

AGGREGATE CLAIMS ADMINISTRATION CHANGE REPORT

FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

200 East Gaines Street
Tallahassee, FL 32399-4226

SENT TO DIVISION DATE	DIVISION RECEIVED DATE

PLEASE PRINT OR TYPE

CLAIMS-ADMINISTRATOR CHANGED FROM:	CLAIMS-ADMINISTRATOR CHANGED TO:
NAME OF SERVICING CO./TPA: _____	NAME OF SERVICING CO./TPA: _____
ADDRESS: _____ _____	ADDRESS: _____ _____
TELEPHONE: _____	TELEPHONE: _____
SERVICING CO./TPA CODE #: _____	SERVICING CO./TPA CODE #: _____
NAME OF INSURER, FUND, SELF-INSURED EMPLOYER: _____	NAME OF INSURER, FUND, SELF-INSURED EMPLOYER: _____
INSURER CODE #: _____	INSURER CODE #: _____

EFFECTIVE DATE OF THE CHANGE IN CLAIMS ADMINISTRATION: _____

ALL DATES OF ACCIDENT

DATE(S) OF ACCIDENT ON OR AFTER EFFECTIVE DATE

THIS FORM IS DUE WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THE CHANGE IN CLAIMS ADMINISTRATION

SOCIAL SECURITY NUMBER	EMPLOYEE NAME (First, Middle, Last)	DATE OF ACCIDENT (Month-/Day/Year)	EMPLOYER

PLEASE ATTACH ADDITIONAL PAGE(S) OF THIS FORM IF NECESSARY, OR A LISTING IDENTICAL IN FORMAT (EMPLOYEE, SSN, D/A, EMPLOYER)		INSURER NAME: CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
INSURER CODE #	SERVICE CO./TPA CODE #	

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 s. 817.234, Section 440.105(7), F.S.
Form DFS-F2-DWC-49 (03/2009) Rule 69L-3.025, F.A.C.

DWC-49 Purpose and Use Statement

The collection of the social security number on this form is imperative for the Division of Workers' Compensation's performance of its duties and responsibilities as prescribed by law. 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.