**Sample Template for Businesses to Request**

**Workers’ Compensation Insurance Premium Reimbursement**

The following template is an example only.  Businesses may use other formats so long as the requirements enumerated in Florida statute and rule are met. This template must be submitted on behalf of the business by the school district or college in which the students are enrolled.

**BUSINESS REQUEST**

**Workers’ Compensation Insurance Coverage for Students in Work-Based Learning (WBL) Opportunities**

**Request for Reimbursement of Premiums (Invoice)**

Only include counts of students that meet the full eligibility requirements of section 446.54, Florida Statutes, – 18 years of age and younger at the time of the work-based learning opportunity, provided employee-like services, and participated in the work-based learning opportunity, and that the business covered under their workers’ compensation insurance policy.

|  |  |
| --- | --- |
| 1. Fiscal Year for Which Reimbursement is Requested
 |  July 1, 20\_\_ – June 30, 20\_\_  |
| 1. Name and Address of Business
 |   |
| 1. Tax ID/FEIN
 |   |
| 1. Contact Person (Name/Title)
 |   |
| 1. Contact Person Phone Number:
 |   |
| 1. Contact Person Email
 |   |
| 1. Number of work-based learning students 18 years of age and under that are hostedby the business (**paid and unpaid**)
 |   |
| 1. Number of work-based learning students 18 years of age and under that are **paid** employees of the business
 |  |
| 1. Total number of students included in #9 covered by the business’ workers’ compensation insurance
 |   |
| 1. Workers’ compensation insurance premium dollar amount requested by the business for reimbursement (only for students included in #10)
 |  |

|  |
| --- |
| Describe the methodology used to calculate the proportionate share of worker’s compensation premiums attributable to the students referenced above. |
|  |

Name of District/College in which students referenced above are enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐  I understand that the submission of this request constitutes confirmation that each of the student included in the numbers provided above were 18 years of age or younger at the time they were participating in the WBL.

☐   I confirm that all documentation supporting the information provided above will be maintained for a minimum of five (5) years.

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Printed Name of Individual Authorized by the Business to Submit this Request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual Authorized by the Business to Submit this Request

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Completed requests should be sent to the following**:

Florida Department of Education

Bureau of the Comptroller

325 West Gaines Street, 914 Turlington Building

Tallahassee, Florida 32399-0400