Workers' Comp Works For You

Workers' compensation pays for all authorized medically necessary all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, a work related injury or illness, and you have been disabled for and you have been calendar days, more than seven calendar days, you may be eligible for some you may be eligible for some wage replacement benefits.

\$25,000 Reward

ANTI-FRAUD REWARD PROGRAM

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

1-800-378-0445 or online at https://www.myfloridacfo.com/Division/DIFS/WCFraud/
A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance
must be posted by the
employer and maintained
conspicuously in and about
the employer's place or
places of employment.
State of Florida
Division of Workers'
Compensation

69L-6.007, F.A.C. Compensation Notice DFS-F4-1548

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WC8846c (02-19) Wolters Kluwer Financial Services, Inc. | Uniform Forms

Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.

If you are injured on the job:

2. Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.

If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at 1-800-342-1741.

Employer	
NAME & ADDRESS	
s providing Worker's Compensation through	
NSURANCE COMPANY, SELF-INSURANCE FUND, SELF-	INSURANCE.
Policy Number	Effective Date:
Local representative or agent NAME	
ADDRESS	PHONE NUMBER