



State of Vermont

Filing Workers' Compensation Claims 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.

PMA COMPANIES

OLD REPUBLIC INSURANCE GROUP

Home Business Insurance TPA & Risk Services Why PMA? Broker/Agent Resource Center About Us

Client Services

- Report a Claim
- RMSIS Tool
- Find a Network Provider
- Risk Control Services
- Injured Worker Center

Delivering Tangible Value One Client at a Time

Business Insurance

Third-Party Administration

PMA Insights

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

PMA COMPANIES

OLD REPUBLIC INSURANCE GROUP

Home > Report a Claim

CLIENT SERVICES

- Report a Claim
- RMSIS Tool
- Find a Network Provider
- Risk Control Services
- Injured Worker Center

Report a Claim

Reporting claims promptly over the Internet enables PMA to react quickly and comprehensively to loss notices. Within 24 hours, we implement proactive management of claims and initiate substantive contact with the essential parties, which may include the injured worker, employer, medical providers and others.

Prompt communication among the parties helps eliminate confusion, allows for investigation of facts to make a compensability determination, sets expectations early for estimated length of the disability, and lays the foundation for prompt return to work. We encourage you to report claims immediately.

REPORT A CLAIM

New Claim Reporting Features

It's easier than ever for you to report claims electronically, with PMA's new claim reporting enhancements:

- New Reporting Screens** - Claim information can now be entered on one accordion-style screen, enabling you to easily navigate throughout the form.
- Claim Reporting Attachment** - You can now attach documents, e.g., statements, medical bills, and state forms, when you report losses.
- Loss Reporting from Mobile Devices** - You can now report losses from a variety of mobile devices, including iPhones, iPads, and Android smartphones and tablets. On your mobile device, simply go to www.pmacompanies.com and click on your reporting channel, "Report a Claim" or "PMA Cinch®" and enter information as you normally would.

[Learn more](#) about how to use the new claim reporting features.

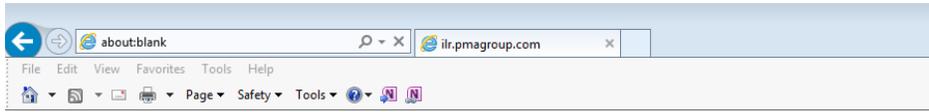
Call our Customer Service Center, 1.888.475.2959, if you have questions.

100 Years of Experience

Property Claims Next Steps

Click **REPORT A CLAIM**.

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



User Name = 0786749
Password = newclaim

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.



PMA Loss Reporting

Enter search criteria and click the Search button to generate a list of employees.

Employee Last Name Search Employee ID Search

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.



PMA Loss Reporting

Enter search criteria and click the Search button to generate a list of employees.

Employee Last Name Search Employee ID Search

ID	NAME	SSN
99999-0	Employee, John Q.	###-##-

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.

Workers' Compensation

Submit

Cancel

Employee Information

* Fields in Blue are required

Location	3440020100 - Family Services Central Office		
Employee First Name	John	Employee Last Name	Employee
Address			
City			
State	Select One	Zip	
Telephone		SSN	
Sex	Male		
Birth Date	mm/dd/yyyy	Hire Date	01/01/1995
Marital Status	Select One	Number of Dependents	Select One
Employment Status	Select One		
Occupation/Job Title	Program Technician I		

Occurrence Information

Contact Information

Customer Special Coding

Claim Submission

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.

PMA COMPANIES PMA Loss Reporting

Workers' Compensation Submit Cancel

Employee Information

* Fields in Blue are required

Location

Employee First Name Employee Last Name

Address

City

State Zip

Telephone SSN

Sex

Birth Date Hire Date

Marital Status Number of Dependents

Employment Status

Occupation/Job Title

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.

PMA COMPANIES PMA Loss Reporting

Workers' Compensation Submit Cancel

Employee Information

* Fields in Blue are required

Location Required Field

Employee First Name Required Field Employee Last Name Required Field

Address Required Field

City Required Field

State Required Field Zip Required Field

Telephone SSN Required Field

Sex

Birth Date Birth Date in (mm/dd/yyyy) is required Hire Date

Marital Status Number of Dependents

Employment Status

Occupation/Job Title Required Field

Occurrence Information

Contact Information

Claim Submission

Sample Workers' Compensation screens continue below.

Occurrence Information

* Fields in Blue are required

Date of Injury/Illness Accident State

Accident Cause

Injury Nature

Body Part

Side of Body

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 Days Worked Per Week

Payment Frequency

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

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 Zip

Hospital/Provider Information

Name Telephone

Address

City State Zip

Other Information

Date Prepared:

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.

Customer Special Coding	
* Fields in Blue are required	
Question	AGENCY
Answer	AHS - Human Services
Question	REPT_ENTITY
Answer	75 - Children & Families
Question	EMPL_ID
Answer	99999-0

Claim Submission

* Fields in Blue are required

The Claim Entry Wizard has been completed. You may add additional comments below and click the Submit button to send the data to PMA.

Comments
Enter miscellaneous claim details in the comments box below.

Comments :

Maximum 900 Characters.

Record Only

Claim Information Email

Click on the checkbox below to receive an email copy of the claim information just entered.

Send Email Copy

Email Address(es) - Multiple addresses can be entered separated by a comma.

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.

Claim Number

Claim Number : **W001171292**

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.

Claim Number

Claim Number : **W001171292**

Attach File(s)

- IMAG0104.jpg ❌
- IMAG0107.jpg ❌
- common abbreviations.doc ❌
- Cell Phone List.xls ❌

Cancel all Uploads

Attachments will not be uploaded unless Upload File(s) button is clicked.

Upload File(s)

New Claim

Claim Number

Claim Number : **W001171292**

Attach File(s)

Files

- IMAG0104.jpg (1.0MB)
- IMAG0107.jpg (2.0MB)

Total attachments submitted for this claim : 2

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