
**Order Setting Assessment Rate for the Workers' Compensation Administration Trust Fund for Calendar Year 2014**

Attached is a copy of the Order that sets the assessment rate for the Workers' Compensation Administration Trust Fund (WCATF) for calendar year 2014.

Pursuant to Section 440.51(1), Florida Statutes, the Department shall estimate annually in advance the amounts necessary for the administration of Chapter 440, Florida Statutes, based on the anticipated expenses of the administration of Chapter 440 for the next calendar year.

Taking into account the current WCATF balance and the anticipated expenses of the administration of Chapter 440, the Department has estimated the amounts necessary for the administration of Chapter 440 for calendar year 2014.

Beginning January 1, 2014, the assessment rate for the WCATF is 1.61%.

If you have questions or need additional information about this assessment, please call Gene Smith, Assessments Coordinator for the Division of Workers' Compensation, at (850) 413-1644.

Attachment
IN THE MATTER OF:

ASSESSMENT RATE FOR WORKERS' COMPENSATION ADMINISTRATION TRUST FUND FOR CALENDAR YEAR 2014

CASE NO. 136767-13-WC

ORDER

THIS CAUSE came on for consideration pursuant to the provisions of Section 440.51(1), Florida Statutes, which require the Department of Financial Services (hereinafter referred to as the “Department”) to annually notify carriers and self-insurers of the assessment rate necessary for the administration of Chapter 440, Florida Statutes. The Department, having considered the amounts necessary for the administration of Chapter 440, Florida Statutes, for calendar year 2014, and being otherwise fully advised in the premises, hereby finds and orders as follows:

1. Section 440.51(1), Florida Statutes, requires the Department to estimate annually in advance the amounts necessary for the administration of Chapter 440, Florida Statutes. Pursuant to Section 440.51(1)(a), Florida Statutes, the Department shall, by July 1 of each year, notify carriers and self-insurers of the assessment rate, which shall be based on the anticipated expenses of the administration of Chapter 440, Florida Statutes, for the next calendar year.

2. With respect to calendar year 2014, the Department has estimated the amount necessary for the administration of Chapter 440, Florida Statutes. The estimated rate is 1.61%.
IT IS THEREFORE ORDERED:

Each carrier and self-insurer, including each insurance company writing workers’ compensation insurance in the State of Florida, each group self-insurance fund under Section 624.4621, Florida Statutes, each commercial self-insurance fund under Section 624.462, Florida Statutes, each electric cooperative self-insurance fund under Section 624.4626, Florida Statutes, and each assessable mutual insurer under Section 628.6011, Florida Statutes, shall pay an assessment for deposit into the Workers’ Compensation Administration Trust Fund in the amount of one and sixty-one one-hundredths of a percent (1.61%) of the net premiums collected (or earned, as per Division of Workers’ Compensation Bulletin Number 228) on workers’ compensation insurance issued by the company in the State of Florida. Pursuant to Chapter 2000-150, Laws of Florida, the net premiums assessed for the calendar quarter shall be adjusted to include the deductible premium credits or discounts the company has applied to its deductible policies.

Beginning on the self-insurer’s anniversary date falling within calendar year 2014, each individual self-insured employer under Section 440.38, Florida Statutes, shall pay an assessment for deposit into the Workers’ Compensation Administration Trust Fund in the amount of one and sixty-one one-hundredths of a percent (1.61%) of net premiums computed by the Division of Workers’ Compensation, as if the company had purchased workers’ compensation insurance in the State of Florida.
The Workers' Compensation Administration Trust Fund assessment shall become due and be paid to the Division of Workers' Compensation quarterly, within thirty (30) days of quarter end or receipt of notice, whichever is later.

DONE and ORDERED this 24th day of June, 2013.

[Signature]

LEIF A. WATER
CHIEF FINANCIAL OFFICER
NOTICE OF RIGHTS

You have a right to an administrative hearing concerning this proposed agency action by the Department under sections 120.569 and 120.57, Florida Statutes. To request a hearing, you must file a written petition. The petition shall be legible and on 8 1/2 by 11 inch white paper. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced.

If your petition disputes any material fact contained in the proposed action, you are entitled to a hearing under sections 120.569 and 120.57(1), Florida Statutes, at which you may be represented by counsel, present evidence and argument on the issue(s), examine witnesses, submit a proposed recommended order, and file exceptions to the recommended order of the Administrative Law Judge. A petition for a hearing under sections 120.569 and 120.57(1), Florida Statutes, must comply with Rule 28-106.201, Florida Administrative Code. The petition must contain a) the name and address of each agency affected and each agency’s file or identification number, if known; b) the name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner’s representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner’s substantial interests will be affected by the agency determination; c) a statement of when and how the petitioner received notice of the agency decision; d) a statement of all disputed issues of material fact; if there are none the petition must so indicate; e) a concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency’s proposed action; f) a statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency’s proposed action, including an explanation of how the alleged facts relate to the specific rules or statutes; and g) a statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency’s proposed action.

If your petition does not dispute any material fact contained in the proposed action, you are entitled to a hearing under sections 120.569 and 120.57(2), Florida Statutes, at which you may be represented by counsel, present documentary evidence, and present a written statement in opposition to this action. A petition for a hearing under sections 120.569 and 120.57(2), Florida Statutes, must comply with Rule 28-106.301, Florida Administrative Code. The petition must contain a) the name and address of each agency affected and each agency’s file or identification number, if known; b) the name, address, and telephone number of the petitioner; the name, address, and telephone number of the petitioner’s representative, if any, which shall be the address for service purposes during the course of the proceeding; and an explanation of how the petitioner’s substantial interests will be affected by the agency determination; c) an explanation of how the petitioner’s substantial interests will be affected by the agency determination; d) a statement of when and how the petitioner received notice of the agency decision; e) a concise statement of the ultimate facts alleged, including the specific facts the petitioner contends warrant reversal or modification of the agency’s proposed action; f) a statement of the specific rules or statutes the petitioner contends require reversal or modification of the agency’s proposed action; g) a statement of the relief sought by the petitioner, stating precisely the action petitioner wishes the agency to take with respect to the agency’s proposed action; and h) a statement that no material facts are in dispute.

Any petition for hearing regarding this agency action must be received by the Department within twenty-one (21) days of your receipt of the action. The petition must be filed with Julie Jones, CP, FRP, DFS Agency Clerk, Department of Financial Services, 612 Larson Building, 200 E. Gaines Street, Tallahassee, Florida 32399-0390. FAILURE TO FILE A PETITION WITHIN THE TWENTY-ONE (21) DAYS CONSTITUTES A WAIVER OF YOUR RIGHT TO AN ADMINISTRATIVE HEARING CONCERNING THIS AGENCY ACTION. Mediation under section 120.573, Florida Statutes, is not available.