

Annual Filing Requirements for Governmental Self-Insurers

Division of Workers' Compensation
Bureau Of Financial Accountability
Self-insurance Unit

Purpose of Video

- Welcome Governmental Self-Insurer
- Annual Filing Requirements (Active & Terminated):
 - [DFS-F2-SI-5](#) Self-Insurer Payroll Report
 - [DFS-F2-SI-17](#) Unit Statistical Report
 - [DFS-F2-SI-19](#) Certification of Servicing for Self-Insurers
- Mandatory Filing Requirement (Checklists)
- START
- Florida Statutes and Rules

Welcome Governmental Self-Insurer

- Governmental self-insured - [Section 440.38\(6\), F.S.](#)
- Annual Requirements
- Obligations and Due dates
- Civil Penalties - Rule [69L-5.217, F.A.C.](#) -

Filing Requirements for Active Self-Insurers

Self-Insurer Payroll Report (SI-5)

Form	When to File - Due Date	Rule
Self-Insurer Payroll Report	60 days after the (R.E.D) Rating Effective Date.	69L-5.203, F.A.C.
DFS-F2-SI-5	<i>What is a Rating Effective Date?</i> Beginning date of the self-insurance authorization.	

Filing Requirements for Active Self-Insurers Unit Statistical Report (SI-17)

Form	When to File - Due Date	Rule
Unit Statistical Report DFS-F2-SI-17	No later than 60 days after the evaluation date. <i>What is an evaluation date?</i> <i>An evaluation date is 6 months after the Rating Effective Date (RED).</i>	<u>69L-5.205,</u> <u>F.A.C.</u>

Filing Requirements for Active Self-Insurers

Certification of Servicing for Self-Insurers (SI-19)

Form	When to File - Due Date	Rule
Certification of Servicing for Self-Insurers DFS-F2-SI-19	<ul style="list-style-type: none">• If a change in Servicing of Claims, this form must be filed within 30 days of that change.• If the expiring contract is renewed with the same QSE/TPA, this form must be filed 30 days after the expiration date of the contract being renewed.• If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years and 30 days from the date of submission of the prior SI-19.	<u>69L-5.216,</u> <u>F.A.C.</u>

Filing Requirements for Terminated Self-Insurers

Self-Insurer Payroll Report (SI-5)

Form	When to File – Due Date	Rule
Self-Insurer Payroll Report DFS-F2-SI-5	90 days after the cancellation date and must be submitted until the final payroll period has been reported.	<u>69L-5.203,</u> <u>F.A.C.</u>

Filing Requirements for Terminated Self-Insurers Unit Statistical Report (SI-17)

Form	When to File	Rule
Unit Statistical Report DFS-F2-SI-17	No later than 60 days after the cancellation date and must be submitted until the loss data for the final period of authorization has been reported.	<u>69L-5.205,</u> <u>F.A.C.</u>

Filing Requirements for Terminated Self-Insurers

Certification of Servicing for Self-Insurers (SI-19)

Form	When to File – Due Date	Rule
Certification of Servicing for Self-Insurers DFS-F2-SI-19	<ul style="list-style-type: none"> • If a change in Servicing of Claims, this form must be filed within 30 days of that change. • If the expiring contract is renewed with the same QSE/TPA, this form must be filed 30 days after the expiration date of the contract being renewed. • If the contract is continuous or is greater than 3 years, this form must be filed no later than 3 years and 30 days from the date of submission of the prior SI-19. 	<u>69L-5.216,</u> <u>F.A.C.</u>

Where to Submit Required Filings

Welcome to START
Division of Workers' Compensation

Please log in below to access your information

System for
Tracking
Assessments,
Regulation &
Transactions

User Id:

Password:

[Forgot Password](#)

<https://start.fldfs.com/Login.aspx>

Welcome to START Account Set-up

We will request specific requirements:

- Contact **Full Name** and Title
- Mailing and **Email Address**
- Direct **Phone** and Direct **Line/Extension**
- **User Types**
- **Roles** to be assigned to *Active Contacts* (External Users)

Enter the new Password and then click the Submit button.

Change your password

New Password:

Confirm Password:

START External Users - *Active Contacts*

See a descriptive guide of all **User Types** below:

Type	Description
Executive	The <i>Executive Contact</i> is a Required User Type. The Executive Contact must be the Self-Insured Company's Owner or someone in a high level Upper/Senior Management Position).
I.S.I.	<i>Individual Self-Insurer Contact</i> - Multiple contacts can be assigned under this contact type.
T.P.A.	<i>Third Party Administrator Contact</i> - Multiple contacts can be assigned under this contact type.
Consortium	<i>Consortium Contact</i> - Multiple contacts can be assigned under this type.

START Roles, Type of Users, and Secured Email Correspondence

Contact Name	Email	Type	Roles			
			AU Primary	Assessments	Loss Data	Payroll
Jen Doe	JenDoe@GovernmentalSelfInsurer.com	Executive	X			X
John Smith	JohnSmith@GovernmentalSelfInsurer.com	ISI			X	
John Doe	JohnDoe@TPAorQSE.com	TPA	X	X	X	X
Jane Doe	JaneDoe@Consortium.com	Consortium		X		

Self-Insurer Payroll Report (SI-5) START Submission

Division of Workers' Compensation
START

Active Contact

Your Session Time Left : 20 minutes.

Home

Home Welcome Active Contact with Governmental Self-Insurer Sign Out

Select the company you would like to administer today:

Governmental Self-Insurer's Dashboard START

Division of Workers' Compensation
START

Active Contact Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

ISI

[Home](#) Welcome Active Contact with Governmental Self-Insurer [Sign Out](#)

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

[Assessments](#) [Claims](#) [Payroll \(SI-5\)](#)

[Self-Insurer's Form Filing Lifecycle](#)

*Click on the link above to view due dates for all form filing requirements and quarterly assessments.

Self-Insurer Payroll Report (SI-5) START Submission

Division of Workers' Compensation Active Contact Your Session Time Left : 20 minutes.

START

ISI Profile Reports Admin

Audited Payroll

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ISI:	Governmental Self-Insurer	Current Status:	Active	RED:	1/1
FEIN:	12-3456789	DWC #:	1234	SI Effective Date:	8/1/1935
		SI End Date:			

Enter/Edit Payroll Information

Class code	<input type="text" value="8810"/>	Payroll	\$ <input type="text"/>
Rate%	<input type="text" value="0.17"/>	Premium	\$ <input type="text" value="0"/>

	Previous Coverage Period				Current Coverage Period				Deviation
	Start Date	End Date	Start Date	End Date	Start Date	End Date	Start Date	End Date	
	1/1/2019	12/31/2019	1/1/2020	12/31/2020					
Select	Class code	Payroll	Rate%	Premium	Class code	Payroll	Rate%	Premium	Deviation
Edit	7539	\$336,283,823.00	1.71	\$5,750,453.00	7539	\$391,541,353.00	1.74	\$6,812,820.00	16.00 %
	8810	\$689,389,196.00	0.18	\$1,240,901.00		\$0.00		\$0.00	-100.00 %
	Total	\$1,025,673,019.00		\$6,991,354.00	Total	\$391,541,353.00		\$6,812,820.00	

Self-Insurer Payroll Report (SI-5) START Submission

Division of Workers' Compensation Active Contact Your Session Time Left : 20 minutes.

START

ISI Profile Reports Admin

Audited Payroll

Home Welcome Active Contact with Governmental Self-Insurer Sign Out

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SIEffective Date :	8/1/1935
		SIEnd Date :			

Enter/Edit Payroll Information

Class code	<input type="text" value="8810"/>	Payroll	\$ <input type="text" value="689389196"/>
Rate%	<input type="text" value="0.17"/>	Premium	\$ <input type="text" value="0"/>

	Previous Coverage Period				Current Coverage Period				Deviation
	Start Date :	End Date :	Start Date :	End Date :	Start Date :	End Date :	Start Date :	End Date :	
	1/1/2019	12/31/2019	1/1/2020	12/31/2020					
Select	Class code	Payroll	Rate%	Premium	Class code	Payroll	Rate%	Premium	Deviation
Edit	7539	\$336,283,823.00	1.71	\$5,750,453.00	7539	\$391,541,353.00	1.74	\$6,812,820.00	16.00 %
	8810	\$689,389,196.00	0.18	\$1,240,901.00		\$0.00		\$0.00	-100.00 %
	Total	\$1,025,673,019.00		\$6,991,354.00	Total	\$391,541,353.00		\$6,812,820.00	

Self-Insurer Payroll Report (SI-5)

S.T.A.R.T. Submission

Division of Workers' Compensation [Sign Out](#)
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START

Home Carrier ▶ ISI ▶ SI Regulation ▶ Reports ▶ Admin ▶

Audited Payroll

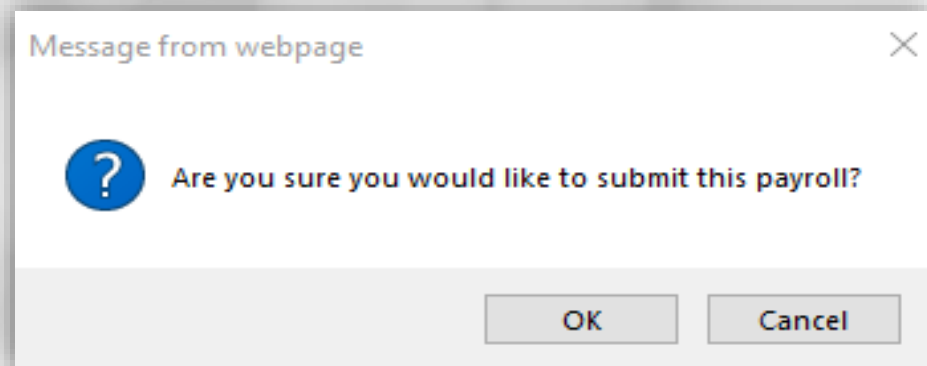
ISI :	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI Effective Date :	8/1/1935
SI End Date :					

Enter/Edit Payroll Information

Class code	<input type="text"/>	Payroll	\$	<input type="text"/>
Rate%	<input type="text"/>	Premium	\$	<input type="text"/>

	Previous Coverage Period				Current Coverage Period				Deviation
	Start Date :	End Date :	Start Date :	End Date :	Start Date :	End Date :	Start Date :	End Date :	
	1/1/2019	12/31/2019	1/1/2020	12/31/2020					
Select	Class code	Payroll	Rate%	Premium	Class code	Payroll	Rate%	Premium	Deviation
Edit	7539	\$336,283,823.00	1.71	\$5,750,453.00	7539	\$391,541,353.00	1.74	\$6,812,820.00	16.00 %
Edit	8810	\$689,389,196.00	0.18	\$1,240,901.00	8810	\$742,216,825.00	0.17	\$1,261,769.00	8.00 %
	Total	\$1,025,673,019.00		\$6,991,354.00	Total	\$1,133,758,178.00		\$8,074,589.00	

Self-Insurer Payroll Report (SI-5) START Submission



Payroll has been submitted.

Governmental Self-Insurer's Dashboard START

Division of Workers' Compensation
START

Active Contact Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

ISI

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ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

Assessments Claims Payroll (SI-5)

[Self-Insurer's Form Filing Lifecycle](#)

*Click on the link above to view due dates for all form filing requirements and quarterly assessments.

Unit Statistical Report (SI-17) START Submission

Division of Workers' Compensation Active Contact Your Session Time Left : 20 minutes.

START

ISI Profile Reports Admin

Claims

Home Welcome Active Contact with Governmental Self-Insurer Sign Out

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

[Loss Data \(SI-17\)](#)

[Certification of Servicing \(SI-19\)](#)

Unit Statistical Report (SI-17) S.T.A.R.T. Submission

Upload Loss Data

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ISI:	Governmental Self-Insurer	Current Status:	Active	RED:	1/1
FEIN:	12-3456789	DWC #:	1234	SI Effective Date:	8/1/1935
		SI End Date:			

Loss Data (SI-17) document should contain the following reports:

Report #1: 07/01/2019 - 06/30/2020
Report #2: 07/01/2018 - 06/30/2019
Report #3: 07/01/2017 - 06/30/2018

[Download SI-17 Excel Template](#)
[Download SI-17 Excel Template\(Microsoft Excel 97-2003 Worksheet\)](#)

Note: To upload .xls (Microsoft Excel 97-2003 Worksheet) file, please contact SelfInsurance.Unit@MyFloridaCFO.com

Select the file type to upload: .xlsx (Microsoft Excel Worksheet) .txt (Text File)

Select the loss data file to upload: C:\Users\passettii\Desktop\SI17s RCVD\si179\

Allocated loss adjustment: Yes No Report #1: \$ Report #2: \$ Report #3: \$

Coverage Period From	Coverage Period To	Due Date	Date Received	Loss Data (SI-17)	Date Submitted	Submitted By	History
07/01/2019	06/30/2020	03/02/2021		Enter			Select
07/01/2018	06/30/2019	03/01/2020	03/24/2020	Submitted	02/27/2020	manningd1	Select
07/01/2017	06/30/2018	03/02/2019	04/01/2019	Submitted	03/01/2019	manningd1	Select
07/01/2016	06/30/2017	03/02/2018		Submitted	02/26/2018	manningd1	Select

File uploaded successfully.

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation
START
Active Contact
Your Session Time Left : 20 minutes.

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ISI

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ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
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				SI-End Date :	

Assessments

Claims

Payroll (SI-5)

[Self-Insurer's Form Filing Lifecycle](#)

*Click on the link above to view due dates for all form filing requirements and quarterly assessments.

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation [Active Contact](#) Your Session Time Left : 20 minutes.

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Claims

[Home](#) **Welcome Active Contact with Governmental Self-Insurer** [Sign Out](#)

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SIEffective Date :	8/1/1935
				SIEnd Date :	

[Loss Data \(SI-17\)](#)

[Certification of Servicing \(SI-19\)](#)

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation
START

[Active Contact](#)

Your Session Time Left : 20 minutes.

ISI Profile Reports Admin

Certification of Servicing Details

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ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
				SI-End Date :	

Renew	Service Company	Contract Begin Date	Expiration Date	Received Date	Submitted Date	Submitted By	Status	History
Select	Broadspire Services, Inc.	08/02/2019	08/02/2022	08/02/2019	08/02/2019	mannngd1	Active	Select

Note: Click [New](#) button to add new SI-19 contract or click [Select](#) link to renew each active SI-19 contract.

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation Active Contact Your Session Time Left : 20 minutes.

START

[Home](#) [Welcome Active Contact with Governmental Self-Insurer](#) [Sign Out](#)

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEN :	12-3456789	DWC # :	1234	SIEffective Date :	8/1/1935
		SIEnd Date :			

PART I - CLAIMS

PART I-CLAIMS (Both Current and Former Self-Insurers must complete this part)

SECTION A - HANDLING OF THE SELF-INSURED CLAIMS

SECTION A - HANDLING OF THE SELF-INSURED CLAIMS

Indicate how the self-insured claims are currently being administered: *(Check One)*

- All self-insured claims are being handled by one Qualified Servicing Entity (This Qualified Servicing Entity must execute Section B)
- Self-insured claims are split between multiple Qualified Servicing Entity (Attach a list of those Qualified Servicing Entity and the dates of self-insurance that each one handles; you must execute a separate Form SI-19 with each Qualified Servicing Entity completing Section B)
- All self-insured claims are being handled through an approved self-servicing arrangement (Continue in Section C)
- Self-insured claims are split between a Qualified Servicing Entity, or multiple Qualified Servicing Entities and an approved self-servicing arrangement (Attach a list of those Qualified Servicing Entities and the dates of self-insurance handled in-house and by each Qualified Servicing Entity)

SECTION B - SERVICING OF SELF-INSURED CLAIMS BY AN APPROVED QUALIFIED SERVICING ENTITY

SECTION C - SERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING ARRANGEMENT

PART II - SAFETY

PART III - SELF-INSURER'S CERTIFICATION

Form DFS-F2-SI-19 (8/2009)
Rules 69L-5.216 & 69L-5.223, F.A.C.

**** Any additional documents required for this form must be uploaded under the self-insurer's profile (under General Info).

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation
START
Active Contact
Your Session Time Left : 20 minutes.

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Re-certification of Servicing (SI-19)

Home
Welcome Active Contact with Governmental Self-Insurer
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ISI:	Governmental Self-Insurer	Current Status:	Active	RED:	1/1
FEIN:	12-3456789	DWC #:	1234	SI-Effective Date:	8/1/1935
				SI-End Date:	

SECTION A - HANDLING OF THE SELF-INSURED CLAIMS

SECTION B - SERVICING OF SELF-INSURED CLAIMS BY AN APPROVED QUALIFIED SERVICING ENTITY

SECTION B - SERVICING OF SELF-INSURED CLAIMS BY AN APPROVED QUALIFIED SERVICING ENTITY *(To be completed by Approved Qualified Servicing Entity if applicable)*

The undersigned Qualified Servicing Entity certifies that the above self-insurer has satisfied the servicing requirements as contained in Rule 69L-5.230, FAC, relating to claims handling, by contracting for these services on a full-time basis. This contract begins on 8/3/2022 and ends on . The dates of self-insurance being serviced by the undersigned Qualified Servicing Entity are to . The undersigned service company also certifies that its contract with the above self-insurer complies with Rule 69L-5.230, FAC.

If this is a new contract and the self-insurer is changing servicing entities, are the previous self-insured claims being transferred to the new Qualified Servicing Entity?

Yes (Claims Transferred) No (Claims Remaining)

Name of Qualified Servicing Entity for Claims Handling : Broadspire Services, Inc. ▼

Contact Name : SELECT TPA CONTACT ▼

Last Name : First Name :

Title : Email Address :

Phone Number : Ext : Fax Number :

Street : City :

State : ----Select---- ▼ Zip Code : Zip Ext :

SECTION C - SERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING ARRANGEMENT

PART II - SAFETY

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation Active Contact Your Session Time Left : 20 minutes.

START

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Re-certification of Servicing (SI-19)

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ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

PART I - CLAIMS

PART I-CLAIMS *(Both Current and Former Self-Insurers must complete this part)*

- SECTION A - HANDLING OF THE SELF-INSURED CLAIMS
- SECTION B - SERVICING OF SELF-INSURED CLAIMS BY AN APPROVED QUALIFIED SERVICING ENTITY
- SECTION C - SERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING ARRANGEMENT

SECTION C - SERVICING SELF-INSURED CLAIMS BY APPROVED SELF-SERVICING ARRANGEMENT

The undersigned self-insurer certifies that it has satisfied the servicing requirements as contained in 69L-5.216, FAC, relating to claims handling, by use of an approved self-servicing arrangement effective

- PART II - SAFETY
- PART III - SELF-INSURER'S CERTIFICATION

Form DFS-F2-SI-19 (8/2009)
Rules 69L-5.216 & 69L-5.223, F.A.C.

**** Any additional documents required for this form must be uploaded under the self-insurer's profile (under General Info).

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation
START
Active Contact
Your Session Time Left : 20 minutes.

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Re-certification of Servicing (SI-19)

[Home](#)
Welcome Active Contact with Governmental Self-Insurer
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ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

☑ PART I - CLAIMS

☑ PART II - SAFETY

PART II - SAFETY *(Only Active Self-Insurers must complete this part)*

The undersigned self-insurer certifies that it has satisfied the servicing requirements as contained in Rule 69L-5.216, FAC, relating to its safety program, in the following manner (check one):

By use of an approved self-servicing arrangement (in-house safety program) (Attach a current Division of Workers' Compensation approval for the self-servicing arrangement; a current approval is within the last three years.)

By contracting with an approved Qualified Servicing Entity for safety (must insert name of Qualified Servicing Entity below):

Name of Qualified Servicing Entity for safety : ---Select---

☑ PART III - SELF-INSURER'S CERTIFICATION

Form DFS-F2-SI-19 (8/2009)
Rules 69L-5.216 & 69L-5.223, F.A.C.

**** [Any additional documents required for this form must be uploaded under the self-insurer's profile \(under General Info\).](#)

Certification of Servicing for Self-Insurers (SI-19) START Submission

Division of Workers' Compensation
Active Contact
Your Session Time Left : 19 minutes.

START
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Re-certification of Servicing (SI-19)

[Home](#)
Welcome Active Contact with Governmental Self-Insurer
[Sign Out](#)

ISI:	Governmental Self-Insurer	Current Status :	Active	RED :	1/1
FEIN :	12-3456789	DWC # :	1234	SI-Effective Date :	8/1/1935
		SI-End Date :			

PART I - CLAIMS
 PART II - SAFETY
 PART III - SELF-INSURER'S CERTIFICATION

PART III - SELF-INSURER'S CERTIFICATION *(Both Current and Former Self-Insurers must complete this part)*

The undersigned self-insurer certifies that the information contained on and accompanying this form is true and correct to the best of his/her knowledge and that the claims serviced in this manner include all claims covered under this self-insurance privilege and any other self-insurance privileges assumed by the self-insurer as a result of purchases or mergers.

Name of the Self-Insurer : **Governmental Self-Insurer**

Contact Name :

Last Name :

Title :

Phone Number : Ext :

Street :

State :

First Name :

Email Address :

Fax Number :

City :

Zip Code : Zip Ext :

Form DFS-F2-SI-19 (Certification of Servicing for Self-Insurers) was successfully submitted.

Florida Statutes and Rules

- Definition of a Governmental Entity ([Section 440.38\(6\), F.S.](#))
- Application Process ([69L-5.223, F.A.C.](#))
- Reporting Requirements ([69L-5, F.A.C.](#))
 - [Form SI-5](#) Payroll Report ([69L-5.203, F.A.C.](#))
 - [Form SI-17](#) Unit Statistical Report ([69L-5.205, F.A.C.](#))
 - [Form SI-19](#) Certification for Servicing Self-Insurers ([69L-5.216\(2\) & \(3\), F.A.C.](#))
- Termination ([69L-5.224, F.A.C.](#))

Summary Overview

- Welcome Governmental Self-Insurer
- Mandatory Annual Filing Requirements for Active & Terminated (Checklists):
 - [DFS-F2-SI-5](#) Self-Insurer Payroll Report
 - [DFS-F2-SI-17](#) Unit Statistical Report
 - [DFS-F2-SI-19](#) Certification of Servicing for Self-Insurers
- START
- Florida Statutes and Rules

Thank you for viewing the Annual Requirements for Governmental Self-Insurers presentation. If you have any questions or need additional information, please contact us:

Florida Division of Workers' Compensation
Bureau of Financial Accountability
Self-Insurance Unit

Phone: (850) 413-1615

SelfInsurance.Unit@myfloridacfo.com

DEPARTMENT OF FINANCIAL SERVICES



CFO JIMMY PATRONIS