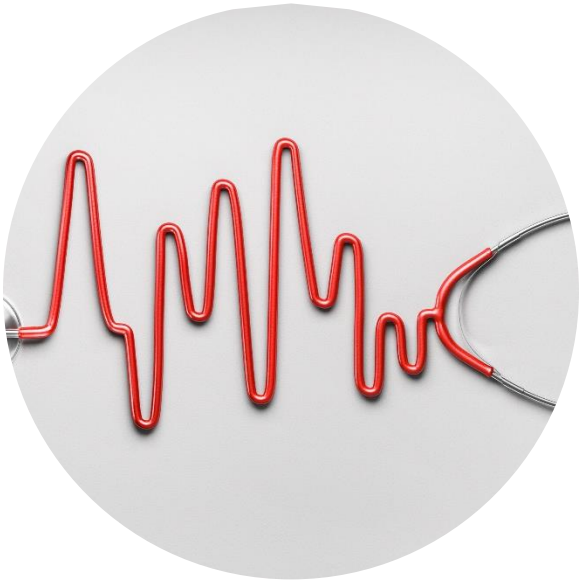
Workers' Compensation System Guide



2025

NSU Employee Manual

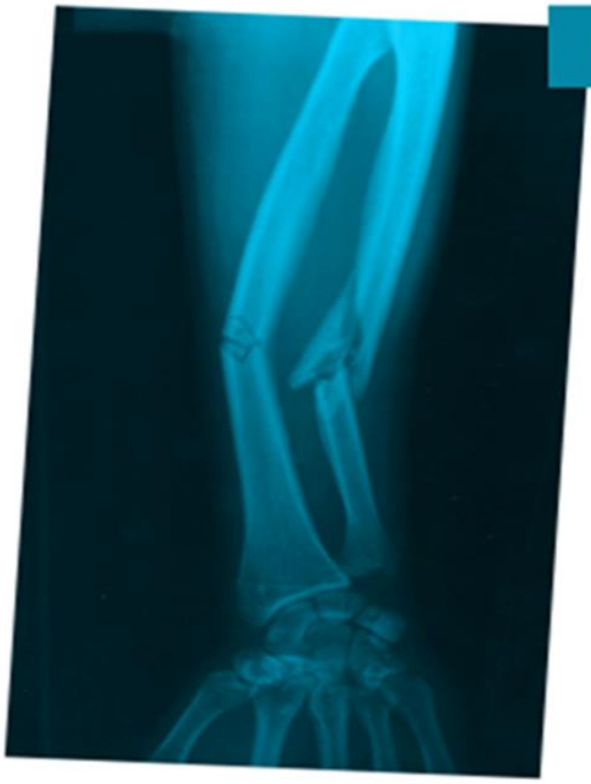
For more information regarding prevention of risk visit our website at
https://www.nova.edu/risk/policies/forms/safety-at-work-employee-manual.pdf

Table of Contents

Florida Guidelines - Section A: Workers' Comp Works for You (English)

WORKERS' COMPENSATION

WORKERS' COMP WORKS FOR YOU



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.

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://first.fldfs.com**

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.

FICURMA #0962
15310 Amberly Drive, Suite 110
Tampa, Fl 33647

Cannon Cochran Management Services, Inc 2600 Lake Lucien Dr. Suite 225
Maitland, FL 32751

69L-6.007, F.A.C. Compensation Notice
DFS-F4-1548
Revised March 2010
(Fraud reporting link updated May 2021)

Section A: Compensación Por accidentes De Trabajo Labora Para Usted (Spanish)

Florida Employee Facts – Section B

Important Workers' Compensation Information for Florida's Workers (English)
https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/employees/english-injured-worker-informational-brochure.pdf?sfvrsn=3c033ff5_2

Employee Assistance Office

The Division of Workers' Compensation, Employee Assistance Office (EAO), helps prevent and resolve disputes between injured workers, employers and carriers. If the insurance carrier does not provide benefits to which you believe you are entitled, you may call EAO's toll-free hotline at **1-800-342-1741**. EAO specialists are knowledgeable about the workers' compensation system. They will be able to address your concerns and attempt to prevent or resolve disputes. EAO has offices throughout the state that you can call or visit. You can find EAO statewide locations at www.MyFloridaCFO.com/Division/WC/Employee/eao_offices.htm.

Services provided by EAO include:

- Educating and providing information to you about your claim.
- Assisting you in resolving disagreements regarding your claim, at no cost to you.
- Assisting you with understanding the procedures for filing a Petition for Benefits with a Judge of Compensation Claims.

Information regarding your rights and responsibilities under the Workers' Compensation Law is available in an on-line "Injured Worker Workshop" presentation on the Division's Web site at www.MyFloridaCFO.com/Division/wc/Employee/education.htm, and answers to frequently asked questions can be accessed at www.MyFloridaCFO.com/Division/wc/Employee/faq.htm.

You may also submit specific questions relating to your claim to us at wceao@MyFloridaCFO.com and receive answers directly by e-mail.

Statute of Limitations

Once you are injured at work or become aware of a workers' compensation injury or illness, you have 30 days in which to report your injury or illness to your employer. Failure to report your injury within 30 days may jeopardize your claim.

Generally, you have two years from the date of your injury or illness to file a claim for workers' compensation benefits. Failure to report your injury or illness within 30 days may be used as a defense against your claim regardless of the two-year statute of limitations for filing a claim. Your eligibility for benefits may also be eliminated one year from the date you last received a wage replacement check or approved medical treatment.

Denial of Benefits

If the insurance carrier does not provide benefits to which you believe you are entitled, or has denied your claim, contact the Employee Assistance Office (EAO). Although the EAO does not provide legal advice, our specialists will answer questions about your rights and responsibilities and may be able to resolve problems you're having with your workers' compensation claim. This help is **free** and available by contacting the EAO at **1-800-342-1741**.

Petition for Benefits

To begin the judicial procedure for obtaining benefits that you believe are due and owing under the law and have not been provided by the employer or insurance carrier, a Petition for Benefits form must be filed with the Office of Judges of Compensation Claims. The form can be accessed at www.jcc.state.fl.us/JCC/forms/.

Reemployment Services

If you are unable to perform the duties required for your former job as a result of your work-related injury or illness, you can contact the Employee Assistance Office (EAO) at WCRES@MyFloridaCFO.com or call **1-800-342-1741** for free reemployment services.

Legal Representation

You are not required to have an attorney. If you do hire an attorney to represent you with your workers' compensation claim, the fees and costs may come out of your benefits, unless your employer or workers' compensation carrier is held responsible for paying your attorney fees. Although the Division does not provide legal advice, the Division will answer questions about your rights and responsibilities and may be able to resolve problems you may have with your workers' compensation claim. This help is **free** and available by contacting the Employee Assistance Office at **1-800-342-1741**.

Anti-Fraud Reward Program

Workers' compensation fraud occurs when any person knowingly and with intent to injure, defraud or deceive any employer or employee, insurance carrier or self-insured program files false or misleading information. Workers' compensation fraud is a third-degree felony that can result in fines, civil liability and jail time. Rewards of up to $25,000 may be paid to individuals who provide information that lead to the arrest and conviction of persons committing insurance fraud. To report suspected workers' compensation fraud, call **1-800-378-0445**.

Disclaimer:
This publication is being offered as an informational tool only and complies with s. 440.185 (4) F.S., with the understanding that this is not official language of the Florida Statutes. In no event will the Division of Workers' Compensation be liable for direct or consequential damages resulting from the use of this printed material.

69L-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-60
Revised March 2010

EMPLOYEE FACTS

IMPORTANT

WORKERS' COMPENSATION INFORMATION FOR FLORIDA'S WORKERS

DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

Page 2- Section B: Important Workers' Compensation…

If you are injured as a result of a work-related accident, your employer's workers' compensation coverage may entitle you to medical and partial wage replacement benefits.

Medical Benefits

As soon as your employer's workers' compensation insurance company has knowledge of your work-related injury and has determined that your injury or illness is covered under Florida law, the company will:

- Provide an authorized physician
- Pay for all authorized medically necessary care and treatment related to your injury or illness
- Provide a one-time change of physician within five business days of receipt of your written request

Authorized treatment and care may include:

- Doctor visits
- Physical therapy
- Hospitalization
- Medical tests
- Prostheses
- Prescription drugs
- Travel expenses to and from authorized medical treatment or a pharmacy.

Once you reach maximum medical improvement (MMI), you are required to pay a $10 co-payment per visit for medical treatment. MMI occurs when the physician treating you determines that your injury or illness has healed to the extent that further improvement is not likely.

Wage Replacement Benefits

If you are unable to work or your earnings are lower because of a work-related injury or illness, you may be able to receive some wage replacement benefits. You may be eligible for these benefits if you have been disabled for more than seven calendar days and are not able to perform your normal job duties as advised by your authorized doctor.

If you qualify, wage replacement benefits will begin on the eighth day of partial or total disability. You will not receive wage replacement benefits for the first seven days of disability, unless you are disabled for more than 21 days due to your work-related injury or illness.

In most cases, the wage replacement benefits will equal two-thirds of your pre-injury regular weekly wage, but the benefit will not be higher than Florida's average weekly wage. You can generally expect to receive your first benefit check within 21 days after the carrier becomes aware of your injury or illness and bi-weekly thereafter.

- Temporary Total Benefits: These benefits are provided as a result of an injury or illness that temporarily prevents you from returning to work, and you have not reached MMI.
- Temporary Partial Benefits: These benefits are provided when the doctor releases you to return to work with restrictions and you have not reached MMI and earn less than 80 percent of your pre-injury wage. ***Note: The maximum length of time you can receive temporary total or partial benefits is 104 weeks or until the date of MMI is determined, whichever is earlier.***
- Permanent Impairment Benefits: These benefits are provided when the injury or illness causes any physical, psychological or functional loss and the impairment exists after the date of MMI. A doctor will assign a permanent impairment rating, expressed as a percentage of disability to the body as a whole.
- Permanent Total Benefits: These benefits are provided when the injury causes you to be permanently and totally disabled according to the conditions stated in the law.
- Death Benefits: Compensation for deaths resulting from workplace accidents include payment of funeral expenses and dependency benefits (subject to limits defined by law). A dependent spouse may also be eligible for job training benefits.

The rate, amount and duration of compensation for all wage replacement benefits are detailed in the workers' compensation law. **If you have questions about your benefits, call your claims adjuster or the Employee Assistance Office (EAO) at 1-800-342-1741.**

Injured Worker Responsibilities

Communicate with the Employer:

- Contact your employer immediately to notify them of your on-the-job injury or illness.
- Provide your employer a copy of the Medical Treatment/Status Reporting form (DWC25) after each medical appointment.
- Return to work when you are released by your physician and when your employer offers a position within your physical limitations to avoid suspension of your lost wage benefits.

Communicate with the Carrier:

- Review the First Report of Injury or Illness (DWC1) form upon receipt and verify the accuracy of your address, phone number, social security number and the description of the accident. If there is information you do not agree with, or if information has been omitted, immediately notify your adjuster in writing.
- Review, sign and return the mandatory fraud statement to the insurance carrier. By signing this document, you are confirming your understanding of this important information. Your benefits shall be suspended if you refuse to sign this document.
- Report wages from all sources of employment to the carrier if you had more than one employer in the 13 weeks immediately preceding your date of accident. This will assist the carrier in determining the proper wage replacement amount.
- Keep your adjuster regularly informed on the status of your claim, medical authorization needs and any wages you have earned. (Note: If you are represented by an attorney, the adjuster may not be able to speak with you directly.)
- Notify the carrier of any change of address or telephone number.
- Complete and return forms to the carrier when asked.

Communicate with the Authorized Treating Physician:

- Identify all body parts that are, or potentially may, be injured, and be specific when identifying areas of pain.
- Keep your appointments.
- Clarify your work status during appointments before leaving the physician's office.
- Follow your doctor's treatment plan.
- Ask your physician for the patient copy of the Medical Treatment/Status Reporting form (DWC25).
- Notify your physician of any change of address or telephone number.
- Call the authorized treating physician's office if you need to see the doctor before your next appointment date. The doctor's staff may be able to place your name on a cancellation list and you may be scheduled for an earlier appointment should one become available. If an appointment is not available and you need to see a doctor immediately, please contact your adjuster or the EAO.

Carrier Responsibilities

- Timely provision of medical treatment
- Timely payment of wage replacement benefits
- Timely payment of medical bills
- Timely reporting of your claim information to the Division of Workers' Compensation
- Timely notification of any changes in the status of your claim. This information will be provided to you by mail on either a Notice of Action / Change form (DWC4) or a Notice of Denial form (DWC12).

De Trabajo Para Los Trabajadores De La Florida - Section B

Informacion Importante De Seguro De Indemnizacion Por Accidentes (Espanol)

Oficina De Ayuda al Trabajador

La División de Compensación por Accidentes de Trabajo, Oficina de Ayuda al Trabajador (Employee Assistance Office [EAO]) ayuda prevenir y resolver disputas entre trabajadores lesionados, empleadores y compañías de seguros. Si la compañía de seguros no le provee beneficios a lo cuales usted cree tener derecho, puede llamar a la línea gratis del EAO **1-800-342-1741.**
Los especialistas de la EAO están bien informados sobre el sistema de compensación por accidentes de trabajo. Ellos podrán tratar sus preocupaciones y procurar prevenir o resolver disputas. EAO tiene oficinas por todo el estado donde usted puede visitar o llamar. Usted puede localizar estas oficinas estatales visitando nuestra página de web: **http://www.fldfs.com/WC/organization/eao_offices.html**

Servicios Proveído por el EAO incluyen:

- Educar y proveer información sobre su reclamo.
- Asistirle a resolver desacuerdos referentes a su reclamo sin ningún costo para usted.
- Asistirle a entender los procedimientos para iniciar el proceso judicial y someter una petición de beneficios a la oficina de jueces de reclamaciones de compensación.

Además, información sobre sus derechos y responsabilidades conforme a la ley de compensación por accidentes de trabajo esta disponible en el "Taller Para Empleados Lesionados "en la página Web de la División de Compensación por Accidentes de Trabajo: www.MyFloridaCFO.com/WC/employee/index.html

Se pueden obtener las respuestas a preguntas que se hacen con frecuencia en: www.MyFloridaCFO.com/WC/faq/faqwrkrs.html. Usted también puede someternos sus preguntas específicas relacionadas con su reclamo al wceao@MyFloridaCFO.com y recibir la respuesta directamente por correo electrónico.

Estatuto de Limitaciones

Una vez que usted se ha lesionado en su trabajo o se da cuenta que su lesión o enfermedad es relacionada a su trabajo, usted tiene 30 días para reportar su lesión o enfermedad a su empleador. La falta de divulgar su lesión en el plazo de 30 días puede comprometer su reclamo.

Generalmente, usted tiene dos años a partir de la fecha de su lesión o enfermedad para reclamar beneficios por accidentes de trabajo. La falta de reportar su lesión o enfermedad en el plazo de 30 días se puede utilizar como defensa contra su reclamo sin importar el estatuto de dos años de las limitaciones para archivar una reclamación. Su elegibilidad para beneficios también se puede terminar un año después de recibir el último cheque de beneficio de reemplazo de salario o del último tratamiento médico que fue autorizado.

Negación de Beneficios

Si la compañía de seguro no le provee los beneficios que usted cree que tiene derecho a recibir, o ha negado su reclamo, puede contactar a la Oficina de Ayuda al Trabajador (EAO). Aunque la EAO no provee consejos legales, nuestros especialistas contestarán preguntas sobre sus derechos y responsabilidades y posiblemente resuelvan problemas que usted tenga con su reclamo. Esta ayuda es **gratis** y disponible si contacta EAO al **1-800-342-1741.**

Petición por Beneficios

Para comenzar el procedimiento judicial para obtener beneficios que se le deben según la ley y no han sido proveídos por el empleador o la compañía de seguros, debe presentar el formulario Petición por Beneficios (titulado en inglés Petition for Benefits) a la Oficina de Jueces de Reclamos de Compensación.
El formulario se puede obtener en el sitio: **www.jcc.state.fl.us/jcc/forms/.asp .**

Servicios de Reempleo

Si como resultado de su lesión u enfermedad de trabajo, usted no puede realizar los deberes que son requeridos en el lugar de empleo, puede contactar a la Oficina de Ayuda al Trabajador (EAO) en WCRES@MyFloridaCFO.com o puede llamar al **1-800-342-1741** para recibir servicios de reempleo gratis.

Representación Legal

No se requiere que usted tenga un abogado. Si usted contrata un abogado para que le ayude con su reclamo, es posible que se use una porción de sus beneficios para pagar el honorario y los gastos del abogado a no ser que su empleador o la compañía de seguros se haga responsable de pagarlos. Aunque la División de Compensación por Accidentes de Trabajo no provee asesoramiento legal, la División contestará preguntas sobre sus derechos y responsabilidades y posiblemente podrá resolver problemas que usted pueda tener con su reclamo. La ayuda es **gratis** y está disponible si usted contacta la Oficina de Ayuda al Trabajador (EAO) al **1-800-342-1741.**

Programa de Recompensa por Anti-Fraude

El fraude de seguro por accidentes de trabajo ocurre cuando cualquier persona con conocimiento y con el intento de hacer daño, defrauda o engaña a cualquier empleador o trabajador, compañía de seguros, o auto aseguradora, presenta información falsa o engañosa. El fraude de seguros por accidentes de trabajo es un delito mayor de tercer grado que puede resultar en multas, responsabilidad civil, o encarcelamiento. Recompensas de hasta $25,000.00 se pueden pagar a personas que proporcionan la información que conduce a la detención y a la convicción de personas que han cometido fraude de seguro. Llame al **1-800-378-0445** para reportar sospechas de fraude de seguro por accidentes de trabajo.

Limitación de responsabilidad

Esta publicación esta siendo ofrecida sólo como una herramienta de información, acata s.440.185 (4) F.S. con el entendimiento que esto no es lenguaje oficial de los Estatutos de la Florida. Bajo ningunas circunstancias será la División de Compensación por accidentes de trabajo responsable de daños directos o resultantes del uso de ese material.

69L-3.0035, F.A.C. Injured Worker Informational Brochure
Rule 69L-3.025, F.A.C. Forms
DFS-F2-DWC-61
Revised February 2014

Información Para Trabajadores

INFORMACIÓN IMPORTANTE

DE SEGURO DE INDEMNIZACION POR ACCIDENTES DE TRABAJO PARA LOS TRABAJADORES DE LA FLORIDA

DIVISION OF WORKERS' COMPENSATION
Florida Department of Financial Services

Si usted se lesiona como resultado de un accidente de trabajo, la compañía de seguro de su empleador podría proveerle beneficios médicos y una porción de su salario.

Beneficios Médicos

Tan pronto la compañía de seguro tenga conocimiento de su lesión y determine que su lesión/enfermedad tiene cobertura de acuerdo a las leyes de la Florida, la compañía de seguro le:

- Proveerá un médico autorizado por la compañía de seguro
- Pagará por todo tratamiento que sea autorizado, médicamente necesario y relacionado a su lesión o enfermedad
- Proveerá una vez un cambio de médico dentro de cinco días de recibir su petición por escrito

Atención médica y tratamientos autorizados pueden incluir:

- Consultas médicas
- Terapia física
- Hospitalización
- Medicamentos recetados
- Exámenes médicos
- Gastos de viajes a consultas médicas o la farmacia
- Prótesis

En cuanto alcance la máxima mejoría médica (MMI por su sigla en ingles) usted tendrá que pagar un copago de $10.00 por cada consulta para tratamiento médico. La máxima mejoría médica ocurre cuando el médico que lo(a) atiende determina que su lesión o enfermedad ha sanado hasta el punto que una mejoría adicional no es probable.

Beneficios de Reemplazo de Salario

Si usted no puede trabajar o su ingreso es reducido debido a una lesión u enfermedad relacionada con su empleo, es posible que usted pueda recibir reemplazo parcial del salario. Usted puede ser elegible para estos beneficios si ha estado incapacitado(a) por mas de siete días y no ha podido cumplir con sus deberes normales en su empleo según el consejo de su médico autorizado.

Si usted califica, los beneficios de reemplazo de salario comenzarán al octavo día de incapacidad parcial o total. Usted no recibirá beneficio de reemplazo de salario por los primeros siete días de incapacidad a menos que usted ha estado incapacitado por más de 21 días debido a su lesión o enfermedad relacionado con su empleo.

En la mayoría de los casos, los beneficios de reemplazo de salario igualarán a dos tercios (2/3) del salario semanal regular que usted ganaba antes de sufrir la lesión o enfermedad, pero el beneficio no excederá el promedio de los salarios semanales en la Florida. Usted generalmente, puede esperar recibir su primer cheque de beneficio dentro de 21 días después de que la compañía de seguro tenga conocimiento de su lesión o enfermedad. Los (siguientes) cheques (adicionales) se enviarán quincenalmente.

- Beneficios por Incapacidad Total Temporal (TTD por su sigla en inglés)*: Estos beneficios son proveídos como resultado de una lesión u enfermedad que temporalmente prohíbe que usted vuelva a trabajar y usted no ha alcanzado la máxima mejoría médica.
- Beneficios por Incapacidad Parcial Temporal (TPD por su sigla en inglés)*: Estos beneficios son proveídos cuando el médico le permite volver a trabajar con restricciones, usted no ha alcanzado la máxima mejoría médica, y gana menos del 80% del salario que ganaba antes de sufrir la lesión o enfermedad. ***Beneficios temporales son pagables por un máximo de 104 semanas o hasta la fecha que se determine que usted ha alcanzado la máxima mejoría médica, lo que ocurra primero.***
- Beneficios por Daños Permanente (IB por su sigla en inglés): Estos beneficios son proveídos cuando la lesión o enfermedad causa pérdida física, psicológica o funcional y la incapacidad existe después de la fecha de la máxima mejoría médica. [MMI] Un médico le asignará una valoración de incapacidad permanente a la lesión que será expresada como un porcentaje de incapacidad al cuerpo en su totalidad.
- Beneficios por Incapacidad Total Permanente (PTD por su sigla en inglés): Estos beneficios son proveídos cuando la lesión causa que usted sea permanente y totalmente incapacitado(a) según las estipulaciones de la ley.
- Indemnizaciones por Fallecimiento: Compensación por accidentes de trabajo que resulten en la muerte del trabajador incluye pago de gastos para el funeral y beneficios para los dependientes del fallecido (estos son sujetos a límites definidos por ley). Un cónyuge dependiente puede ser elegible para entrenamiento vocacional.

La tasa, cantidad, y duración de beneficios de reemplazo de salario son estipulados en la ley de compensación por accidentes de trabajo. **Si usted tiene preguntas sobre sus beneficios llame a su tasador(a) /ajustador(a) de reclamo o a la Oficina de Ayuda al Trabajador al 1-800-342-1741 Ext. 30027.**

Responsabilidades del Trabajador Lesionado

Comuníquese con el Empleador:

- Contacte su supervisor/empleador inmediatamente para notificarle que sufrió una lesión o enfermedad en su trabajo.
- Provéela a su empleador una copia del Formulario Para Reportar el Estatus de su Caso y Tratamiento Médico (formulario médico para reportar el tratamiento/estado de su caso) (DWC25) [titulada en Ingles "Medical Treatment /Status Reporting Form (DWC25)] después de cada cita medica.
- Vuelva a su lugar de empleo cuando su médico lo permita y su empleador le ofrezca un trabajo de acuerdo a sus limitaciones para evitar la suspensión de los beneficios de reemplazo de salario.

Comuníquese con la compañía de seguros:

- Revise el formulario Primer Reporte de la Lesión o Enfermedad (DWC1) [Titulada en inglés "First Report of Injury or Illness" (DWC1)] cuando la reciba y verifique su dirección, número de teléfono, número de seguro social, y la descripción del accidente. Si hay alguna información con la cual usted no esta de acuerdo, o si alguna información ha sido omitida, inmediatamente notifíqueselo a su tasador(a)/ ajustador(a) de reclamo por escrito.
- Revise, firme y devuelva a la compañía de seguros la declaración de fraude. Es una obligación. Al firmar este documento, esta confirmando que entendió esta información importante. Sus beneficios serán suspendidos si usted no firma y provée la declaración a la compañía de seguros.
- Si usted ha trabajado para más de un empleador durante las trece semanas inmediatamente antes de la fecha del accidente, reporte todos los salarios recibidos durante ese periodo. Esto ayudará a la compañía de seguros a determinar la cantidad correcta de su beneficio de reemplazo de salario.
- Mantenga a su tasador(a)/ajustador(a) de reclamo regularmente informado(a) sobre el estado de su reclamo, su necesidad de autorización de tratamiento médico, y cualquier ingreso. (Nota: si usted esta representado por un abogado, posiblemente su tasador(a) /ajustador(a) de reclamo no podrá hablar con usted directamente)
- Notifique a la compañía de seguros de cualquier cambio de dirección o número de teléfono.
- Complete y devuelva los formularios que requiera la compañía de seguros.

Comuníquese con el Médico Autorizado por la Compañía de Seguros:

- Identifique todas las partes del cuerpo que están o potencialmente pueden ser dañadas, y sea especifico(a) al identificar las áreas del dolor.
- Cumpla con sus citas médicas.
- Aclare su estado laboral durante sus citas antes de salir de la oficina del médico.
- Siga el plan recomendado por su médico
- Pídale a su médico una copia del Reporte Médico Sobre el Estado/Tratamiento de su Caso (DWC25) [titulada en inglés, "Medical Treatment /Status Reporting Form (DWC25)]
- Notifique a su médico de cualquier cambio de dirección o número de teléfono
- Llame a la oficina del médico autorizado si usted necesita ver al médico antes de su próxima cita. Quizás el personal pueda anotar su nombre en una lista de cancelación y pueda conseguir una cita más pronto si otro paciente cancela su cita. Si no hay una cita disponible, y usted necesita ver un médico inmediatamente, por favor contacte su tasador(a)/ ajustador(a) de reclamo o la Oficina de Ayuda al Trabajador

Responsabilidades de la Compañía de Seguros

- Disposición oportuna del tratamiento médico
- Pago oportuno de beneficios de reemplazo de salario
- Pago oportuno de facturas médicas
- Notificación oportuna de su reclamo a la División de Compensación por Accidentes de Trabajo
- Notificación oportuna de cualquier cambio del estado de su reclamo. Esta información le será proveída por correo en una hoja titulada Notificación de Acción o Cambio (DWC4) [Titulado en inglés "Notice of Action/Change (DWC4)] o en una Notificación de Negación (DWC12) [Titulado en inglés Notice of Denial (DWC12)].

Procedural Information - Section C:

NSU Workers' Compensation Quick Facts

Reporting Period: An employee who suffers an injury/illness arising out of and in the course of employment must advise his/her supervisor, Risk Management or OHR contact of the injury immediately, but no later than within 30 days after the date of or initial manifestation of the injury. **The law requires that you report the accident or your knowledge of a job-related injury within 30 days of your knowledge of the accident or injury.** Failure to report the injury/illness in the noted timeframe could result in the denial of the claim under certain circumstances. However, if the employee reports the injury after the 30-day period the information must be reported to Risk Management immediately using the pertinent forms found online at http://www.nova.edu/risk/forms/workers-comp.pdf.

Waiting Period for Comp Benefits after Injury: 7 days

Wage Replacement Benefits: If an authorized treating physician places an injured worker off work the workers' compensation benefits for lost wages will start on the eighth day that the employee is unable to work. No wage replacement benefits are paid for the first 7 days of work missed, unless the employee is out of work for more than 21 days due to the work-related injury. The wage replacement benefits will equal two-thirds (66-2/3%) of the employee's pre-injury regular weekly wage, but the benefit will not exceed Florida's Maximum Compensation Rate for the year of the accident and is on a paid bi-weekly basis. An injured worker who is receiving wage replacement can use 2.5 hours or equivalent hours of his/her own accrued sick, personal, or vacation hours towards full wage compensation (based on a 7.5-hour daily scale).

Compensation is retroactive if disability continues for what period from the date of injury? If an authorized treating physician places an injured worker off more than 21 days, the 7 days are paid for by the 4th week of disability.

Choice of Physician: You must see a doctor authorized by your NSU Workers' Compensation Manager (ext. 25404) or the insurance company (407-660-5637 | 866-291-0194). If it is an emergency and you cannot reach the NSU Workers' Compensation Manager or Adjuster, to tell you where to go for treatment, go to the nearest emergency room and let the NSU Workers' Compensation Manager and the Adjuster know as soon as possible what has happened.

If it is after hours and you cannot reach the NSU Workers' Compensation Manager or Adjuster, to tell you where to go for treatment and your PCP is not available, go to the nearest emergency room and let the NSU Workers' Compensation Manager and the Adjuster know as soon as possible what has happened.

Per Florida Statute 440.13(2) (f), an injured worker is entitled to a one time change per accident. The insurance company will authorize an alternative physician within five days of receiving a written request from the injured worker. If medical care is provided outside an authorized approved network, the employer chooses the physician.

Transportation during Disability Period: Medical transportation is available if the injured worker needs it. If the injured worker uses his/her vehicle for transportation to medical providers, they are reimbursed at the current rate of 44.5 cents per mile. The carrier/servicing agent can supply mileage forms, or the employee can retrieve same online at http://www.nova.edu/cwis/fop/risk/forms/workers_comp.pdf. Call CCMSI immediately on 407-660-5637 | 1-866-291-0194 or the NSU Workers' Compensation Manager on 954-262-5404 if you need transportation or cannot make an appointment.

Prescription Benefit: Medications can be dispensed at any pharmacy (see myMatrixx listing). The injured worker pays no co-pay (prior to MMI) for Rx. if an authorized medical provider prescribes medical services, devices, appliances, etc., as it relates to the injury/illness. Please contact your claim adjuster at CCMSI (407-660-5637 | 1-866-291-0194) or the NSU Workers' Compensation Manager (954-262-5404) for authorization prior to receiving service for assistance.

Notification from Insurance Company: Within 3-5 business days after you or the NSU Workers' Compensation Manager report the accident, you should receive an informational brochure explaining your rights and obligations, and a Notification Letter explaining the services provided by the Employee Assistance Office of the Division of Workers' Compensation. These forms may be part of a packet which may include some or all the following:

- A copy of your accident report or "First Report of Injury or Illness," which you should read to make sure it is correct.
- A fraud statement, which you would have already read, signed and returned to the NSU Workers' Compensation Manager for forwarding to the insurance company. If you have not done so, then you must read, sign and return it as soon as possible, or benefits may be temporarily withheld until you do so.

- A release of medical records, which you would have already read, signed and returned to the NSU Workers' Compensation Manager for forwarding to the insurance company. If you have not done so, then you must read, sign, and return it as soon as possible; and
- Medical mileage reimbursement forms that you should fill out, after seeking medical treatment, and send to your claims adjuster for reimbursement. You may forward a copy to the NSU Workers' Compensation Manager to be placed in your file.

FAQ's regarding Workers' Compensation

How long do I have to report a claim to my employer?

All injured workers must contact their supervisor/employer immediately to notify them of any on-the-job injury. Claims reported after 30 days could be denied.

Which forms do I need to complete?

All injured workers should complete a First Report of Injury form, NSU Employee Statement Regarding Cause of Accident, CCMSI. NSU/CCMSI Workers' Compensation Treatment Authorization form, CCMSI False and Fraudulent Claim Warning form and CCMSI Authorization for Medical Records and Communication Release form, NSU Workers' Compensation Witness Report form when filing. The First Report of Injury packet is found online at http://www.nova.edu/risk/forms/workers-comp.pdf.

It is important that all injured workers complete the workers' compensation packet including the fraud statement. Benefits might become suspended if said injured workers refuse to provide the requested signature.

What doctor can I go to?

Your NSU Workers' Compensation Manager (employer) or insurance company Adjuster (CCMSI), upon becoming aware of your injury will direct you to a health care provider for such period as the nature of the injury or the process of recovery may require. Medical care must be authorized by the NSU Workers' Compensation Manager or insurance company Adjuster.

Why can't I go to the doctor of my choice?

Per Florida Statute 440.13(2) (a), the law requires that the employer/insurance company provide the appropriate medical care.

Can I go to my own personal physician?

No. You must go to an authorized physician provided by NSU Workers' Compensation Manager, or CCMSI-the insurance company.

The doctor is not helping me. Can I request a different doctor for my treatment?

Yes. Per Florida Statute 440.13(2) (f), you are entitled to one time change per accident. The request for a change in physician must be in writing and provided to the insurance company (CCMSI). Upon receipt of the request, the insurance company will select and authorize an alternative physician within five days of receipt of the written request. The injured worker or insurance company (CCMSI) may also select a one-time Independent Medical Examination (IME), per accident. Please note, if your accident occurred on or after 10/1/03, the party requesting the IME is responsible for payment.

Will I have to pay any medical bills?

No, all authorized medical bills should be submitted by the medical provider to CCMSI for payment until you reach maximum medical improvement. Once you reach Maximum Medical Improvement you will be required to pay $10.00 co-pay per visit.

If prescribed, how do I get my prescription filled?

If a prescription is prescribed by your authorized physician, please take the prescription to your pharmacist along with the information from **myMatrixx** to ensure your prescriptions are billed directly to the insurance company. In rare cases you may be asked to pay for your medications: if this happens, you will be reimbursed any money you have to advance once receipts are provided to the insurance company.

What is my responsibility when the doctor places me on restricted duty?

It is your responsibility to communicate with your Supervisor and NSU Workers' Compensation Manager following your appointments. If you are given restrictions or placed out of work at any time during your treatment, please ensure they are communicated to your Supervisor and NSU Workers' Compensation Manager immediately. Please remember, the doctor gives you restrictions until your next visit to help you recover from your injury. It is extremely important that you observe your restrictions at work as well as in your daily life.

If you are placed on medical leave, please contact your Employee Services team or OHR Benefits team at loa@nova.edu for information pertaining to filing a request for medical leave due to your workers' compensation status.

Do I have to attend my appointments?

Yes. Time, effort and expense are put into providing your medical care. If you do not follow the doctor's direction and attend all medical appointments your case may be terminated for non-compliance and all benefits suspended.

If a medical bill comes to my house, what do I do?

Email the medical bill to the NSU Workers' Compensation Manager (bcharmai@nova.edu | workerscomp@nova.edu). The Workers' Compensation Workers' Manager relates it to the claim and forwards it to your adjuster. CCMSI will pay all authorized invoices for your claim. Otherwise, you can elect to forward the bill to your CCMSI adjuster by fax. At 217-477-6623, or by email to the adjuster.

Will I get paid mileage to my medical appointments?

If you, a family member or friend drives you to an authorized appointment, physical therapy, hospital, diagnostic testing or pharmacy, you are entitled to mileage reimbursement 44.5 cents per mile or current rate. A form is available to document the appropriate mileage.

What do I do if I can't make my appointment or do not have transportation?

Call CCMSI immediately at 407-660-5637|1-866-291-0194 or the NSU Workers' Compensation Manager at 954-262-5404 or via email: bcharmai@nova.edu | workerscomp@nova.edu.

When do I get my first check?

You should receive the first check within three (3) weeks after reporting your injury to FICURMA | CCMSI and have been off work by an authorized treating physician beyond the waiting period.

All injured workers must report any wages (from all employment) earned to the insurance carrier.

How much will I be paid?

In most cases, benefits are calculated at 66 2/3 percent of your average weekly wage up to the state max for the year of your accident. If you were injured on or after October 1, 2003, your average weekly wage is calculated using wages earned 13 weeks prior to your injury, not counting the week in which you were injured

Will I be paid if the doctor takes me off work?

In most cases, your first check will be from the 8th day of disability through the time your authorized treating physician releases you to return to work. Under Florida law, you are not paid for the first seven days of disability, unless you are out more than 21 days.

Will the check come to my house?

If you are entitled to benefits, your check will be mailed to your home. Please make sure we have the most up to date information regarding your address and phone number.

Can I receive unemployment compensation and workers' compensation benefits at the same time?

No, not if you are receiving temporary total or permanent disability benefits, you must be medically able and available to work to qualify for unemployment benefits.

Will I get fired because of my injury?

No. It is against the law to fire you because you have filed or attempted to file a workers' compensation claim.

If I choose to have Legal Representation how would this affect my claim?

Injured workers are not required to have an attorney but are free to retain one if they desire. If an injured worker elects to hire an attorney to represent him or her with his or her workers' compensation claim -

(a) Fees and costs may come out of benefits received, unless his or her employer or workers' compensation carrier is held responsible for paying the attorney fees and other costs which may occur under certain limited circumstances.
(b) All communication, whether written or verbal, pertaining to an injured worker's claim, must be between the injured worker's attorney and NSU's Third Party Administrator. Consequently, the injured worker cannot communicate with NSU representatives/employees pertaining to his/her claim while represented by an attorney.

If my claim is based on Mental or nervous disorders how is it covered?

Mental or nervous injuries (440.093): A mental or nervous injury due to stress, fright or excitement only is not an injury by accident arising out of the employment (see 440.02(1), Definitions.) Section 440.093 addresses mental or nervous injuries. It states that the physical injury must be and remains the major contributing cause and limits the payment of permanent benefits for mental or nervous injury to six months following date of maximum medical improvement for the physical injury.

Who do I contact if I have any questions concerning my benefits?

You may contact either the insurance adjuster or the NSU Workers' Compensation Manager. Cannon Cochran Management Services, Inc. (CCMSI) contact information is:

PO Box 948399 | Maitland| FL 32794-8399 | Telephone: 1-866-291-0194 | 407-660-5637 | Fax: 217-477-6623.

The NSU Workers' Compensation Manager can be contacted on 954-262-5404 | Email: bcharmai@nova.edu | workerscomp@nova.edu.

(a) All injured workers must complete and return forms to the NSU Workers' Compensation Manager and insurance carrier when asked.
(b) All injured workers must notify the insurance carrier of any address changes.

Disclaimer: The above represents a summary of information pertaining to Nova Southeastern University's Worker's Compensation Benefit. Please note that worker's compensation law can be complex and these laws and policies are subject to amendment at any time. If you need help with a workers' compensation issue, please consult your CCMSI and/or NSU Workers' Compensation Manager.

RECEIVED BY CLAIMS-HANDLING ENTITY	SENT TO DIVISION DATE	DIVISION RECEIVED DATE

FIRST REPORT OF INJURY OR ILLNESS

FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

For assistance call 1-800-342-1741
or contact your local EAO Office
Report all deaths within 24 hours 1-800-219-8953 or (850) 922-8953

PLEASE PRINT OR TYPE

EMPLOYEE INFORMATION

NAME (First, Middle, Last)	Social Security Number	Date of Accident (Month-Day-Year)	Time of Accident □ AM □ PM

HOME ADDRESS

Street/Apt #: _____

City: _____ State: _____ Zip: _____

TELEPHONE Area Code Number

EMPLOYEE'S DESCRIPTION OF ACCIDENT (Include Cause of Injury)

OCCUPATION	INJURY/ILLNESS THAT OCCURRED	PART OF BODY AFFECTED

DATE OF BIRTH: ____/____/____

SEX: □ M □ F

EMPLOYER INFORMATION

COMPANY NAME: Nova Southeastern University

D. B. A.: Sana

Street: 3301 College Avenue

City: Ft Lauderdale State: Florida Zip: 33314

TELEPHONE Area Code Number

EMPLOYER'S LOCATION ADDRESS (If different)

Street: _____

City: _____ State: _____ Zip: _____

LOCATION # (If applicable): _____

PLACE OF ACCIDENT (Street, City, State, Zip)

Street: _____

City: _____ State: _____ Zip: _____

COUNTY OF ACCIDENT: _____

FEDERAL I.D. NUMBER (FEIN): 59-1082582

NATURE OF BUSINESS: Education

DATE EMPLOYED: ____/____/____

LAST DATE EMPLOYEE WORKED: ____/____/____

RETURNED TO WORK □YES □ NO

IF YES, GIVE DATE: ____/____/____

DATE OF DEATH (If applicable): ____/____/____

AGREE WITH DESCRIPTION OF ACCIDENT? □ YES □ NO

DATE FIRST REPORTED (Month/Day/Year)

POLICY/MEMBER NUMBER: 2409209

PAID FOR DATE OF INJURY □ YES □ NO

WILL YOU CONTINUE TO PAY WAGES INSTEAD OF WORKERS' COMP? □ YES

LAST DAY WAGES WILL BE PAID INSTEAD OF WORKERS' COMP: ____/____/____

RATE OF PAY □ HR □ WK

$ _____ PER □ DAY □ MO

Number of hours per day _____
Number of hours per week _____
Number of days per week _____

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. **I have reviewed, understand and acknowledge the above statement.**

EMPLOYEE SIGNATURE (If available to ~~date~~) DATE

EMPLOYER SIGNATURE DATE

NAME, ADDRESS AND TELEPHONE OF PHYSICIAN OR HOSPITAL

AUTHORIZED BY EMPLOYER ~~YES~~ □ NO

CLAIMS-HANDLING ENTITY INFORMATION

□ (a) Denied Case - DWC-12, Notice of Denial Attached
□(b) Indemnity Only Denied Case - DWC-12, Notice of Denial Attached

□ 2. Medical Only which became Lost Time Case (Complete all required information in #3)
Employee's 8TH Day of Disability ____/____/____

Entity's Knowledge of 8TH Day of Disability ____/____/____

□ 3. Lost Time Case - 1st day of disability ____/____/____ Full Salary in lieu of comp? ~~YES~~ Full Salary End Date ____/____/____

Date First Payment Mailed ____/____/____ AWW _____ Comp Rate _____

□ T.T. □ T.T. - 80% □ T.P. □ I.B. □ P.T. □ DEATH □ SETTLEMENT ONLY

Penalty Amount Paid in 1st Payment $ Interest Amount Paid in 1st Payment $

REMARKS:

INSURER CODE #	EMPLOYEE'S CLASS CODE	EMPLOYER'S NAICS CODE
SERVICE CO/TPA CODE #	CLAIMS-HANDLING ENTITY F.E.I. #	

INSURER NAME

CLAIMS-HANDLING ENTITY NAME, ADDRESS & TELEPHONE
Cannon Cochran Management Services, Inc.
PO Box 948399 | Maitland FL 32794-8399
866-291-0194 | 407-660-5600 | Fax: 217-477-6946
FICURMAmail@ccmsi.com

DWC-1 Purpose and Use Statement

The collection of the social security number on this form is specifically authorized by Section 440.185(2), Florida Statutes. 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.

NSU | NOVA SOUTHEASTERN UNIVERSITY
Florida

NSU EMPLOYEE STATEMENT REGARDING CAUSE OF ACCIDENT AND REQUEST FOR MEDICAL TREATMENT

Employee Name: _____ SSN: _____

Date of Birth _____ Date of Injury: _____

Job Title: _____ Supervisor's Name_____

Telephone contact Information: _____ Supervisor's Signature: _____

Dept. /Center: _____ Supervisor's telephone #: _____

Employee Refused Medical Care at time of Injury ☐Yes ☐No

List activity prior to accident (work related activity only):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

WORKERS' COMPENSATION TREATMENT AUTHORIZATION FORM

This is a Worker's Compensation Treatment Authorization Form. This Form is not a guarantee of eligibility or compensability for Workers' Compensation Benefits.

To be completed by employer (please print)

Account Number: F45

Employer Name: Nova Southeastern University

Employer Address: 3301 College Avenue, Ft. Lauderdale, Florida 33314

Employee Name: _____

Social Security Number: _____ Date of Injury: _____

Type of Injury: _____

Body Part Injured: _____

Supervisor issuing form: Charmaine Beckford (T) 954-262-5404* bcharmai@nova.edu-(Email)

Supervisors: Please give this completed form to the injured employee to take with them to the physician.

This form is for one time use, only on this date _____.

Providers: You must call Cannon Cochran Management Services, Inc. toll free at 1-866-291-0194 prior to any additional treatment/admission or referral, other than an emergency. In an emergency, notification to CCMSI is required within 24 hours.

Send Medical Bills To:

Cannon Cochran Management Services, Inc.
PO Box 948399 | Maitland| FL 32794-8399
1-866-291-0194 | 407-660-5600 | Fax: 217-477-6946 | FICURMAmail@ccmsi.com

FICURMA
Workers' Compensation Prescription Information

Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

Employee Name:	
Group#:	P2KA
Member ID (SSN):	
Date of Injury:	
Processor:	myMatrixx
Bin#:	003858
Day supply is limited to 14 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

Employee:

FICURMA has partnered with myMatrixx to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 64,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900

AUTHORIZATION FOR MEDICAL RECORDS AND COMMUNICATION RELEASE

Name:_____Date of Birth:_____Social Security #:_____

I hereby authorize any licensed physician, chiropractor, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person, that has any records or knowledge of my mental or physical health, history, condition or wellbeing, to supply such information to my employer or its insurance carrier, claims administrator or attorneys.

I specifically authorize any treating physician or medical care provider to communicate orally or in writing with my employer or its insurance company, claims administrator, rehabilitation or medical management consultant or attorneys as to my care and treatment, and as to any other issues including diagnosis, prognosis, causal connection of care and treatment to my work injury or duties, and ability to work. I hereby waive my physician-patient privilege. In conjunction with this, I also authorize any treating physician or medical provider to review any additional materials provided to them.

A photocopy of this authorization shall be as valid as the original. This release shall remain valid for the length of my claim.

Note: Workers' Compensation Requests Are Exempt From HIPAA. Pursuant to 45 CFR, Sect. 164.512(1) a covered entity may without penalty under HIPAA disclose protected health information to the extent necessary to comply with the law relating to workers' compensation.

_____
NAME-PLEASE PRINT

_____
SIGNATURE

_____
DATE

Cannon Cochran Management Services, Inc.
PO Box 948399 | Maitland| FL 32794-8399
866-291-0194 | 407-660-5600 | Fax: 217-477-6946 | FICURMAmail@ccmsi.com

False and Fraudulent Claim Warning

Please read the following information carefully. This form must be signed and returned within 30 days of the date it was received, stating that you have reviewed, understand and acknowledge the statement of benefits and/or payments shall be suspended until such signature obtained.

Workers' Compensation fraud includes but is not limited to the following:

- Requesting and/or receiving temporary total, temporary partial, permanent total disability or impairment benefits while working for gain as an employee of a business, independent contractor, yourself or a business and not reporting that income to the insurance company.
- Making a false or written statement and/or submitting false documents to your employer, your physician and/or the insurance company or their representatives for the purpose of filing or supporting a claim for workers' compensation benefits.
- Misrepresenting facts concerning an industrial accident, injury or illness to your employer, your physician and/or the insurance company or their representatives.
- Failing to report earnings when requested to do so by the insurance company.
- Selling your personal information to third parties for use of misrepresenting facts to any medical provider or insurance company.

Florida

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 Florida Statute 817.234.

I have reviewed, understand and acknowledge the above. This information is true and correct to the best of my knowledge.

Workers Name: _____

Please type or print

Claim #: _____ Employee: _____

Employer: _____

Employees' Address: _____

Phone: _____

Workers' Signature: _____ Date: _____

Cannon Cochran Management Services, Inc.
PO Box 948399 | Maitland| FL 32794-8399
866-291-0194 | 407-660-5600 | Fax: 217-477-6946 | FICURMAmail@ccmsi.com

NSU | NOVA SOUTHEASTERN UNIVERSITY
Florida

Workers' Compensation Witness Report Form (To be completed by witness only)

Name of injured employee: _____

Name of witness: _____

Telephone # of Witness_____

Location where incident occurred: _____

Date of incident: _____ Time of incident: _____

1. What were you (the witness) doing at the time of the incident?
   _____
2. How and when did you become aware of the incident?
   _____
3. What did you hear at the time of the incident?
   _____
4. Describe what you saw at the time of the incident:
   _____
5. Who else was present?
   _____
6. Please relate any additional information you have pertaining to the incident:
   _____
   _____
   _____

Witness's signature: _____ Date signed: _____

REMINDER

Stop, Look, Listen - Section D

SAFETY IS OUR CONCERN!

PLEASE SEE YOUR SUPERVISOR, OHR CONTACT OR RISK MANAGEMENT PERSONNEL SHOULD YOU EXPERIENCE A WORK RELATED INJURY FOR ASSISTANCE IN FILING YOUR CLAIM. YOU CAN ALSO OBTAIN THE NECESSARY DOCUMENTS AT

https://www.nova.edu/risk/forms/workers-comp.pdf

PLEASE COMPLETE AND FORWARD THE DOCUMENTS TO YOUR RISK MANAGEMENT OFFICE AT BCHARMAI@NOVA.EDU | WORKERSCOMP@NOVA.EDU.

NOTES 

Resources

Nova Southeastern University

Risk Management Office
3301 College Ave
Suite 226
Fort Lauderdale, Fl 33314
Tel: (954) 262-5404
Email: bcharmai@nova.edu | workerscomp@nova.edu

Claims-Handling Entity

Cannon Cochran Management Services, Inc. (CCMSI)
PO Box 948399 | Maitland| FL 32794-8399
Tel: 407-660-5637 | 1- 866-291-0194 | 217-477-6623 (fax) | FICURMAmail@ccmsi.com
After Hours: 1-877-253-5169

For more information regarding prevention of risk visit our website at http://www.nova.edu/cwis/fop/risk/