Bill No. <u>CS for SB 2224</u>

Amendment No. $\underline{7}$ Barcode 203920

Ī	CHAMBER ACTION <u>Senate</u> <u>House</u>
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11	The Committee on Governmental Oversight and Productivity
12	recommended the following amendment:
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14	Senate Amendment (with title amendment)
15	On page 98, line 12, through
16	page 129, line 27, delete those lines
17	
18	and insert:
19	(3) In any case where the employer is a self-insurer
20	and fails to comply with any compensation order of a judge of
21	compensation claims or court within 10 days after such order
22	becomes final, the <u>department</u> division may suspend or revoke
24	any authorization previously given to the employer to become a self-insurer, and the Florida Self-Insurer's Guaranty
25	Association division may sell such of the securities deposited
26	by such self-insurer with the Florida Self-Insurer's Guaranty
27	Association division as may be necessary to satisfy such
28	order.
29	Section 29. Subsection (1) of section 440.211, Florida
30	Statutes, is amended to read:
31	440.211 Authorization of collective bargaining

agreement. --

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- (1) Subject to the limitation stated in subsection (2), a provision that is mutually agreed upon in any collective bargaining agreement filed with the department division between an individually self-insured employer or other employer upon consent of the employer's carrier and a recognized or certified exclusive bargaining representative establishing any of the following shall be valid and binding:
- (a) An alternative dispute resolution system to supplement, modify, or replace the provisions of this chapter which may include, but is not limited to, conciliation, mediation, and arbitration. Arbitration held pursuant to this section shall be binding on the parties.
- (b) The use of an agreed-upon list of certified health care providers of medical treatment which may be the exclusive source of all medical treatment under this chapter.
- (c) The use of a limited list of physicians to conduct independent medical examinations which the parties may agree shall be the exclusive source of independent medical examiners pursuant to this chapter.
- (d) A light-duty, modified-job, or return-to-work program.
- (e) A vocational rehabilitation or retraining program. Section 30. Subsections (4), (5), and (7) of section 440.25, Florida Statutes, are amended to read:
 - 440.25 Procedures for mediation and hearings.--
- (4)(a) If, on the 10th day following commencement of mediation, the questions in dispute have not been resolved, the judge of compensation claims shall hold a pretrial hearing. The judge of compensation claims shall give the 31 | interested parties at least 7 days' advance notice of the

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29 30 pretrial hearing by mail. At the pretrial hearing, the judge of compensation claims shall, subject to paragraph (b), set a date for the final hearing that allows the parties at least 30 days to conduct discovery unless the parties consent to an earlier hearing date.

- (b) The final hearing must be held and concluded within 45 days after the pretrial hearing. Continuances may be granted only if the requesting party demonstrates to the judge of compensation claims that the reason for requesting the continuance arises from circumstances beyond the party's control.
- The judge of compensation claims shall give the interested parties at least 7 days' advance notice of the final hearing, served upon the interested parties by mail.
- (d) The hearing shall be held in the county where the injury occurred, if the injury occurred in this state, unless otherwise agreed to between the parties and authorized by the judge of compensation claims in the county where the injury occurred. If the injury occurred without the state and is one for which compensation is payable under this chapter, then the hearing above referred to may be held in the county of the employer's residence or place of business, or in any other county of the state which will, in the discretion of the Chief Judge, be the most convenient for a hearing. The hearing shall be conducted by a judge of compensation claims, who shall, within 14 days after final hearing, unless otherwise agreed by the parties, determine the dispute in a summary manner. At such hearing, the claimant and employer may each present evidence in respect of such claim and may be represented by any attorney authorized in writing for such purpose. When 31 there is a conflict in the medical evidence submitted at the

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hearing, the provisions of s. 440.13 shall apply. The report or testimony of the expert medical advisor shall be made a part of the record of the proceeding and shall be given the same consideration by the judge of compensation claims as is accorded other medical evidence submitted in the proceeding; and all costs incurred in connection with such examination and testimony may be assessed as costs in the proceeding, subject to the provisions of s. 440.13. No judge of compensation claims may make a finding of a degree of permanent impairment that is greater than the greatest permanent impairment rating given the claimant by any examining or treating physician, except upon stipulation of the parties.

- (e) The order making an award or rejecting the claim, referred to in this chapter as a "compensation order," shall set forth the findings of ultimate facts and the mandate; and the order need not include any other reason or justification for such mandate. The compensation order shall be filed in the office of the department division at Tallahassee. A copy of such compensation order shall be sent by mail to the parties and attorneys of record at the last known address of each, with the date of mailing noted thereon.
- (f) Each judge of compensation claims is required to submit a special report to the Chief Judge in each contested workers' compensation case in which the case is not determined within 14 days of final hearing. Said form shall be provided by the Chief Judge and shall contain the names of the judge of compensation claims and of the attorneys involved and a brief explanation by the judge of compensation claims as to the reason for such a delay in issuing a final order. The Chief Judge shall compile these special reports into an annual 31 public report to the Governor, the department Secretary of

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29 30 Labor and Employment Security, the Legislature, The Florida Bar, and the appellate district judicial nominating commissions.

- (g) Judges of compensation claims shall adopt and enforce uniform local rules for workers' compensation.
- (h) Notwithstanding any other provision of this section, the judge of compensation claims may require the appearance of the parties and counsel before her or him without written notice for an emergency conference where there is a bona fide emergency involving the health, safety, or welfare of an employee. An emergency conference under this section may result in the entry of an order or the rendering of an adjudication by the judge of compensation claims.
- (i) To expedite dispute resolution and to enhance the self-executing features of the Workers' Compensation Law, the Chief Judge shall make provision by rule or order for the resolution of appropriate motions by judges of compensation claims without oral hearing upon submission of brief written statements in support and opposition, and for expedited discovery and docketing.
- (j) To further expedite dispute resolution and to enhance the self-executing features of the system, those petitions filed in accordance with s. 440.192 that involve a claim for benefits of \$5,000 or less shall, in the absence of compelling evidence to the contrary, be presumed to be appropriate for expedited resolution under this paragraph; and any other claim filed in accordance with s. 440.192, upon the written agreement of both parties and application by either party, may similarly be resolved under this paragraph. For purposes of expedited resolution pursuant to this paragraph, 31 the Chief Judge shall make provision by rule or order for

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29 30 expedited and limited discovery and expedited docketing in such cases. At least 15 days prior to hearing, the parties shall exchange and file with the judge of compensation claims a pretrial outline of all issues, defenses, and witnesses on a form promulgated by the Chief Judge; provided, in no event shall such hearing be held without 15 days' written notice to all parties. No pretrial hearing shall be held. The judge of compensation claims shall limit all argument and presentation of evidence at the hearing to a maximum of 30 minutes, and such hearings shall not exceed 30 minutes in length. Neither party shall be required to be represented by counsel. The employer or carrier may be represented by an adjuster or other qualified representative. The employer or carrier and any witness may appear at such hearing by telephone. The rules of evidence shall be liberally construed in favor of allowing introduction of evidence.

- (5)(a) Procedures with respect to appeals from orders of judges of compensation claims shall be governed by rules adopted by the Supreme Court. Such an order shall become final 30 days after mailing of copies of such order to the parties, unless appealed pursuant to such rules.
- (b) An appellant may be relieved of any necessary filing fee by filing a verified petition of indigency for approval as provided in s. 57.081(1) and may be relieved in whole or in part from the costs for preparation of the record on appeal if, within 15 days after the date notice of the estimated costs for the preparation is served, the appellant files with the judge of compensation claims a copy of the designation of the record on appeal, and a verified petition to be relieved of costs. A verified petition filed prior to 31 the date of service of the notice of the estimated costs shall

be deemed not timely filed. The verified petition relating to record costs shall contain a sworn statement that the 3 appellant is insolvent and a complete, detailed, and sworn financial affidavit showing all the appellant's assets, liabilities, and income. Failure to state in the affidavit all 5 assets and income, including marital assets and income, shall 6 7 be grounds for denying the petition with prejudice. The department division shall promulgate rules as may be required 8 pursuant to this subsection, including forms for use in all 9 10 petitions brought under this subsection. The appellant's 11 attorney, or the appellant if she or he is not represented by 12 an attorney, shall include as a part of the verified petition 13 relating to record costs an affidavit or affirmation that, in her or his opinion, the notice of appeal was filed in good 14 15 faith and that there is a probable basis for the District 16 Court of Appeal, First District, to find reversible error, and 17 shall state with particularity the specific legal and factual grounds for the opinion. Failure to so affirm shall be grounds 18 for denying the petition. A copy of the verified petition 19 20 relating to record costs shall be served upon all interested 21 parties, including the department division and the Office of the General Counsel, Department of Labor and Employment 22 Security, in Tallahassee. The judge of compensation claims 23 24 shall promptly conduct a hearing on the verified petition 25 relating to record costs, giving at least 15 days' notice to the appellant, the department division, and all other 26 27 interested parties, all of whom shall be parties to the proceedings. The judge of compensation claims may enter an 28 order without such hearing if no objection is filed by an 29 30 interested party within 20 days from the service date of the 31 | verified petition relating to record costs. Such proceedings

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shall be conducted in accordance with the provisions of this section and with the workers' compensation rules of procedure, to the extent applicable. In the event an insolvency petition is granted, the judge of compensation claims shall direct the department division to pay record costs and filing fees from the Workers' Compensation Administrative Trust Fund pending final disposition of the costs of appeal. The department division may transcribe or arrange for the transcription of the record in any proceeding for which it is ordered to pay the cost of the record. In the event the insolvency petition is denied, the judge of compensation claims may enter an order requiring the petitioner to reimburse the department division for costs incurred in opposing the petition, including investigation and travel expenses.

- (c) As a condition of filing a notice of appeal to the District Court of Appeal, First District, an employer who has not secured the payment of compensation under this chapter in compliance with s. 440.38 shall file with the notice of appeal a good and sufficient bond, as provided in s. 59.13, conditioned to pay the amount of the demand and any interest and costs payable under the terms of the order if the appeal is dismissed, or if the District Court of Appeal, First District, affirms the award in any amount. Upon the failure of such employer to file such bond with the judge of compensation claims or the District Court of Appeal, First District, along with the notice of appeal, the District Court of Appeal, First District, shall dismiss the notice of appeal.
- (7) An injured employee claiming or entitled to compensation shall submit to such physical examination by a certified expert medical advisor approved by the agency 31 division or the judge of compensation claims as the agency

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29 30 division or the judge of compensation claims may require. The place or places shall be reasonably convenient for the employee. Such physician or physicians as the employee, employer, or carrier may select and pay for may participate in an examination if the employee, employer, or carrier so requests. Proceedings shall be suspended and no compensation shall be payable for any period during which the employee may refuse to submit to examination. Any interested party shall have the right in any case of death to require an autopsy, the cost thereof to be borne by the party requesting it; and the judge of compensation claims shall have authority to order and require an autopsy and may, in her or his discretion, withhold her or his findings and award until an autopsy is held.

Section 31. Section 440.271, Florida Statutes, is amended to read:

440.271 Appeal of order of judge of compensation claims. -- Review of any order of a judge of compensation claims entered pursuant to this chapter shall be by appeal to the District Court of Appeal, First District. Appeals shall be filed in accordance with rules of procedure prescribed by the Supreme Court for review of such orders. The department division shall be given notice of any proceedings pertaining to s. 440.25, regarding indigency, or s. 440.49, regarding the Special Disability Trust Fund, and shall have the right to intervene in any proceedings.

Section 32. Section 440.345, Florida Statutes, is amended to read:

440.345 Reporting of attorney's fees.--All fees paid to attorneys for services rendered under this chapter shall be reported to the department division as the department division 31 requires by rule. The department division shall annually

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29 30 summarize such data in a report to the Workers' Compensation Oversight Board.

Section 33. Section 440.35, Florida Statutes, is amended to read:

440.35 Record of injury or death. -- Every employer shall keep a record in respect of any injury to an employee. Such record shall contain such information of disability or death in respect of such injury as the department division may by regulation require, and shall be available to inspection by the department division or by any state authority at such time and under such conditions as the department division may by regulation prescribe.

Section 34. Subsections (1), (2), and (3) of section 440.38, Florida Statutes, are amended to read:

440.38 Security for compensation; insurance carriers and self-insurers.--

- (1) Every employer shall secure the payment of compensation under this chapter:
- (a) By insuring and keeping insured the payment of such compensation with any stock company or mutual company or association or exchange, authorized to do business in the state;
- (b) By furnishing satisfactory proof to the Florida Self-Insurers Guaranty Association, Incorporated, created in s. 440.385, that it has the financial strength necessary to assure timely payment of all current and future claims division of its financial ability to pay such compensation individually and on behalf of its subsidiary and affiliated companies with employees in this state and receiving an authorization from the Department of Insurance, division to 31 pay such compensation directly. The association shall review

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the financial strength of applicants for membership, current members, and former members and make recommendations to the department regarding their qualifications to self-insure in accordance with this act and ss. 440.385 and 440.386. The department shall consult with the association on any recommendation before taking action. the following provisions:

The association division may recommend that the Department of Insurance, as a condition to such authorization, require an such employer to deposit with in a depository designated by the association a qualifying deposit. The association shall recommend the type and amount of the qualifying security deposit and shall division either an indemnity bond or securities, at the option of the employer, of a kind and in an amount determined by the division and subject to such conditions as the division may prescribe conditions for the qualifying security deposit, which shall include authorization for to the association to call the qualifying security deposit division in the case of default to sell any such securities sufficient to pay compensation awards and related expenses of the association or to bring suit upon such bonds, to procure prompt payment of compensation under this chapter. In addition, the division shall require, As a condition to authorization to self-insure, the employer shall provide proof that the employer has provided for competent personnel with whom to deliver benefits and to provide a safe working environment. Further, The employer division shall also provide evidence of require such employer to carry reinsurance at levels that will ensure the financial strength and actuarial soundness of such employer in accordance with rules adopted promulgated by the Department of Insurance The Department of Insurance division may by rule 31 division.

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29 30 require that, in the event of an individual self-insurer's insolvency, such qualifying security deposits indemnity bonds, securities, and reinsurance policies are shall be payable to the association Florida Self-Insurers Guaranty Association, Incorporated, created pursuant to s. 440.385. Any employer securing compensation in accordance with the provisions of this paragraph shall be known as a self-insurer and shall be classed as a carrier of her or his own insurance. All such employers shall, if requested, provide the association an actuarial report signed by a member of the American Academy of Actuaries providing an opinion of the appropriate present value of the reserves for current and future compensation claims. If any member or former member of the association refuses to timely provide such a report, the association may obtain an order from a circuit court requiring the member to produce such a report and ordering such other relief as the court determines appropriate. The association shall be entitled to recover all reasonable costs and attorney's fees in such proceedings.

If the employer fails to maintain the foregoing requirements, the association division shall recommend to the Department of Insurance that it revoke the employer's authority to self-insure, unless the employer provides to the association division the certified opinion of an independent actuary who is a member of the American Academy Society of Actuaries as to the actuarial present value of the employer's determined and estimated future compensation payments based on cash reserves, using a 4-percent discount rate, and a qualifying security deposit equal to 1.5 times the value so certified. The employer shall thereafter annually provide such 31 | a certified opinion until such time as the employer meets the

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29 30 requirements of subparagraph 1. The qualifying security deposit shall be adjusted at the time of each such annual report. Upon the failure of the employer to timely provide such opinion or to timely provide a security deposit in an amount equal to 1.5 times the value certified in the latest opinion, the association shall provide such information to the department along with a recommendation, and the Department of Insurance division shall then revoke an such employer's authorization to self-insure., and such Failure to comply with this provision shall be deemed to constitute an immediate serious danger to the public health, safety, or welfare sufficient to justify the summary suspension of the employer's authorization to self-insure pursuant to s. 120.68.

3. Upon the suspension or revocation of the employer's authorization to self-insure, the employer shall provide to the division and to the Florida Self-Insurers Guaranty association, Incorporated, created pursuant to s. 440.385 the certified opinion of an independent actuary who is a member of the American Academy Society of Actuaries of the actuarial present value of the determined and estimated future compensation payments of the employer for claims incurred while the member exercised the privilege of self-insurance, using a discount rate of 4 percent. The employer shall provide such an opinion at 6-month intervals thereafter until such time as the latest opinion shows no remaining value of claims. With each such opinion, the employer shall deposit with the association division a qualifying security deposit in an amount equal to the value certified by the actuary. association has a cause of action against an employer, and against any successor of the employer, who fails to timely 31 | provide such opinion or who fails to timely maintain the

required security deposit with the <u>association</u> division. The association shall recover a judgment in the amount of the actuarial present value of the determined and estimated future compensation payments of the employer for claims incurred while the employer exercised the privilege of self-insurance, together with attorney's fees. For purposes of this section, the successor of an employer means any person, business entity, or group of persons or business entities, which holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of the employer.

- 4. A qualifying security deposit shall consist, at the option of the employer, of:
- a. Surety bonds, in a form and containing such terms as prescribed by the <u>association</u> division, issued by a corporation surety authorized to transact surety business by the Department of Insurance, and whose policyholders' and financial ratings, as reported in A.M. Best's Insurance Reports, Property-Liability, are not less than "A" and "V", respectively.
- b. Certificates of deposit with financial institutions, the deposits of which are insured through the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation.
- <u>b.c.</u> Irrevocable letters of credit in favor of the <u>association</u> division issued by financial institutions <u>located</u> within this state, the deposits of which are insured through the Federal Deposit Insurance Corporation described in <u>sub-subparagraph b</u>.
- d. Direct obligations of the United States Treasury backed by the full faith and credit of the United States.
 - e. Securities issued by this state and backed by the

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full faith and credit of this state.

The qualifying security deposit shall be held by the association division, or by a depository authorized by the division, exclusively for the benefit of workers' compensation claimants. The security shall not be subject to assignment, execution, attachment, or any legal process whatsoever, except as necessary to guarantee the payment of compensation under this chapter. No surety bond may be terminated, and no letter of credit other qualifying security may be allowed to expire lapse, without 90 days' prior written notice to the association division and the deposit by the self-insuring employer of some other qualifying security deposit of equal value within 10 business days after such notice. Failure to provide such written notice or failure to timely provide qualifying replacement security after such notice shall constitute grounds for the association division to call or sue upon the surety bond, or to act with respect to other pledged security in any manner necessary to preserve its value for the purposes intended by this section, including the exercise its of rights under a letter of credit. Current self-insured employers must comply with this section on or before December 31, 2001, or upon maturity of existing security deposits, whichever occurs later the sale of any security at then prevailing market rates, or the withdrawal of any funds represented by any certificate of deposit forming part of the qualifying security deposit. The Department of Insurance division may specify by rule the amount of the qualifying security deposit required prior to authorizing an employer to self-insure and the amount of net worth required for an employer to qualify for authorization to self-insure;

(c) By entering into a contract with a public utility

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29 30 under an approved utility-provided self-insurance program as set forth in s. 624.46225 440.571 in effect as of July 1, 1983. The Department of Insurance division shall adopt rules to implement this paragraph;

- By entering into an interlocal agreement with (d) other local governmental entities to create a local government pool pursuant to s. 624.4622;
- (e) In accordance with s. 440.135, an employer, other than a local government unit, may elect coverage under the Workers' Compensation Law and retain the benefit of the exclusiveness of liability provided in s. 440.11 by obtaining a 24-hour health insurance policy from an authorized property and casualty insurance carrier or an authorized life and health insurance carrier, or by participating in a fully or partially self-insured 24-hour health plan that is established or maintained by or for two or more employers, so long as the law of this state is not preempted by the Employee Retirement Income Security Act of 1974, Pub. L. No. 93-406, or any amendment to that law, which policy or plan must provide, for at least occupational injuries and illnesses, medical benefits that are comparable to those required by this chapter. A local government unit, as a single employer, in accordance with s. 440.135, may participate in the 24-hour health insurance coverage plan referenced in this paragraph. Disputes and remedies arising under policies issued under this section are governed by the terms and conditions of the policies and under the applicable provisions of the Florida Insurance Code and rules adopted under the insurance code and other applicable laws of this state. The 24-hour health insurance policy may provide for health care by a health maintenance organization 31 or a preferred provider organization. The premium for such

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24-hour health insurance policy shall be paid entirely by the employer. The 24-hour health insurance policy may use deductibles and coinsurance provisions that require the employee to pay a portion of the actual medical care received by the employee. If an employer obtains a 24-hour health insurance policy or self-insured plan to secure payment of compensation as to medical benefits, the employer must also obtain an insurance policy or policies that provide indemnity benefits as follows:

- If indemnity benefits are provided only for occupational-related disability, such benefits must be comparable to those required by this chapter.
- If indemnity benefits are provided for both occupational-related and nonoccupational-related disability, such benefits must be comparable to those required by this chapter, except that they must be based on 60 percent of the average weekly wages.
- The employer shall provide for each of its 3. employees life insurance with a death benefit of \$100,000.
- Policies providing coverage under this subsection must use prescribed and acceptable underwriting standards, forms, and policies approved by the Department of Insurance. If any insurance policy that provides coverage under this section is canceled, terminated, or nonrenewed for any reason, the cancellation, termination, or nonrenewal is ineffective until the self-insured employer or insurance carrier or carriers notify the division and the Department of Insurance of the cancellation, termination, or nonrenewal, and until the Department of Insurance division has actually received the notification. The Department of Insurance division must be 31 | notified of replacement coverage under a workers' compensation

and employer's liability insurance policy or plan by the employer prior to the effective date of the cancellation, termination, or nonrenewal; or

- (f) By entering into a contract with an individual self-insurer under an approved individual self-insurer-provided self-insurance program as set forth in s. 624.46225. The <u>Department of Insurance</u> division may adopt rules to implement this subsection.
- (2)(a) The <u>Department of Insurance</u> division shall adopt rules by which businesses may become qualified to provide underwriting claims-adjusting, loss control, and safety engineering services to self-insurers.
- (b) The <u>Department of Insurance</u> division shall adopt rules requiring self-insurers to file any reports necessary to fulfill the requirements of this chapter. Any self-insurer who fails to file any report as prescribed by the rules adopted by the <u>department</u> division shall be subject to a civil penalty not to exceed \$100 for each such failure.
- (3)(a) The license of any stock company or mutual company or association or exchange authorized to do insurance business in the state shall for good cause, upon recommendation of the division, be suspended or revoked by the Department of Insurance. No suspension or revocation shall affect the liability of any carrier already incurred.
- (a)(b) The Department of Insurance division shall suspend or revoke any authorization to a self-insurer for failure to comply with this act or for good cause, as defined by rule of the department division. No suspension or revocation shall affect the liability of any self-insurer already incurred.
 - (b) $\frac{(c)}{(c)}$ Violation of s. 440.381 by a self-insurance

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29 30 fund shall result in the imposition of a fine not to exceed \$1,000 per audit if the self-insurance fund fails to act on said audits by correcting errors in employee classification or accepted applications for coverage where it knew employee classifications were incorrect. Such fines shall be levied by the Department of Insurance division and deposited into the Workers' Compensation Administration Trust Fund.

Section 35. Subsections (3) and (7) of section 440.381, Florida Statutes, are amended to read:

440.381 Application for coverage; reporting payroll; payroll audit procedures; penalties .--

(3) The department of Insurance and the Department of Labor and Employment Security shall establish by rule minimum requirements for audits of payroll and classifications in order to ensure that the appropriate premium is charged for workers' compensation coverage. The rules shall ensure that audits performed by both carriers and employers are adequate to provide that all sources of payments to employees, subcontractors, and independent contractors have been reviewed and that the accuracy of classification of employees has been verified. The rules shall provide that employers in all classes other than the construction class be audited not less frequently than biennially and may provide for more frequent audits of employers in specified classifications based on factors such as amount of premium, type of business, loss ratios, or other relevant factors. In no event shall employers in the construction class, generating more than the amount of premium required to be experience rated, be audited less than annually. The annual audits required for construction classes shall consist of physical onsite audits. Payroll verification 31 audit rules must include, but need not be limited to, the use

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of state and federal reports of employee income, payroll and other accounting records, certificates of insurance maintained by subcontractors, and duties of employees.

(7) If an employee suffering a compensable injury was not reported as earning wages on the last quarterly earnings report filed with the Division of Unemployment Compensation before the accident, the employer shall indemnify the carrier for all workers' compensation benefits paid to or on behalf of the employee unless the employer establishes that the employee was hired after the filing of the quarterly report, in which case the employer and employee shall attest to the fact that the employee was employed by the employer at the time of the injury. It shall be the responsibility of the Division of Workers' Compensation to collect all necessary data so as to enable it to notify the carrier of the name of an injured worker who was not reported as earning wages on the last quarterly earnings report. The division is hereby authorized to release such records to the carrier which will enable the carrier to seek reimbursement as provided under this subsection. Failure of the employer to indemnify the insurer within 21 days after demand by the insurer shall constitute grounds for the insurer to immediately cancel coverage. action for indemnification brought by the carrier shall be cognizable in the circuit court having jurisdiction where the employer or carrier resides or transacts business. insurer shall be entitled to a reasonable attorney's fee if it recovers any portion of the benefits paid in such action.

Section 36. Section 440.385, Florida Statutes, is amended to read:

440.385 Florida Self-Insurers Guaranty Association, 31 | Incorporated.--

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(1) CREATION OF ASSOCIATION. --

(a) There is created a nonprofit corporation to be known as the "Florida Self-Insurers Guaranty Association, Incorporated, " hereinafter referred to as "the association." Upon incorporation of the association, all individual self-insurers as defined in ss. 440.02(23)(a) and 440.38(1)(b), other than individual self-insurers which are public utilities or governmental entities, shall be members of the association as a condition of their authority to individually self-insure in this state. The association corporation shall perform its functions under a plan of operation as established and approved under subsection (5) and shall exercise its powers and duties through a board of directors as established under subsection (2). The association corporation shall have those powers granted or permitted associations corporations not for profit, as provided in chapter 617. The activities of the association shall be subject to review by the Department of Insurance. The Department of Insurance shall have oversight responsibility as set forth in this act. The association is specifically authorized to enter into agreements with the State of Florida to perform specified services.

(b) A member may voluntarily withdraw from the association when the member voluntarily terminates the self-insurance privilege and pays all assessments due to the date of such termination. However, the withdrawing member shall continue to be bound by the provisions of this section relating to the period of his or her membership and any claims charged pursuant thereto. The withdrawing member who is a member on or after January 1, 1991, shall also be required to 31 provide to the association division upon withdrawal, and at

12-month intervals thereafter, satisfactory proof, including, if requested by the association, a report of known and 3 potential claims certified by a member of the American Academy 4 of Actuaries, that it continues to meet the standards of s. 440.38(1)(b)1. in relation to claims incurred while the 5 withdrawing member exercised the privilege of self-insurance. 6 7 Such reporting shall continue until the withdrawing member demonstrates to satisfies the association division that there 8 is no remaining value to claims incurred while the withdrawing 9 member was self-insured. If a withdrawing member fails or 10 11 refuses to timely provide an actuarial report to the 12 association, the association may obtain an order from a circuit court requiring the member to produce such a report 13 and ordering such other relief as the court determines 14 15 appropriate. The association shall be entitled to recover all 16 reasonable costs and attorney's fees expended in such 17 proceedings. If during this reporting period the withdrawing member fails to meet the standards of s. 440.38(1)(b)1., the 18 withdrawing member who is a member on or after January 1, 19 20 1991, shall thereupon, and at 6-month intervals thereafter, provide to the division and the association the certified 21 opinion of an independent actuary who is a member of the 22 American Academy Society of Actuaries of the actuarial present 23 24 value of the determined and estimated future compensation payments of the member for claims incurred while the member 25 was a self-insurer, using a discount rate of 4 percent. With 26 27 each such opinion, the withdrawing member shall deposit with 28 the association division security in an amount equal to the value certified by the actuary and of a type that is 29 30 acceptable for qualifying security deposits under s. 31 | 440.38(1)(b). The withdrawing member shall continue to

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provide such opinions and to provide such security until such time as the latest opinion shows no remaining value of claims. The association has a cause of action against a withdrawing member, and against any successor of a withdrawing member, who fails to timely provide the required opinion or who fails to maintain the required deposit with the division. association shall be entitled to recover a judgment in the amount of the actuarial present value of the determined and estimated future compensation payments of the withdrawing member for claims incurred during the time that the withdrawing member exercised the privilege of self-insurance, together with reasonable attorney's fees. The association is also entitled to recover reasonable attorney's fees in any action to compel production of any actuarial report required by this statute. For purposes of this section, the successor of a withdrawing member means any person, business entity, or group of persons or business entities, which holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of the withdrawing member.

association shall consist of nine persons and shall be organized as established in the plan of operation. All board members shall be experienced in self-insurance in this state. With respect to initial appointments, the Secretary of Labor and Employment Security shall, by July 15, 1982, approve and appoint to the board persons who are experienced with self-insurance in this state and who are recommended by the individual self-insurers in this state required to become members of the association pursuant to the provisions of paragraph (1)(a). In the event the secretary finds that any person so recommended does not have the necessary

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29 30 qualifications for service on the board and a majority of the board has been appointed, the secretary shall request the directors thus far approved and appointed to recommend another person for appointment to the board. Each director shall serve for a 4-year term and may be reappointed. Appointments after March 21, 2001, other than initial appointments shall be made by the Insurance Commissioner Secretary of Labor and Employment Security upon recommendation of members of the association. Any vacancy on the board shall be filled for the remaining period of the term in the same manner as appointments other than initial appointments are made. Each director shall be reimbursed for expenses incurred in carrying out the duties of the board on behalf of the association.

- (3) POWERS AND DUTIES. --
- (a) Upon creation of the Insolvency Fund pursuant to the provisions of subsection (4), the association is obligated for payment of compensation under this chapter to insolvent members' employees resulting from incidents and injuries existing prior to the member becoming an insolvent member and from incidents and injuries occurring within 30 days after the member has become an insolvent member, provided the incidents giving rise to claims for compensation under this chapter occur during the year in which such insolvent member is a member of the guaranty fund and was assessable pursuant to the plan of operation, and provided the employee makes timely claim for such payments according to procedures set forth by a court of competent jurisdiction over the delinquency or bankruptcy proceedings of the insolvent member. Such obligation includes only that amount due the injured worker or workers of the insolvent member under this chapter. In no 31 | event is the association obligated to a claimant in an amount

in excess of the obligation of the insolvent member. The association shall be deemed the insolvent employer for purposes of this chapter to the extent of its obligation on the covered claims and, to such extent, shall have all rights, duties, and obligations of the insolvent employer as if the employer had not become insolvent. However, in no event shall the association be liable for any penalties or interest.

- (b) The association may:
- 1. Employ or retain such persons as are necessary to handle claims and perform other duties of the association.
- 2. Borrow funds necessary to effect the purposes of this section in accord with the plan of operation.
 - 3. Sue or be sued.
- 4. Negotiate and become a party to such contracts as are necessary to carry out the purposes of this section.
- 5. Purchase such reinsurance as is determined necessary pursuant to the plan of operation.
- 6. Review all applicants for membership in the association to determine whether the applicant is qualified for membership under the law. The association shall recommend to the Department of Insurance that the application be accepted or rejected based on the criteria set forth in s. 440.38(1)(b). The department shall approve or disapprove the application. Prior to a final determination by the Division of Workers' Compensation as to whether or not to approve any applicant for membership in the association, the association may issue opinions to the division concerning any applicant, which opinions shall be considered by the division prior to any final determination.
- 7. Collect and review financial information from employers and make recommendations to the Department of

Insurance regarding the appropriate security deposit and reinsurance amounts necessary for an employer to demonstrate that it has the financial strength necessary to assure the timely payment of all current and future claims. The association may audit and examine an employer to verify the financial strength of its current and former members. If the association determines that a current or former self-insured employer does not have the financial strength necessary to assure the timely payment of all current and estimated future claims, the association may recommend to the department that the department:

- a. Revoke the employer's self-insurance privilege.
- b. Require the employer to provide a certified opinion of an independent actuary who is a member of the American

 Academy of Actuaries as to the actuarial present value of the employer's estimated current and future compensation payments, using a 4-percent discount rate.
- c. Require an increase in the employer's security deposit in an amount determined by the association to be necessary to assure payment of compensation claims. The department shall act on such recommendations. The association has a cause of action against an employer, and against any successor of an employer, who fails to provide an additional security deposit required by the department. The association shall recover a judgment in the amount of the requested additional security deposit together with reasonable attorney's fees. For the purposes of this section, the successor of an employer is any person, business entity, or group of persons or business entities that holds or acquires legal or beneficial title to the majority of the assets or the majority of the shares of the employer.

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- 8.7. Charge fees to any member of the association to cover the actual costs of examining the financial and safety conditions of that member.
- 9.8. Charge an applicant for membership in the association a fee sufficient to cover the actual costs of examining the financial condition of the applicant.
- 10. Implement any and all procedures necessary to ensure compliance with regulatory actions taken by the department.
- (c)1. To the extent necessary to secure funds for the payment of covered claims and also to pay the reasonable costs to administer them, the association, subject to approval by the Department of Insurance Labor and Employment Security, upon certification of the board of directors, shall levy assessments based on the annual written normal premium each employer would have paid had the employer not been self-insured. Every assessment shall be made as a uniform percentage of the figure applicable to all individual self-insurers, provided that the assessment levied against any self-insurer in any one year shall not exceed 1 percent of the annual written normal premium during the calendar year preceding the date of the assessment. Assessments shall be remitted to and administered by the board of directors in the manner specified by the approved plan. Each employer so assessed shall have at least 30 days' written notice as to the date the assessment is due and payable. The association shall levy assessments against any newly admitted member of the association so that the basis of contribution of any newly admitted member is the same as previously admitted members, provision for which shall be contained in the plan of 31 | operation.

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- If, in any one year, funds available from such assessments, together with funds previously raised, are not sufficient to make all the payments or reimbursements then owing, the funds available shall be prorated, and the unpaid portion shall be paid as soon thereafter as sufficient additional funds become available.
- 3. Funds may be allocated or paid from the Workers' Compensation Administration Trust Fund to contract with the association to perform services required by law. However, no state funds of any kind shall be allocated or paid to the association or any of its accounts for payment of covered claims or related expenses except those state funds accruing to the association by and through the assignment of rights of an insolvent employer. The department shall not levy any assessment on the Florida Self-Insurance Guaranty Association.
- (4) INSOLVENCY FUND. -- Upon the adoption of a plan of operation or the adoption of rules by the Department of Labor and Employment Security pursuant to subsection (5), there shall be created an Insolvency Fund to be managed by the association.
- (a) The Insolvency Fund is created for purposes of meeting the obligations of insolvent members incurred while members of the association and after the exhaustion of any security deposit bond, as required under this chapter. However, if such security deposit bond, surety, or reinsurance policy is payable to the Florida Self-Insurers Guaranty Association, the association shall commence to provide benefits out of the Insolvency Fund and be reimbursed from the security deposit bond, surety, or reinsurance policy. The method of operation of the Insolvency Fund shall be defined in 31 I the plan of operation as provided in subsection (5).

- (b) The department shall have the authority to audit the financial soundness of the Insolvency Fund annually.
- (c) The department may offer certain amendments to the plan of operation to the board of directors of the association for purposes of assuring the ongoing financial soundness of the Insolvency Fund and its ability to meet the obligations of this section.
- (d) The department actuary may make certain recommendations to improve the orderly payment of claims.
- pursuant to a plan of operation approved by the board of directors. The plan of operation in effect on March 1, 2001, and approved by the Department of Labor and Employment Security shall remain in effect. However, any amendments to the plan shall not become effective until approved by the Department of Insurance. By September 15, 1982, the board of directors shall submit to the Department of Labor and Employment Security a proposed plan of operation for the administration of the association and the Insolvency Fund.
- (a) The purpose of the plan of operation shall be to provide the association and the board of directors with the authority and responsibility to establish the necessary programs and to take the necessary actions to protect against the insolvency of a member of the association. In addition, the plan shall provide that the members of the association shall be responsible for maintaining an adequate Insolvency Fund to meet the obligations of insolvent members provided for under this act and shall authorize the board of directors to contract and employ those persons with the necessary expertise to carry out this stated purpose. By January 1, 2002, the board of directors shall submit to the Department of Insurance

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29 30 a proposed plan of operation for the administration of the association. The Department of Insurance shall approve the plan by order, consistent with this act. The Department of Insurance shall approve any amendments to the plan, by order consistent with this act, and determined appropriate to carry out the duties and responsibilities of the association.

(b) The plan of operation, and any amendments thereto, shall take effect upon approval in writing by the department. If the board of directors fails to submit a plan by September 15, 1982, or fails to make required amendments to the plan within 30 days thereafter, the department shall promulgate such rules as are necessary to effectuate the provisions of this subsection. Such rules shall continue in force until modified by the department or superseded by a plan submitted by the board of directors and approved by the department.

(b)(c) All member employers shall comply with the plan of operation.

(c) The plan of operation shall:

- 1. Establish the procedures whereby all the powers and duties of the association under subsection (3) will be performed.
- 2. Establish procedures for handling assets of the association.
- 3. Establish the amount and method of reimbursing members of the board of directors under subsection (2).
- 4. Establish procedures by which claims may be filed with the association and establish acceptable forms of proof of covered claims. Notice of claims to the receiver or liquidator of the insolvent employer shall be deemed notice to the association or its agent, and a list of such claims shall 31 | be submitted periodically to the association or similar

organization in another state by the receiver or liquidator.

- 5. Establish regular places and times for meetings of the board of directors.
- 6. Establish procedures for records to be kept of all financial transactions of the association and its agents and the board of directors.
- 7. Provide that any member employer aggrieved by any final action or decision of the association may appeal to the department within 30 days after the action or decision.
- 8. Establish the procedures whereby recommendations of candidates for the board of directors shall be submitted to the department.
- 9. Contain additional provisions necessary or proper for the execution of the powers and duties of the association.
- $\underline{(d)}$ (e) The plan of operation may provide that any or all of the powers and duties of the association, except those specified under subparagraphs $\underline{(c)}$ (\underline{d})1. and 2., be delegated to a corporation, association, or other organization which performs or will perform functions similar to those of this association or its equivalent in two or more states. Such a corporation, association, or organization shall be reimbursed as a servicing facility would be reimbursed and shall be paid for its performance of any other functions of the association. A delegation of powers or duties under this subsection shall take effect only with the approval of both the board of directors and the department and may be made only to a corporation, association, or organization which extends protection which is not substantially less favorable and effective than the protection provided by this section.
- 30 (6) POWERS AND DUTIES OF DEPARTMENT OF INSURANCE LABOR
 31 AND EMPLOYMENT SECURITY.--

1	(a) The department shall÷
2	1. review recommendations of the association
3	concerning whether current or former self-insured employers or
4	members of the association have the financial strength
5	necessary to ensure the timely payment of all current and
6	estimated future claims. If the association determines an
7	employer does not have the financial strength necessary to
8	ensure the timely payment of all current and future claims and
9	recommends action pursuant to paragraph (3)(b), the Department
10	of Insurance may take such action as necessary to order the
11	employer to comply with the recommendation. Notify the
12	association of the existence of an insolvent employer not
13	later than 3 days after it receives notice of the
14	determination of insolvency.
15	(b) The department may:
16	1. Contract with the association for services, which
17	may include, but not be limited to, the following:
18	a. Process applications for self-insurance.
19	b. Collect and review financial statements and loss
20	reserve information from individual self-insurers.
21	c. Collect and maintain files for original security
22	deposit documents and reinsurance policies from individual
23	self-insurers and, if necessary, perfect security interests in
24	security deposits.
25	d. Process compliance documentation for individual
26	self-insurers and provide same to the Department of Insurance.
27	e. Collect all data necessary to calculate annual
28	premium for all individual self-insurers, including individual
29	self-insurers that are public utilities or governmental
30	entities, and provide such calculated annual premium to the

31 Department of Insurance for assessment purposes.

- f. Inspect and audit annually, if necessary, the payroll and other records of each individual self-insurer, including individual self-insurers that are public utilities or governmental entities, in order to determine the wages paid by each individual self-insurer, the premium such individual self-insurer would have to pay if insured, and all payments of compensation made by such individual self-insurer during each prior period with the results of such audit provided to the Department of Insurance. For the purposes of this section, the payroll records of each individual self-insurer shall be open to inspection and audit by the association, the department, or their authorized representative, during regular business hours.
- g. Provide legal representation to implement the administration and audit of individual self-insurers and make recommendations regarding prosecution of any administrative or legal proceedings necessitated by the department's regulation of the individual self-insurers.
- 2. Contract with an attorney or attorneys recommended by the association for representation of the department in any administrative or legal proceedings necessitated by the recommended regulation of the individual self-insurers. Upon request of the board of directors, provide the association with a statement of the annual normal premiums of each member employer.
 - (b) The department may:
- 3.1. Direct the association to require from each individual self-insurer, at such time and in accordance with such regulations as the department prescribes, reports in respect to wages paid, the amount of premiums such individual self-insurer would have to pay if insured, and all payments of

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29 30 compensation made by such individual self-insurer during each prior period and determine the amounts paid by each individual self-insurer and the amounts paid by all individual self-insurers during such period. For the purposes of this section, the payroll records of each individual self-insurer shall be open to annual inspection and audit by the association, the department, or their authorized representative, during regular business hours, and if any audit of such records of an individual self-insurer discloses a deficiency in the amount reported to the association or in the amounts paid to the Department of Insurance by an individual self-insurer for its assessment for the Workers' Compensation Administration Trust Fund, the Department of Insurance or the association may assess the cost of such audit against the individual self-insurer.

- 4. Require that the association notify the member employers and any other interested parties of the determination of insolvency and of their rights under this section. Such notification shall be by mail at the last known address thereof when available; but, if sufficient information for notification by mail is not available, notice by publication in a newspaper of general circulation shall be sufficient.
- 5.2. Suspend or revoke the authority of any member employer failing to pay an assessment when due or failing to comply with the plan of operation to self-insure in this state. As an alternative, the department may levy a fine on any member employer failing to pay an assessment when due. Such fine shall not exceed 5 percent of the unpaid assessment per month, except that no fine shall be less than \$100 per 31 month.

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- 3. Revoke the designation of any servicing facility if the department finds that claims are being handled unsatisfactorily.
 - (7) EFFECT OF PAID CLAIMS.--
- (a) Any person who recovers from the association under this section shall be deemed to have assigned his or her rights to the association to the extent of such recovery. Every claimant seeking the protection of this section shall cooperate with the association to the same extent as such person would have been required to cooperate with the insolvent member. The association shall have no cause of action against the employee of the insolvent member for any sums the association has paid out, except such causes of action as the insolvent member would have had if such sums had been paid by the insolvent member. In the case of an insolvent member operating on a plan with assessment liability, payments of claims by the association shall not operate to reduce the liability of the insolvent member to the receiver, liquidator, or statutory successor for unpaid assessments.
- (b) The receiver, liquidator, or statutory successor of an insolvent member shall be bound by settlements of covered claims by the association or a similar organization in another state. The court having jurisdiction shall grant such claims priority against the assets of the insolvent member equal to that to which the claimant would have been entitled in the absence of this section. The expense of the association or similar organization in handling claims shall be accorded the same priority as the expenses of the liquidator.
- 30 (c) The association shall file periodically with the 31 receiver or liquidator of the insolvent member statements of

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the covered claims paid by the association and estimates of anticipated claims on the association, which shall preserve the rights of the association against the assets of the insolvent member.

NOTIFICATION PREVENTION OF INSOLVENCIES. -- To aid (8) in the detection and prevention of employer insolvencies:

(a) upon determination by majority vote that any member employer may be insolvent or in a financial condition hazardous to the employees thereof or to the public, it shall be the duty of the board of directors to notify the Department of Insurance Labor and Employment Security of any information indicating such condition.

(b) The board of directors may, upon majority vote, request that the department determine the condition of any member employer which the board in good faith believes may no longer be qualified to be a member of the association. Within 30 days of the receipt of such request or, for good cause shown, within a reasonable time thereafter, the department shall make such determination and shall forthwith advise the board of its findings. Each request for a determination shall be kept on file by the department, but the request shall not be open to public inspection prior to the release of the determination to the public.

(c) It shall also be the duty of the department to report to the board of directors when it has reasonable cause to believe that a member employer may be in such a financial condition as to be no longer qualified to be a member of the association.

(d) The board of directors may, upon majority vote, make reports and recommendations to the department upon any 31 | matter which is germane to the solvency, liquidation,

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29 30 rehabilitation, or conservation of any member employer. Such reports and recommendations shall not be considered public documents.

- (e) The board of directors may, upon majority vote, make recommendations to the department for the detection and prevention of employer insolvencies.
- (f) The board of directors shall, at the conclusion of any member's insolvency in which the association was obligated to pay covered claims, prepare a report on the history and cause of such insolvency, based on the information available to the association, and shall submit such report to the department.
- (9) EXAMINATION OF THE ASSOCIATION. -- The association shall be subject to examination and regulation by the Department of Insurance Labor and Employment Security. No later than March 30 of each year, the board of directors shall submit an audited a financial statement report for the preceding calendar year in a form approved by the department.
- (10) IMMUNITY. -- There shall be no liability on the part of, and no cause of action of any nature shall arise against, any member employer, the association or its agents or employees, the board of directors, or the Department of Insurance Labor and Employment Security or its representatives for any action taken by them in the performance of their powers and duties under this section.
- (11) STAY OF PROCEEDINGS; REOPENING OF DEFAULT JUDGMENTS. -- All proceedings in which an insolvent employer is a party, or is obligated to defend a party, in any court or before any quasi-judicial body or administrative board in this state shall be stayed for up to 6 months, or for such 31 | additional period from the date the employer becomes an

insolvent member, as is deemed necessary by a court of competent jurisdiction to permit proper defense by the association of all pending causes of action as to any covered claims arising from a judgment under any decision, verdict, or finding based on the default of the insolvent member. The association, either on its own behalf or on behalf of the insolvent member, may apply to have such judgment, order, decision, verdict, or finding set aside by the same court or administrator that made such judgment, order, decision, verdict, or finding and shall be permitted to defend against such claim on the merits. If requested by the association, the stay of proceedings may be shortened or waived.

- any other provision of this chapter, a covered claim, as defined herein, with respect to which settlement is not effected and pursuant to which suit is not instituted against the insured of an insolvent member or the association within 1 year after the deadline for filing claims with the receiver of the insolvent member, or any extension of the deadline, shall thenceforth be barred as a claim against the association.
- (13) CORPORATE INCOME TAX CREDIT.--Any sums acquired by a member by refund, dividend, or otherwise from the association shall be payable within 30 days of receipt to the Department of Insurance for deposit with the Treasurer to the credit of the General Revenue Fund. All provisions of chapter 220 relating to penalties and interest on delinquent corporate income tax payments apply to payments due under this subsection.

Section 37. Subsections (2), (3), and (4) of section 440.386, Florida Statutes, are amended to read:

440.386 Individual self-insurers' insolvency;

conservation; liquidation .--

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- (2) COMMENCEMENT OF DELINQUENCY PROCEEDING. -- The Department of Insurance or the Florida Self-Insurers Guaranty Association, Incorporated, may commence a delinquency any such proceeding by application to the court for an order directing the individual self-insurer to show cause why the department or association should not have the relief prayed for. The Florida Self-Insurers Guaranty Association, Incorporated, may petition the department to commence such proceedings, and upon receipt of such petition, the department shall commence such proceeding. On the return of such order to show cause, and after a full hearing, the court shall either deny the application or grant the application, together with such other relief as the nature of the case and the interests of the claimants, creditors, stockholders, members, subscribers, or public may require. The Department of Insurance and the association shall give Florida Self-Insurers Guaranty Association, Incorporated, shall be given reasonable written notice to each other by the department of all hearings which pertain to an adjudication of insolvency of a member individual self-insurer.
- (3) GROUNDS FOR LIQUIDATION.--The Department of Insurance or the association may apply to the court for an order appointing a receiver and directing the receiver to liquidate the business of a domestic individual self-insurer if such individual self-insurer is insolvent. Florida

 Self-Insurers Guaranty Association, Incorporated, may petition the department to apply to the court for such order. Upon receipt of such petition, the department shall apply to the court for such order.
 - (4) GROUNDS FOR CONSERVATION; FOREIGN INDIVIDUAL

Bill No. CS for SB 2224 Amendment No. $\underline{7}$ Barcode 203920

1	SELF-INSURERS
2	(a) The Department of Insurance or the association may
3	apply to the court for an order appointing a receiver or
4	ancillary receiver, and directing the receiver to conserve the
5	assets within this state, of a foreign individual self-insurer
6	if such individual self-insurer is insolvent. Florida
7	Self-Insurers Guaranty Association, Incorporated, may petition
8	the department to apply for such order, and, upon receipt of
9	such petition, the department shall apply to the court for
10	such order.
11	(b) An order to conserve the assets of an individual
12	self-insurer shall require the receiver forthwith to take
13	possession of the property of the receiver within the state
14	and to conserve it, subject to the further direction of the
15	court.
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17	(Redesignate subsequent sections.)
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20	========= T I T L E A M E N D M E N T ==========
21	And the title is amended as follows:
22	On page 2, line 4, following the semicolon
23	
24	insert:
25	amending s. 440.38, F.S.; transferring
26	operation of provisions requiring the securing
27	of payment of compensation by employers from
28	the Division of Workers' Compensation of the
29	Department of Labor and Employment Security to
30	the Florida Self-Insurer's Guaranty
31	Association, Incorporated, and the Department

of Insurance; revising and clarifying 1 2 requirements and procedures; providing powers 3 and duties of the association and the 4 departments; providing for allocation or 5 payment of state funds to the association for 6 certain purposes; providing rulemaking 7 authority; amending s. 440.385, F.S.; revising and clarifying provisions relating to the 8 association's creation, board of directors, 9 10 powers and duties, insolvency fund, and plan of operation; providing additional powers of the 11 12 association; transferring the powers and duties 13 of the Department of Labor and Employment 14 Security relating to the association to the 15 Department of Insurance and revising those powers and duties; providing additional powers 16 17 and duties of the Department of Insurance; providing for oversight of the association by 18 19 the department; deleting certain provisions 20 relating to detection and prevention of employer insolvencies; amending s. 440.386, 21 F.S.; providing parity for the association with 22 23 the Department of Insurance relating to 24 proceedings for delinquency, liquidation, and 25 conservation of assets; amending s. 440.24, F.S.; providing for the sale of securities on 26 27 deposit to satisfy a compensation order; 28 29