

# Workers' Comp Works For You

**Workers' compensation** pays for all authorized medically necessary care and treatment related to your injury or illness.

If you are unable to work or your earnings are lower because of a work related injury or illness, and you have been disabled for more than seven calendar days, you may be eligible for some wage replacement benefits.

## **\$25,000 Reward** **ANTI-FRAUD REWARD PROGRAM**

Rewards of up to \$25,000 may be paid to persons providing information to the Department of Financial Services leading to the arrest and conviction of persons committing insurance fraud, including employers who illegally fail to obtain workers' compensation coverage. Persons may report suspected fraud to the department at

**1-800-378-0445** or online at <https://www.myfloridacfo.com/Division/DIFS/WCFraud/>

A person is not subject to civil liability for furnishing such information, if such person acts without malice, fraud or bad faith.

This notice of compliance must be posted by the employer and maintained conspicuously in and about the employer's place or places of employment.  
State of Florida  
Division of Workers' Compensation

69L-6.007, F.A.C. Compensation Notice  
DFS-F4-1548  
Revised February 2019 00230455 WC-88-09-16C

## If you are injured on the job:

- 1.** Notify your employer immediately to get the name of an approved physician. Workers' comp insurance may not pay the medical bills if you don't report your injury promptly to your employer.
- 2.** Notify the doctor and medical staff that you were injured on the job so that bills may be properly filed.
- 3.** If you have any problems with your claim or suffer excessive delays in treatment, contact the State of Florida's Division of Workers' Compensation at **1-800-342-1741**.

EMPLOYER - NAME: _____	MONTANA UNIVERSITY SYSTEM
Address: _____	NO SPECIFIC LOCATION
_____	IN STATE OF FL
_____	TWIN CITY FIRE INSURANCE COMPANY
INSURER - NAME: _____	
Address: _____	200 COLONIAL CENTER PKWY STE 500
_____	LAKE MARY FL 32746
Policy Number: _____	53 WE AC6218
Effective Date: _____	INCEPT DATE 7/1/2021EXP DATE 7/1/2022