

RULE WORKSHOP RELATING TO PROPOSED

RULE NUMBERS 69L-6.012, 69L-6.025, 69L-6.027, 69L-6.028, 69L-6.029, 69L-6.030, 69L-6.032, 69L-6.036, F.A.C.

STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

November 16, 2022

9:00 AM – 11:00 AM EST.

***** THIS PROCEEDING IS OPEN TO THE PUBLIC VIA PHONE AND ONLINE*****

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1. Call to order.
2. Opening remarks by the Presiding Officer.
3. Presentations by any affected persons, or evidence and argument on all issues under consideration relating to the proposed adoption of Rule Numbers 69L-6.012, 69L-6.025, 69L-6.027, 69L-6.028, 69L-6.029, 69L-6.030, 69L-6.032, 69L-6.036, F.A.C., appropriate to inform the Department of Financial Services of their contentions pursuant to the provisions of section 120.54, F.S., regarding hearings.
4. Concluding remarks by the Presiding Officer.
5. Adjournment.

69L-6.012 Notice of Election to Be Exempt.

(1)(a) Only corporate officers of non-dissolved or active corporations who meet the conditions for the issuance of a valid Form, DFS-F2-DWC-252, <https://www.flrules.org/Gateway/reference.asp?No=Ref> ~~_____~~, <https://www.flrules.org/Gateway/reference.asp?No=Ref 02941> Certificates of Election to be Exempt from Florida Workers' Compensation Law, revised 01/23, 08/13, and herein incorporated by reference, as stated in Chapter 440, F.S., and implemented by this rule may file a Form DFS-F2-DWC-250, <https://www.flrules.org/Gateway/reference.asp?No=Ref> ~~_____~~, <https://www.flrules.org/Gateway/reference.asp?No=Ref 04715>, Notice of Election to be Exempt, revised 01/23, 07/14, and incorporated by reference herein. Only a business entity organized under Chapter 607 or 617, F.S., will qualify as a corporation for purposes of issuing a Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, to a corporate officer under this rule. While a limited liability company created and approved under Chapter 605 or 608, F.S., is not a corporation for purposes of Chapter 440, F.S., persons who are limited liability company members owning at least ten percent (10%) of the non-dissolved or active limited liability company qualify as a "corporate officer" and are eligible for the issuance of a Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, under this rule. Chapter 605, F.S., the "Florida Revised Limited Liability Company Act," which became effective on January 1, 2014, also provides for the repeal of Chapter 608, F.S., titled "Limited Liability Companies," on January 1, 2015. Therefore, newly formed Florida limited liability companies must be organized pursuant to the provisions of Chapter 605, F.S. Florida limited liability companies that were organized pursuant to the provisions of Chapter 608, F.S., must comply with the provisions of Chapter 605, F.S., prior to the repeal of Chapter 608, F.S.

~~(b) The Department shall deny any Form DFS F2 DWC 250, Notice of Election to be Exempt, received from an applicant that does not meet the eligibility requirements for the issuance of a DFS F2 DWC 252, Certificate of Election to be Exempt from Florida Workers' Compensation Law. An applicant who receives such denial from the Department and still seeks a DFS FS DWC 252, Certificate of Election to be Exempt from Florida Workers' Compensation Law must file a new Form DFS F2 DWC 250, Notice of Election to be Exempt, and, if the applicant is engaged in the construction industry, another \$50.00 fee must be submitted with the Form DFS F2 DWC 250, Notice of Election to be Exempt.~~

(2)(a) Any corporate officer engaged in the construction or non-construction industry, who elects to be exempt from the provisions of the workers' compensation law (chapter 440, F.S.), must certify that the officer electing an exemption has completed the online workers' compensation coverage and complainece tutorial pursuant to section 440.05(3), F.S., and shall submit a Form DFS-F2-DWC-250, Notice of Election to be Exempt, in accordance with the requirements of Sections 440.02(15)(b) and 440.05, F.S. For purposes of this rule, an applicant is engaged in the "construction industry" when any portion of the applicant's business operations is described in the construction industry classification codes that are identified in Rule 69L-6.021, F.A.C.

~~(b) Corporate officers must provide first name, last name, date of birth, valid driver's license number, or Florida identification card number on The Form DFS-F2-DWC-250, Notice of Election to be Exempt. For purposes of this rule, a driver's license is considered valid provided it has not been expired for more than 30 days at the time of submission of the exemption application. If an application is returned for any reason, the original exemption application submission date will apply when determining if a license is valid. The form must also include all list the certified or registered license numbers held by the applicant issued pursuant to Chapter 489, F.S.; or the certified or registered license numbers held by the qualifier for the business listed on the Form DFS-F2-DWC-250, Notice of Election to be Exempt, of which the applicant is a corporate officer. If the applicant is required to obtain a license issued pursuant to Chapter 489, F.S., the business name listed on the license must match the name of the corporation or limited liability company listed on the Form DFS-F2-DWC-250, Notice of Election to be Exempt.~~

(3) For purposes of this rule, an applicant is engaged in the "construction industry" when any portion of the applicant's business operations is described in the construction industry classification codes that are identified in Rule 69L-6.021, F.A.C. An applicant engaged in the construction industry must submit a \$50.00 fee with each Form DFS-F2-DWC-250, Notice of Election to be Exempt. If an applicant's payment is returned to the Department for

~~non-sufficient funds, the Form DFS-F2-DWC-250, Notice of Election to be Exempt, is invalid and shall be denied.~~ If a Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, was issued to the applicant and the applicant's payment was returned to the Department for non-sufficient funds, the Form DFS-F2-DWC-252, Certificate of Election to be Exempt, from Florida Workers' Compensation Law, shall be revoked. In order for the Department to process a new Form DFS-F2-DWC-250, Notice of Election to be Exempt, from an applicant who has had a payment returned for non-sufficient funds, the Department must receive confirmation that the initial \$50.00 payment and any associated service charge has been deposited into the Workers' Compensation Administration Trust Fund.

~~(4) The Department shall deny any Form DFS-F2-DWC-250, Notice of Election to be Exempt, that would result in more than 3 corporate officers, as defined in Section 440.02(9), F.S., having an active Certificate of Election to be Exempt for a corporation or business entity or any group of affiliated corporations or business entities if the applicant is in the construction industry.~~

~~(4)(5) Incomplete Notices of Election to be Exempt, Issue Dates for Certificates of Election to be Exempt from Florida Workers' Compensation Law.~~

(a) If Form DFS-F2-DWC-250, Notice of Election to be Exempt, is incomplete or inaccurate for the issuance of a Form DFS-FS-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, the Department shall return Form DFS-F2-DWC-250, Notice of Election, to be Exempt and provide a deficiency notice. An applicant shall have ninety days from the date of the Department's deficiency notice to correct the deficiency and submit a completed Form DFS-F2-DWC-250, Notice of Election to be Exempt, at which time the Form DFS-F2-DWC-250, Notice of Election to be Exempt, shall be processed, and no additional processing fee will be due for a construction industry applicant. The Department shall deny the Form DFS-F2-DWC-250, Notice of Election to be Exempt, if the applicant fails to submit information to complete the Form DFS-F2-DWC-250, Notice of Election to be Exempt, within ninety days of the date of the Department's deficiency notice. An applicant who receives such denial from the Department and still seeks a DFS-FS-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law must file a new Form DFS-F2-DWC-250, Notice of Election to be Exempt, and, if the applicant is engaged in the construction industry, another \$50.00 fee is required.

(b) If the Department receives a renewal Form DFS-F2-DWC-250, Notice of Election to be Exempt that meets the eligibility requirements of Section 440.05, F.S., and this rule more than 90 days prior to the expiration date of the Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, the issue date of the new Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, is the date the Form DFS-F2-DWC-250, Notice of Election to be Exempt, is approved and saved to the Coverage and Compliance Automated System of the Department, and any duplicate Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, for the applicant of the same business shall be null and void as of the issue date of the new Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law.

(c) If the Department receives a renewal Form DFS-F2-DWC-250, Notice of Election to be Exempt, effective 01/23, 07/14, as incorporated by reference, that meets the eligibility requirements of Section 440.05, F.S., and this rule 90 days or less prior to the expiration date of the Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, the issue date of the renewal Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, shall be the expiration date of the current Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law.

(d) No Change

(e) Subject to the exceptions listed in Section 440.05(5), F.S., if the Department receives a new Form DFS-F2-DWC-250, Notice of Election to be Exempt, the issue date of the Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, is the date the Form DFS-F2-DWC-250, Notice of Election to be Exempt, revised 01/23, 07/14, as incorporated by reference, is approved and saved to the Coverage and Compliance Automated System of the Department.

~~(5)(6) No Change~~

~~(6)(7) Any corporate officer or officer of a corporation who has been issued a Form DFS-F2-DWC-252,~~

Certificate of Election to be Exempt from Florida Workers' Compensation Law, may revoke such certificate by submitting to the Department a Form DFS-F2-DWC-250-R,

<https://www.flrules.org/Gateway/reference.asp?No=Ref-02938>, Notice of Revocation of Election to be Exempt, revised 08/13, and incorporated by reference herein. The issue date of a Form DFS-F2-DWC-250-R, Notice of Revocation of Election to be Exempt, is the date the revocation is approved and saved to the Coverage and Compliance Automated System of the Department, or 30 days after Form DFS-F2-DWC-250-R, Notice of Revocation of Election to be Exempt, is received by the Department, whichever is earlier.

(8) renumbered as (7) No Change

~~(8)(9)~~ Payments made to the Department under this rule shall be submitted through the DWC Notice of Election to be Exempt System, at <http://www.myfloridacfo.com/Division/wc/exemption.htm>. The construction industry exemption requires payment of a \$50.00 processing fee; payment of an additional convenience ~~\$1.00 service~~ fee is applied against the costs associated with providing electronic transactions. Certificate holders are also required to print their Form DFS-F2-DWC-252, Certificate of Election to be Exempt from Florida Workers' Compensation Law, ~~from the website listed above.~~

(10) through (13) renumbered as (9) through (12) No Change

~~(13)(14)~~ Form DFS-F2-DWC-250R, Notice of Revocation of Election to be Exempt, Form DFS-F2-DWC-251, Notice of Election of Coverage, and Form DFS-F2-DWC-251R, Revocation of Election of Coverage, can be obtained from the Department's website at <https://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> or by telephone request by calling (850)413-1609. Form DFS-F2-DWC-250, Notice of Election to be Exempt, is filed electronically through the DWC Notice of Election to be Exempt System at https://www.myfloridacfo.com/Division/WC/_/PublicationsFormsManualsReports/Forms/Default.htm.

Rulemaking Authority 215.322, ~~(3)~~, 440.05 ~~(9)~~, 440.591 FS. Law Implemented 215.322, 440.02, ~~(15)~~, 440.05 FS. History—New 5-28-91, Amended 2-15-94, 12-28-97, 2-2-00, 9-6-01, Formerly 38F-6.012, Amended 3-26-03, Formerly 4L-6.012, Amended 4-21-04, 10-30-06, 12-31-07, 7-5-10, 8-7-13, 11-19-14, _____.

69L-6.025 Conditional Release of Stop-Work Order and Periodic Payment Agreement.

(1) The requirements for issuance of a Form DFS-F4-1602, https://www.flrules.org/Gateway/reference.asp?No=Ref_, ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-05742>~~, Agreed Order of Conditional Release from Stop-Work Order, revised 01/23, ~~05/15~~ and incorporated by reference herein, as provided for in Section 440.107, F.S., are as follows:

(a) No Change

(b) The employer has paid a minimum penalty of \$1,000 as a down payment and agreed to remit periodic payments of the remaining penalty amount pursuant to either Form DFS-F4-1600-A, https://www.flrules.org/Gateway/reference.asp?No=Ref_, ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-05739>~~, Payment Agreement Schedule for Periodic Payment of Penalty, revised 01/23, ~~05/15~~ (applicable in cases where the employer was issued a Sstop-Wwork Oorder), or Form DFS-F4-1600-B, https://www.flrules.org/Gateway/reference.asp?No=Ref_, ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-05740>~~, Payment Agreement Schedule for Periodic Payment of Penalty for Order of Penalty Assessment, revised 01/23 effective 05/15 (applicable in cases where the employer was issued an Order of Penalty Assessment). Both of the above forms are incorporated by reference herein. The aforementioned and any other forms incorporated by reference under this rule may be obtained from the Division of Workers' Compensation's Bureau of Compliance, 1579 Summit Lake Drive, Tallahassee, FL 32317, or from any field office, ~~identified in Rule 69L-6.009, F.A.C.~~

(2) The terms and conditions of a Payment Agreement Schedule for Periodic Payment of Penalty shall be:

(a) No Change

(b) Each monthly payment installment is due on the first day of the month in which it is due, and the employer is in violation of the Payment Agreement Schedule for Periodic Payment of Penalty if the full monthly payment installment is not received by the Department by the last day of the month in which the payment installment is due.

1. The employer shall pay the remaining penalty in up to sixty consecutive monthly installments.

2. The employer may at any time pre-pay the installments of the remaining penalty, which have not become due.

3. The first monthly payment installment shall be due on the first day of the second month following the month of issuance of either Form DFS-F4-1600-A, Payment Agreement Schedule for Periodic Payment of Penalty, ~~revised 05/15~~ (applicable in cases where the employer was issued a Stop-Work Order), or Form DFS-F4-1600-B, Payment Agreement Schedule for Periodic Payment of Penalty for Order of Penalty Assessment, ~~effective 05/15~~ (applicable in cases where the employer was issued an Order of Penalty Assessment), and each subsequent payment installment shall be due on the first day of each consecutive month.

(c) Monthly payment installments shall ~~only~~ be remitted to the Department's address designated in the Payment Agreement Schedule for Periodic Payment of Penalty, or shall be remitted electronically via the Department's online penalty payment service at <http://www.myfloridacfo.com/Division/wc/>.

(d) through (f) No Change

(g) Failure by the employer to meet any term or condition of the Payment Agreement Schedule for Periodic Payment of Penalty shall constitute a default by the employer. ~~or Violation of any term or condition of the Payment Agreement Schedule for Periodic Payment of Penalty shall constitute a default by the employer.~~

(3) The Payment Agreement Schedule for Periodic Payment of Penalty becomes effective when it is executed on behalf of the employer and by the Department. ~~Upon execution of the Payment Agreement Schedule for Periodic Payment of Penalty, the Department will provide the employer with a Form DFS F4 1601, <http://www.flrules.org/Gateway/reference.asp?No-Ref-05741>, Monthly Payment Installment Invoice, revised 05/15, and incorporated by reference herein, which shall be submitted with each monthly payment installment when remitting payments to the Department's address.~~

(4)(a) If an employer fails to adhere to the terms and conditions of the Agreed Order of Conditional Release from Stop-Work Order, the Stop-Work Order shall be immediately reinstated and the entire unpaid balance of the remaining penalty shall immediately become due and payable. Subsequent to the issuance of an Order Reinstating Stop-Work Order by the Department, the Department will rescind the Order Reinstating Stop-Work Order only if the employer pays the penalty in full or enters into a Payment Agreement Schedule for Periodic Payment of Penalty with the Department prior to the expiration of the twenty-one calendar day period.

(b) If an employer defaults ~~on~~ under any of its obligations under the Payment Agreement Schedule for Periodic Payment of Penalty, the Stop-Work Order to which the penalty applies shall be immediately reinstated and the entire unpaid balance of the remaining penalty shall immediately become due and payable. Subsequent to the issuance of an Order Reinstating Stop-Work Order by the Department, the Department will rescind the Order Reinstating Stop-Work Order requiring the employer to adhere to the terms and conditions of its Payment Agreement Schedule for Periodic Payment of Penalty only if the Department receives from the employer all past due monthly payments prior to the expiration of the twenty-one day period. All past due monthly payments must be made electronically via the Department's online penalty payment service, or by cashier check(s) or money order(s) made payable to DFS-Workers' Compensation Administration Trust Fund and be remitted to Department of Financial Services, Revenue Processing Section, Division of Workers' Compensation, P.O. Box 7900, Tallahassee, FL 32314-7900. The Department will not enter into another Payment Agreement Schedule for Periodic Payment of Penalty with an employer in a case where the employer has had its Stop-Work Order immediately reinstated through an Order Reinstating Stop-Work Order, and in order to be released from a Stop-Work Order that has been immediately reinstated the employer must pay the remainder of the entire penalty and show that it otherwise is in compliance with the coverage requirements of Chapter 440, F.S. The Department in any one case will not rescind an Order Reinstating Stop-Work Order more than three (3) times.

(c) No Change

(5) An employer that has entered into a Payment Agreement Schedule for Periodic Payment of Penalty with the Department currently in default of any of its obligations under such agreement or that has had its Stop-Work Order immediately reinstated through an Order Reinstating Stop-Work Order is ineligible for conditional release from a Stop-Work Order issued to it by the Department in a subsequent case.

(6) An employer that has been conditionally released from a Stop-Work Order and is not in default of its current Payment Agreement Schedule for Periodic Payment of Penalty is ineligible for conditional release from a

Stop-Work Order issued to it by the Department in a subsequent case.

(7) through (11) No Change

Rulemaking Authority 440.107(9), 440.591 FS. Law Implemented 440.107(7) FS. History--New 4-6-05, Amended 7-20-05, 2-6-07, 7-20-09, 9-6-15, 6-19-18, _____.

69L-6.027 Penalty Calculation Worksheet.

(1) For purposes of calculating penalties to be assessed against employers pursuant to section 440.107, F.S., the Division shall use Form DFS-F4-1595, <https://www.flrules.org/Gateway/reference.asp?No=Ref> _____, <http://www.flrules.org/Gateway/reference.asp?No=Ref> 08041, Penalty Calculation Worksheet, revised 01/23, 10/16, which is hereby incorporated by reference.

(2) Copies of Form DFS-F4-1595, Penalty Calculation Worksheet, are available from the Department of Financial Services Division of Workers' Compensation, ~~Department of Financial Services, Larson Building,~~ 1579 Summit Lake Drive, Tallahassee, FL 32317.

Rulemaking Authority 440.107(9), 440.591 FS. Law Implemented 440.107(7) FS. History--New 12-29-04, Amended 10-18-07, 4-12-15, 3-21-17, _____.

69L-6.028 Procedures for Imputing Payroll and Penalty Calculations.

(1) In the event an employer fails to provide business records sufficient for the Department to determine the employer's payroll for the time period requested in the business records request for the calculation of the penalty pursuant to Section 440.107(7)(e), F.S., the Department may impute the employer's payroll at any time after twenty-one ~~ten~~ business days after receipt by the employer of a written request to produce such business records.

(2) The employer's time period or periods of non-compliance means the time period(s) within the two years preceding the date the Stop-Work Order was issued to the employer within which the employer failed to secure the payment of compensation pursuant to Chapter 440, F.S., and must be either the same time period as set forth in the business records request for the calculation of penalty or an alternative time period or period(s) as determined by the Department, whichever is less. The employer may provide the Department with records from other sources, including, but not limited to, the Department of State, Division of Corporations, the Department of Business and Professional Regulation, licensing offices, and building permitting offices to show an alternative time period or period(s) of non-compliance.

(3) When an employer fails to provide business records sufficient to enable the Department to determine the employer's payroll for the time period requested in the business records request for purposes of calculating the penalty pursuant to Section 440.107(7)(d), F.S., the imputed weekly payroll for each current and former employee, corporate officer, sole proprietor, or partner identified by the Department during its investigation will be the statewide average weekly wage as defined in Section 440.12(2), F.S., that is in effect at the time the Stop-Work Order was issued to the employer, multiplied by 1.5.

(a) through (b) No Change

(4) If the Department imputes the employer's payroll, the employer will have twenty business days after service of the first ~~amended order of~~ penalty assessment calculation to provide business records sufficient for the Department to determine the employer's payroll for the period requested in the business records request for the calculation of the penalty or for the alternative time period(s) of non-compliance. The employer's penalty will be recalculated pursuant to Section 440.107(7)(d), F.S., only if the employer provides all such business records within the twenty business days after the service of the first ~~amended order of~~ penalty assessment calculation. Otherwise, the first ~~amended order of~~ penalty assessment calculation will remain in effect.

(a) If the employer was issued a Stop-Work Order, then the employer will have twenty business days after service of the first Amended Order of Penalty Assessment to provide business records sufficient for the Department to determine the employer's payroll, and the employer's penalty will be recalculated pursuant to Section 440.107(7)(d), F.S.

(b) If the employer was issued an Order of Penalty Assessment, then the employer will have twenty business days after service of the Order of Penalty Assessment to provide business records sufficient for the Department to determine

the employer's payroll, and the employer's penalty will be recalculated pursuant to Section 440.107(7)(d), F.S.

Rulemaking Authority 440.107,~~(9)~~, 440.591 FS. Law Implemented 440.107,~~(7)(e)~~ FS. History--New 7-12-05, Amended 8-31-06, 8-30-09, 4-12-15, 1-8-17, _____.

69L-6.029 Employer Worksites.

(1) No Change

(2) Upon service of a Stop-Work ~~stop-work~~ Order on an employer, the Stop-Work ~~stop-work~~ Order shall be effective upon all employer worksites in the state for which the employer is not in compliance.

(3) The worksites for which an employer is not in compliance shall be determined as follows:

(a) If the employer failed to meet the coverage requirements of Chapter 440, F.S., and the Florida Insurance Code, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for all the employer's worksites requiring the cessation of all business operations for such employer in the state.

(b) If an out-of-state employer that is required to provide workers' compensation coverage for employees engaged in work in Florida, pursuant to Rule 69L-6.019, F.A.C., failed to obtain or maintain a Florida policy or endorsement that utilizes Florida class codes, rates, rules, and manuals that are in compliance with and approved under the provisions of Chapter 440, F.S., and the Florida Insurance Code, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for all the employer's worksites requiring the cessation of all business operations for such employer in the state.

(c) If the employer failed to produce the required business records within twenty-one ~~ten business~~ days after receipt of the written request of the department, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for all the employer's worksites requiring the cessation of all business operations for such employer in the state.

(d) If the employer has materially understated or concealed payroll, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for all the employer's worksites requiring the cessation of all business operations for such employer in the state.

(e) If the employer materially misrepresented or concealed employee duties so as to avoid proper classification for premium calculations, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for all the employer's worksites requiring the cessation of all business operations for such employer in the state.

(f) If the employer materially misrepresented or concealed information pertinent to the computation and application of an experience modification factor, all worksites of the employer in the state are not in compliance and the Stop-Work ~~stop-work~~ Order shall be in effect for the employer's worksites requiring the cessation of all business operations for such employer in the state.

(g) If the employer is a contractor that sublets any work at a particular worksite to a subcontractor and the contractor and subcontractor each failed to secure the payment of compensation for the subcontractor or the employees of the subcontractor engaged in work at the particular worksite, then a Stop-Work ~~stop-work~~ Order issued to the contractor shall require the cessation of all business operations of the contractor at that particular worksite.

(4) No Change

Rulemaking Authority 440.107,~~(9)~~, 440.591 FS. Law Implemented 440.107,~~(7)(a)~~, ~~440.107(7)(d)~~ FS. History--New 1-11-06, Amended 2-17-15, _____.

69L-6.030 Penalties for Employers Currently in Compliance Previously Failing to Secure the Payment of Compensation.

(1) When an investigation commenced by the De~~partment~~ pursuant to Section 440.107, F.S., reflects that, on the date the investigation commences, the employer is failing to secure the payment of workers' compensation, is materially understating or concealing payroll, is materially understating or concealing employee duties so as to avoid proper classification for premium calculations, or is materially misrepresenting or concealing information pertinent to

the computation and application of an experience rating modification factor, but the employer comes into compliance with the workers' compensation coverage requirements prior to the issuance of a Stop-Work ~~stop work~~ Order, such employer shall be assessed a penalty pursuant to Section 440.107(7)(d)1., F.S., and a Stop-Work ~~stop work~~ Order will not be issued for such violations.

(2) For purposes of this rule, an investigation commences on the date the Department's ~~D~~ compliance investigator conducts an ~~on-site~~ inspection of the employer's worksite or business, ~~location,~~ or on the date the employer receives a written request to produce business records from the Department ~~D~~ pursuant to Section 440.107(7)(a), F.S., whichever is earlier.

Rulemaking Authority 440.107~~(9)~~; 440.591 FS. Law Implemented 440.107~~(2)~~, ~~(7)~~ FS. History—New 3-15-06; _____.

69L-6.032 Contractor Requirements For Obtaining Evidence That Subcontractors Possess Workers' Compensation Insurance or Otherwise Comply with Chapter 440, F.S.

(1) In order for a contractor who is not securing the payment of compensation pursuant to Section 440.38(1)(a), F.S., to satisfy its obligation to obtain evidence of workers' compensation insurance or a Certificate of Election to Be Exempt from a subcontractor pursuant to Section 440.10(1)(c), F.S., such contractor shall obtain and provide to the Department, when requested, the evidence specified in subsections (2), (3), (4), or (5) herein.

(2) If a workers' compensation insurance policy has been issued to the subcontractor, the contractor, as described in subsection (1) of this rule, may obtain one of the following documents as evidence of workers' compensation insurance for a subcontractor:

(a) No Change

(b) A screen print from the Division of Workers' Compensation, Proof of Coverage database confirming that workers' compensation coverage is in effect for the subcontractor. The Proof of Coverage database can be accessed from the Division's website at: <https://dwcdataportal.fldfs.com/ProofOfCoverage.aspx>; ~~www.fldfs.com/WC/~~; or

(c) No Change

(3) No Change

(4) If a corporate officer of the subcontractor has elected to be exempt from the workers' compensation coverage requirements of Chapter 440, F.S., the contractor shall obtain from the subcontractor a copy of the corporate officer's Certificate of Election to Be Exempt issued by the Department. In lieu of a copy of the Certificate of Election to Be Exempt, a contractor may obtain a screen print from the Division of Workers' Compensation, Exemptions Search ~~Proof of Coverage~~ database confirming that a Certificate of Election to Be Exempt is in effect for the corporate officer of the subcontractor. The Exemptions Search ~~Proof of Coverage~~ database can be accessed from the Division's website at: <https://dwcdataportal.fldfs.com/Exemption.aspx>; ~~www.fldfs.com/WC/~~. The Certificate of Election to Be Exempt shall include the following information and documentation in order to be considered evidence of a valid Certificate of Election to Be Exempt:

(a) through (c) No Change

(d) The date the work is performed by the corporate officer named on the Certificate of Election to Be Exempt falls within the Effective and Expiration dates listed on the Certificate of Election to Be Exempt; ~~and,~~

(e) The corporate officer named on the Certificate of Election to Be Exempt must perform on behalf of the contractor ~~the type of work~~ within the industry that is listed on the Certificate of Election to Be Exempt; ~~and,~~

(f) A Certificate of Election to Be Exempt effective on or after January 1, 2023, must contain the following notice, "This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com".

(5) If a subcontractor employs a corporate officer that has been issued a Certificate of Election to Be Exempt and also employs non-exempt employees for whom the subcontractor is required to secure the payment of compensation, the contractor must obtain evidence of workers' compensation insurance pursuant to subsection (2) or (3) of this rule, for such employees and further must obtain evidence of ~~each and~~ every valid Certificate of Election to Be Exempt pursuant to subsection (4) of this rule.

(6) through (7) No Change

(8) If the work being performed by the subcontractor for the contractor continues beyond the Policy Expiration date listed on the Certificate of Liability Insurance, the “Information Page”, the screen print from the Division of Workers’ Compensation, Proof of Coverage database, or the expiration date of the Certificate of Election to Be Exempt, the contractor shall obtain new evidence of workers’ compensation insurance as specified in subsection (2), (3), (4), or (5) herein.

(9) No Change

Rulemaking Authority 440.05~~(40)~~, 440.107~~(5)~~, 440.107~~(9)~~, 440.591 FS. Law Implemented 440.05~~(40)~~, 440.10~~(4)~~, 440.107~~(3)~~, 440.107~~(7)~~, 440.38~~(4)~~ FS. History–New 8-5-07. Amended _____.

69L-6.036 Online Workers’ Compensation Coverage and Compliance Tutorial for 15% Penalty Reduction

(1) Pursuant to Section 440.107, F.S., the Penalty Tutorial for employers who have not been previously issued a Stop-Work Order or Order of Penalty Assessment must be taken in a Division of Workers’ Compensation district office during standard business hours except on state holidays and other days when state offices are closed.

District Office Locations

District 1A – Panhandle
Tallahassee Location
1579 Summit Lake Drive
Tallahassee, FL 32317

Pensacola Location
600 University Office Blvd.
Building 15
Pensacola, FL 32504

District 1 - Jacksonville
921 N. Davis St.
Building B, Suite 250
Jacksonville, FL 32209

District 2 – West Palm Beach
400 N. Congress Ave
Suite 105
West Palm Beach, FL 33401

District 3 – Tampa
1313 North Tampa St
Suite 503
Tampa, FL 33602

District 4 - Orlando
400 W. Robinson Street
North Tower, Suite N512
Orlando, FL 32801

District 5 – Miami
401 N.W. Second Ave
Suite S-318
Miami, FL 33128

District 7 – Fort Myers
2295 Victoria Ave
Suite #284
Fort Myers, FL 33901

(2) An eligible employer may make multiple attempts to achieve a minimum score of 80% within twenty-one days after the employer’s receipt of the Division’s written request to produce business records.

Rulemaking Authority 440.107, 440.591 FS. Law Implemented 440.107, 440.591 FS. History–New _____.

NOTICE OF ELECTION TO BE EXEMPT

If this application contains incomplete or inaccurate information, it may cause a delay in the issuance of your exemption. An officer electing an exemption under Chapter 440, Florida Statutes, is not entitled to benefits under this chapter.

Section 1:

APPLICANT INFORMATION

Name: _____
 First Name M Last Name Suffix

VALID State Driver's License **OR** Florida Identification Card

State _____ VALID State Driver's License Number **OR** Florida Identification Card Number _____

A driver's license is considered valid provided it has not been expired for more than 30 days at the time of submission of the exemption application. If an application is returned for any reason, the original exemption application submission date will apply when determining if a license is valid.

Driver's License expiration date: _____

Date of Birth: ____/____/____ Email Address: _____

The Division's purpose in collecting an email address is to communicate with the applicant regarding exemption related issues.

Section 2:

CONSTRUCTION INDUSTRY APPLICANT (\$50 FEE REQUIRED):

Please check the appropriate box to identify if you are an officer of a corporation or a member of a limited liability company.

- Officer of a Corporation – The applicant must own a minimum of 10 percent of the corporation.
- Member of a Limited Liability Company (LLC) – The applicant must own a minimum of 10 percent of the LLC.

NON-CONSTRUCTION INDUSTRY APPLICANT (NO FEE REQUIRED):

Please check the appropriate box to identify if you are an officer of a corporation or a member of a limited liability company.

- Officer of a Corporation – The applicant of the non-construction industry corporation does not require 10 percent ownership.
- Member of a Limited Liability Company (LLC) – The applicant must own a minimum of 10 percent of the LLC.

Section 3:

This section should be completed with information specific to your corporation or to the limited liability company in which you are a member. The name of the corporation or limited liability company listed on this application **MUST** match the name of the corporation or limited liability company as registered with the Florida Division of Corporations. The Florida Division of Corporations can be contacted at (850) 245-6052 or by visiting www.sunbiz.org.

Note: The corporation or limited liability company must be REGISTERED and listed as ACTIVE with the Florida Department of State, Division of Corporations. A Fictitious Name Registration does not satisfy Workers' Compensation Exemption requirements. An ANNUAL report MUST be filed with the Department of State, Division of Corporations each year for your business entity to maintain an "active status" with the Department of State. For additional information, go to <https://dos.myflorida.com/sunbiz/manage-business/efile/annual-report/>.

Name of Corporation or LLC: _____ FEIN _____ - _____

(To obtain a Federal Employer Identification Number contact the IRS at 1-800-829-4933)

Business Name (DBA): _____ PHONE: (____)____ - _____

Applicant's Address of Record: _____

City: _____ State: _____ Zip: _____ County: _____

Section 4:

Document number on file with the Florida Division of Corporations. _____

(The Florida Division of Corporations can be contacted at (850) 245-6052 or by visiting www.sunbiz.org.)

Section 5:

DBPR License _____

Additional DBPR License _____

This section is not applicable to my business.

Section 6:

Confirmation Number (Online construction industry application submissions only) _____

Section 7:

Are you affiliated with any corporation or limited liability company other than the corporation or limited liability company to which this application applies? Yes No (If Yes, list all corporations or limited liability companies with which you are affiliated.)

NAME: _____ FEIN: _____

NAME: _____ FEIN: _____

NAME: _____ FEIN: _____

Section 8: CONSTRUCTION INDUSTRY AND NON-CONSTRUCTION INDUSTRY LLC MEMBERS ONLY

To be eligible for a construction industry exemption or non-construction limited liability company exemption, an applicant must have the required ownership of the corporation or limited liability company.

- I am a shareholder owning at least ten percent (10%) of the stock of the corporation listed on this application.
- I am a member who owns at least ten percent (10%) of the limited liability company listed on this application.

Section 9:

I certify that:

1. any employees of the construction corporation or limited liability company; or
2. four or more part or full-time employees of the non construction corporation or limited liability company

listed in Section 3 are covered by workers' compensation insurance. Please identify the workers' compensation insurance carrier that covers any non-exempt employees.

- Carrier Name: _____ OR;
- My business does not have any non- exempt employees; or, my business is not required to obtain workers' compensation insurance coverage

Section 10:

FRAUD NOTICE

You must attest to all elements of the Fraud Notice by checking the boxes below.

- Any person who, knowingly and with intent to injure, defraud, or deceive the Department or any employer or employee, insurance company, or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree.
- Attestation of applicant – By providing my name below, I attest that I have read, understand and acknowledge the foregoing notice.
- I acknowledge that this Notice of Election to be Exempt does not exceed limits for corporate officers, including any affiliated corporations as provided in Section 440.02, Florida Statutes.

IMPORTANT: Any person other than the applicant attesting to the notice may be guilty of a felony of the third degree.

- I certify I reviewed and understand the workers' compensation coverage and compliance tutorial developed by the department.



I understand that the Division of Workers' Compensation must assess an exemption fee of \$50 with each request for a construction industry Certificate of Election to be Exempt or renewal of a Certificate.

It is the responsibility of the exemption holder to notify the Department of any changes to their personal information such as their address or e-mail address listed on the certificate, the dissolution or reinstatement of the corporation or limited liability company listed on the certificate, or when the person named on the certificate is no longer a corporate officer or member of the corporation or limited liability company listed on the certificate. Failure to notify the Department of any such changes, may result in a lapse of exempt status or additional expenses to the exemption holder.

First Name

Last Name

Valid Driver's License Number *OR* Identification Card Number

*Exemption information is reflected on the Exemption Search database the day following the issuance of the exemption.



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

****CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW****

NOTE: CONSTRUCTION INDUSTRY EXEMPTION
or NON-CONSTRUCTION INDUSTRY EXEMPTION
will display

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE:

EXPIRATION DATE:

Person:


EMAIL:

FEIN:

BUSINESS NAME AND ADDRESS:

This Certificate of Election to be Exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.

Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(11), F.S., Certificates of Election to be Exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt. Pursuant to subsection 440.05(12), F.S., Notices of Election to be Exempt and Certificates of Election to be Exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The Department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

 <p>JIMMY PATRONIS CHIEF FINANCIAL OFFICER</p> <p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.</p> <p>EFFECTIVE DATE: _____ EXPIRATION DATE: _____</p> <p>PERSON: _____ EMAIL: _____</p> <p>FEIN: _____</p> <p>BUSINESS NAME AND ADDRESS: _____</p> <p><small>DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT Rule 69L-6.012, F.A.C. Revised 01/2023.</small></p>	<p>IMPORTANT</p> <p>This certificate of election to be exempt is NOT a license issued by the Department of Business and Professional Regulation. To determine if the certificate holder is required to have a license to perform work or to verify the license of the certificate holder, go to www.myfloridalicense.com.</p> <p>Pursuant to subsection 440.05(13), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>Pursuant to subsection 440.05(11), F.S., Certificates of Election to be Exempt issued under subsection (3) apply only to the corporate officer named on the notice of election to be exempt.</p> <p>Pursuant to subsection 440.05(12), F.S., Notices of Election to be Exempt and Certificates of Election to be Exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p>
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**State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet
(Amended) Order of Penalty Assessment**

BUSINESS NAME:

 DWC Case No. _____
TOTAL PENALTY: _____

Penalty for Part 1:		0.00	
Penalty for Part 2:		0.00	
Penalty for Part 3:		0.00	
	Sub-Total:	0.00	
25% Reduction:		0.00	
15% Reduction:		0.00	
Policy Credit:		0.00	
	Net Penalty:	0.00	
Penalty for Part 4:		0.00	
Penalty for Part 5:		0.00	
	TOTAL PENALTY:	0.00	
Payments Applied:		0.00	
	Balance Due:	0.00	

Pursuant to § 440.107(7)(d)1, Florida Statutes, the penalty equals 2 times the amount the employer would have paid in premium when applying approved manual rates to the employer's payroll during periods for which it failed to secure the payment of workers' compensation within the preceeding 2-year period or \$1,000, whichever is greater.

The \$1,000 penalty shall be assessed against the employer even if the calculated penalty after the credit, 25%, and 15% reductions have been applied is less than \$1,000.

The 25% and 15% reductions will be calculated using the subtotal; therefore, the same subtotal will be used to calculate both reductions, and then the policy credit will be applied.

**State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet
(Amended) Order of Penalty Assessment**

BUSINESS NAME: _____

DWC Case No. _____
TOTAL PENALTY: _____

Part 1. Penalty for failure to obtain coverage that meets the requirements of Chapter 440, Florida Statutes and the Insurance Code									
Employee Name	Calculation Methodology	(a) Class Code	(b) Period of Non-Compliance	(c) Gross Payroll *	(d) Column (c) / 100	(e) Approved Manual Rate	(f) Premium (d) x (e)	(g) Penalty** (f) x 2	
1	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
2	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
3	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
4	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
5	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
6	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
7	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
8	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
9	<input type="radio"/> Imputed <input type="radio"/> AWW <input checked="" type="radio"/> Records				0		0.00	0.00	
Part 1 Penalty Sub-Totals: ***					0		0.00	0.00	

* If the employer has failed to provide business records sufficient to enable the Department to determine the employer's payroll, payroll shall be imputed to be the statewide average weekly wage as defined in § 440.12(2), Florida Statutes, multiplied by 1.5, (§ 440.107(7)(e), Florida Statutes).

** Premium multiplied by statutory factor of 2 § 440.107(7)(d)(1), Florida Statutes

*** Greater of penalty under column (g) or \$1000 § 440.107(7)(d)(1), Florida Statutes

State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet
(Amended) Order of Penalty Assessment

BUSINESS NAME:

DWC Case No.
TOTAL PENALTY:

Table with 8 columns: (a) Actual Gross Payroll, (b) Column (a) / 100, (c) Class Code, (d) Approved Manual Rate For Class Code, (e) Premium (b) x (d), (f) Adjustment For Premium Paid, (g) Penalty Due** (e - f) x 2, (h) Policy Period. Includes a sub-total row for Part 2 Penalty Sub-Totals.

** Premium multiplied by statutory factor of 2 § 440.107(7)(d)(1), Florida Statutes

**State of Florida, Department of Financial Services
 Division of Workers' Compensation, Bureau of Compliance
 Penalty Calculation Worksheet
 (Amended) Order of Penalty Assessment**

BUSINESS NAME: _____

DWC Case No. _____

TOTAL PENALTY: _____

Part 3. Penalty for Materially Misrepresenting or Concealing Employee Duties to Avoid Proper Classification for Premium Calculations

(a) Gross Payroll	(b) Column (a) / 100	(c) Proper Class Code	(d) Approved Manual Rate For Proper Class Code	(e) Premium (b) x (d)	(f) Adjustment For Premium Paid Based on Improper Class Code ***	(g) Premium Avoided (e) - (f)	(h) Penalty Due** (g) X 2	(i) Policy Period
				0.00	0		0	
				0.00	0		0	
				0.00	0		0	
				0.00	0		0	
0.00	Part 3 Penalty Sub-Totals:					0.00	0.00	

** Premium multiplied by statutory factor of 2 § 440.107(7)(d)(1), Florida Statutes

**State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet**

BUSINESS NAME: _____

DWC Case No. _____
TOTAL PENALTY: _____

Part 4. Penalty for violating Stop Work Order § 440.107(7), Florida Statutes

(a) Date(s) of Violation	(b) Number of Days	(c) Penalty
		0
		0
		0
		0
Part 4 Penalty Sub-Totals:		0.00

NOTE: Penalty in Part 4 equals number of days in violation multiplied by \$1,000

**State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet**

Page of

BUSINESS NAME:

DWC Case No. _____
TOTAL PENALTY: _____

Part 5. Penalty for misclassifying employee as independent contractor. § 440.10(1)(f) or 440.107(7)(f), Florida Statutes

(a) Employee Name	(b) Penalty

Part 5 Penalty Sub-Totals:

State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet

BUSINESS NAME:

DWC Case No. _____
TOTAL PENALTY: _____

POLICY CREDIT

Credit § 440.107(7)(d)1.a, Florida Statutes 2014

Credit Received Date Credit Paid Date Credit Amount

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**State of Florida, Department of Financial Services
Division of Workers' Compensation, Bureau of Compliance
Penalty Calculation Worksheet**

BUSINESS NAME:

DWC Case No. _____

TOTAL PENALTY: _____

TUTORIAL REDUCTION

Credit § 440.107(7)(d)1.c, Florida Statutes 2023

Date of Tutorial	Score	15% Reduction Amount



CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION – BUREAU OF COMPLIANCE

EMPLOYER NAME:							
FEIN:		Stop-Work Order #:			Issuance Date:		
BUSINESS ADDRESS:							
CITY:		COUNTY:		STATE:		ZIP:	-

PAYMENT AGREEMENT SCHEDULE FOR PERIODIC PAYMENT OF PENALTY

_____, (hereinafter "employer") was issued a Stop-Work Order by the Division of Workers' Compensation on _____. An Amended Order of Penalty Assessment assessing a total penalty in the amount of \$ _____ was issued on _____. It is the desire of the employer to pay the penalty assessed in the amount of \$ _____ through periodic payments under the terms and conditions set forth in this Payment Agreement Schedule for Periodic Payment of Penalty.

The terms and conditions of this Penalty Agreement Schedule for Periodic Payment of Penalty are as follows:

1. A down payment of \$ _____ was made to the Department by the employer towards the total penalty amount assessed in the Amended Order of Penalty Assessment.
2. The remaining penalty amount of \$ _____ (minus all previous payments) shall be remitted by the employer to the Department in _____ monthly payments in the amount of \$ _____ per month, with the exception of the last monthly payment, which shall be in the amount of \$ _____.
3. Each monthly payment will be due on the first day of the month. The first monthly payment will be due on _____. The last monthly payment will be due on _____.
4. Any monthly payment not received by the last day of the month due shall result in the employer's default of its obligations under this Payment Agreement Schedule ~~F~~for Periodic Payment of Penalty. Default of the employer's obligations under this Payment Agreement Schedule ~~f~~for Periodic Payment of Penalty shall result in the immediate reinstatement of the Stop-Work Order and the entire unpaid balance of the penalty to be paid by the employer is immediately due.
5. If the penalty assessed through the Amended Order of Penalty Assessment is derived in whole or in part from imputed payroll, and the employer provides additional records sufficient to recalculate the penalty under Rule 69L-6.028, Florida Administrative Code, and a subsequent Amended Order of Penalty Assessment is issued, the employer may enter into an Amended Payment Agreement Schedule for Periodic Payment of Penalty.
6. Monthly payments ~~may~~must be remitted online at www.MyFloridaCFO.com/Division/wc or by cashier's check or money order and remitted to the following address:

Workers' Compensation Administration Trust Fund

P.O. Box 7900

Tallahassee FL 32314-7900

LIEN NOTICE

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

The employer, by and through the undersigned, hereby agrees to the terms and conditions of this Payment Agreement Schedule ~~F~~for Periodic Payment of Penalty, and understands that failure to meet any of the terms and conditions of this Payment Agreement Schedule ~~f~~For Periodic Payment of Penalty shall result in the immediate reinstatement of the Stop-Work Order and the unpaid balance of the penalty to be paid by the employer is immediately due.

Employer Signature

Division of Workers' Compensation
(Type the investigator's name here)

Date



CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION – BUREAU OF COMPLIANCE

EMPLOYER NAME:							
FEIN:		Order of Penalty Assessment #:			Issuance Date:		
BUSINESS ADDRESS:							
CITY:		COUNTY:		STATE:		ZIP:	-

PAYMENT AGREEMENT SCHEDULE FOR PERIODIC PAYMENT OF PENALTY FOR ORDER OF PENALTY ASSESSMENT

_____, (hereinafter "employer") was issued an Order of Penalty Assessment by the Division of Workers' Compensation on _____. The Order of Penalty Assessment assessed a total penalty in the amount of \$ _____. It is the desire of the employer to pay the penalty assessed in the amount of \$ _____ through periodic payments under the terms and conditions set forth in this Payment Agreement Schedule for Periodic Payment of Penalty.

The terms and conditions of this Payment Agreement Schedule for Periodic Payment of Penalty are as follows:

1. A penalty down payment of \$ _____ was made to the Department by the employer towards the total penalty amount assessed in the ~~Amended~~ Order of Penalty Assessment.
2. The remaining penalty amount of \$ _____ (total penalty, minus the down payment) shall be remitted by the employer to the Department in _____ monthly payments in the amount of \$ _____ per month, with the exception of the last monthly payment, which shall be in the amount of \$ _____.
3. Each monthly payment will be due on the first day of the month. The first monthly payment will be due on _____. The last monthly payment will be due on _____.
4. Any monthly payment not received by the last day of the month due shall result in the employer's default of its obligations under this Payment Agreement Schedule for Periodic Payment of Penalty for Order of Penalty Assessment. Default of the employer's obligations under this Payment Agreement Schedule for Periodic Payment of Penalty for Order of Penalty Assessment shall result in the entire unpaid balance of the penalty to be paid by the employer to be immediately due.
5. If the penalty assessed through the ~~Amended~~ Order of Penalty Assessment is derived in whole or in part from imputed payroll, and the employer provides additional records sufficient to recalculate the penalty under Rule 69L-6.028, Florida Administrative Code, and a subsequent ~~Amended~~ Order of Penalty Assessment is issued, the employer may enter into an Amended Payment Agreement Schedule for Periodic Payment of Penalty.
6. Monthly Payments ~~may~~**must** be remitted online at www.MyFloridaCFO.com/Division/wc or by cashier's check or money order and remitted to the following address:

**Workers' Compensation Administration Trust Fund
P.O. Box 7900
Tallahassee FL 32314-7900**

LIEN NOTICE

Pursuant to Section 440.107(11), F.S., the Department may initiate lien proceedings to collect any penalty due that has not been paid. In addition, the Department may refer any unpaid penalty that is due to a collection agency for the initiation of proceedings to collect the unpaid penalty.

The employer, by and through the undersigned, hereby agrees to the terms and conditions of the Payment Agreement Schedule for Periodic Payment of Penalty, and understands that failure to meet any of the terms and conditions of this Payment Agreement Schedule for Periodic Payment of Penalty Assessment shall result in the entire unpaid balance of the penalty to be paid by the employer to be immediately due.

Employer Signature

Division of Workers' Compensation
type the investigator's name here

Date



CHIEF FINANCIAL OFFICER
STATE OF FLORIDA

DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION – BUREAU OF COMPLIANCE

EMPLOYER NAME:							
FEIN:		Stop-Work Order #:			Issuance Date:		
BUSINESS ADDRESS:							
CITY:		COUNTY:		STATE:		ZIP:	-

AGREED ORDER OF CONDITIONAL RELEASE FROM STOP-WORK ORDER

1. _____, (hereinafter "employer") was issued a Stop-Work Order by the Division of Workers' Compensation on _____.
2. The Department finds that the employer has complied with the coverage requirements of Chapter 440, F.S.
3. On _____, the employer paid \$_____ as a down payment for a penalty calculated pursuant to F.S. 440.107(7)(d)1.
4. The employer: _____ has entered into a Payment Agreement Schedule or, _____ has agreed to remit periodic payments of the remaining penalty amount pursuant to a Payment Agreement Schedule for Periodic Payment of Penalty with the Department or pay the remaining penalty amount in full within ~~28 days after the service of the Stop-Work Order~~21 days after service of the first penalty assessment calculation.

Accordingly, it is hereby Ordered:

- a. The Stop-Work Order issued to the employer on _____, is hereby conditionally released.
- b. The Stop-Work Order to which this order applies will be **immediately reinstated**, and the entire unpaid balance of the total penalty to be paid by the employer shall become immediately due if the employer does not pay the remaining penalty in full or enter into a Payment Agreement Schedule for Periodic Payment of Penalty with the Department within ~~28 days after the service of the Stop-Work Order~~21 days after service of the first penalty assessment calculation.
- c. The Stop-Work Order to which this order applies will be **immediately reinstated**, and the entire unpaid balance of the total penalty to be paid by the employer shall become immediately due if, after the execution of the Payment Agreement Schedule for Periodic Payment of Penalty, the employer fails to comply with the terms and conditions of the Payment Agreement Schedule for Periodic Payment of Penalty.
- d. The conditional release of the Stop-Work Order shall become a final release when the employer fully complies with the terms and conditions of the Payment Agreement Schedule for Periodic Payment of Penalty or has paid the penalty in full.

Employer

Division of Workers' Compensation
Investigator name

Date