



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
 75 NORTH PACE BOULEVARD
 PENSACOLA, FL 32505
 PH (850)469-6287 FX (850)469-6107
<http://www.escambia.k12.fl.us>
TIMOTHY A. SMITH, Ed.D., SUPERINTENDENT

FRAUD STATEMENT

An injured worker making a claim of an on-the-job injury will be required to provide his or her personal signature attesting that he or she has reviewed, understands, and acknowledges the following statement:

"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."

If the injured worker refuses to sign the document, benefits or payments shall be suspended until such signature is obtained, s.440.105(7).

 SIGNATURE

 DATE

 PRINT NAME

XXX-XX-_____
 SOCIAL SECURITY NUMBER

Please return signed Fraud Statement & signed First Report of Injury to Dana Johnson in one of the following ways:

Via Mail/Courier: Workers' Compensation Department
 75 N. Pace Blvd.
 Pensacola, FL 32505

Via Email: Scan & email to chayes@ecsdfi.us

Via Fax: 850-469-6107