



## False or Fraudulent Claim Statement

Pursuant to Florida Statute 440.105(7), the injured employee or any other person making a claim under this chapter shall 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 § 817.234”.***

Please read the following information carefully and discuss this with your claims examiner if you do not understand any part of this. This form must be returned to Michigan Commercial Insurance Mutual or your benefits shall be suspended.

Workers Compensation Fraud includes, but is not limited to:

- Fraudulent or misleading statements, whether written or oral, regarding earnings, mileage, reimbursement expenses.
- Fraudulent or misleading statements, whether written or oral, about physical conditions and ability to return to work.
- Fraudulent or misleading statements, whether written or oral, to obtain benefits, employment or misrepresenting facts regarding an industrial accident to obtain benefits.

**I attest that I have read the above and fully understand it.**

\_\_\_\_\_  
Social Security Number / Número De Seguro Social

\_\_\_\_\_  
Claim Number / Número De Reclamo

\_\_\_\_\_  
Worker's Name / Nombre Del Empleado

\_\_\_\_\_  
Address / Dirección

\_\_\_\_\_  
Date / Fecha