



**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY**  
 75 NORTH PACE BOULEVARD  
 PENSACOLA, FL 32505  
 PH (850)469-6267 FX (850)469-6107  
<http://escambiaschools.org>  
**KEITH LEONARD. 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, and is punishable as a felony of the third degree (F.S. 817.234)."*

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

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 PRINT NAME

XXX-XX-\_\_\_\_\_  
 SOCIAL SECURITY NUMBER

Please return signed Fraud Statement & signed First Report of Injury to Workers' Compensation in one of the following ways:

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

Via Email: Employees A-L Scan & email to [Lbroome@ecsdfl.us](mailto:Lbroome@ecsdfl.us)  
 Employees M-Z Scan & email to [chayes@ecsdfl.us](mailto:chayes@ecsdfl.us)

Via Fax: 850-469-6107