



## **Sedgwick COV FROI Portal**

# **First Report of Injury Employer Accident Report**

Document Version: 2.2  
Software Version: 2.1

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## **FROI User Manual**

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# About

The Sedgwick First Report of Injury (FROI) Portal is an electronic form processing system for the employer accident report. The Sedgwick FROI facilitates collection of the vital information required for a complete COV first report of injury.

The Sedgwick FROI is a web-based application. This increases accessibility and enhances accuracy and speed of claim resolution.

This document is intended as a guide for users of the Sedgwick FROI application. This document provides a description of the FROI application, including instructions for accessing and using the application, and how to obtain technical support.

## System Requirements


The following table outlines the system requirements for optimal performance.

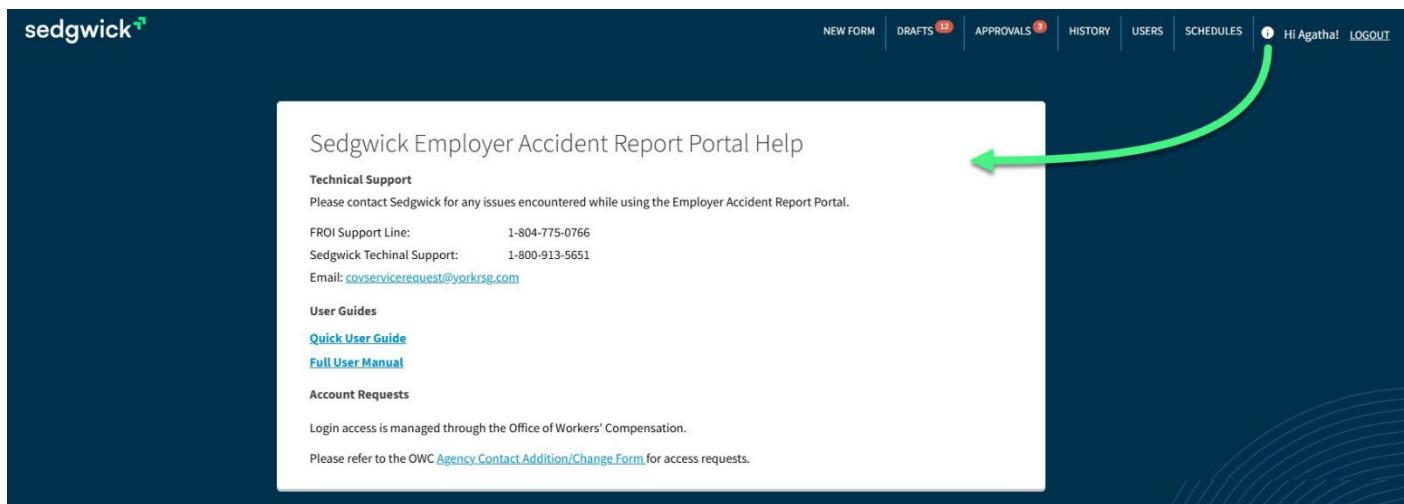
| Item             | Minimum  | Recommended  |
|------------------|--|--|
| Internet Browser | IE10 or above, or a current version of Firefox, Chrome, or Safari browsers | IE10 or above, or a current version of Firefox, Chrome, or Safari browsers |
| Connection       | 56 KB  | Broadband, LTE   |

## Obtaining Technical Support

Technical support for this Sedgwick product is available at 800-913-5651.

Live technical support hours are Monday through Friday, 8:00 AM to 8:00 PM EST.

Clicking the  icon in the upper right hand corner of the FROI web page will provide support contact information.



# Accessing the Employer Accident Report

1. Using your internet browser of choice, go to <https://froi.sedgwick.com>.
2. Login with your username and password. Anonymous users select “Continue without Logging in”.

The “Continue without Logging in” choice is designed to direct forms for approval to the authorized HR representatives with responsibility for particular employer locations. No claims are created unless approved by authorized representatives. Your organization may elect to utilize this workflow to expand use while retaining centralized oversight. Please check with your HR department for further guidance.

sedgwick<sup>+</sup>

1 LOGIN

## Welcome

Welcome to the Sedgwick Employer Accident Report Portal.

[Continue without Logging in](#)

### LOGIN

USERNAME:

PASSWORD:

[Forgot password?](#)

[Login](#)

Access to this information resource is restricted to authorized users only. This information resource may be monitored for administrative and security reasons. By proceeding, you consent to this monitoring. In order to protect the information entrusted to Sedgwick, unauthorized access and/or unauthorized use of this information resource may be prosecuted to the fullest extent of the law.

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**Callout 1 (top right):** Only use if your organization uses Anonymous form creation. Forms created using this link will be added to an approval queue for the employer's authorized HR representative.

**Callout 2 (middle left):** Your authorized HR representatives should log in here with credentials supplied by Sedgwick. Once logged in, you may submit claims and approve forms from anonymous users.

**Callout 3 (middle right):** [Forgot password?](#)

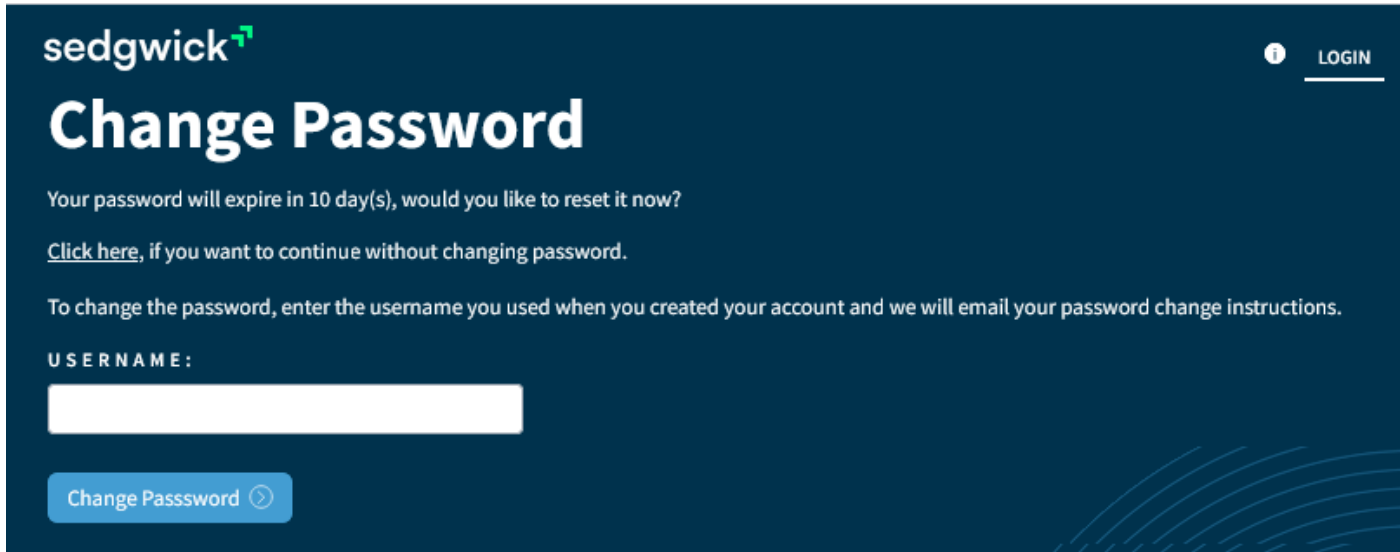
**Anonymous User:** A user that accesses the form without logging in. No access is received other than a blank form and ability to select an employer location to direct a form to an authorized logged in user (Approver).

**Approver:** A user logged into the site has authority to approve a new claim creation for the employer locations authorized for their account. Approvers are notified if Anonymous users submit a form to the approval queue for their employer location(s).

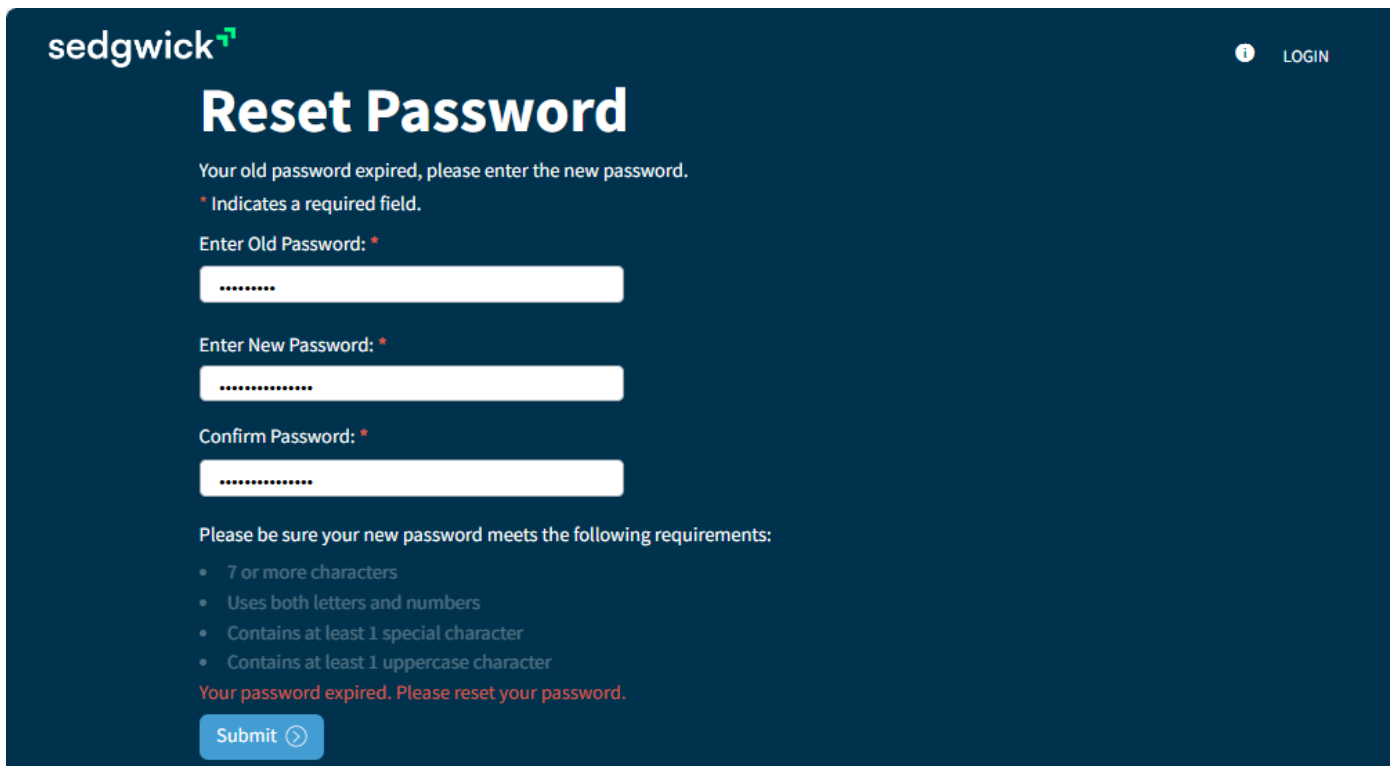
# Account Login Security

## 90 Day Password Renewal Requirement

Ten days prior to your password reaching the age of 90 days (80), the login page will begin displaying a message prompting you to update your password which will expire in x day(s). You may choose to continue without resetting until day 90 when you will be informed your password has expired and must be reset.



The screenshot shows the 'Change Password' page. At the top left is the Sedgwick logo. At the top right is a 'LOGIN' link. The main heading is 'Change Password'. Below it, a message states: 'Your password will expire in 10 day(s), would you like to reset it now?'. A link is provided: 'Click here, if you want to continue without changing password.'. Below this, instructions read: 'To change the password, enter the username you used when you created your account and we will email your password change instructions.'. A label 'USERNAME:' is followed by a text input field. At the bottom left is a blue button labeled 'Change Password' with a right-pointing arrow.



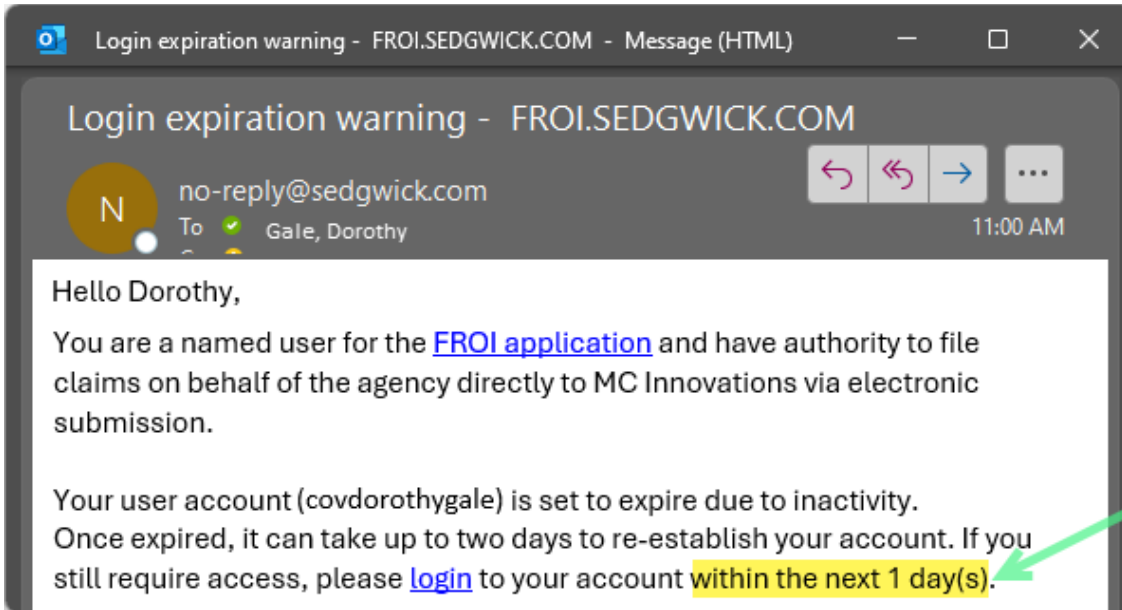
The screenshot shows the 'Reset Password' page. At the top left is the Sedgwick logo. At the top right is a 'LOGIN' link. The main heading is 'Reset Password'. Below it, a message states: 'Your old password expired, please enter the new password.'. A note indicates: '\* Indicates a required field.'. There are three input fields: 'Enter Old Password: \*', 'Enter New Password: \*', and 'Confirm Password: \*'. Below the fields, a list of requirements is provided: 'Please be sure your new password meets the following requirements:'. The requirements are: '7 or more characters', 'Uses both letters and numbers', 'Contains at least 1 special character', and 'Contains at least 1 uppercase character'. A red message states: 'Your password expired. Please reset your password.'. At the bottom left is a blue button labeled 'Submit' with a right-pointing arrow.

## 90 Day User Expiration If User Has Not Logged In

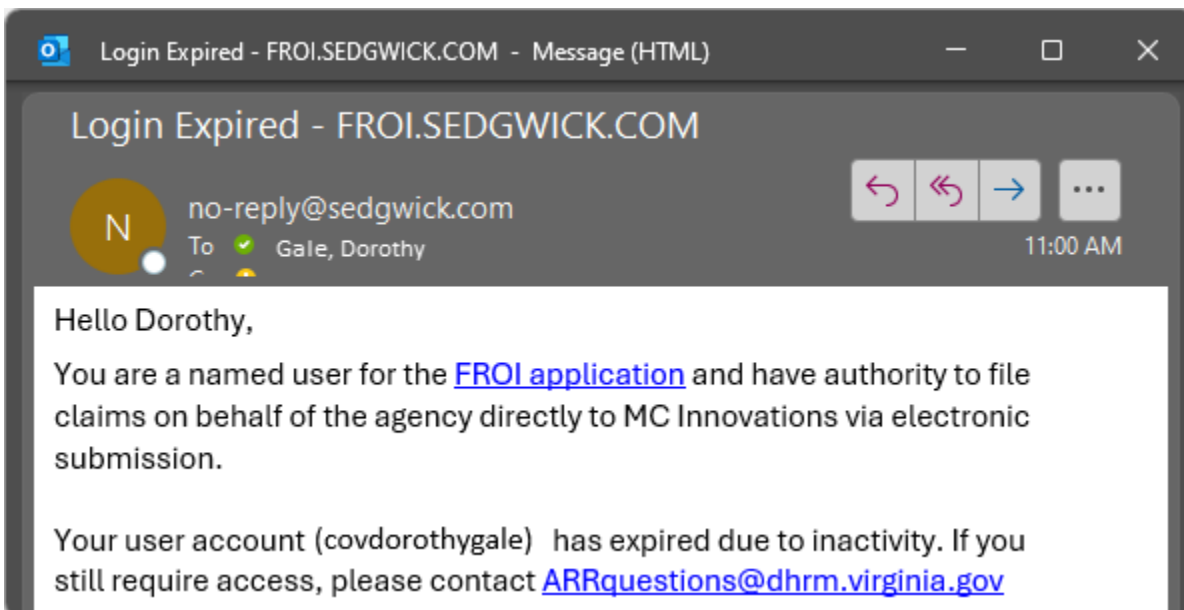
User accounts will expire if not used within 90 days. Warning emails will be sent in advance starting 10 days before expiration. These pending expiration emails will continue to be sent daily until the account inactivity exceeds 90 days, when a final account expiration notice will be sent.

To avoid expiration, simply log into your account prior to the end of the 90 days. The 90-day counter will then reset.

Note: Once expiration occurs after 90 days, the account will be disabled. The Office of Workers' Compensation (OWC) will need to be contacted in order to re-enable the account. The OWC should be contacted via the email address [ARRquestions@dhrm.virginia.gov](mailto:ARRquestions@dhrm.virginia.gov). It may take up to two days to re-enable the account.



Consecutive Countdown emails starting at starting at 10 days from expiration.



## 20-Minute Session Inactivity Timeout

The FROI web page will log out and return to the initial login screen if there has been no interaction for more than 20 minutes.

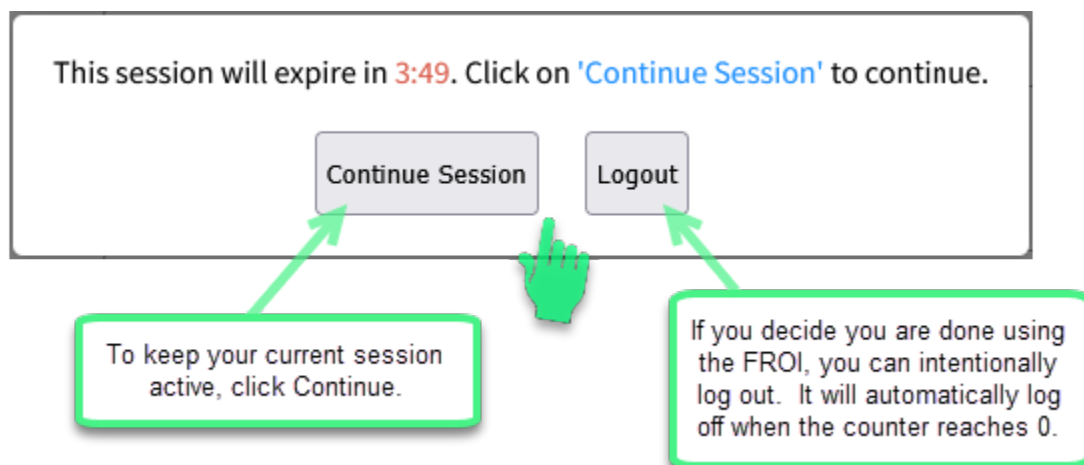


- After 15 minutes, a pop-up window will appear with a 5-minute countdown displayed.
- You may dismiss the pop-up and continue by clicking “Continue Session”. The session will start over again and you can continue as normal. The pop-up will only reappear if you pause again for 15 minutes.
- If the pop-up countdown window reaches 0, your session will be ended. The screen will revert to the login screen.

Note for logged in users: The FROI forms are autosaved every 3 minutes. If your session ends with a form opened from the Approvals page, the form content is autosaved and you can continue to work with the form by re-opening it from the Approvals page after logging back in. If the form was not opened from the Approvals page, then the form can be re-opened from the Drafts page.

Note for Anonymous users who opened the form using the “Continue without Logging in” link: When connected without a login, there is no access to the Drafts or Approvals pages, therefore no autosaving of the form is available in this case. Open form content left unattended over 20 minutes will be lost.

The screenshot shows the 'Sedgwick Employer Accident Report Portal' interface. At the top right, there are links for 'EDIT FORM' and 'VIEW FORM'. Below the header, there is a note: '\* Indicates a required field.' A section titled 'The following recipients will automatically receive a copy of this submission.' contains a text input field. Below this is a section for 'Email address to receive' with a text input field. The 'Employer Information' section includes a dropdown menu for 'Agency \*' and a text input field for 'Employer Case Number (if applicable)'. A white pop-up window is centered over the form, displaying the message: 'This session will expire in 4:56. Click on 'Continue Session' to continue.' Below the message are two buttons: 'Continue Session' and 'Logout'.



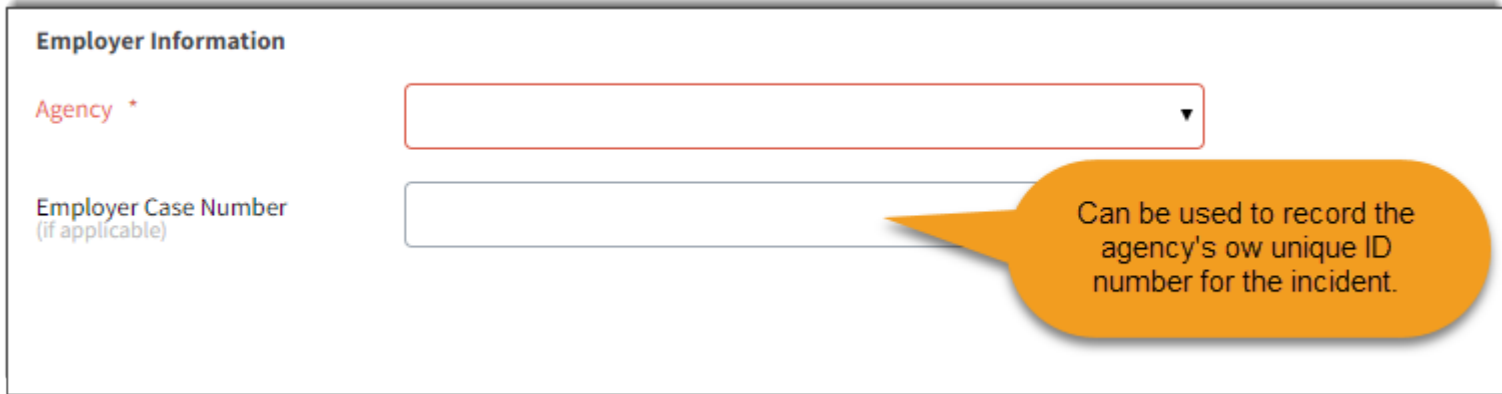
# The Form

Upon logging in, a new blank FROI form is presented with navigational options arranged at the top.

Note: Anonymous users accessing the form will see only a blank form with no options other than a Submit button at the bottom of the form and the New Form link to start a new blank form.

Logged in users will also see the Drafts, Approvals, and History options.

## Sample Blank Form



**Employer Information**

Agency \*

Employer Case Number  
(if applicable)

Can be used to record the agency's own unique ID number for the incident.

**Employee Information**

|   |                      |
|---|----------------------|
| ID Type Code *                            | <input type="text"/> |
| Personal ID Number *                      | <input type="text"/> |
| Last Name *                               | <input type="text"/> |
| First Name *                              | <input type="text"/> |
| Middle Initial                            | <input type="text"/> |
| Employee ID                               | <input type="text"/> |
| Phone (home)                              | <input type="text"/> |
| Phone (work)                              | <input type="text"/> |
| Phone (cell)                              | <input type="text"/> |
| Email                                     | <input type="text"/> |
| Preferred Communication                   | <input type="text"/> |
| Sex *                                     | <input type="text"/> |
| Number of Dependents                      | <input type="text"/> |
| Address *                                 | <input type="text"/> |
| City *                                    | <input type="text"/> |
| State *                                   | <input type="text"/> |
| Zip *                                     | <input type="text"/> |
| Date of Birth *                           | <input type="text"/> |
| Marital Status *                          | <input type="text"/> |
| Employment Status *                       | <input type="text"/> |
| Date of Hire *                            | <input type="text"/> |
| Occupation at time of injury or illness * | <input type="text"/> |
| NCCI occupation classification *          | <input type="text"/> |

**Time and Place of Accident**

Postal ZIP code where injury occurred \*


Date of injury \*  

Hour of injury \*

Time began work

Date of incapacity  

Was employee paid on day of injury \*  ▼

Date injury or illness reported \*  

Person to whom reported

Name of other witness

If fatal, give date of death  

Type of claim \*  ▼ 

Has employee lost time from work \*  ▼

Probable length of disability

**Nature and Cause of Accident**

Describe fully how injury or illness occurred \*

( 500 CHARACTERS )

Cause of injury \*

Nature of injury or illness \*

Parts of body affected \*

Machine, tool, or object causing illness or injury \*

Initial Treatment \*

Physician Name

Address

City

State

ZIP

Hospital or Clinic Name

Address

City

State

Zip

Were safety rules violated

Was a drug/alcohol screening performed

Was a 3rd party responsible for injury

Does employee have VSDP coverage

Does employee have State Health Insurance

Comments to carrier claim staff

( 500 CHARACTERS )

### Preparer Information

|                           |  |
|---------------------------|--|
| Prepared by (Name, Title) | <input type="text" value="Agatha Agencyrep"/>          |
| Date                      | <input type="text" value=""/>                          |
| Phone (home)              | <input type="text" value=""/>                          |
| Phone (work)              | <input type="text" value="(804) 775-0700"/>            |
| Phone (cell)              | <input type="text" value=""/>                          |
| Email                     | <input type="text" value="agathaA@JohnDoeAgency.com"/> |
| Preferred Communication   | <input type="text" value=""/>                          |

### Approver Information

|                           |  |
|---------------------------|--|
| Approved by (Name, Title) | <input type="text" value="Agatha Agencyrep"/>          |
| Phone (work)              | <input type="text" value="(804) 775-0700"/>            |
| Email                     | <input type="text" value="agathaA@JohnDoeAgency.com"/> |
| Preferred Communication   | <input type="text" value=""/>                          |

## Attachments

**File Size Limit:** 100MB

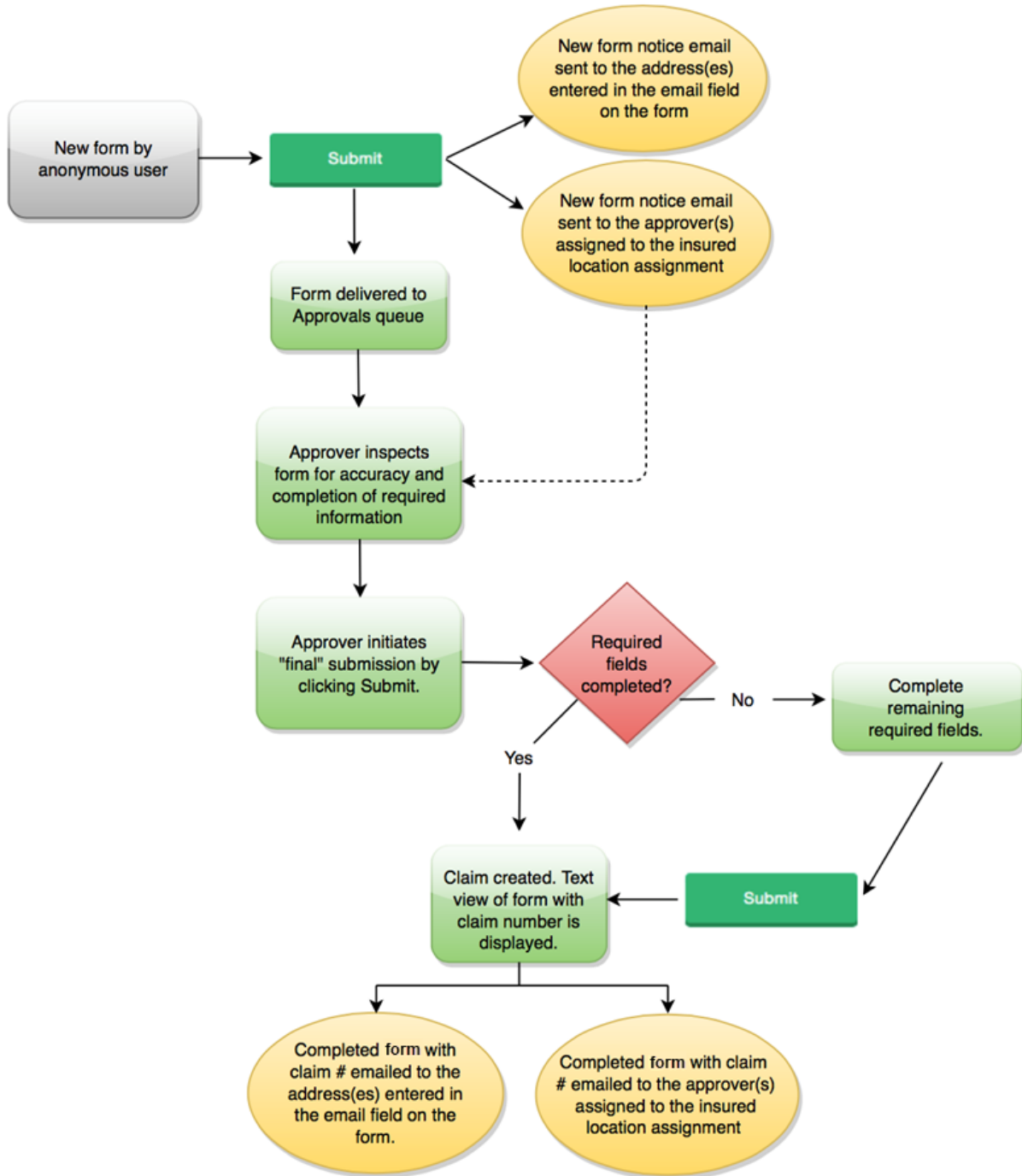
[Add ...](#)

[Save as Draft](#)

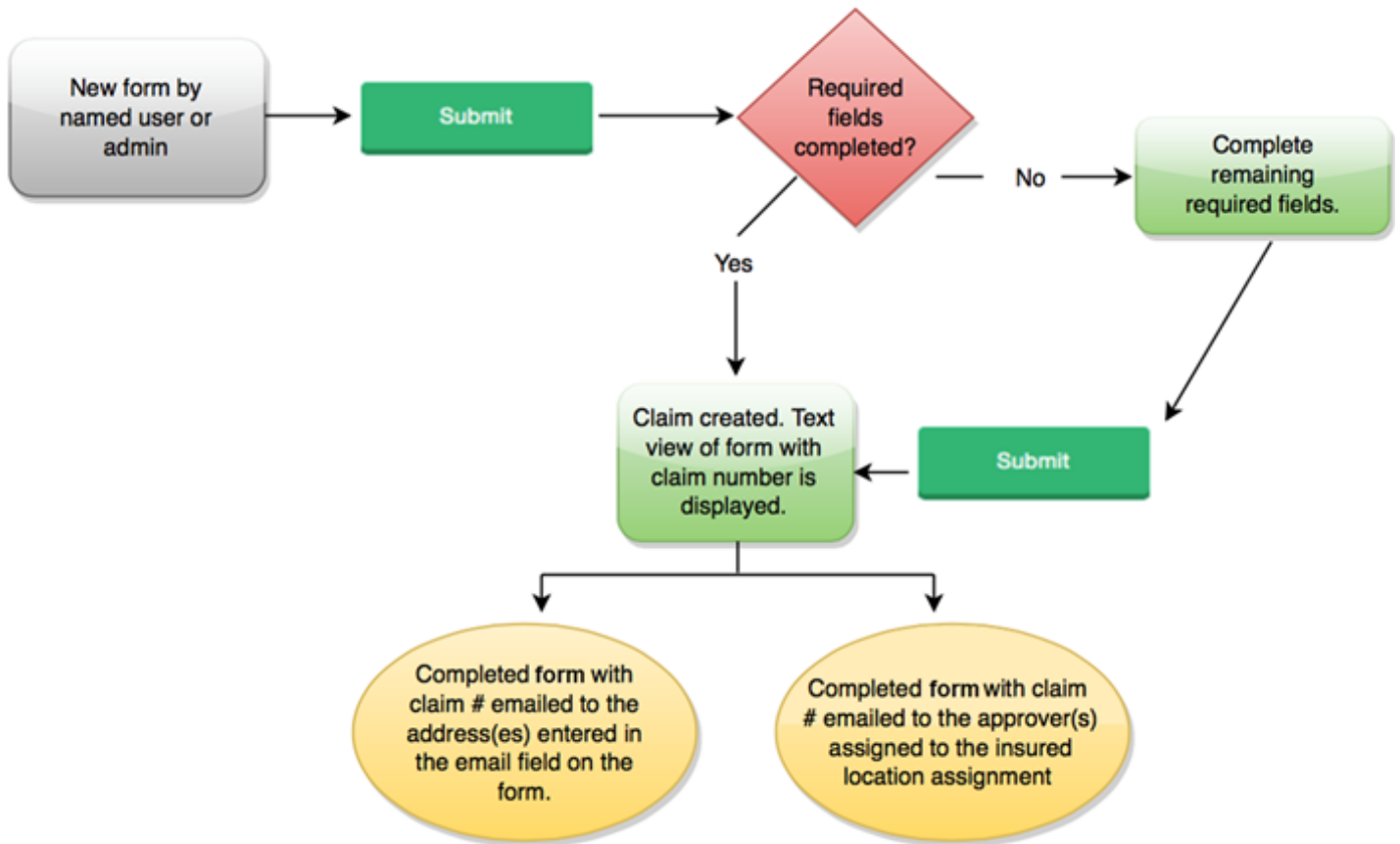
[Submit](#)

# Form Submission and Claim Creation Workflows

Anonymous User:



## Named User/System administrators:

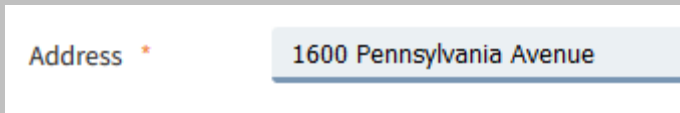
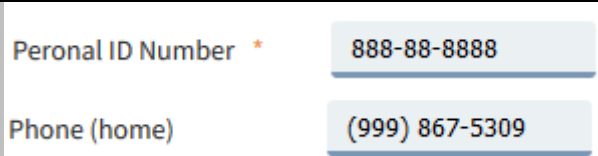
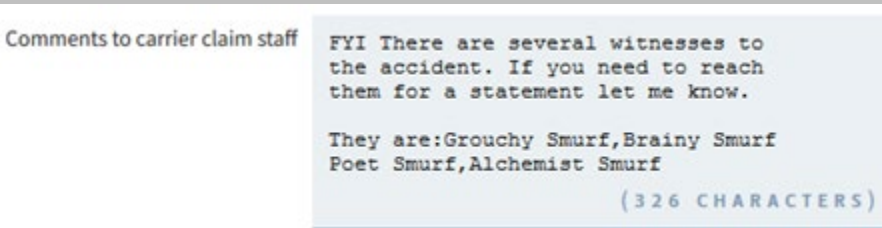


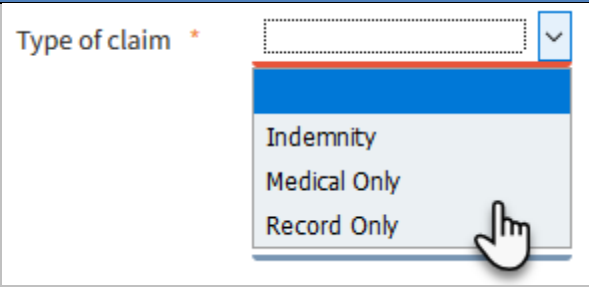
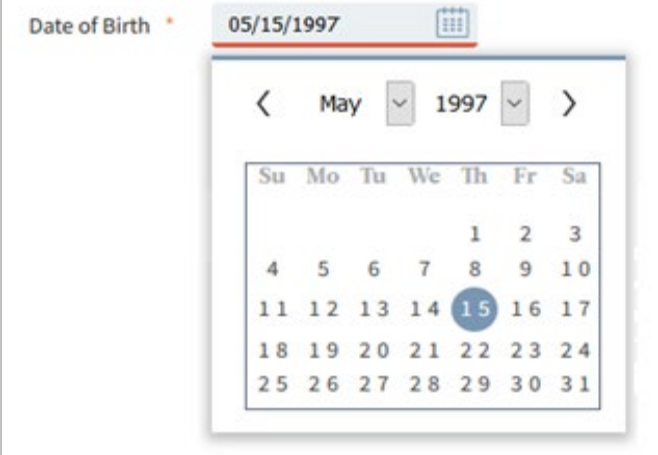
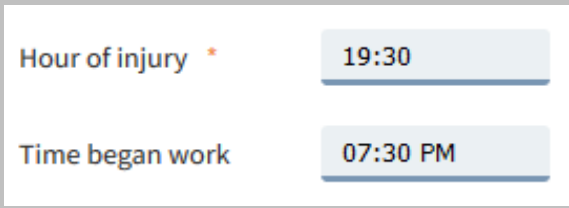
## Using the FROI - Filling Out the Form

The following field types and/or features are contained in the form:

- **Free form alphanumeric text field (short):** Single line short length for text or numbers such as name, address, etc.
- **Numerical field:** Single line field expecting a number such as Zip Code, Telephone, Number of Dependents, etc. Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, and can be entered without the dashes.
- **Free form alphanumeric text field (Long):** Fields designed for long narrative text. Namely the description of accident and the comments to claim staff. These fields allow text wrap to view the content you are typing in paragraph form.
- **Drop-down Menu Selections:** Type the characters in sequence to move directly to that point in the selection list. Pausing between characters will restart the movement within the list. Up/down arrows and mouse can be used to navigate.
- **Date Fields:** When the user clicks in a date field, a calendar picker is displayed. The user can select the desired date from the picker or enter the date into the field in a MM-DD-YYYY format. Dates are also checked for reasonableness. For example, Date of Birth must be prior to the Date of Hire and Lost Time and Return to Work dates cannot predate the Date of Injury.
- **Time fields:** The time fields also require a valid time format. The time fields are flexible and will allow variations on time formats such as HH:MM (in military/24 hour time) as well as HH:MM AM/PM. Note: If you are not intending to use 24 hour (military) time, you MUST INCLUDE AM/PM.
- If you are intending to use 12 hour (AM/PM) time and you are entering an afternoon or evening time, you must include the "PM" value or it will be assumed to be morning according to 24 hour time.

See the addendum section "[Menu Items and Buttons](#)" for a list of the user interface links within the FROI application.

| Type of Field   | Sample   |
|---|--|
| <b>1. Free form alpha-numeric text field (short):</b> <ul style="list-style-type: none"> <li>• You can type freely within these fields.</li> <li>• You can copy and Paste in these fields.</li> </ul> |  |
| <b>2. Numerical field:</b>  |  |
| <b>3. Free form alpha-numeric text field (long):</b>  |  |

| Type of Field                | Sample  |
|------------------------------|---|
| 4. Drop-down Menu Selections |   |
| 5. Date Fields               |   |
| 6. Time                      |  |

## Email Copy Field

The top of the form shows emails receiving copies of the form and allows you to enter additional addresses. The automatic list at the top is based on the employer location selected. The second field allows you to add your own.

The Approver account holders for this employer location are automatically sent email copies

The following recipients will automatically receive a copy of this submission.

mary.manager@vasubter@virginia.gov, hr.bob@vasubter@virginia.gov

**Email address to receive copy of this submission. Separate multiple email addresses with a comma.**

ned.skulg@vasubter.virginia.gov, lia.earth@vasubter.virginia.gov

**Employer Information**

Agency \* 987 - DEPT OF SUBTERRAIN

This is for other optional email address not already included.

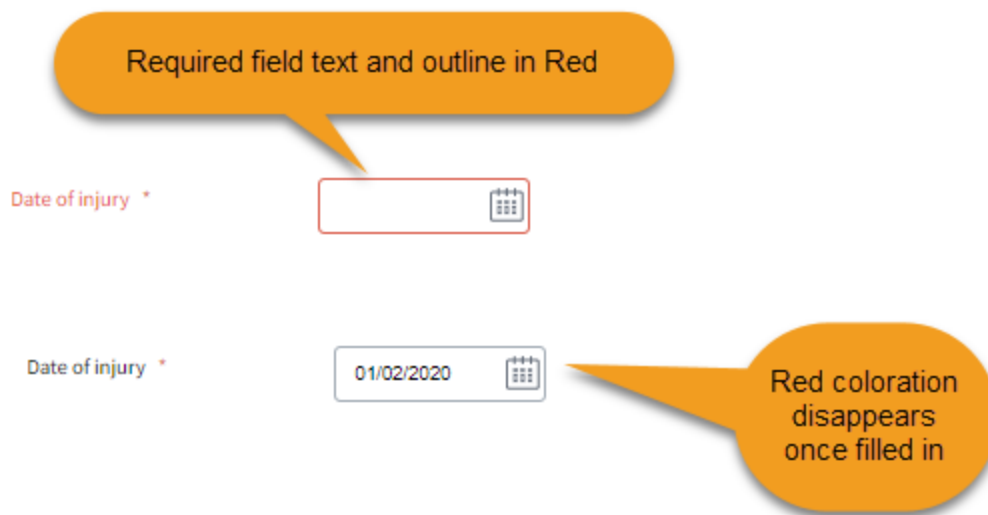
## Required Fields

The FROI form contains about 81 fields. 33 fields are required for claim creation.

Six fields are required for form creation by an Anonymous user. All 33 required fields, posted and outlined in red, must be completed before a claim can be created via approval by an account holder.

Invalid content in a field will be treated as an empty field and remain incomplete until corrected. This will typically occur in fields with specific formats such as date, time or SSN.

Some fields are necessary for setting up a workers' compensation claim. Additionally, state commissions mandate some fields. For compliance with data requirements and claim handling efficiency, the application will present a warning message if a required field is missing or invalid.



## Personal ID Number and Type

All claims require a personal identification number for the injured worker. This is usually the Social Security Number of the injured employee. The Workers' Compensation Commission accepts five types of identification. The FROI form includes a selection list of these five types. The social security number choice allows 9 numerical digits and the other choices allow 15. Both ID Type and Personal ID number are required fields prior to claim creation by an Approver.

**Employee Information**

ID Type Code \*

Personal ID Number \*

Select an ID type

- S - Employee Social Security Number
- A - Only if NO SSN exists Employee ID assigned by Jurisdiction
- E - Only if NO SSN exists Employee Employment Visa
- G - Only if NO SSN exists Employee Green Card
- P - Only if NO SSN exists Employee Passport Number

**Employee Information**

ID Type Code \* S - Employee Social Security Number

Personal ID Number \* 368-99-5645 Autofill

## NCCI Occupation Classification

Commonwealth of Virginia employee job titles have been uploaded as a customized list for Commonwealth FROI users. Each job title is assigned to a specific NCCI occupation classification.

There is now no need to search for a national Council on compensation Insurance (NCCI) code. It will automatically complete when the job title is selected. See examples.

Occupation at time of injury or illness \* Pharmacist I

NCCI occupation classification \* Hospital: Professional Employees

NCCI Class and Occupation Title linking examples

Occupation at time of injury or illness \* Police Lieutenant

NCCI occupation classification \* Police Officers and Drivers

## Initial Treatment Required Field

A code identifying the extent of medical treatment received by the employee immediately following the accident.

**Initial Treatment \***

00 - No medical treatment  
 01 - Minor on-site remedies by employer med staff  
 02 - Minor clinic/hospital med remedies/testing  
 03 - Emergency eval. diagnostic tests/med procedures  
 04 - Hospitalization greater than 24 hours  
 05 - Future major medical/lost time anticipated

Choices:


| Choices:   | Description  |
|--|--|
| 0 = No medical treatment   |  |
| 1 = Minor on-site remedies by employer medical staff                 | First Aid  |
| 2 = Minor clinic/hospital med remedies/testing                       | Doctor's office / Urgent Care Center /Clinic other than emergency room |
| 3 = Emergency evaluation, diagnostic testing, and medical procedures | EMERGENCY ROOM   |
| 4 = Hospitalization greater than 24 hours                            | Admitted to the hospital overnight                                     |
| 5 = Future major medical/Lost time anticipated (i.e. hernia case)    | Do not use for initial FROI submission.                                |

## Preparer and Approver information

There are sections for the anonymous user and the logged in Approver to indicate communication preference and list their contact information. Approver contact information is already established via their login account.

**Preparer Information**

Prepared by (Name, Title)

Date  

Phone (home)

Phone (work)

Phone (cell)

Email

Preferred Communication

For the Anonymous user to complete so Approver knows who is submitting.

**Approver Information**

Approved by (Name, Title)

Phone (work)

Email

Preferred Communication

Only appears for logged in Approver users.

As a logged in user, your known name, email and phone should automatically appear.

Let us know how you prefer us to contact you.

- Phone Work
- Email

# Anonymous User Submitting New Form for Approval

When starting a new form, the initial submission should be as complete as possible. Fill out the form to the best of your ability so that it is as complete as possible.

Once complete, click the “Submit” button. Assuming the required fields are populated and no validation errors exist, submissions by named users and system administrators do not go through the approval process. For anonymous users, however, their submission will need to be approved by a user assigned to the particular insured location assignment.

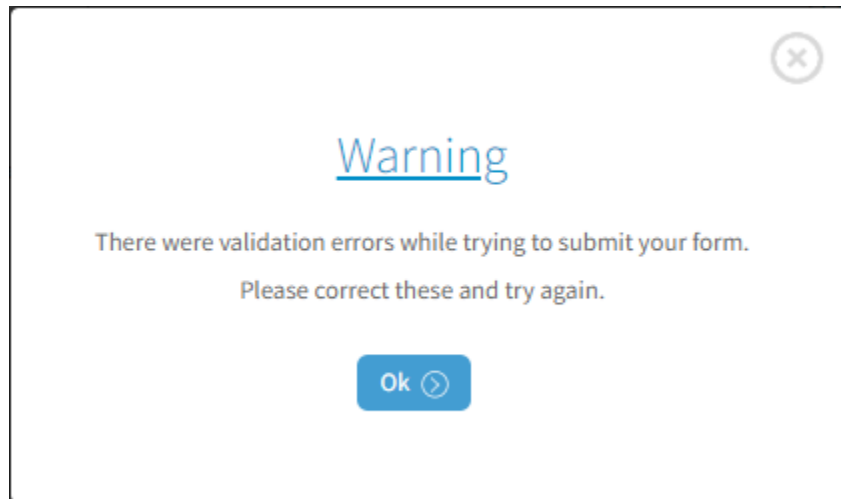
## Agency Selection

Agency Selection is **mandatory** for initial submission. The Agency/Sub-Agency/Department/Sub-Department selection serves two functions:

- It assigns the FROI form to the correct Approver(s) and assigns the claim to the proper employer location.
- Allows correct Approver(s) to receive the form, which is necessary for the 2<sup>nd</sup> submission to take place.

## Failure to Select an Agency

The application will not allow you to submit a form without choosing an Agency location. Below is an example of the message the user will receive if a submittal is attempted without selecting an Agency.



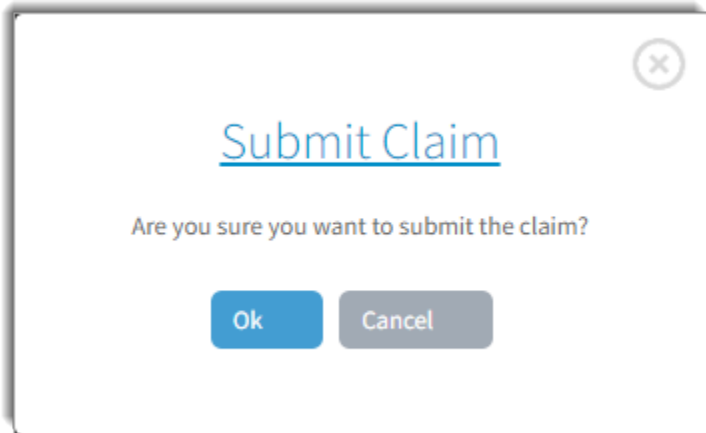
A more detailed message is displayed on the form:

A screenshot of a form section titled "Employer Information". It contains a dropdown menu labeled "Agency" with a red asterisk next to it. Below the dropdown, there is a red-bordered box containing the text "Agency is a required field." The dropdown menu is currently empty, and a small downward-pointing triangle is visible on the right side of the box.

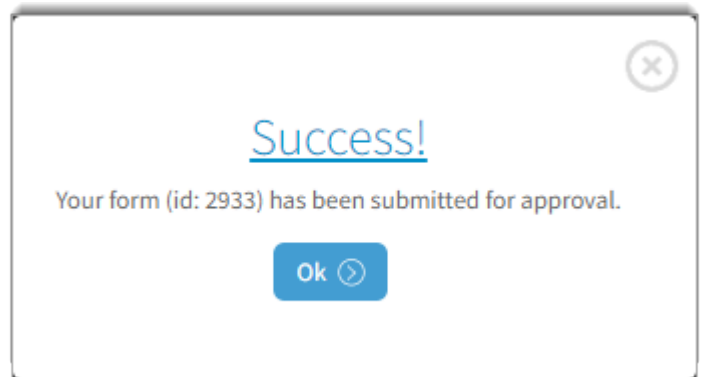
## Successful Agency Selection

The Agency selection will display Sub Agency and Department levels where they exist. If your agency is a single level then the additional selections are not enabled. Logged in users assigned to a particular set of Agencies will only see those agency locations they are assigned to.

Forms submitted by anonymous users are moved to the “Approvals” queue upon initial submission. Forms submitted by Approver users are converted to Claim status if all required fields pass validation.



Anonymous user successful submission:



When the initial submission occurs, an email is sent to the approver(s) assigned to the particular insured location assignment.

# Approval and Submission by Authorized Users

Counts, in the form of badging, are displayed for Drafts and Approvals and represent the number of items within their respective queues.

sedgwick

NEW FORM DRAFTS 12 APPROVALS 3 HISTORY Hi Agatha! LOGOUT

## Sedgwick Employer Accident Report Portal

\* Indicates a required field.

The following recipients will automatically receive a copy of this submission.

agathaA@JohnDoeAgency.com

Email address to receive copy of this submission. Separate multiple email addresses with a comma.

**Employer Information**

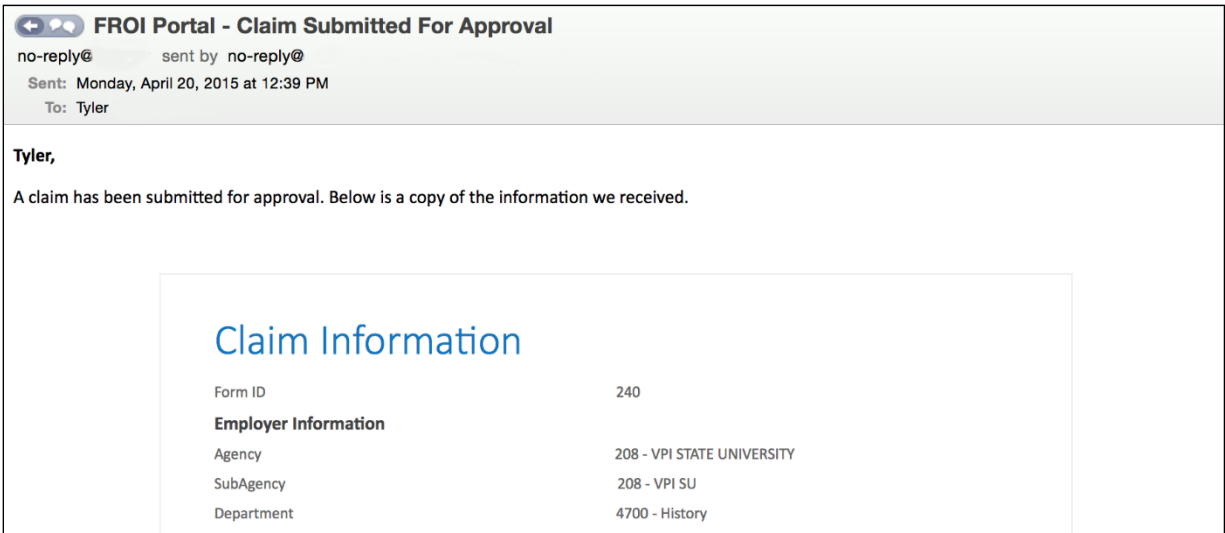
Agency \*

Employer Case Number (if applicable)

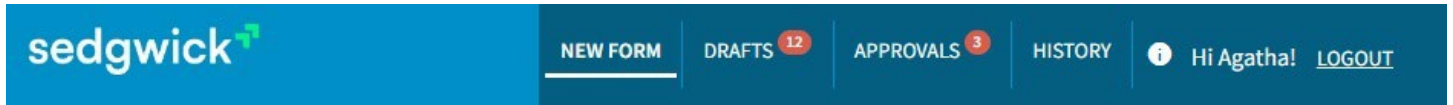
© 2025 SEDGWICK

Approvers will be notified of a pending submission requiring approval in two ways:

1. Emails are sent to the approvers assigned to the particular insured location assignment.



2. Approval Pending count on screen header when logged in.



When the Approver logs in, they will see a count indicator on the Approvals icon if there are any pending items for them to review.



Click the **Approvals** menu item at the top of the screen. A list of documents matching the counter displayed on the Approvals menu item will be displayed on the Approvals page, along with the following information.

### Approver User – Approval Ownership

Each Employer, Agency, Sub agency, Department, etc., may have one or more Approvers designated to create claims for that location. If an anonymous user submits a form, these Approvers will receive email messages announcing the pending form.

If an eligible Approver opens, updates and saves the form, other users with the same approval permissions will still be able to see and edit the form. This allows all Approvers of the same agency, sub-agency, etc. to view, open and modify a report without taking exclusive ownership.


A list of Approval pending documents is displayed with several columns indicating the subject of the form and who created or changed the form. The rows are highlighted as you pass over them with a mouse and action buttons are displayed for form management.

# Approvals

| #      | Subject                        | Initiated By | Initiated On       | Modified By | Modified On        | Action  |
|--------|--------------------------------|--------------|--------------------|-------------|--------------------|---|
| 218008 | Smithington, Fakery 03/01/2025 | Anonymous    | 3/17/2025 10:28 AM | Anonymous   | 3/17/2025 10:28 AM |   |
| 218007 | test, tester 02/15/2024        | Anonymous    | 3/11/2025 6:40 AM  | Anonymous   | 3/24/2025 1:24 PM  | <input type="button" value="Open"/> <input type="button" value="Delete"/> |
| 218006 | testfer, tester 02/22/2024     | Anonymous    | 3/11/2025 6:38 AM  | Anonymous   | 3/24/2025 11:41 AM |   |

- **#:** The unique system-generated identification number.
- **Subject:** This is the *Last Name, First Name, and Date of Injury* as entered on the form.
- **Initiated By:** Anonymous will be displayed.
- **Initiated On:** The date and time that the FROI was created.
- **Modified By:** The user that last changed/saved this form.
- **Modified On:** The date and time that the form was last changed/saved.
- **Action:** When the user clicks on a row in the table, this column displays Open and Delete buttons.

**SORTING:**

Column may be  sorted by clicking on the column header. Column sort is indicated by symbols in the header.

**SEARCHING:**

There is a search field at the upper right-hand corner of the screen to search for forms by any of the visible column elements. For example, you can search for any subject with the name "Smith" or one of the dates in the table.

## Autofill Employee Information

Logged in Approvers may use the Autofill feature to load injured employees' personal information without typing. If an injured employee has a prior injury report submitted through this application, the last set of personal information is retained and available to use by the Approver user to load to the form.

1. Select an ID Type Code. e.g.: "Social Security Number"
2. Enter a Personal ID Number
3. Click on the Autofill link that appears next to the ID number.



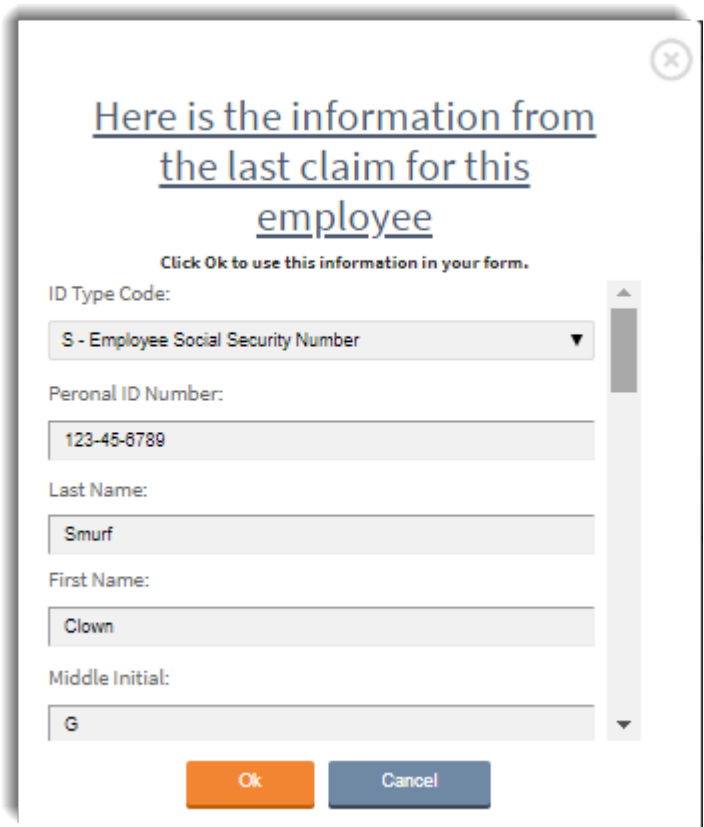
The screenshot shows a form titled "Employee Information". It has two main fields: "ID Type Code" and "Personal ID Number". The "ID Type Code" field is a dropdown menu with "S - Employee Social Security Number" selected. The "Personal ID Number" field contains "123-45-6789". To the right of the "Personal ID Number" field is a red "Autofill" link. A hand cursor is pointing at the "Autofill" link. Three numbered callouts (1, 2, 3) are placed over the dropdown, the ID number field, and the "Autofill" link respectively. A yellow callout box with a pointer to the "Autofill" link contains the text: "Select Autofill after providing ID Type and ID Number".

If the ID number has previously been used to create a claim, the most recent set of Employee Information from the last claim submission will be displayed in a new window.

Scroll through the window to review the content. You cannot edit the fields in the pop-up window since it is showing the last completed form content.

If you would like to use the content displayed, select Ok at the bottom of the window. The content will be copied to the current form you are working on. You may now edit the copied contents of the employee information in your form.

Note: Any content in the Employee Information section prior to copying the Autofill results will be overwritten by the Autofill content.



The screenshot shows a pop-up window with a close button (X) in the top right corner. The title of the window is "Here is the information from the last claim for this employee". Below the title is a sub-header "Click Ok to use this information in your form." The form contains the following fields: "ID Type Code:" with a dropdown menu showing "S - Employee Social Security Number"; "Personal ID Number:" with a text input field containing "123-45-6789"; "Last Name:" with a text input field containing "Smurf"; "First Name:" with a text input field containing "Clown"; and "Middle Initial:" with a text input field containing "G". At the bottom of the window are two buttons: "Ok" (orange) and "Cancel" (blue).

**Employee Information**

ID Type Code \*

Personal ID Number \*  Autofill

Last Name \*

First Name \*

Middle Initial

Employee ID

Phone (home)

Phone (work)

Phone (cell)

Email

Preferred Communication

Sex \*

Number of Dependents

Address \*

City \*

State \*

Zip \*

Date of Birth \*

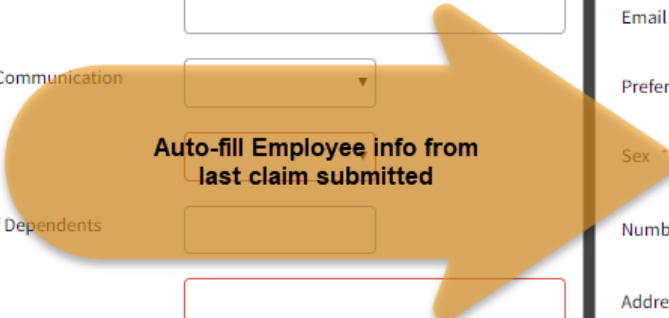
Marital Status \*

Employment Status \*

Date of Hire \*

Occupation at time of injury or illness \*

NCCI occupation classification \*



**Employee Information**

ID Type Code \*

Personal ID Number \*  Autofill

Last Name \*

First Name \*

Middle Initial

Employee ID

Phone (home)

Phone (work)

Phone (cell)

Email

Preferred Communication

Sex \*

Number of Dependents

Address \*

City \*

State \*

Zip \*

Date of Birth \*

Marital Status \*

Employment Status \*

Date of Hire \*

Occupation at time of injury or illness \*

NCCI occupation classification \*

## Saving an Un-Submitted Form for Later Submission


If you have made changes to a form and wish to leave it prior to submission, make sure to click the “Save” option (not available for anonymous users) at the bottom of the form. An auto-save feature has also been added that saves a form every three minutes. Otherwise, if you click on any of the menu options, or close the application, the changes made will not have been saved.

Saving a form retains it in the queue where it currently resides.

## Drafts

Approval level users may create a new original form and save it before submitting for claim creation. These forms are saved as drafts in the Draft queue. They may be accessed at a later date in the Drafts queue.

## Claim Creation

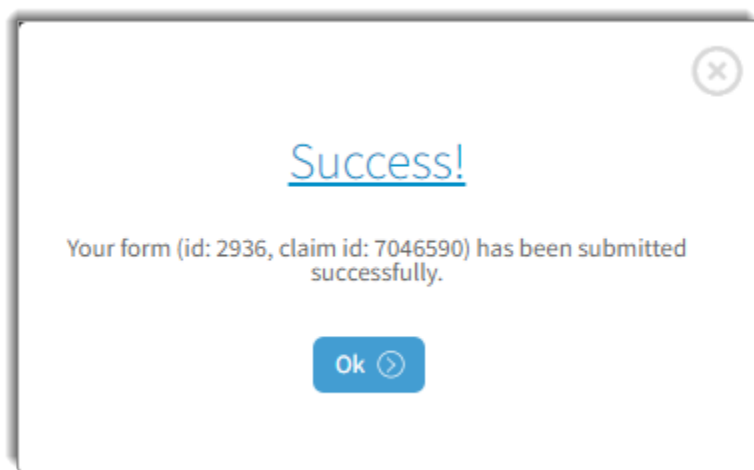
When an Approver clicks  a claim will be created if all required fields have been completed and there are no other validation errors.

If all requirements for claim creation are met, a claim number is generated immediately upon submission. Upon creation, the form with claim number will be presented in text format. The text may be copied from the screen or downloaded in PDF format.

The claim form content may also be reviewed later within the History list. (See History Documents section of this document)

**Remember – The process is not complete until you have received a claim number.**

Success message:



Form displayed as text after successful submission:


|  |  |                                   |
|--|--|-----------------------------------|
| <a href="#">ADD ATTACHMENTS</a>  |  | <a href="#">VIEW FORM AS TEXT</a> |
| <h2>Claim Information</h2>   |  |                                   |
| <b>Email addresses to receive copy of this submission.</b>               |  |                                   |
| <a href="mailto:agathaA@JohnDoeAgency.com">agathaA@JohnDoeAgency.com</a> |  |                                   |
| <b>Form Information</b>  |  |                                   |
| Form ID  | 2936   |                                   |
| Claim ID   | 7046590  |                                   |
| Submitter Email  | <a href="mailto:agathaA@JohnDoeAgency.com">agathaA@JohnDoeAgency.com</a> |                                   |
| <b>Employer Information</b>  |  |                                   |
| Agency   | 100 - Senate of Virginia   |                                   |
| Employer Case Number   |  |                                   |
| <b>Employee Information</b>  |  |                                   |
| ID Type Code   | S - Employee Social Security Number                                      |                                   |
| Personal ID Number   | *****  |                                   |
| Last Name  | Smurf  |                                   |
| First Name   | Pet Sitter   |                                   |
| Middle Initial   | K  |                                   |

## Final Claim Form Email

When a claim is created, an email is sent to the Approver of the claim, other Approver account holders for that location and to any addresses entered by the user(s) in the email address field at the top of the form.

- The email message contains the entire FROI form as text.
- It is the same format and content displayed from the "view form as text" button.
- You may archive the email in your email program.
- You can save the email as an independent document outside your email.
- The message can be printed from your email application.
- The content can be copied and pasted as needed.

FROI Portal - Claim Submission Confirmation - 260722553570001- 07/11/2025 - Worker Will...

 no-reply@sedgwick.com  
To: manager.mary@agency.gov

Reply Reply All Forward

We have received a claim submission for your organization. Below is a copy of the information we received, for your records.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim. Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation. To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: <https://covwc.com/resources/injury-type-checklists>

### Claim Information

**Form Information**

|                 |  |
|-----------------|--|
| Form ID         | 244517   |
| Claim ID        | 260722553570001  |
| Submitter Email | <a href="mailto:MANAGER.MARY@AGENCY.GOV">MANAGER.MARY@AGENCY.GOV</a> |

**Employer Information**

|           |                          |
|-----------|--------------------------|
| Agency    | 987 - DEPT OF SUBTERRAIN |
| SubAgency | 212000 - HOUSING         |

## Link to Post Accident Checklists

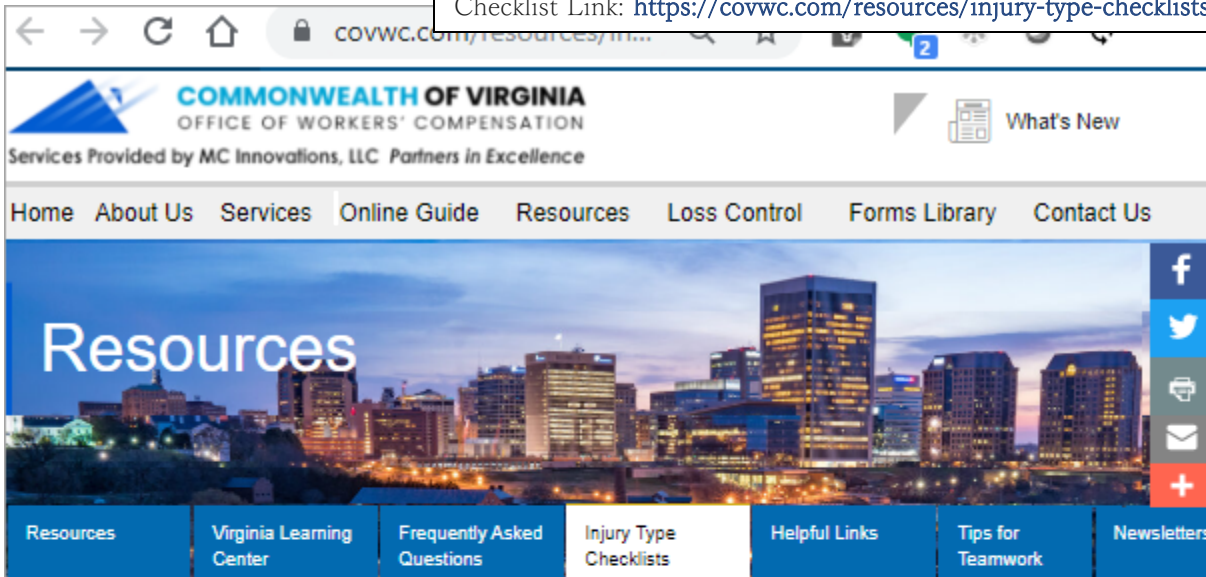
The claim acknowledgment email received by the submitter and other eligible Approvers linked to the organization, contains a link to a checklist designed to assist with preparation for data requests arising from claim investigation.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim.

Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation.

To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: <https://covwc.com/resources/injury-type-checklists>



## Injury Type Checklists



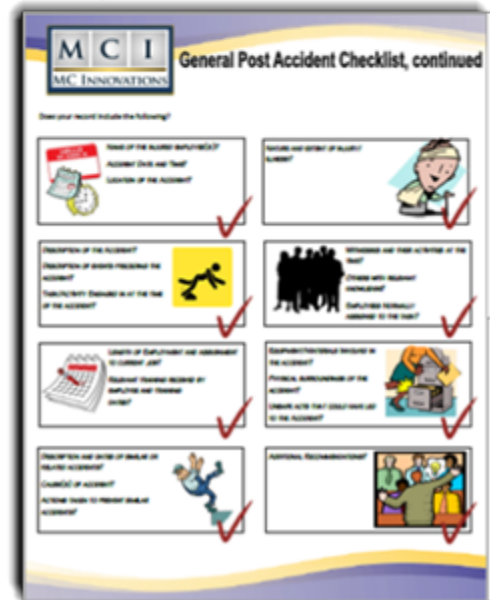
[check\*list (noun); plural (noun): checklists, a list of items required, things to be done, or points to be considered, used as a reminder]

These checklists are aimed at arming you with the most common types of information the benefit coordinator will need in order to complete their investigation. Start gathering and supplying the needed information as soon as you are made aware of the accident.

[Download Injury Type Checklists](#)

### The checklists include:

- General Post Accident Checklist
- Slip/Trip/Fall Checklist
- Motor Vehicle Accident Checklist
- Machinery/Equipment/Product Checklist
- Chemical Exposure Checklist
- Attacks/Assaults Checklist
- Mold Checklist



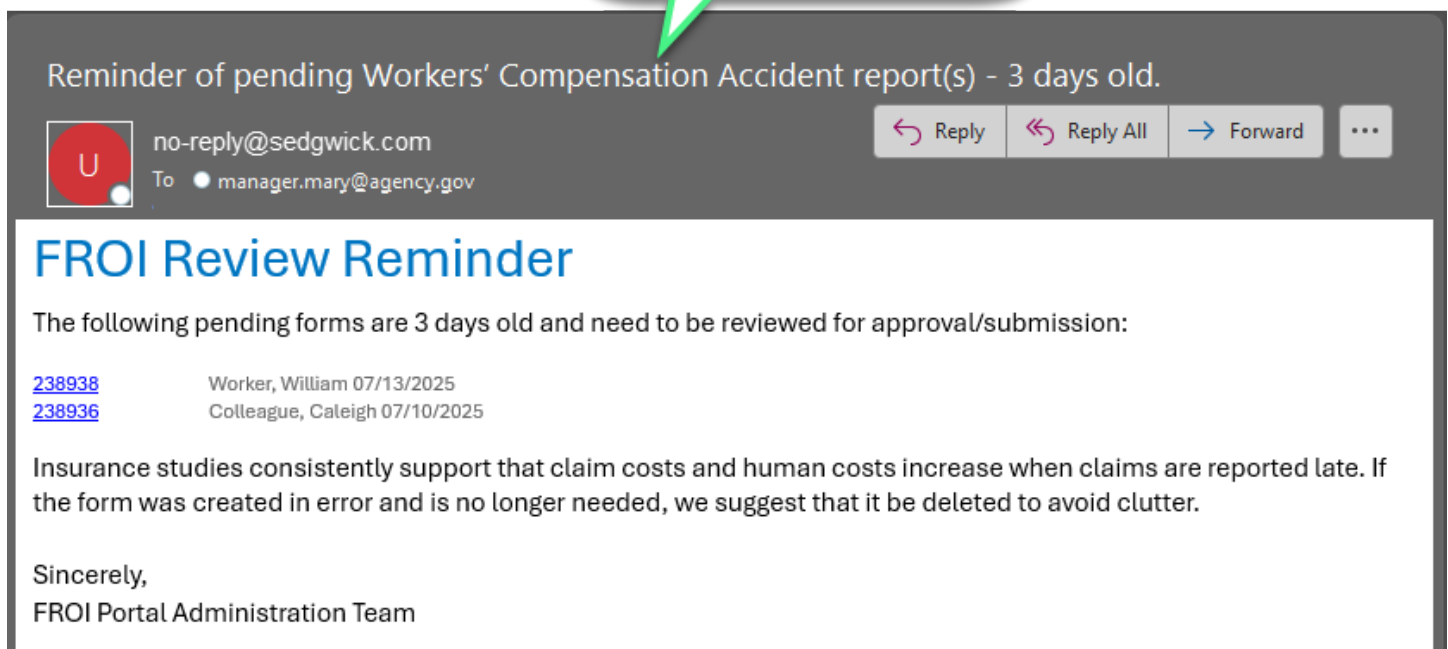
## Reminder Emails for Outstanding Forms in Approval Queue

Approvers with rights to a location will receive a limited number of reminder emails at specified intervals. This is in addition to the initial notification of a pending form submitted by an anonymous user for approval.



- 3 Days after submission for approval
- 7 Days after submission for approval
- 10 Days after submission for approval (This is the final reminder)

Forms left in approval queue will remain there indefinitely. Insurance studies consistently support that claim costs and human costs increase when claims are reported late. If the form was created in error and is no longer needed, we suggest that it be deleted to avoid clutter.

### Reminder Email Example



Reminder of pending Workers' Compensation Accident report(s) - 3 days old.

 no-reply@sedgwick.com  
To:  manager.mary@agency.gov

[↩ Reply](#) [↩ Reply All](#) [→ Forward](#) [⋮](#)

## FROI Review Reminder

The following pending forms are 3 days old and need to be reviewed for approval/submission:

|                        |                               |
|------------------------|-------------------------------|
| <a href="#">238938</a> | Worker, William 07/13/2025    |
| <a href="#">238936</a> | Colleague, Caleigh 07/10/2025 |

Insurance studies consistently support that claim costs and human costs increase when claims are reported late. If the form was created in error and is no longer needed, we suggest that it be deleted to avoid clutter.

Sincerely,  
FROI Portal Administration Team

# Form Management

## Employer Accident Report

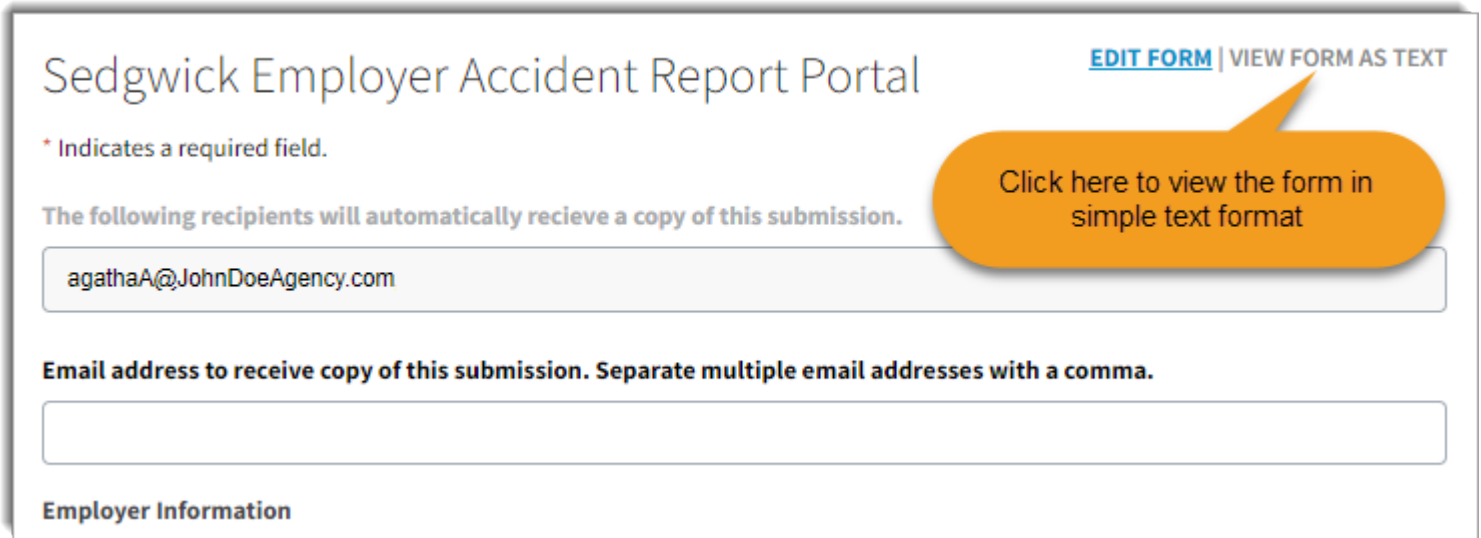
### Viewing the Form as Text

You can view a form in text format via the “View Form as Text” option. This is available when a form is open or when the Draft, Approval or History queues are open. Every data entry field completed is displayed in a table format, although some fields are masked with asterisks for security purposes. The complete form is presented by section in plain text.

Notable features:

- No additional software or program required to display.
- Content may be copied and pasted by user.
- Every data entry field completed is displayed in a table format (some fields are masked with asterisks for security purposes).

The View Form as Text option is displayed in the top right of the form:



The screenshot shows the top right corner of the 'Sedgwick Employer Accident Report Portal'. In the top right corner, there are two links: 'EDIT FORM' and 'VIEW FORM AS TEXT'. An orange callout bubble points to the 'VIEW FORM AS TEXT' link with the text 'Click here to view the form in simple text format'. Below the header, there is a note: '\* Indicates a required field.' followed by the text 'The following recipients will automatically receive a copy of this submission.' Below this text is a text input field containing the email address 'agathaA@JohnDoeAgency.com'. Below the input field is the instruction 'Email address to receive copy of this submission. Separate multiple email addresses with a comma.' followed by another empty text input field. At the bottom left of the form, the section 'Employer Information' is visible.

Form as Text Example:

| Claim Information  |  | EDIT FORM   <a href="#">VIEW FORM AS TEXT</a> |
|--|--|---|
| <b>Email addresses to receive copy of this submission.</b>               |  |   |
| <a href="mailto:agathaA@JohnDoeAgency.com">agathaA@JohnDoeAgency.com</a> |  |   |
| <b>Form Information</b>  |  |   |
| Form ID  | 2654   |   |
| Submitter Email  |  |   |
| <b>Employer Information</b>  |  |   |
| Agency   | 6544 - JohnDoeAgency   |   |
| Employer Case Number   | 54364534   |   |
| <b>Employee Information</b>  |  |   |
| ID Type Code   | S - Employee Social Security Number  |   |
| Personal ID Number   | *****  |   |
| Last Name  | Smurf  |   |
| First Name   | Chiropractor   |   |
| Middle Initial   | H  |   |
| Employee ID  | 123123123123   |   |
| Phone (home)   | (804) 775-0701   |   |
| Phone (work)   | (804) 775-0702   |   |
| Phone (cell)   | (804) 775-0703   |   |
| Email  | <a href="mailto:chrosmurf@johndoeagency.com">chrosmurf@johndoeagency.com</a> |   |
| Preferred Communication  | Email  |   |
| Sex  | Male   |   |
| Number of Dependents   | 3  |   |
| Address  | 321 Main   |   |
| City   | Richmond   |   |
| State  | Alabama  |   |
| Zip  | *****  |   |
| Date of Birth  | *****  |   |
| Marital Status   | Married  |   |
| Employment Status  | Full Time  |   |
| Date of Hire   | 10/01/2004   |   |
| Occupation at time of injury or illness                                  | Accountant   |   |
| NCCI occupation classification   | Clerical Office Employees Noc  |   |

|  |                                   |
|--|-----------------------------------|
| <b>Time and Place of Accident</b>                            |                                   |
| Postal ZIP code where injury occurred                        | 23219                             |
| Date of injury   | 09/20/2018                        |
| Hour of injury   | 08:00 AM                          |
| Time began work  | 08:30                             |
| Date of incapacity   | 02/01/2020                        |
| Was employee paid on day of injury                           | Yes                               |
| Date injury or illness reported                              | 09/21/2018                        |
| Person to whom reported                                      | Papa Smurf                        |
| Name of other witness  | Smurfette                         |
| If fatal, give date of death                                 |                                   |
| Type of claim  | Record Only                       |
| Has employee lost time from work                             | No                                |
| Type of duty   |                                   |
| At what wage   |                                   |
| On what date   | 09/20/2018                        |
| Probable length of disability                                |                                   |
| <b>Nature and Cause of Accident</b>                          |                                   |
| Describe fully how injury or illness occurred                | Mishap with stapler in office.    |
| Cause of injury  | Absorb, Ingest, Inhalation        |
| Nature of injury or illness                                  | AIDS                              |
| Parts of body affected                                       | Abdomen including Groin           |
| Machine, tool, or object causing illness or injury 4 way bar |                                   |
| Initial Treatment  | 00 - No medical treatment         |
| Physician Name   | Dr Feelgood                       |
| Address  | 101 N 14th St                     |
| City   | Richmond                          |
| State  | Virginia                          |
| ZIP  | 23219                             |
| Hospital or Clinic Name                                      | MCV                               |
| Address  | 101 N 14th St                     |
| City   | Richmond                          |
| State  | Alabama                           |
| Zip  | 44444-4444                        |
| Were safety rules violated                                   | Yes                               |
| Was a drug/alcohol screening performed                       | Yes                               |
| Result   | Negative                          |
| Was a 3rd party responsible for injury                       | No                                |
| Does employee have VSDP coverage                             | Yes                               |
| Does employee have State Health Insurance                    | No                                |
| Comments to carrier claim staff                              | asdfsadfsadf safdsadfsdfsdfsdfsdf |

|                             |  |
|-----------------------------|--|
| <b>Preparer Information</b> |  |
| Prepared by (Name, Title)   | Bill Davenport   |
| Date                        | 02/04/2020   |
| Phone (home)                |  |
| Phone (work)                | (804) 775-0704   |
| Phone (cell)                | (804) 775-0705   |
| Email                       | <a href="mailto:bill.davenport@johnDoeAgency.com">bill.davenport@johnDoeAgency.com</a> |
| Preferred Communication     | Phone Work   |
| <b>Approver Information</b> |  |
| Approved by (Name, Title)   | Agatha Agencyrep   |
| Phone (work)                | (804) 775-0700   |
| Email                       | <a href="mailto:agathaA@JohnDoeAgency.com">agathaA@JohnDoeAgency.com</a>               |
| Preferred Communication     | Email  |

## Copy and Paste Form Contents

Contents of the text form view may be downloaded as a PDF (option is displayed at the bottom of the form when viewing as text), or copied and pasted by the user into another application. This works using conventional PC copy (CTRL + C) and paste (CTRL + V) techniques, as well as copy (Command + C) and paste (Command + V) on a Mac.

Once you paste your data into another application on your PC, you may edit or format it as needed.

## Deleting a FROI

An FROI can only be deleted from the Drafts and Approvals queues. Since anonymous users do not have access to Drafts and Approvals, only named users and system administrators have the ability to delete FROIs.

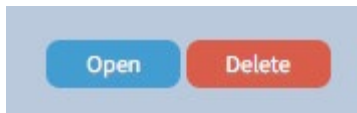
**Caution:** The application will prompt you to confirm deletion. However, once you have clicked “Confirm” to approve the deletion, the FROI is not retrievable.

***You cannot delete FROIs that have been completely submitted and have a claim #. These are contained within the History list and are permanent.***

To delete the FROI, follow the steps below:

1. From the Drafts or Approvals queues, select the FROI to be deleted.

The application will display Open and Delete buttons.



2. Click the **Delete** button.
3. Verify that the intended form is selected and click **Confirm** to approve and finalize the deletion.

# Approvals

Search..

| #    | Subject                          | Initiated By |                   |                 |                  | Action                                      |
|------|----------------------------------|--------------|-------------------|-----------------|------------------|---|
| 2881 | IIIIII, IIIIII 02/01/2019        | Anonymous    |                   |                 |                  |   |
| 2878 | aaaaaaaaa, aaaaaaaaa 02/01/2019  | Anonymous    | 2/6/2019 4:07 ... | STGTESTER       | 9/12/2019 ...    |   |
| 2859 | Coffee, Caffeine 11/14/2018      | Anonymous    | 12/6/2018 3:5...  | covmargesimpson | 12/18/2018 1...  | <a href="#">Open</a> <a href="#">Delete</a> |
| 2827 | Smurf testooooooooegg 11/01/1990 | Anonymous    | 11/15/2018 4:...  | Anonymous       | 11/15/2018 4:... |   |
| 2826 | 92                               | Anonymous    | 11/15/2018 4:...  | Anonymous       | 11/15/2018 4:... |   |

This form is being deleted from the Approval queue.

Deletion complete!



**Success!**

Claim has been successfully deleted

[OK](#)

**Delete Claim**

Are you sure you want to delete this claim?  
This action cannot be reversed.

[Confirm](#) [Cancel](#)

# History

| # | Subject | Initiated By | Initiated On | Claim Id | Submitted By | Submitted On | Attachments |
|---|---------|--------------|--------------|----------|--------------|--------------|-------------|
|---|---------|--------------|--------------|----------|--------------|--------------|-------------|

All documents appear in the History queue once they have been saved or submitted. Documents that are in draft or awaiting approval will not have a claim number, while fully completed submissions will have a claim number.

The History menu item is only available to Approver users and system administrators. Those users will be able to see all reports submitted under the insured locations for which they are assigned.

## History

| #    | Subject                     | Initiated By | Initiated On        | Claim Id | Submitted By | Submitted On       | Attachments         |
|------|-----------------------------|--------------|---------------------|----------|--------------|--------------------|---------------------|
| 2943 | Smurf, Captain 01/31/2020   | STGTESTER    | 2/19/2020 11:15 ... | 7046602  | STGTESTER    | 2/19/2020 11:15 AM | <a href="#">Add</a> |
| 2942 | smurf, uberdriver 02/01/... | STGTESTER    | 2/19/2020 11:06 ... | 7046601  | STGTESTER    | 2/19/2020 11:09 AM | <a href="#">Add</a> |
| 2941 | Smurf, Dancer 02/03/2020    | STGTESTER    | 2/19/2020 10:58 ... | 7046600  | STGTESTER    | 2/19/2020 10:58 AM | <a href="#">Add</a> |
| 2940 | Smurf, Junkie 02/03/2020    | STGTESTER    | 2/19/2020 10:25 ... | 7046599  | STGTESTER    | 2/19/2020 10:25 AM | <a href="#">Add</a> |
| 2939 | Smurf, Adjuster 02/05/2...  | STGTESTER    | 2/19/2020 9:54 AM   | 7046598  | STGTESTER    | 2/19/2020 9:54 AM  | <a href="#">Add</a> |
| 2938 | Smurf, TennisPro 02/03/...  | STGTESTER    | 2/19/2020 9:52 AM   | 7046597  | STGTESTER    | 2/19/2020 9:52 AM  | <a href="#">Add</a> |
| 2937 | Smurf, Blacksmith 02/0...   | STGTESTER    | 2/19/2020 9:50 AM   | 7046596  | STGTESTER    | 2/19/2020 9:50 AM  | <a href="#">Add</a> |
| 2936 | Smurf, Pet Sitter 01/01/... | STGTESTER    | 2/14/2020 1:55 PM   | 7046590  | STGTESTER    | 2/14/2020 2:17 PM  | <a href="#">Add</a> |
| 2935 | Smurf, Blacksmith 01/0...   | Anonymous    | 2/14/2020 12:37 ... | 7046592  | STGTESTER    | 2/18/2020 12:45 PM | <a href="#">Add</a> |
| 2934 | Smurf, Blacksmith 01/0...   | Anonymous    | 2/14/2020 12:33 ... | 7046593  | STGTESTER    | 2/18/2020 2:21 PM  | <a href="#">Add</a> |

<< <
Displaying 11 - 20 of 59
> >>

To open a report, simply click on the appropriate row in the table. If the report has been fully submitted, the form will display as text. If the report is in draft or awaiting approval, the report will display in editable form.

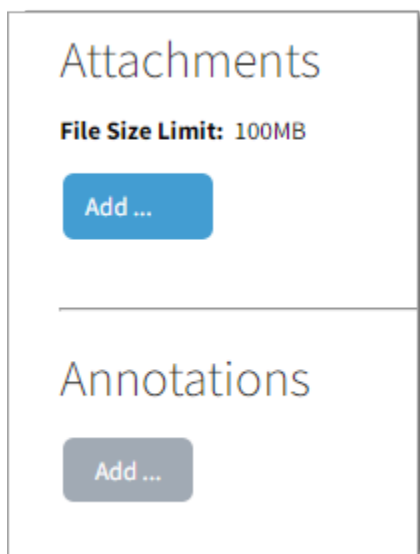
## Attachments and Annotations

Claim related documents and files may be uploaded at the time of claim creation. Claims listed within the History list may be accessed at a later date for uploading new documentation related to the claim. Annotations may also be loaded to a claim once it is created and listed in history.

Examples of things to upload:

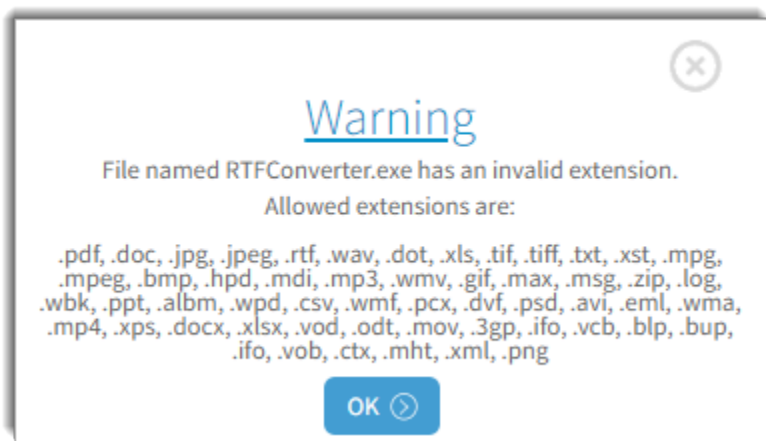
- Photographs related to the accident
- Internal Accident reports
- Medical Treatment related documents
- Employee Work Profile
- Wage/Salary documents

**Important: Items should be individually uploaded.** Do not bundle multiple types of documents or claims. For example, a medical note (s) should be uploaded and labeled as such without any non-medical notes attached. A wage worksheet being uploaded the same day should be separated and loaded on its own labeled as a wage worksheet.



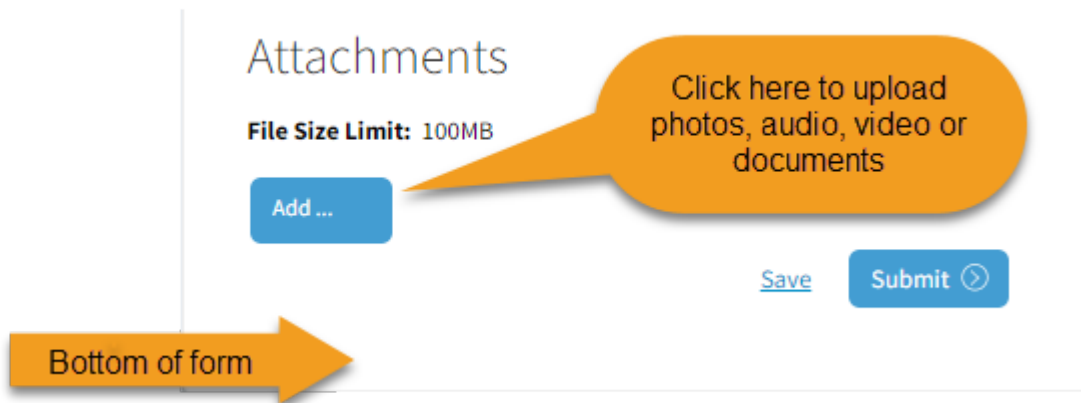
**Attachment requirements:** There is a size limit of 100MB per uploaded file or document. The upload service accepts most common file formats.

If you attempt to upload an unsupported file format (e.g. applications), an error message will be displayed indicating what formats are supported.

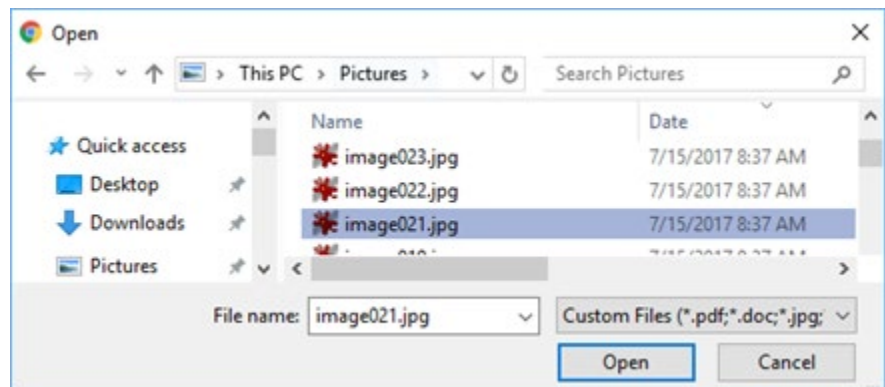


## Attachments at time of Claim Submission

Logged in users can submit an attachment to the claim form at time of submission. This is only available to a logged in Approver. At the bottom left side of the form there is a button to add your attachment(s).



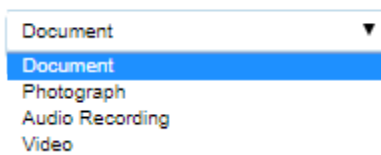
1. Click Add and Select the file you would like to upload



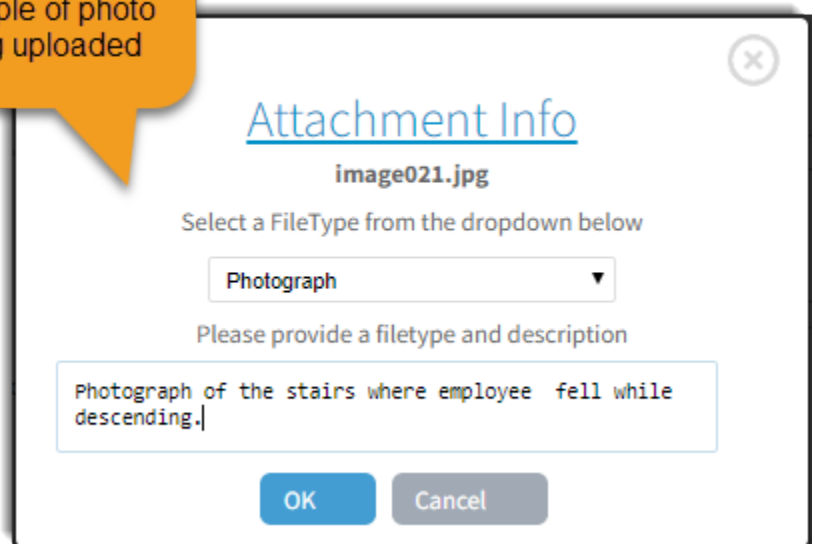
you

2. Select a type and provide a description of what you are uploading.

Select a FileType from the dropdown below



Example of photo being uploaded



- Your attachment(s) will be listed on the form in preparation of form submission when they will be uploaded to the claim.

## Attachments

File Size Limit: 100MB

Before submission, of the claim, you may manage the attachment list by adding or removing items.

[Add ...](#)

|                        | File Name                   | Description                     | Size (bytes) | Type            |
|------------------------|-----------------------------|---------------------------------|--------------|-----------------|
| <a href="#">Remove</a> | image021.jpg                | Photograph of the stairs wh...  | 287245       | Photograph      |
| <a href="#">Remove</a> | Employee Work Profile.docx  | Job description for injured ... | 11613        | Document        |
| <a href="#">Remove</a> | statement Smith witness.mp3 | Audio of call from witness      | 9176437      | Audio Recording |
| <a href="#">Remove</a> | Surveillance clip.mp4       | Clip from Surveillance video    | 3341579      | Video           |

[Clear Files](#)      [Save](#)      [Submit](#) >

Remove Individual or All attachments if you change

Click to create claim and load attachments.

- Clicking Submit will first create the claim and then once the claim is accepted, it will upload the attachments listed.

1 **Success!**

Your form (id: 2881, claim id: 7046631) has been submitted successfully.

[ok](#) >

2 **Success!**

Your attachments uploaded successfully.

[OK](#) >

Successful Claim Creation and then Attachment Upload!

## Attachments To Existing Claims In History

Claims that appear in your history list may be updated with new attachments or annotations. This is useful for sending claim documentation throughout the life of the claim.

### History

| #    | Subject                    | Initiated By   | Initiated On      | Claim Id | Submitted By     | Submitted On       | Attachments         |
|------|----------------------------|----------------|-------------------|----------|------------------|--------------------|---------------------|
| 2918 | Smith, John 10/09/2019     | TestAdminDana1 | 10/23/2019        |          | TestAdminDana1   | 10/23/2019 5:01 PM | <a href="#">Add</a> |
| 2917 | Smurf, Adjuster 10/10/2019 | Anonymous      | 10/4/2019         |          | palczynski@yo... | 11/8/2019 11:54 AM | <a href="#">Add</a> |
| 2914 | Smurf, Subagency 09/15/... | STGTESTER      | 9/18/2019 4:13 PM | 6997438  | STGTESTER        | 9/18/2019 4:13 PM  | <a href="#">Add</a> |
| 2913 | Smurf, Adjuster 09/01/2019 | STGTESTER      | 9/17/2019         |          |                  | 9/17/2019 10:44 AM | <a href="#">Add</a> |
| 2912 | Smurf, Captain 05/16/2012  | Anonymous      | 9/16/2012         |          |                  |                    | <a href="#">Add</a> |
| 2911 | Smurf, Dancer 09/03/2019   | STGTESTER      | 9/16/2019         |          |                  | 9/17/2019 10:28 AM | <a href="#">Add</a> |

Displaying 41 - 50 of 2958

You can search for the claim here.

Click on "Add" you bring you to the Attachment and Annotation upload area.

When "Add" is selected within the History list, the form will open and scroll down to allow you to see prior attachments added as well as add new attachments and/or annotations to the claim.

### Attachments

File Size Limit: 100MB

[Add ...](#)

1 Select your file to upload

Attachments Pending Upload

|                        | File Name       | Description              | Size (bytes) | Type       |
|------------------------|-----------------|--------------------------|--------------|------------|
| <a href="#">Remove</a> | iphone4 033.png | Picture of Bruise on Leg | 256171       | Photograph |
| <a href="#">Remove</a> | sample MBR.csv  | Spreadsheet from payroll | 4122558      | Document   |

[Clear Files](#)

[Upload](#)

2 Click "Upload" to send your files to the claim.

Previously uploaded attachments

| File Name            | Description                        | Size (bytes) | Type         | Submitted On     | Submitted By    | ICE Submission |
|----------------------|------------------------------------|--------------|--------------|------------------|-----------------|----------------|
| image021.jpg         | Photograph of the stairs where ... | 287245       | Photograph   | 3/4/2020 9:44 AM | Agencyrep, A... | Submitted      |
| Employee Work Pr...  | Job description for injured wor... | 11613        | Document     | 3/4/2020 9:44 AM | Agencyrep, A... | Submitted      |
| statement Smith w... | Audio of call from witness         | 9176...      | Audio Rec... | 3/4/2020 9:44 AM | Agencyrep, A... | Submitted      |
| Surveillance clip... | Clip from Surveillance video       | 3341...      | Video        | 3/4/2020 9:44 AM | Agencyrep, A... | Submitted      |

Add an Annotation.

The image shows two overlapping dialog boxes. The top dialog box is titled "Add Annotation" and contains a "Subject" field with the text "Additional days out of work reported" and an "Annotation" text area with the text "Mr. Smith reported that Mr Anderson was out of work last week due to his injury. He went to the doctor, but we have not received any medical note or further information. I called and left a message for Mr. Anderson." Below the text area are "OK" and "Cancel" buttons. The bottom dialog box is titled "Success!" and contains the text "Your annotation uploaded successfully." with an "OK" button below it. Three yellow callout boxes point to specific parts of the "Add Annotation" dialog: one to the subject field, one to the annotation text area, and one to the bottom of the dialog box.

**Short Subject title**

**Type the body of your text here and select "OK" to upload.**

Your annotation will be loaded to the Claim notes for this injury.

# System Messages and Troubleshooting

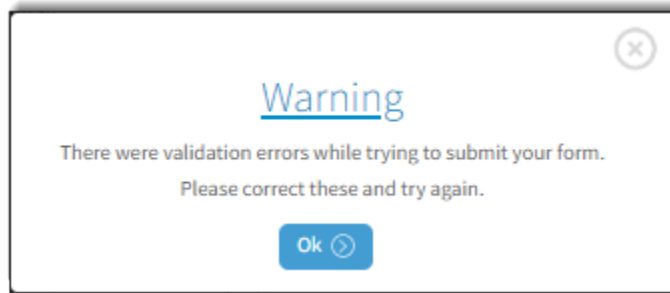
## Form Validation Messages

Whenever the Submit button is selected, the contents of the form will be evaluated to make sure the required fields are complete and to also ensure that answers do not contradict each other ( e.g. Injury date is before date of birth)

### *Required Fields Not Complete*

If you attempt to submit a form with a required field not completed, the form will refuse to submit and a message will indicate you need to review the orange underlined fields.

Warning Message:



Detailed Message Displayed on Form:

### Employee Information

ID Type Code \*

ID Type Code is a required field.



Personal ID Number \*

Personal ID Number is a required field.



Last Name \*

Last Name is a required field.




In all cases, you should complete all of the information known to you at the time of submission.

### Outside the Contract Range Message

Each employer has a start and end date for coverage. If a new Agency is added or an Agency is discontinued, the dates of allowed claim coverage will reflect the start and end dates respectively.

If a claim is submitted for an injury date of 01/01/2012 but the Agency was not added until 7/1/2012, then the Injury date is "Outside the Contract Range."

In some cases an Agency may have placed an end date at the Agency level but still allows claims to be assigned for later time periods under each of the Sub Agencies within the Agency. If you see this message double check what location you are attempting to assign the claim to as well as the injury date. Check to see if you have selected a valid location for your Agency's policy configuration.


Date of injury \*  

Date of injury must be less than the insured location 105 - VA COMM INTERGOV'T COOP expiration date 7/1/2000

### Date Sequences are Invalid

The application will also verify that the event dates on the form are in a logical sequence.


For example, the date of injury cannot occur before the date of hire.

Date of Hire \*  

Date of hire must be less than or equal to date of injury


**Time and Place of Accident**

Postal ZIP code where injury occurred \*

Date injury or illness reported \*  

Date injury or illness reported must be greater than or equal to the date of injury

Has employee lost time from work \*  ▼


Last day worked after the injury \*  

Last day worked after the injury must be greater than or equal to the date of injury

Has employee returned to work \*  ▼

Type of duty \*  ▼

At what wage \*  ▼

On what date \*  

Date employee returned to work after the injury must be greater than or equal to last day worked

## Claim Type and Lost Time from Work Agreement

The three claim types imply certain lost time and return to work scenarios. The form will automatically review the claim type and compare with the time off and return to work. If it appears there is a disagreement between the lost time and the claim type, a warning will be shown in the form of a **red highlight** of the claim type definition.

This information pop-up describes the three claim types

Type of claim \*  **i** Record Only = NO time lost, NO physician or hospital care.  
 Medical Only = Physician or hospital care; NO time lost > 7 days expected.  
 Indemnity = Lost time > 7 days expected.

**Sample #1 Claim Type and Lost Time disagreement**

Warning upon selection of Claim type and incompatible Lost Time

Type of claim \*  **i** Record Only = NO time lost, NO physician or hospital care.  
 Medical Only = Physician or hospital care; NO time lost > 7 days expected.  
 Indemnity = Lost time > 7 days expected.

Type of claim - [Record Only] can only be used with no time lost from work.

Has employee lost time from work \*

Validation Error if warning is ignored and claim is submitted

**Sample #2 Claim Type and Lost Time disagreement**

Type of claim \*  **i** Record Only = NO time lost, NO physician or hospital care.  
 Medical Only = Physician or hospital care; NO time lost > 7 days expected.  
 Indemnity = Lost time > 7 days expected.

Has employee lost time from work \*

Last day worked after the injury \*

Has employee returned to work \*

Employee has not returned to work and it is now > 7 days later

**Sample #3 Claim Type and Lost Time disagreement**

Type of claim \*  **i** Record Only = NO time lost, NO physician or hospital care.  
 Medical Only = Physician or hospital care; NO time lost > 7 days expected.  
 Indemnity = Lost time > 7 days expected.

Has employee lost time from work \*

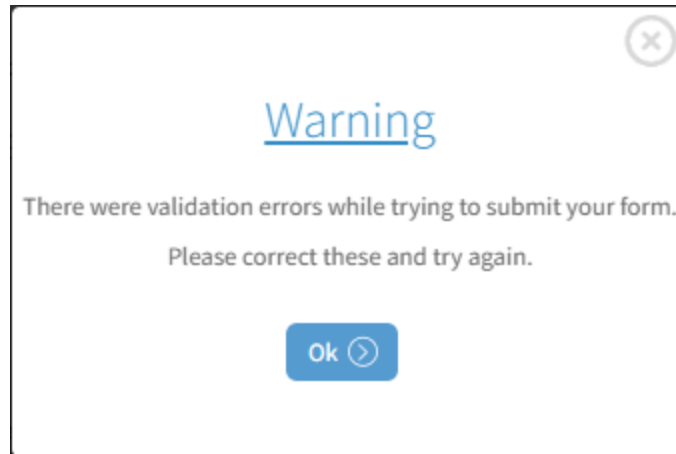
No lost .... should be Medical Only or Record Only

## Duplicate Claim Message

The application will allow multiple injuries for an employee in one day; however it will display a message if you attempt to submit two claims for the same injured worker with the same date and time of injury.

For quality control, the **date of injury, hour of injury, and social security number** are checked to avoid duplicate claim entries.

Warning Message:



[EDIT FORM](#) | [VIEW FORM AS TEXT](#)

# Sedgwick Employer Accident Report Portal

\* Indicates a required field.

Field validation errors found: Please resolve.

There appears to be a duplicate claim for this employee id, date of injury, and hour of injury.

## Frequently Asked Questions (FAQ)

### 1. What if I forget my password?

To reset your password, click on the “Forgot password?” link next to the “Login” button.



It will ask you for your login ID and then send a password reset link to the email address associated with your account.

### 2. Message Shown upon login: “Unable to determine any insured locations for your profile. Please contact your system administrator.”

This message means that your account has not been linked to an employer location. In order for you to submit or approve forms, your account will need to be associated with a location. Please contact support resources to initiate a correction.

### 3. Can I see reports entered by other users such as coworkers set up at my location under the History tab?

Yes. Although anonymous users do not have access to History, named users and system administrators are able to see all reports under the same insured location assignment(s), even if not saved or submitted by that particular user.

### 4. I submitted a form but I do not see it in my Approval or my Draft queue. Where is it?

If you are logged in as an Approver, and you successfully submit a form, it will create a claim if all form requirements are satisfied and will appear under the History list as a completed claim submission.

### 5. I have a report in my Draft or Approval queue and I’ve realized it is not a Workers’ Compensation claim and should not be submitted. What should I do?

If you have a pending entry that does not yet have a claim number and you do not intend to complete the submission, the entry can be deleted from the queue. When you click on a form in the Draft or Approval queue, you will have the option to Open or Delete the form. Verify that you have selected the correct form and click on the “Delete” button. The system will prompt you to confirm your intention to delete.

### 6. If I, or one of my coworkers, is leaving and/or no longer needs access, what should I do?

You should formally communicate this change to DHRM and, if needed, ask for a replacement contact person to be added.

DHRM Agency Contact form: <http://www.dhrm.virginia.gov/workerscomp/workerscompforms>

DHRM contact: Pam Goetz at DHRM: [pam.goetz@dhrm.virginia.gov](mailto:pam.goetz@dhrm.virginia.gov)

**7. I am not sure what Zip Code to enter for the “Postal Zip Code where injury occurred” field. I know the address, but not sure of the code.**

This field establishes the geographical position of injury occurrences, so enter (as close as possible) the zip code of the actual location where the injury occurred. The US Postal Service provides an easy to use Zip Code lookup page.



**Tip**—The US Postal Service provides an easy to use Zip Code lookup page.

<http://zip4.usps.com/zip4/>

**8. Can I upload documents or annotations to the Sedgwick claim system after I’ve submitted the claim?**

Yes. You may upload items to claims that appear in the history table. Select the Add button or open the form and select the “[ADD ATTACHMENTS](#)” link. In each case, you will be taken to the bottom of the form where Attachments and Annotations are uploaded and recorded.

**9. Are there any limitations to what I can upload?**




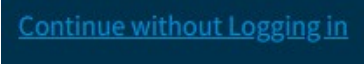







Yes. Attachments are capped at a size limit of 100MB.



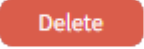
The upload process will accept most common file formats: .pdf, .doc, .jpg, .jpeg, .rtf, .wav, .dot, .xls, .tif, .tiff, .txt, .xst, .mpg, .mpeg, .bmp, .hpd, .mdi, .mp3, .wmv, .gif, .max, .msg, .zip, .log, .wbk, .ppt, .albm, .wpd, .csv, .wmf, .pcx, .dvf, .psd, .avi, .eml, .wma, .mp4, .xps, .docx, .xlsx, .vod, .odt, .mov, .3gp, .ifo, .vcb, .blp, .bup, .ifo, .vob, .ctx, .mht, .xml, .png

**10. What do I do if I get an error message when uploading my attachment?**

Attachments temporarily upload to the form before being passed to the claim system. If you see a failure popup window message, close it and look for a “Resubmit” button within the attachment row recorded for the item. Select this button and try again. If you do not see a row listing your attempted attachment upload, try uploading the file again using the “Add” button.

## Menu Items and Buttons

| Buttons/Links   | Location                                      | Action   | User  |
|---|---|--|---|
|    | Top right of every page.                      | Displays the help page with technical and browser support information.   | Anonymous, named user, system administrators                              |
|    | Top right of page (when not logged into app). | Navigates to the Login page where the user can log into the application.   | Displays before a user logs into the application (and for Anonymous user) |
|    | Login page                                    | Navigates to the New Form page for an Anonymous user.  | Anonymous user  |
|    | Login page                                    | Navigates to the Forgot Password page for the user to begin the reset password process.  | Named user, system administrators   |
|    | Login page                                    | After entering a valid username and password, clicking on this button logs the user into the application.  | Named user, system administrators   |
|  | Header menu                                   | Opens a new form when clicked.   | Anonymous, named user, system administrators                              |
|  | Header menu                                   | Displays saved forms for users who share the same insured location level. The count of items within the queue is displayed.                            | Named user, system administrators   |
|  | Header menu                                   | Displays forms for users with appropriate insured location levels which need an approval submission. The count of items within the queue is displayed. | Named user, system administrators   |
|  | Header menu                                   | Displays saved and submitted forms for users who share the same insured location level.  | Named user, system administrators   |
|  | Header menu (when logged in)                  | Logs the user out of the application and displays the Login page.  | Named user, system administrators   |
|  | Within Employee Accident Report               | Toggle to switch between viewing the form as text and the editable form.   | Anonymous, named user, system administrators                              |

|   |                                 |   |  |
|---|---------------------------------|---|--|
| <b>VIEW FORM AS TEXT</b>  | Within Employee Accident Report | Toggle to switch between viewing the form as text and the editable form.  | Anonymous, named user, system administrators |
| <a href="#">Save as Draft</a>   | Within Employee Accident Report | Saves a form as a draft which then displays in the Drafts page.           | Named user, system administrators            |
|  | Within Employee Accident Report | Submits the form to the YCE system (or for approval for anonymous users). | Anonymous, named user, system administrators |
|  | Drafts and Approvals pages      | Opens the selected form.  | Named user, system administrators            |
|  | Drafts and Approvals pages      | Deletes the selected form.  | Named user, system administrators            |