

Beneficios médicos
Para que el empleado pueda acceder a los beneficios médicos, debe presentar un formulario de solicitud y una copia de su identificación.

Formato de declaración del salario
El formulario de declaración del salario debe ser completado por el empleado y entregado a la compañía de seguros.

Oficina de ayuda al trabajador
Si no viven cerca de su oficina de ayuda al trabajador, pueden llamar a 1-800-555-1212 para obtener más información.

Programa de recompensas contra fraude
El fraude en el seguro para accidentes de trabajo puede ser una forma de fraude que puede llevar a una pérdida de beneficios. Es importante que el empleado informe todas las situaciones sospechosas.

69L-3.0036, F.A.C. Employer Informational Brochure cont'd
Resources

Nova Southeastern University

Risk Management Office
3100 SW 9th Avenue,
Suite 422
Fort Lauderdale, Fl 33315
Tel: (954) 262-5404 * (954) 262-6860 (fax)
E-Mail: risk@nova.edu

Claims-Handling Entity

Cannon Cochran Management Services, Inc. (CCMSI)
2600 Lake Lucien Dr. Suite 225
Maitland, FL 32751
Tel: 407-660-5637 /1- 866-291-0194 * 217-477-6623 (fax)
After Hours: 1-877-253-5169

For more information regarding prevention of risk visit our website at http://www.nova.edu/cwis/fop/risk/