PMA COMPANIES

State of Vermont

A Supervisor's guide to Filing a Workers' Compensation First Report of Injury Online

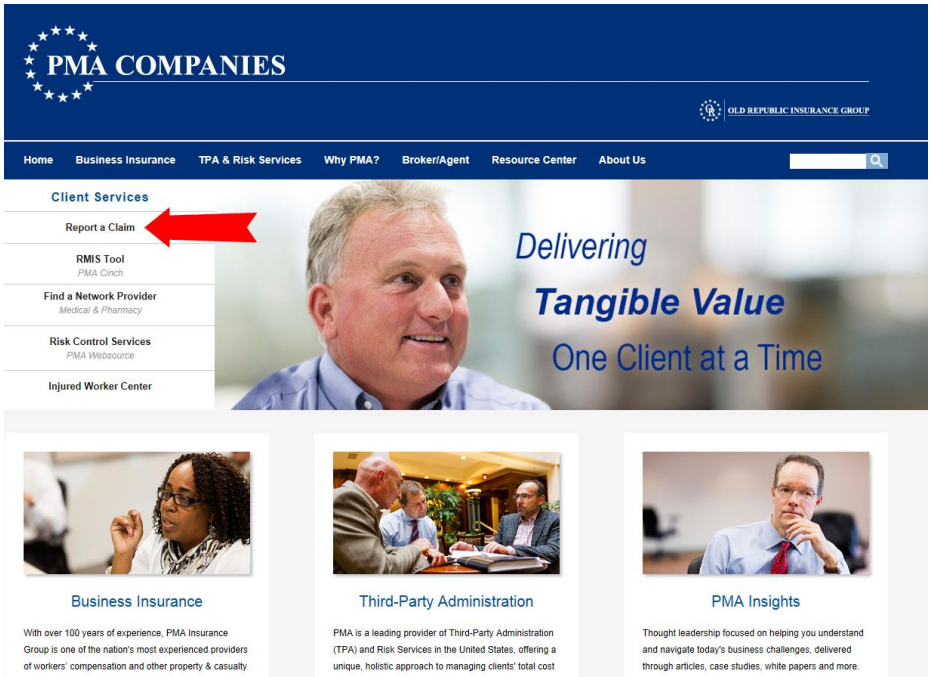
v 2016.03

LOGON INSTRUCTIONS

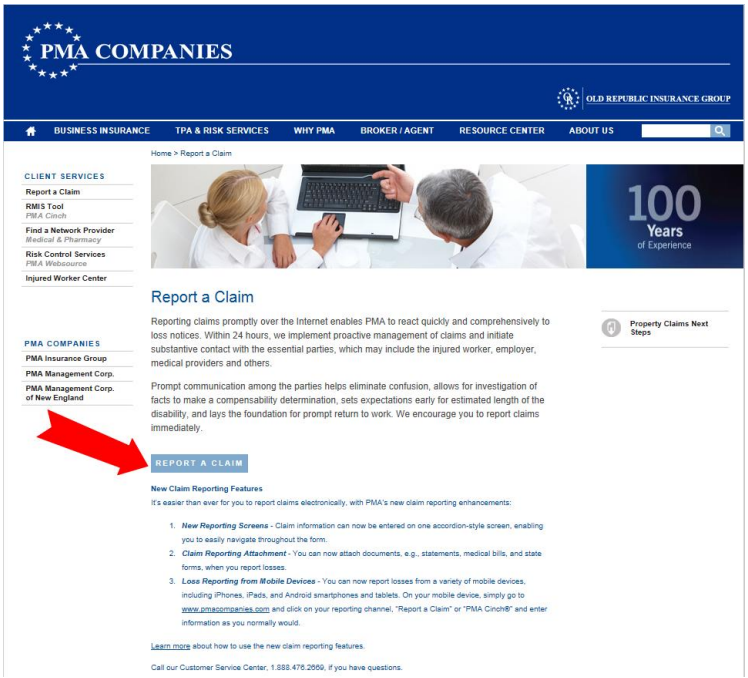
User Name: 0786749

Password: newclaim

Open an Internet browser session. On the URL address line, type **www.pmacompanies.com**
You will see PMA's Home Page.

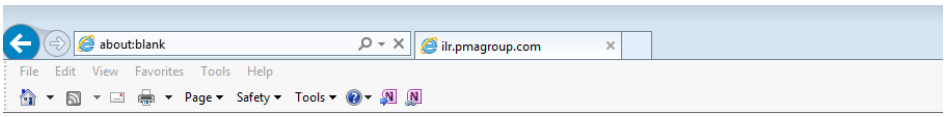


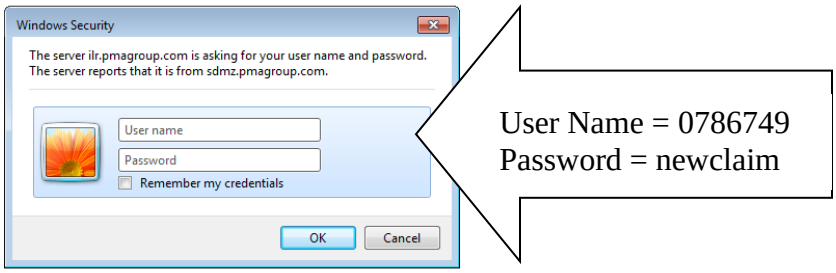
Click "Report a Claim."
See the Report A Claim landing page.



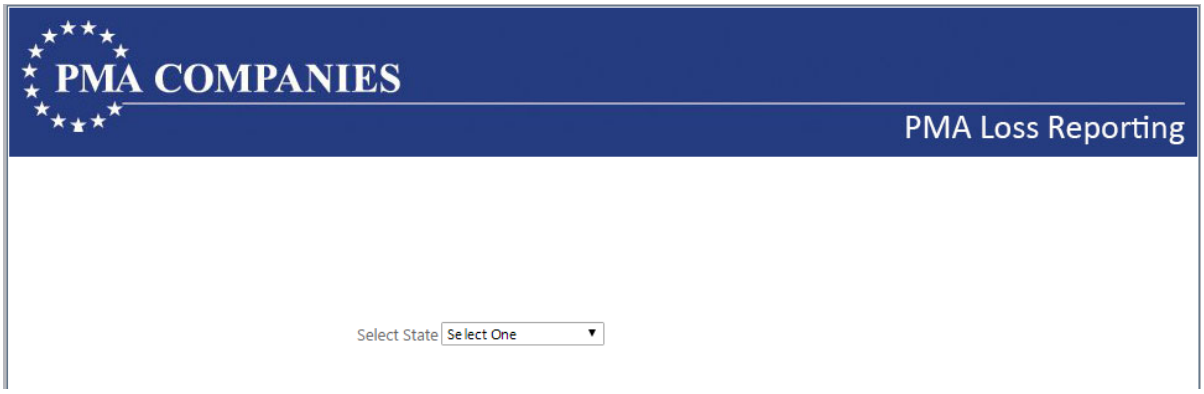
Click REPORT A CLAIM.

You will see a login screen. Type your User Name and your Password in the spaces provided. Click OK.

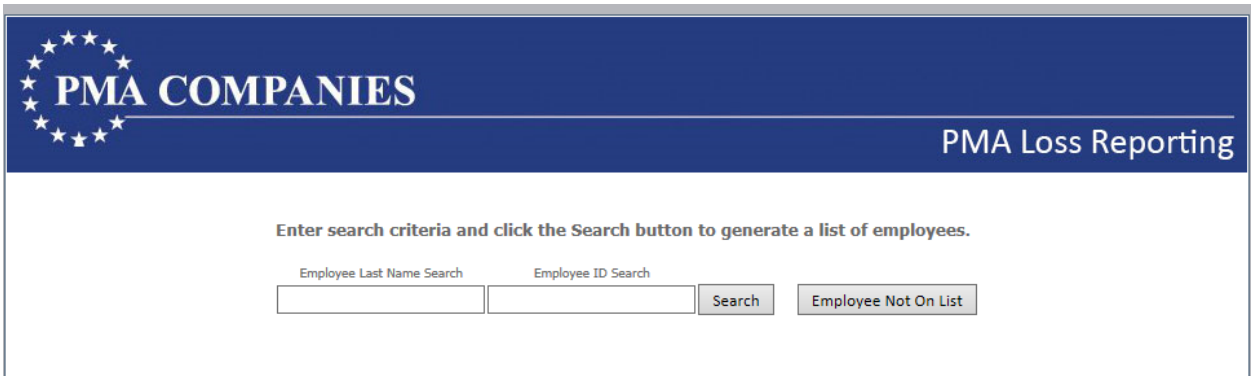




After a few seconds, you will see the New Claim Entry main screen. For Workers' Compensation Only choose your accident state.

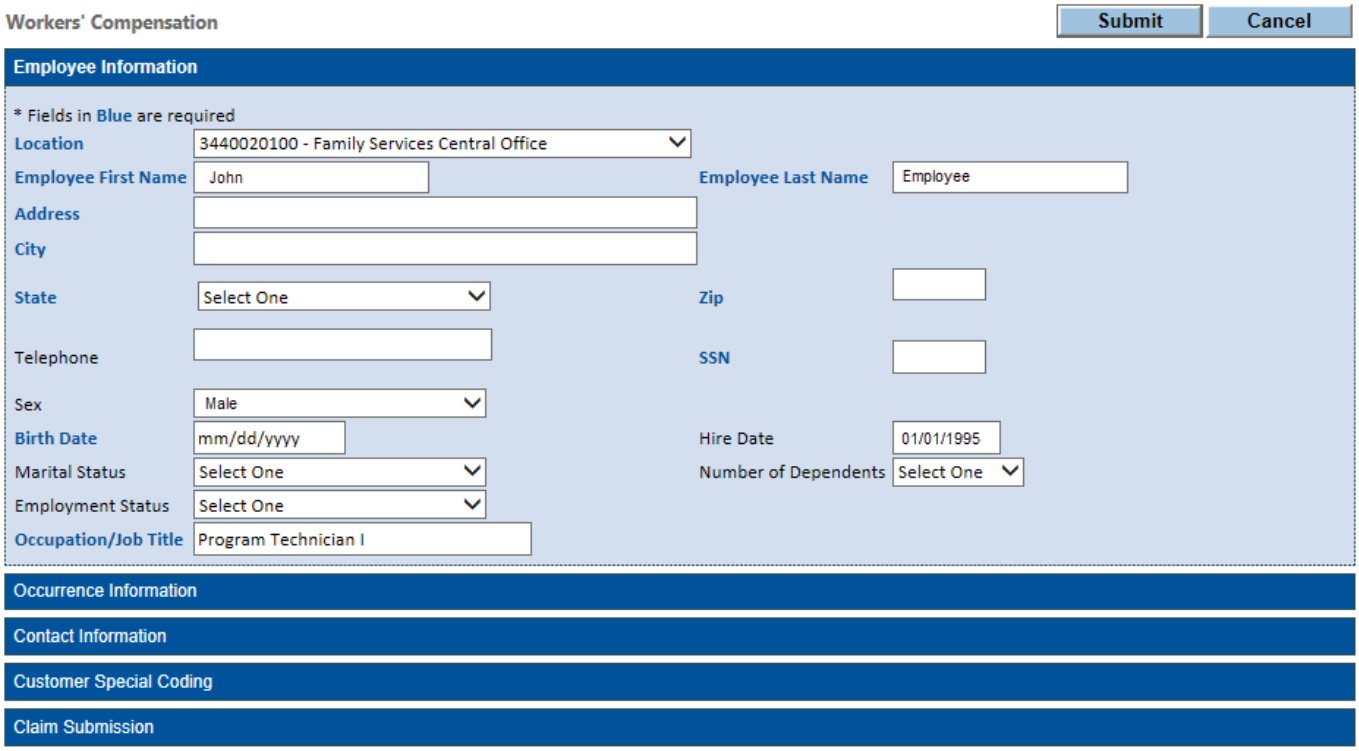


Enter the last name and employee ID of the injured worker. Employee ID should be in xxxxx-0 format.

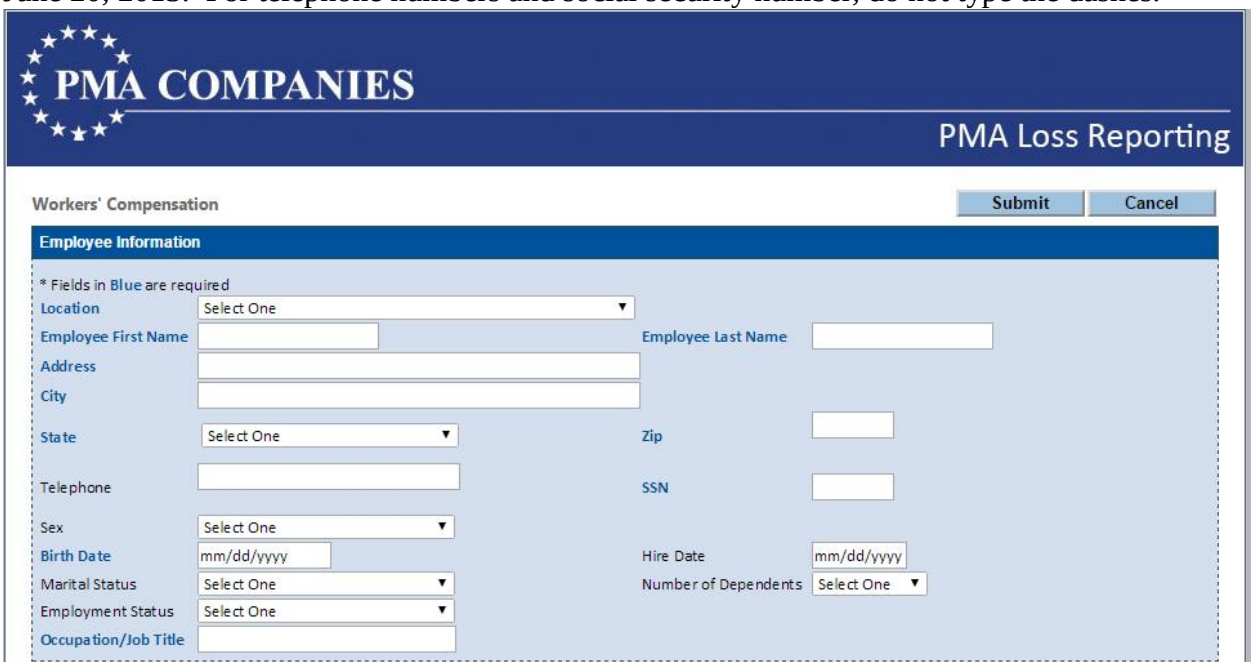


If you enter a last name and employee ID combination, the employee meeting the search criteria will be displayed. Select the employee from the list or choose Employee Not On List.

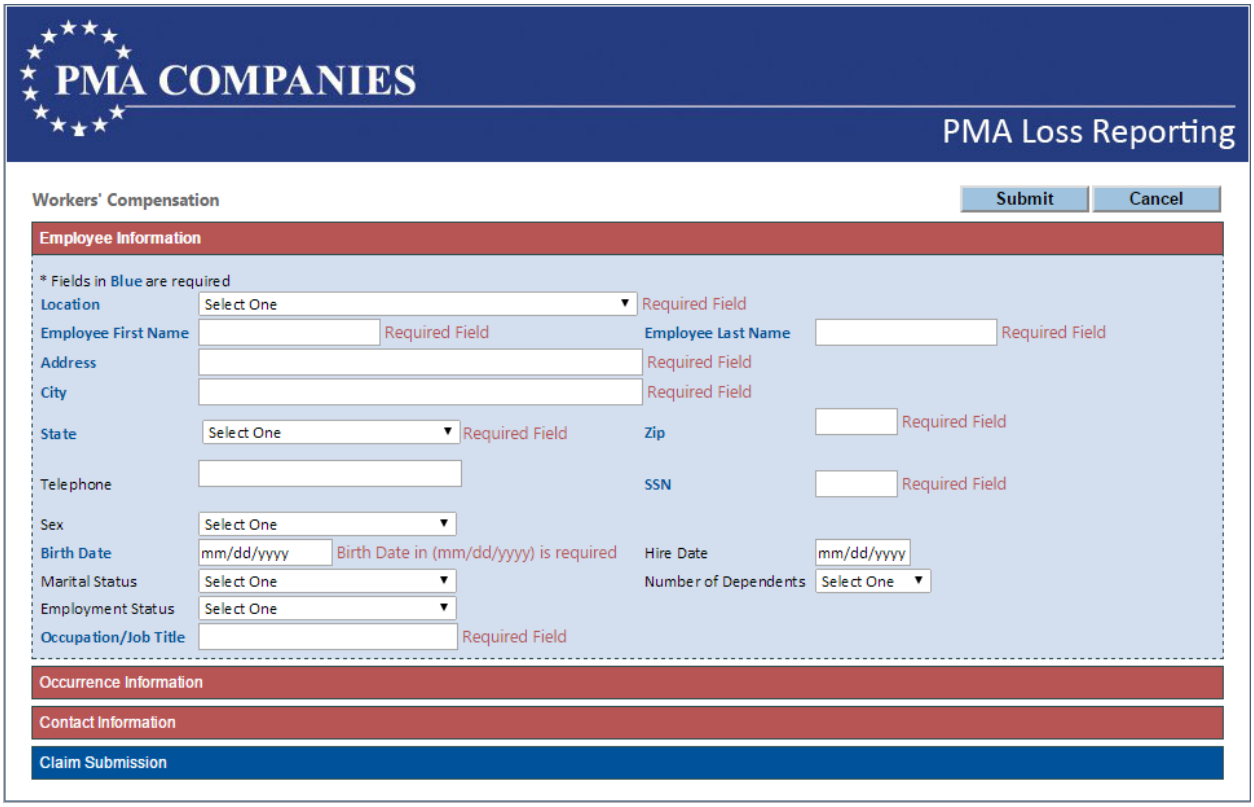
If the employee demographic information is available, the data will pre-fill. Any required fields not provided in the feed will need to be completed at the time of claim entry. If you missed entering any required fields, you will see a screen reminding you (in red font) about missing information. Open each section in red font, fill in the missing information and return to the Claim Submission section. If you do not have access to the missing information, type an X or 9 to move past the field. Any required information can be updated at a later date or a PMA adjuster will call you to obtain the information.



Complete each of the screens. Click the blue headings to move between the various screens. Note required fields are blue. For all dates, use the format mm/dd/yyyy, like 06/20/2013 for June 20, 2013. For telephone numbers and social security number, do not type the dashes.



If you missed entering any required fields, you will see a screen reminding you (in red) about missing information. Open each red section, complete the missing information, and return to the Claim Submission section.



Sample Workers' Compensation screens continue below.

Occurrence Information

* Fields in Blue are required

Date of Injury/Illness | Accident State: Alabama

Accident Cause: Select One

Injury Nature: Select One

Body Part: Select One

Side of Body: Select One

Accident Description

Maximum 500 Characters.

Time Employee Began Work: Hour | Minute | AM | PM

Time of Occurrence: Hour | Minute | AM | PM

Date Employer Notified | Last Date Worked

Date Expected to Return to Work: | Date Returned to Work:

Full Pay For Date of Injury?

Hours Worked Per Day: Select One | Days Worked Per Week: Select One

Payment Frequency: Select One

If Fatal, Date of Death:

Is the Injured Worker Losing Time? | Date Disability Began:

Is the Injured Worker On Modified Duty? | Date Modified Duty Began:

Where did Injury/Illness occur?

Injury/Illness Occurrence Address

City | State: Select One

Zip

Did Injury or Illness occur on Employer's Premises?

Yes No

Were Safeguards or Safety Equipment Provided? Yes No | Were They Used? Yes No

Does Employer Question the Claim? | Was Employee Injured During Employment?

Were Drugs or Alcohol Involved? | Is Employee Represented By Attorney?

Contact Information

* Fields in Blue are required

Physician/Health Care Provider Name and Address:

Name | Telephone

Address

City | State: Select One | Zip

Hospital/Provider Information

Name | Telephone

Address

City | State: Select One | Zip

Other Information

Date Prepared: 03/15/2016

Preparer's First Name | Last Name

Telephone

Employer Contact First Name | Last Name

Telephone

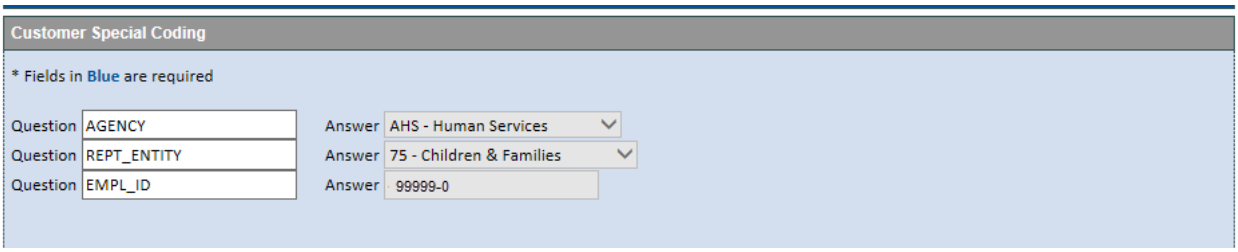
Witness First Name | Last Name

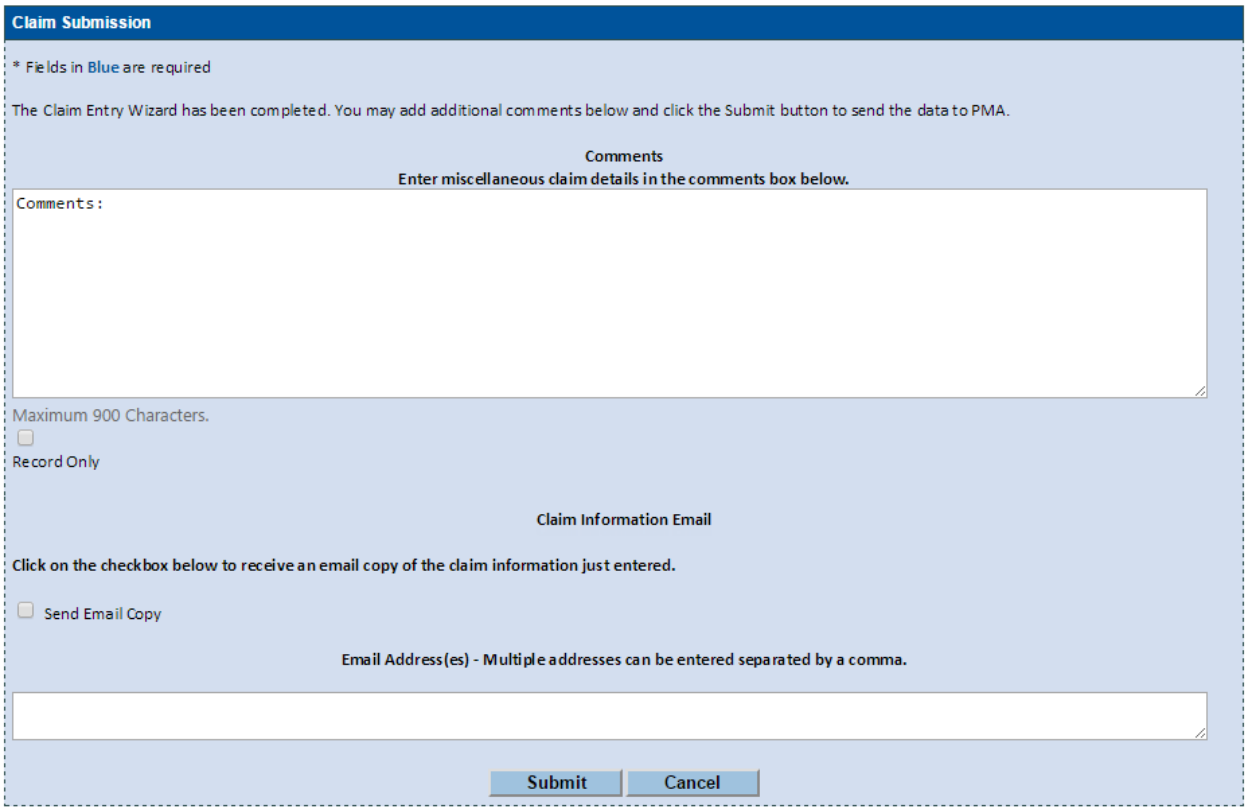
Telephone

Any custom fields will be displayed in the Customer Special Coding section.

Items specific to the employee will be included in the employee demographic feed and will be pre-filled when the employee is selected.

Any custom fields specific to the incident, will need to be completed at the time of claim entry.





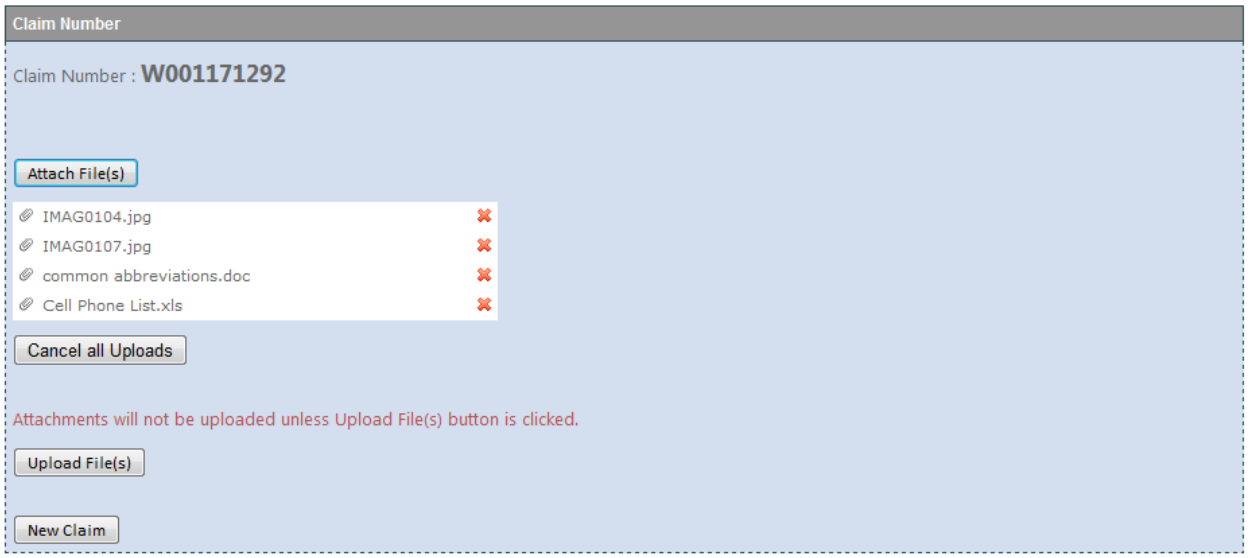
Check the **Record Only** box when the claim is for informational purposes only. For Workers' Compensation, this means an injured worker who will **not** be seeking medical treatment.

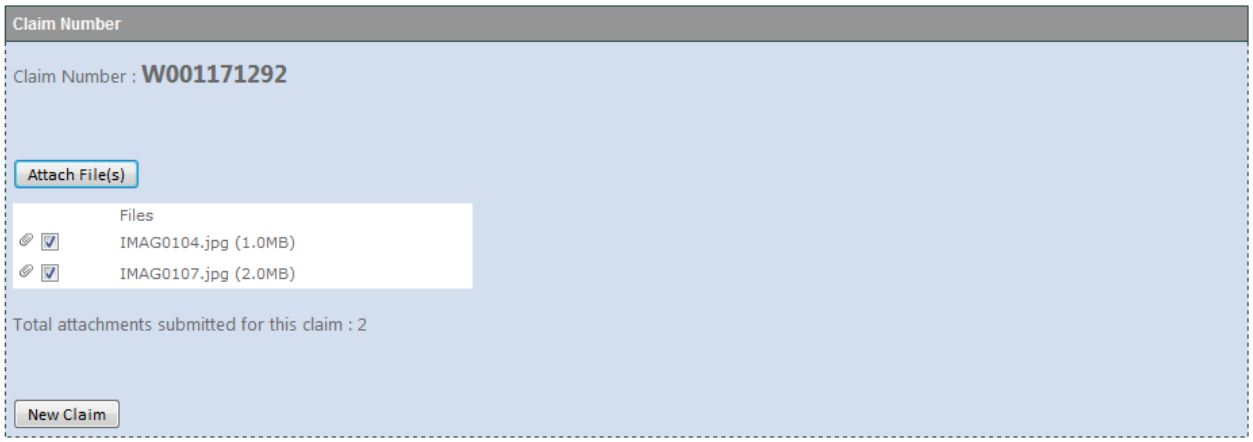
Type any additional information about the claim into the Comments box.

Click the **Send Email Copy** and **type** your email address in order to receive a copy of these screens after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next address.

Click **Submit** when you are finished. You will receive a claim number immediately. Record this claim number for your records.

To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports, or photographs, click the Attached File(s) button. You will see the folders on your computer. Select the folders you would like to include with the claim and then click Upload File(s). When the upload is complete, you can attach more files, exit or start entering a new claim.





To enter another claim, choose New Claim from bottom of the screen. When you are finished entering claims, choose Exit from the menu. Click **Yes** to close PMA New Claim Entry.

Supported Types of Attachments, in file sizes up to 50 megabytes each:

Document Type	Extension	File Type	Document Type	Extension	File Type
BITMAP	.bmp	Image	RTF	.rtf	Text
GIF	.gif	Image	MSEXCEL	.xls	Excel Document
JPEG	.jpg	Image	MSEXCEL	.xlsx	Excel Document
TIF	.tif	Image	POWERPOINT	.ppt	Powerpoint Document
TIFF	.tiff	Image	MPEGAUDIO	.mpg	Audio File
HTML	.html	Browser File	AIFFAUDIO	.aiff	Audio File
TEXT	.txt	Text	WAVAUDIO	.wav	Audio File
XML	.xml	Browser File	MPEGVIDEO	.mpg	Video File
DCARFT	.rtf	Text	QUICKTIME	.mov	Video File
MSWORD	.doc	Word Document	VIDEOCHARGER	.mpg	Video File
MSWORD	.docx	Word Document	ASFVIDEO	.asf	Video File
PDF	.pdf	PDF	AVIVIDEO	.avi	Video File