



Work-based Learning Program Workers' Compensation Premium Reimbursement Employer Checklist

This checklist is to assist employers with preparation in submitting their applications for WBL Workers' Compensation Premium Reimbursements according to s. 446.54, F.S.

Information needed to complete the reimbursement application.

- Business name (Employer) and FEIN
- Name, title, phone, email, and business address of the Employer's supervisor overseeing the student's participation.
- Employer's workers' compensation insurance company name and workers' compensation policy number.
- A brief description of the employer's business and operation.
- Name of each applicable educational institution as related to the students listed in the application.
- Name, phone number, and email related to the listed educational institution for each instructor.
- Student's name, age, educational instructor name, WBL start date, and WBL end date for each student.
- A copy of the Work-based Learning Training Agreement & Plan for each student listed in the application.
- Determine if the Employer is opting to provide their own method to determine the workers' compensation premium attributable to WBL students or the calculation of reimbursement will be conducted by the Division of Workers' Compensation.
 - If Employer method is chosen, provide all necessary documentation to support the described method used to determine the workers' compensation premium.

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Application completion check list.

- Complete all sections of the application
- Initial each listed statement
- Sign and date the fraud statement.
- Sign and date the final page of the application.
- Attach a copy of the Work-based Learning Training Agreement & Plan for each student listed in the application.
- Ensure the Department of Revenue received all the employer's applicable payroll data.
- Attach any other documentation the employer wants to include with the application.
- Ensure the employer has registered with MyFloridaMarketPlace as a vendor for the State of Florida.