

# Work Comp Campus

External User Manual

2024

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# Welcome

Welcome to the Minnesota Department of Labor and Industry Workers' Compensation Campus external user technical manual.

This manual is an updated resource put together to guide users with “step by step” guidance with visual aids to understand how to perform common job functions in Campus.

*All names and data portrayed in these materials are fictitious and used only for demonstrative purposes. No identification with actual persons or entities is intended or should be inferred.*

# Work Comp Campus Help Desk

## Contacting the Work Comp Campus Help Desk

Individuals can contact the Help Desk in the following ways:

- Phone at 651-284-5005, option 3 (800-342-5354 option 3); or
- Email at [helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us)

The team is available Monday through Friday from 8 a.m. to 4:30 p.m. If calling outside of office hours, leave a voicemail and a Help Desk staff member will respond within 24 hours.

## Tips for contacting the Help Desk

When contacting the Help Desk, please be as detailed as possible in your messages, both in voicemail and email. It is also helpful to the Help Desk staff to have as much identifying information as possible regarding your inquiry.

If you are having technical issues with Campus, like receiving an error message while filing a claim. We encourage you to do the following:

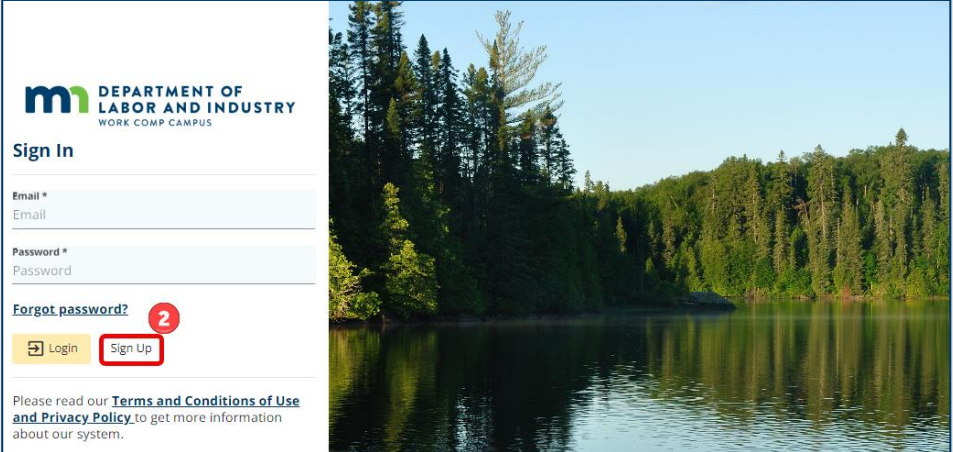
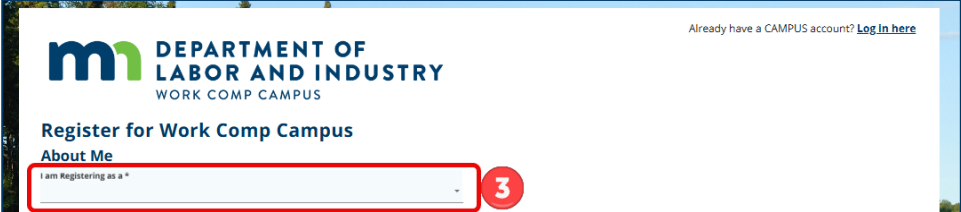
1. Take a screenshot of the error or issue.
2. Make a note of the date and time the problem occurred.
3. Send this information via email ([helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us)) to the Help Desk.

Including the claim or dispute number on which the issue occurred is also important. This information will help the Help Desk and the Campus technical team to assist and resolve the issue.

# Getting Started in Work Comp Campus

As a new user to Campus, you will need to register your account. If you are already registered, follow the steps in the section titled "[Logging into Campus](#)".

## Registering in Campus

Instructions	Visual aids
<ol style="list-style-type: none"><li>1. Go to the Campus website: <a href="https://campus.dli.mn.gov/user/login">https://campus.dli.mn.gov/user/login</a></li><li>2. Click <b>Sign Up</b></li></ol>	
<ol style="list-style-type: none"><li>3. On the <b>Register for Work Comp Campus</b> page, under the <b>About Me</b> section, select the option that best fits in the <b>I am registering as a</b> field.</li></ol> <p>Options available:</p> <ol style="list-style-type: none"><li>a) Attorney</li><li>b) Other Legal Professional</li><li>c) Qualified Rehab Consultant (QRC)</li><li>d) Qualified Rehab Consultant (QRC) Intern</li><li>e) Injured Employee</li><li>f) Employer</li><li>g) Health Care Provider</li><li>h) Insurance Carrier, Self-Insured Employer, and/or Claim Administrator</li><li>i) None of these apply to me</li></ol>	

4. Enter personal information for the user registering. /All fields with asterisks (\*) are required to be filled.

5. Complete fields marked with the black asterisks (\*) in the **Contact Information** section.

Tennessee Warning: Private or confidential data you provide during the account registration process will be used to authenticate your identity and authority to create a Campus account so you can electronically view, file and receive communications about documents and data in the Department of Labor & Industry's workers' compensation division files. The registration data may also be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, an account cannot be created and you will not be able to electronically view and file documents and data. The information you provide may also be released to others who have authority to review it, including other individuals within the department, the Minnesota Attorney General's Office, other state agencies such as the departments of revenue and health, law enforcement, courts, and the legislative auditor. More information on how the data collected in Campus is used, and who has access to it, is in the [Terms and Conditions of Use and Privacy Policy](#).

**Contact Information**

Phone Type \* Phone Country \* United States (+1) Phone Number \* Extension

Address 1 \* Address 1

Address 2 Address 2

Outside US

Postal Code \* City \* County \*

Postal Code City County

State Province \* Country United States

6. In the **My Account** section, enter a valid email address and create a password that matches the requirements.

Check boxes to accept the Terms and Conditions, Access Requirements and legal service.

Click the **reCAPTCHA** box.

**My Account**

Email Address \* Confirm Email Address \*

Email Address Confirm Email Address

Password \* Confirm Password \*

Password Confirm Password

**Password Requirements**

- × Must be at least 8 characters long
- × Must include an uppercase letter
- × Must include one number
- × Must include one special character

I have read and accept the [Terms and Conditions of Use and Privacy Policy](#)

I have read and accept the [Access Requirements](#)

I agree to accept legal service, including notifications and documents, electronically via CAMPUS

I'm not a robot

reCAPTCHA

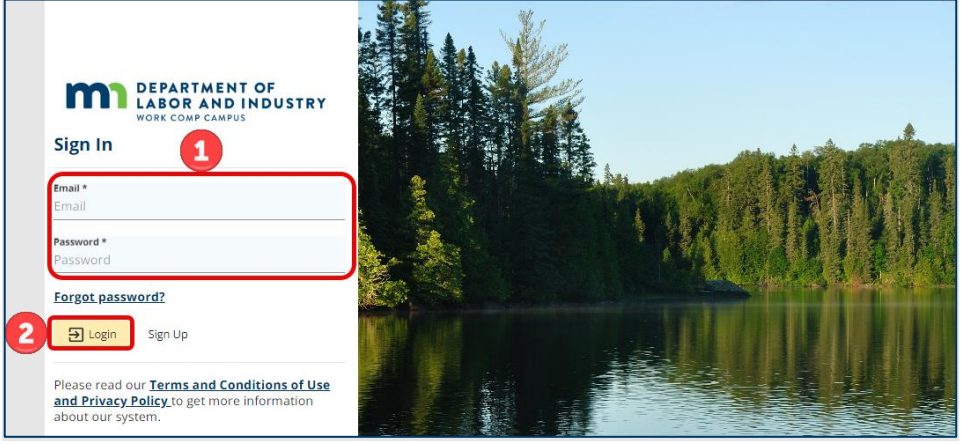
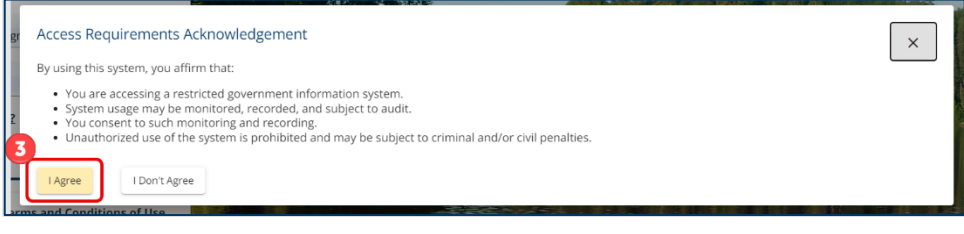
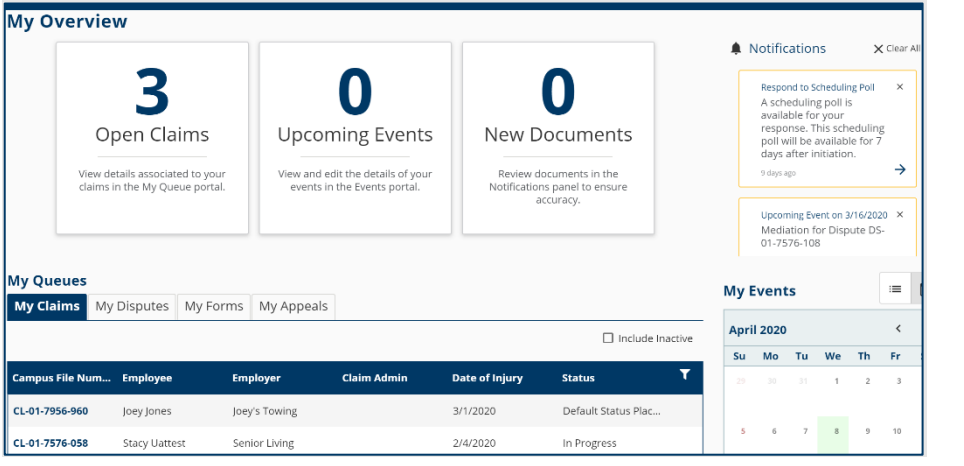
Sign Up Cancel

7. Click **Sign Up** to register your new Campus account.

**\*A verification email will be sent to the email address that was used to sign up. You will need to verify the email used to register and confirm your account registration before you can access Campus. Contact the Help Desk for further assistance if the email is not received.**



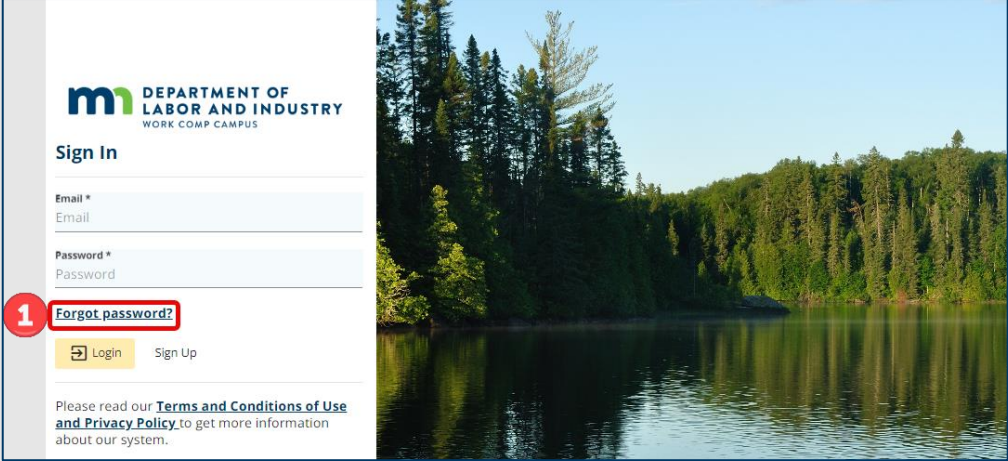
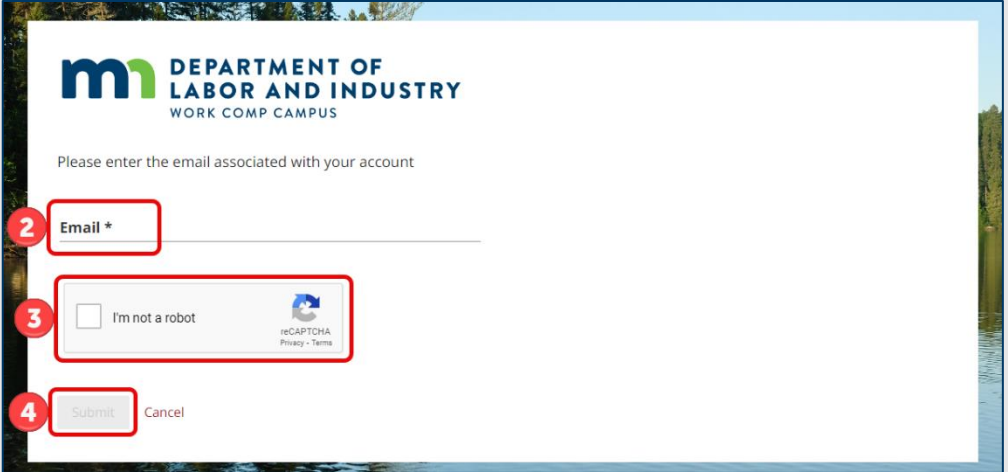
# Logging into Campus

Instructions	Visual aids																		
<p>8. Fill in the <b>Email</b> and <b>Password</b> fields</p> <p>1. Click <b>Login</b></p>																			
<p>2. In the <b>Access Requirements Acknowledgment</b> pop-up window, click the yellow <b>I Agree</b> button.</p>																			
<p>3. This will open the User Dashboard (Campus homepage).</p>	 <table border="1" data-bbox="576 1522 1274 1627"> <thead> <tr> <th>Campus File Num...</th> <th>Employee</th> <th>Employer</th> <th>Claim Admin</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>CL-01-7956-960</td> <td>Joey Jones</td> <td>Joey's Towing</td> <td></td> <td>3/1/2020</td> <td>Default Status Plac...</td> </tr> <tr> <td>CL-01-7576-058</td> <td>Stacy Uattest</td> <td>Senior Living</td> <td></td> <td>2/4/2020</td> <td>In Progress</td> </tr> </tbody> </table>	Campus File Num...	Employee	Employer	Claim Admin	Date of Injury	Status	CL-01-7956-960	Joey Jones	Joey's Towing		3/1/2020	Default Status Plac...	CL-01-7576-058	Stacy Uattest	Senior Living		2/4/2020	In Progress
Campus File Num...	Employee	Employer	Claim Admin	Date of Injury	Status														
CL-01-7956-960	Joey Jones	Joey's Towing		3/1/2020	Default Status Plac...														
CL-01-7576-058	Stacy Uattest	Senior Living		2/4/2020	In Progress														

NOTE: Campus will time out after 30 minutes of inactivity. It is important that you click **Save as Draft** for any forms you are working on as a precaution.

# Resetting Password

Campus passwords expire every ninety (90) days and can only be reset once every twenty-four (24) hours.

Instructions	Visual aids
<p>1. From the <b>Sign In</b> page, click on <b>Forgot Password</b>.</p>	 <p>The screenshot shows the 'Sign In' page for the Department of Labor and Industry Work Comp Campus. It features a logo at the top, followed by the text 'Sign In'. Below this are two input fields: 'Email *' and 'Password *'. A red box with the number '1' highlights the 'Forgot password?' link. Below the input fields are 'Login' and 'Sign Up' buttons. At the bottom, there is a link to 'Terms and Conditions of Use and Privacy Policy'.</p>
<p>2. In the <b>Email</b> field, enter the email address used when registering in Campus.</p> <p>3. Mark the <b>reCAPTCHA</b> box.</p> <p>4. Click the <b>Submit</b> button. This will turn yellow once the information has been entered.</p> <p>*An email with directions on how to create a new password will be sent to the email address entered. If you do not receive the email or experience any issues, contact the Help Desk for further assistance.</p>	 <p>The screenshot shows the password reset form. It features the same logo at the top. Below the logo is the text 'Please enter the email associated with your account'. There are three main sections highlighted with red boxes and numbers: 1. 'Email *' input field. 2. A checkbox labeled 'I'm not a robot' next to a reCAPTCHA logo. 3. 'Submit' and 'Cancel' buttons.</p>

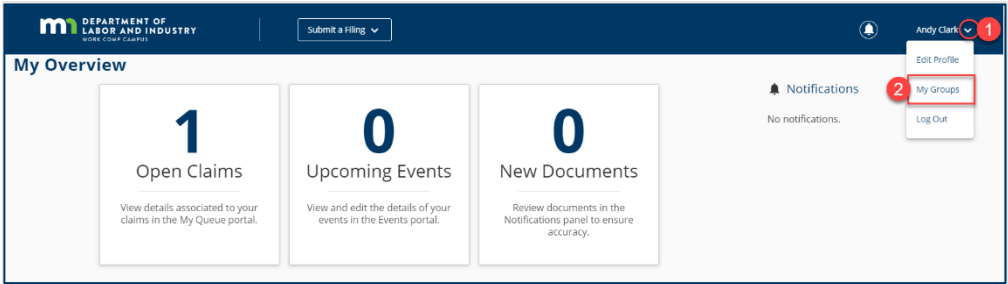
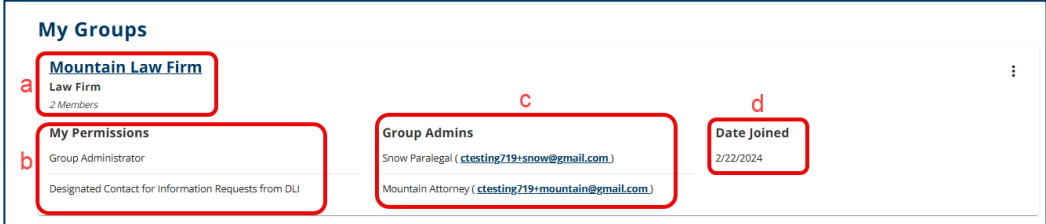
# Group Administration

Group administration tasks, such as adding members to a group, changing permissions, editing relationships and more, can only be performed as a group administrator within Campus.

There are several actions needed for a group administrator to grant permissions or create relationships for users within Campus.

1. The individual must register in Campus, making themselves a Campus user.
2. A group administrator of the group adds the user as a member of the group. Only members of groups can access claims in Campus with the exception of injured workers.
3. A group administrator can then assign specific permissions to any members within the group.
4. A group administrator can also link individual users within the group to share claim access with each other, such as linking a paralegal to an attorney.

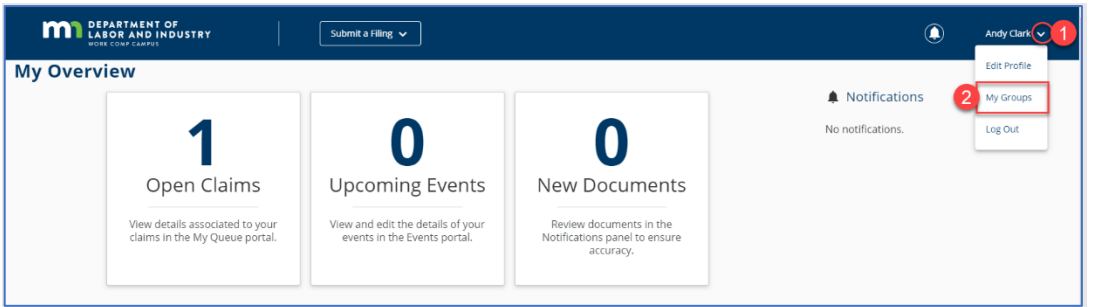
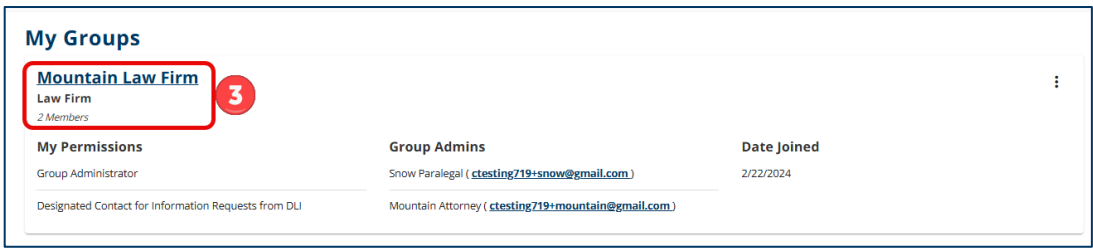
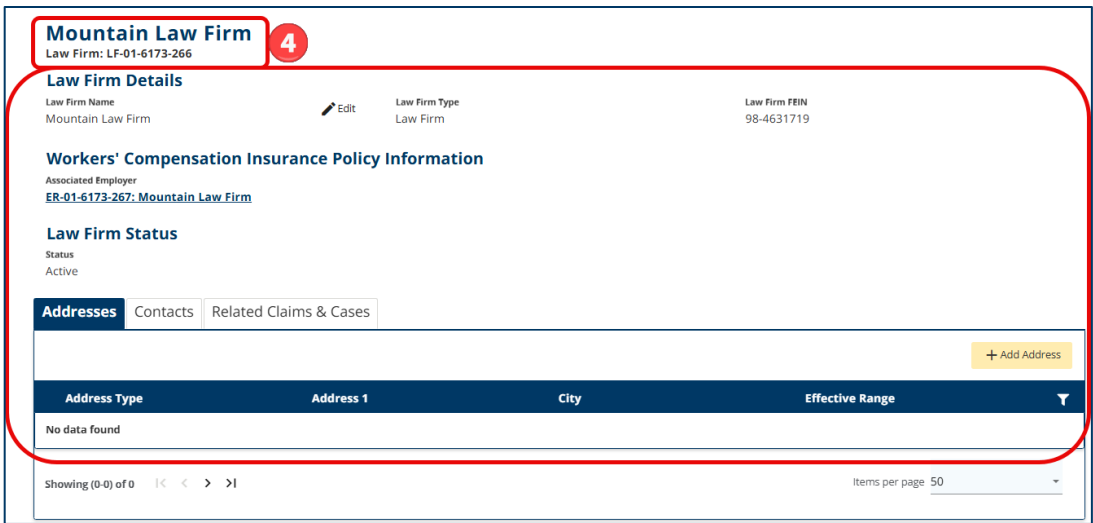
## Viewing group information

Instructions	Visual aids
<ol style="list-style-type: none"> <li>1. At the top of the user dashboard (homepage), click the drop-down arrow next to the user's name.</li> <li>2. Select <b>My Groups</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>3. The <b>My Groups</b> page lists the groups you are associated with.  Each group you are associated with shows:             <ol style="list-style-type: none"> <li>a) the number of members;</li> <li>b) user permissions;</li> <li>c) group administrators; and</li> <li>d) the date joined.</li> </ol> </li> </ol>	

## Viewing and editing entity details

An entity can be an individual user within Campus or a group, such as an employer, insurer, third-party administrator, trading partner, law firm, rehabilitation providers or supplemental entities. Except for employees, all entities can view entity details. To edit entity details, you must have the profile management designation.


**Note:** Any edits made to the entity name or address information will be submitted to DLI and require approval. When the request is approved by DLI, the changes will be reflected in Campus.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>At the top right of the user dashboard (homepage), click the <b>drop-down</b> arrow to display the menu.</li> <li>Select <b>My Groups</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>The <b>My Groups</b> page lists the groups you are associated with. Click on the hyperlink for the entity that you wish to view or edit.</li> </ol>	
<ol style="list-style-type: none"> <li>The <b>Entity Details</b> page has the name of the entity at the top and relevant information about the entity below.</li> </ol>	

5. From this page, the group name can be updated by clicking on the **Edit** button next to the group name.

**Mountain Law Firm**  
Law Firm: LF-01-6173-266

**Law Firm Details**

Law Firm Name: Mountain Law Firm 5  Law Firm Type: Law Firm Law Firm FEIN: 98-4631719

**Workers' Compensation Insurance Policy Information**  
Associated Employer: ER-01-6173-267: Mountain Law Firm

**Law Firm Status**  
Status: Active

**Addresses** | Contacts | Related Claims & Cases

[+ Add Address](#)

Address Type	Address 1	City	Effective Range
No data found			

Showing (0-0) of 0 | [|<](#) [<](#) [>](#) [|>](#) Items per page 50

6. The **Update Group Name** window will display. Under in the text field, edit the group name.
7. When complete, click the yellow **Save** button to confirm the changes or click **Cancel** to exit without any changes being made.

**Update Group Name** ×

Make any needed changes to the information below.

**Law Firm Name**


Mountain Law Firm 6

7 **Save** Cancel

8. To add an address for the group, click on the yellow **+Add Address** button.

**Mountain Law Firm**  
Law Firm: LF-01-6173-266

**Law Firm Details**

Law Firm Name: Mountain Law Firm  Law Firm Type: Law Firm Law Firm FEIN: 98-4631719

**Workers' Compensation Insurance Policy Information**  
Associated Employer: ER-01-6173-267: Mountain Law Firm

**Law Firm Status**  
Status: Active

**Addresses** | Contacts | Related Claims & Cases

8 [+ Add Address](#)

Address Type	Address 1	City	Effective Range
No data found			

Showing (0-0) of 0 | [|<](#) [<](#) [>](#) [|>](#) Items per page 50

9. The **Add Address** window will pop up. Click on the drop-down menu to select the **Address Type** and fill in all required information marked with an asterisk(\*).

**Note:** If no primary address has been entered, the drop-down menu in the **Address Type** field will not be available.

10. Click **Save** to submit the new address request or **Close** to exit without saving.

11. Once submitted, a **Confirmation** window will pop up. Click the yellow **OK** button to close the window.

**Note:** The system will send notification to DLI staff members for review; if approved, the address will be visible on the **Entity Details** page, under the **Addresses** tab.

**Mountain Law Firm**  
Law Firm: LF-01-6173-266

**Law Firm Details**

Law Firm Name Mountain Law Firm	<a href="#">Edit</a>	Law Firm Type Law Firm	Law Firm FEIN 98-4631719
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**Workers' Compensation Insurance Policy Information**

Associated Employer  
[ER-01-6173-267: Mountain Law Firm](#)

**Law Firm Status**

Status  
Active

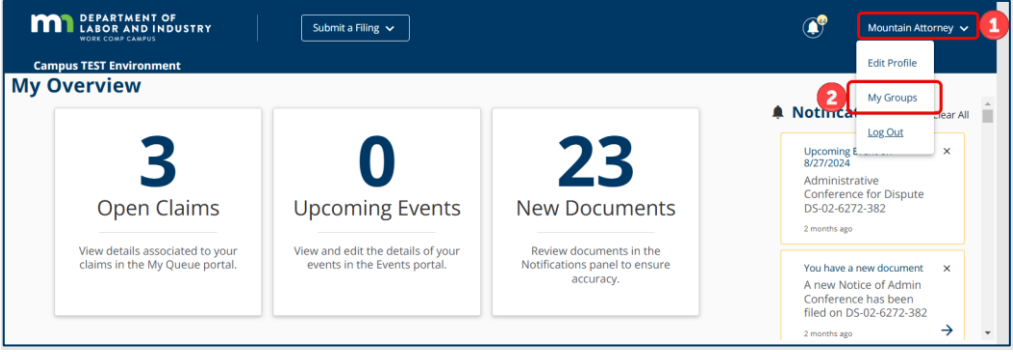
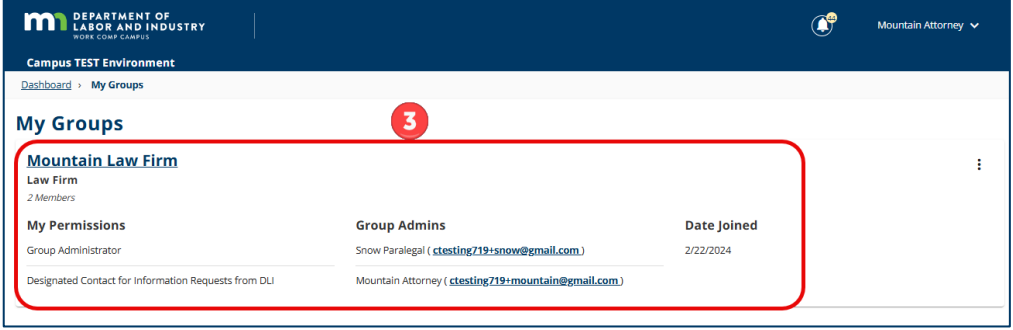
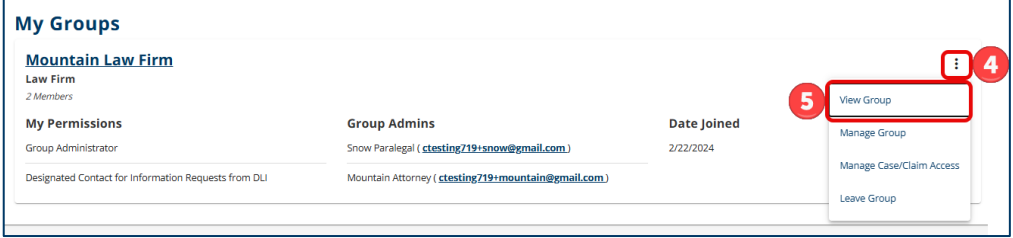
**Addresses** | [Contacts](#) | [Related Claims & Cases](#)

[+ Add Address](#)

Address Type	Address 1	City	Effective Range
> Primary Address	555 Main Blvd.	Saint Paul	10/25/2024 - present

Showing (1-1) of 1 | [<](#) [>](#) | Items per page 50

# Viewing member information

Instructions	Visual aids
<ol style="list-style-type: none"> <li>At the top right of the user dashboard (homepage), click the <b>drop-down</b> arrow to display the menu.</li> <li>Select <b>My Groups</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>The <b>My Groups</b> page lists the groups you are associated with.</li> </ol> <p><b>Note:</b> To view more detailed information about this page, go to the <a href="#">Viewing group information</a> section of this manual.</p>	
<ol style="list-style-type: none"> <li>Click on the kebab menu (three vertical dots in the upper right) to display the menu.</li> <li>Click on <b>View Group</b> to view the list of current members of the group.</li> </ol>	

- The **Entity Details** page will open; click on the **Contact** tab.
- Under the **Contacts** tab, click on the **Users** tab to view all the users connected to this entity.

**Mountain Law Firm**  
Law Firm: LF-01-6173-266

**Law Firm Details**

Law Firm Name: Mountain Law Firm Edit Law Firm Type: Law Firm Law Firm FEIN: 98-4631719

**Workers' Compensation Insurance Policy Information**  
Associated Employer: ER-01-6173-267: Mountain Law Firm

**Law Firm Status**  
Status: Active

Addresses **Contacts** Related Claims & Cases

**6**

[+ Add Address](#)

Address Type	Address 1	City	Effective Range
No data found			

Showing (0-0) of 0 |< < > >| Items per page 50

Addresses **Contacts** Related Claims & Cases

Contacts **Users**

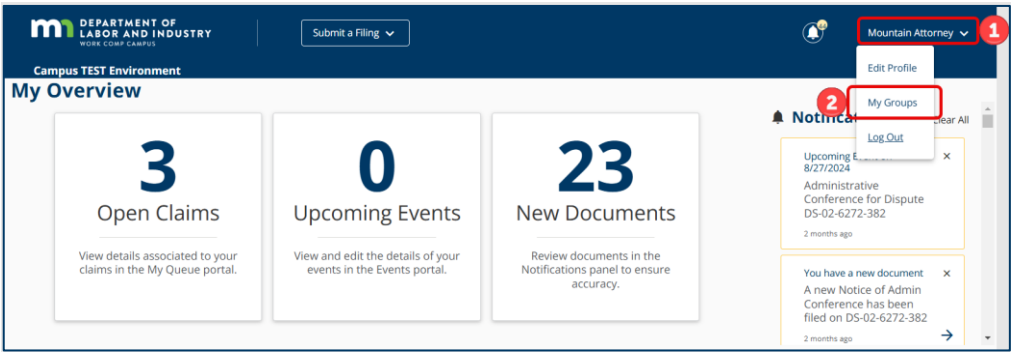
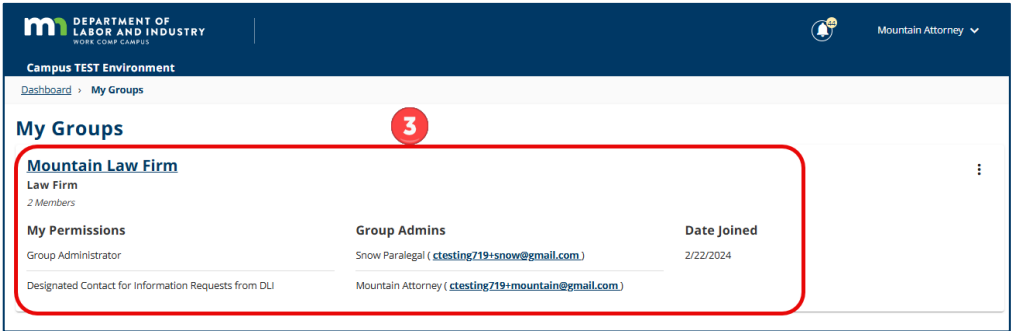
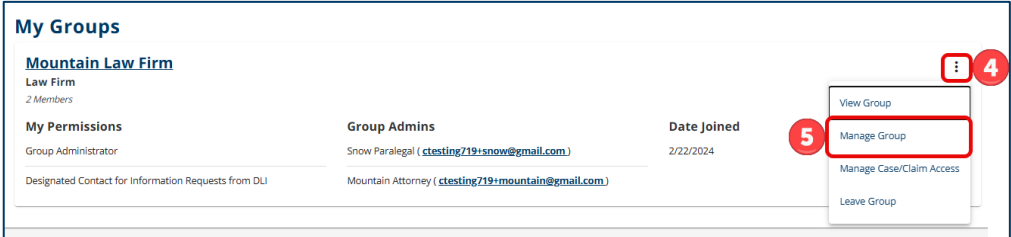
**7**

Name	User Type	Registration Number	Phone Number	Email Address
Mountain Attorney	Attorney	8469719	(651) 555-5555	ctestng719+mountain@gmail.com
Snow Paralegal	Paralegal		(651) 555-5555	ctestng719+snow@gmail.com

Showing (1-2) of 2 |< < 1 > >| Items per page 50



# Accessing group administrator settings

Instructions	Visual aids
<p>1. At the top right of the user dashboard (homepage), click the <b>drop-down</b> arrow to display the menu.</p> <p>2. Select <b>My Groups</b>.</p>	 <p>The screenshot shows the user dashboard for Mountain Attorney. At the top right, a dropdown menu is open, and 'My Groups' is highlighted with a red box and a red circle containing the number 2. The user's name 'Mountain Attorney' is also highlighted with a red box and a red circle containing the number 1. The dashboard features three main cards: 'Open Claims' (3), 'Upcoming Events' (0), and 'New Documents' (23). A notification panel on the right shows upcoming events and new documents.</p>
<p>3. The <b>My Groups</b> page lists the groups you are associated with.</p> <p><b>Note:</b> For instructions about how to view the current members of the group, go to the <a href="#">Viewing member information</a> section of this manual.</p>	 <p>The screenshot shows the 'My Groups' page. The 'Mountain Law Firm' group is highlighted with a red box and a red circle containing the number 3. The group details include: Law Firm, 2 Members, Group Admins (Snow Paralegal and Mountain Attorney), and Date Joined (2/22/2024). The page also shows 'My Permissions' and 'Designated Contact for Information Requests from DLJ'.</p>
<p>4. Click on the kebab menu (three vertical dots in the upper right) to display the menu.</p> <p>5. From the drop-down menu, select the <b>Manage Group</b> option.</p> <p><b>Note:</b> This option is only available to group administrators.</p>	 <p>The screenshot shows the 'My Groups' page with the 'Mountain Law Firm' group. The kebab menu (three vertical dots) is highlighted with a red box and a red circle containing the number 4. The dropdown menu is open, and 'Manage Group' is highlighted with a red box and a red circle containing the number 5. Other options in the menu include 'View Group', 'Manage Case/Claim Access', and 'Leave Group'. The group details are visible in the background.</p>

6. The **Group Management** page displays all **Active Members** and includes their:

- a) name;
- b) email address;
- c) user type; and
- d) date joined.

**Note:** An **Active Member** is a user who has registered in Campus and is linked to the group entity. If the user is not registered, see more detailed instructions in the [Member not registered](#) section of this manual.

**Group Management**  
Mountain Law Firm: LF-01-6173-266

**Active Members** Open Invitations

	Name	Email	User Type	Date Joined
<input type="checkbox"/>	Mountain Attorney	<a href="mailto:ctestng719+mountain@gmail.com">ctestng719+mountain@gmail.com</a>	Attorney	2/22/2024
<input type="checkbox"/>	Snow Paralegal	<a href="mailto:ctestng719+snow@gmail.com">ctestng719+snow@gmail.com</a>	Paralegal	4/2/2024

Showing (1-2) of 2 | Items per page 50

**Mountain Attorney, Attorney** Edit Location Remove Member

All Locations

Permissions Edit

- Group Administrator
- Designated Contact for Information Requests from DU

Relationships Edit

- Snow Paralegal, Paralegal

7. As a group administrator, you can update the address information associated with a member by clicking on the **Edit Location** link.

More detailed instructions are provided in the [Editing member's location](#) section of this manual.

**Group Management**  
Mountain Law Firm: LF-01-6173-266

**Active Members** Open Invitations

	Name	Email	User Type	Date Joined
<input type="checkbox"/>	Mountain Attorney	<a href="mailto:ctestng719+mountain@gmail.com">ctestng719+mountain@gmail.com</a>	Attorney	2/22/2024
<input type="checkbox"/>	Snow Paralegal	<a href="mailto:ctestng719+snow@gmail.com">ctestng719+snow@gmail.com</a>	Paralegal	4/2/2024

Showing (1-2) of 2 | Items per page 50

**Mountain Attorney, Attorney** Edit Location Remove Member

All Locations

Permissions Edit

- Group Administrator
- Designated Contact for Information Requests from DU

Relationships Edit

- Snow Paralegal, Paralegal

8. Permissions are displayed for the member. Click the **Edit** link to update **Permissions**.

More detailed instructions are provided in the [Editing member permissions](#) section of this manual.

**Group Management**  
Mountain Law Firm: LF-01-6173-266

**Active Members** Open Invitations

	Name	Email	User Type	Date Joined
<input type="checkbox"/>	Mountain Attorney	<a href="mailto:ctestng719+mountain@gmail.com">ctestng719+mountain@gmail.com</a>	Attorney	2/22/2024
<input type="checkbox"/>	Snow Paralegal	<a href="mailto:ctestng719+snow@gmail.com">ctestng719+snow@gmail.com</a>	Paralegal	4/2/2024

Showing (1-2) of 2 | Items per page 50

**Mountain Attorney, Attorney** Edit Location Remove Member

All Locations

Permissions Edit

- Group Administrator
- Designated Contact for Information Requests from DU

Relationships Edit

- Snow Paralegal, Paralegal

9. Relationships are displayed for the member. Click the **Edit** link to update **Relationships**.

More detailed instructions are provided in the [Editing member relationships](#) section of this manual.

The screenshot shows the 'Group Management' interface for 'Mountain Law Firm: LF-01-6173-266'. It features a table of active members with columns for Name, Email, User Type, and Date Joined. Below the table, there are tabs for 'Active Members' and 'Open Invitations'. A dropdown menu is open for the 'Mountain Attorney, Attorney' member, showing options for 'Permissions', 'Relationships', 'Edit Location', and 'Remove Member'. The 'Relationships' option is highlighted with a red box and a red circle containing the number 9. The 'Relationships' list includes 'Snow Paralegal, Paralegal'.

10. If you need to delete a member associated to this group, click the **Remove Member** link.

**Note:** A user cannot leave a group if they are the only member assigned the group administrator or service of process designee permissions. Another group administrator or service of process designee must be identified before removing this member from the group.

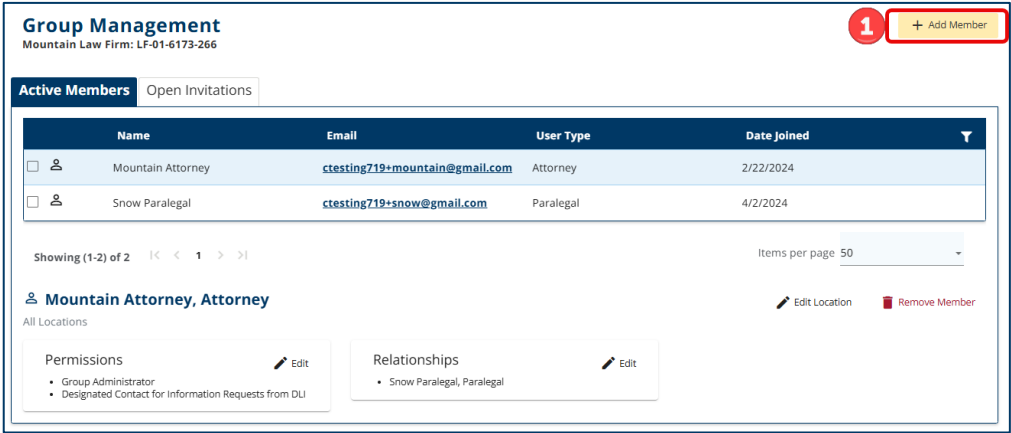
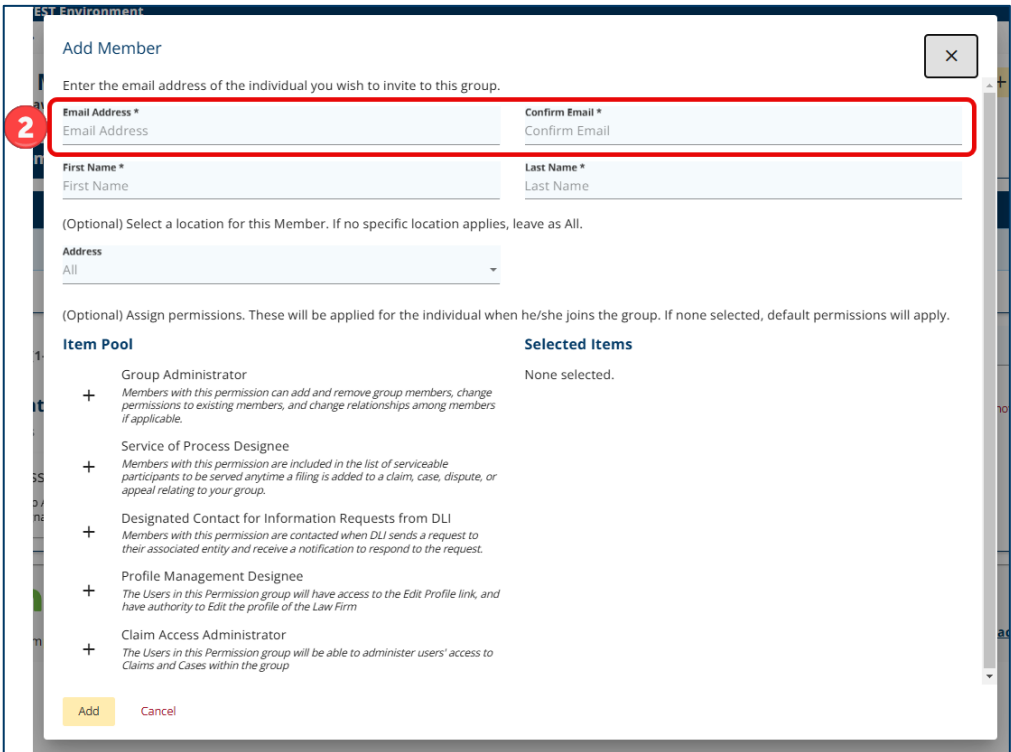
More detailed instructions are provided in the [Removing a member from group](#) section of this manual.

The screenshot shows the 'Group Management' interface for 'Mountain Law Firm: LF-01-6173-266'. It features a table of active members with columns for Name, Email, User Type, and Date Joined. Below the table, there are tabs for 'Active Members' and 'Open Invitations'. A dropdown menu is open for the 'Mountain Attorney, Attorney' member, showing options for 'Permissions', 'Relationships', 'Edit Location', and 'Remove Member'. The 'Remove Member' option is highlighted with a red box and a red circle containing the number 10. The 'Relationships' list includes 'Snow Paralegal, Paralegal'.

# Adding members to a group

## Member already registered in Campus

A group administrator has the ability to add and remove members for their group. If a member needs to make updates to their individual user information, such as an email address, they must log in and make that update.

Instructions	Visual aids												
<p>1. From the <b>Group Management</b> page, click on the yellow <b>+Add Member</b> button at the top right of the page.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p>Active Members   Open Invitations</p> <table border="1"><thead><tr><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td>Mountain Attorney</td><td>ctesti719+mountain@gmail.com</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td>Snow Paralegal</td><td>ctesti719+snow@gmail.com</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2   Items per page 50</p> <p><b>Mountain Attorney, Attorney</b> All Locations</p> <p>Permissions: Group Administrator, Designated Contact for Information Requests from DLI</p> <p>Relationships: Snow Paralegal, Paralegal</p>	Name	Email	User Type	Date Joined	Mountain Attorney	ctesti719+mountain@gmail.com	Attorney	2/22/2024	Snow Paralegal	ctesti719+snow@gmail.com	Paralegal	4/2/2024
Name	Email	User Type	Date Joined										
Mountain Attorney	ctesti719+mountain@gmail.com	Attorney	2/22/2024										
Snow Paralegal	ctesti719+snow@gmail.com	Paralegal	4/2/2024										
<p>2. On the <b>Add Member</b> page, enter a valid email address in the <b>Email Address</b> field for the new member and enter it again in the <b>Confirm Email</b> field.</p> <p><b>Note:</b> The email address must be the same one the individual used to register and activate their account in Campus.</p> <p><b>Note:</b> If a person is already registered in Campus, their name will auto-populate after entering their email address.</p>	 <p>EST Environment</p> <p>Add Member</p> <p>Enter the email address of the individual you wish to invite to this group.</p> <p>Email Address *   Confirm Email *</p> <p>First Name *   Last Name *</p> <p>(Optional) Select a location for this Member. If no specific location applies, leave as All.</p> <p>(Optional) Assign permissions. These will be applied for the individual when he/she joins the group. If none selected, default permissions will apply.</p> <table border="1"><thead><tr><th>Item Pool</th><th>Selected Items</th></tr></thead><tbody><tr><td>Group Administrator Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.</td><td>None selected.</td></tr><tr><td>Service of Process Designee Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.</td><td></td></tr><tr><td>Designated Contact for Information Requests from DLI Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.</td><td></td></tr><tr><td>Profile Management Designee The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm</td><td></td></tr><tr><td>Claim Access Administrator The Users in this Permission group will be able to administer users' access to Claims and Cases within the group</td><td></td></tr></tbody></table> <p>Add   Cancel</p>	Item Pool	Selected Items	Group Administrator Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.	None selected.	Service of Process Designee Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.		Designated Contact for Information Requests from DLI Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.		Profile Management Designee The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm		Claim Access Administrator The Users in this Permission group will be able to administer users' access to Claims and Cases within the group	
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Profile Management Designee The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm													
Claim Access Administrator The Users in this Permission group will be able to administer users' access to Claims and Cases within the group													

3. Optional: In the **Address** field, select a location for the member. If no specific location applies, leave as **All**.

4. Assign the appropriate permissions for this member by clicking on the + symbol.

Permissions available are as follows.

- a) **Group Administrator** – members with this permission can add and remove group members, change permissions to existing members and change relationships among members if applicable.
- b) **Service of Process Designee** – members with this permission are included in the list of serviceable participants to be served any time a filing is added to a claim, case, dispute or appeal relating to your group.
- c) **Designated Contact for Information Requests from**

**Note:** Permissions do not have to be selected in this step. Member permissions can be set up at any time, either when the individual is initially added to a group or at a

**DLI** – members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.

d) **Profile Management**

**Designee** – users in this permission group have access to the **Edit Profile** link and have authority to edit the profile of the group.

e) **Claim Access Administrator** –

users in this permission group are able to administer users' access to claims and cases within the group.

later time by the group administrator. More detailed instructions are provided in the [Editing member permissions](#) section of this manual.

5. Any permissions that are selected will show in the **Selected Items** column.

**Add Member**

Enter the email address of the individual you wish to invite to this group.

**Email Address \***  
Email Address

**Confirm Email \***  
Confirm Email

**First Name \***  
First Name

**Last Name \***  
Last Name

(Optional) Select a location for this Member. If no specific location applies, leave as All.

**Address**  
All

(Optional) Assign permissions. These will be applied for the individual when he/she joins the group. If none selected, default permissions will apply.

Item Pool	5 Selected Items
<input type="checkbox"/> <b>Group Administrator</b> <i>Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.</i>	<input checked="" type="checkbox"/> <b>Profile Management Designee</b> <i>The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm</i>
<input type="checkbox"/> <b>Service of Process Designee</b> <i>Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.</i>	
<input type="checkbox"/> <b>Designated Contact for Information Requests from DLI</b> <i>Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.</i>	
<input type="checkbox"/> <b>Claim Access Administrator</b> <i>The Users in this Permission group will be able to administer users' access to Claims and Cases within the group</i>	

**Add** **Cancel**

6. After permissions are selected, click the yellow **Add** button to save the information or click **Cancel** to exit without any changes.

**Note:** The individual who has been added will receive an email message to the address listed in Campus.

They will need to confirm their email address to get access. After confirmation, their name will appear under the **Active Members** tab on the **Group Management** page.

**Add Member** [X]

Enter the email address of the individual you wish to invite to this group.

**Email Address \***  
Email Address

**Confirm Email \***  
Confirm Email

**First Name \***  
First Name

**Last Name \***  
Last Name

(Optional) Select a location for this Member. If no specific location applies, leave as All.

**Address**  
All

(Optional) Assign permissions. These will be applied for the individual when he/she joins the group. If none selected, default permissions will apply.

**Item Pool**

- + **Group Administrator**  
Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.
- + **Service of Process Designee**  
Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.
- + **Designated Contact for Information Requests from DLI**  
Members with this permission are contacted when DJ sends a request to their associated entity and receive a notification to respond to the request.
- + **Claim Access Administrator**  
The Users in this Permission group will be able to administer users' access to Claims and Cases within the group

**Selected Items**

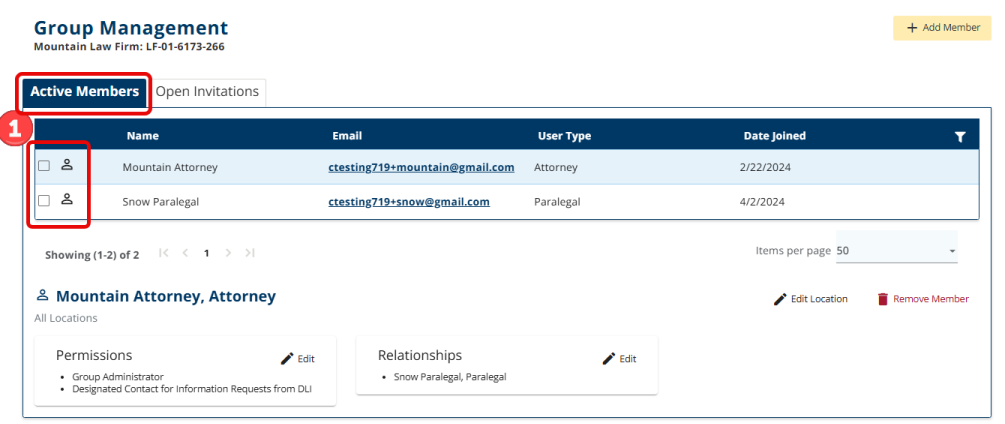
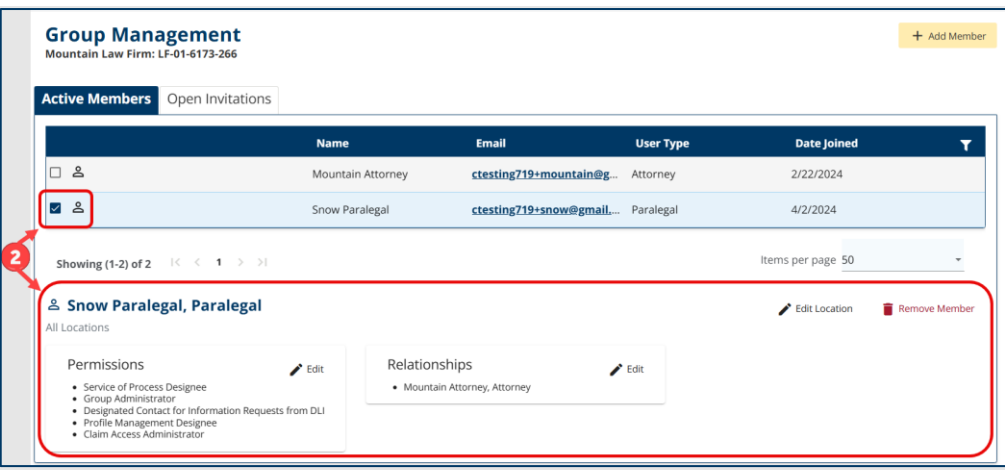
- Profile Management Designee**  
The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm

**Add** **Cancel**

6

## Member not registered in Campus

Member permissions can be set up at any time, either initially when the member is added to a group or later by the group administrator.

Instructions	Visual aids															
<p>1. From the <b>Group Management</b> page, select the user whose account you are changing by clicking the box next to the user's name in the <b>Active Members</b> tab.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"><thead><tr><th></th><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Mountain Attorney</td><td>ctestng719+mountain@gmail.com</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td><input type="checkbox"/></td><td>Snow Paralegal</td><td>ctestng719+snow@gmail.com</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2   &lt;&lt; 1 &gt;&gt;   Items per page 50</p> <p><b>Mountain Attorney, Attorney</b> Edit Location Remove Member</p> <p>All Locations</p> <p>Permissions Edit</p> <ul style="list-style-type: none"><li>Group Administrator</li><li>Designated Contact for Information Requests from DLI</li></ul> <p>Relationships Edit</p> <ul style="list-style-type: none"><li>Snow Paralegal, Paralegal</li></ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@gmail.com	Attorney	2/22/2024	<input type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail.com	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@gmail.com	Attorney	2/22/2024												
<input type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail.com	Paralegal	4/2/2024												
<p>2. When selected, more detailed information will display at the bottom of the page.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"><thead><tr><th></th><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Mountain Attorney</td><td>ctestng719+mountain@g...</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Snow Paralegal</td><td>ctestng719+snow@gmail...</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2   &lt;&lt; 1 &gt;&gt;   Items per page 50</p> <p><b>Snow Paralegal, Paralegal</b> Edit Location Remove Member</p> <p>All Locations</p> <p>Permissions Edit</p> <ul style="list-style-type: none"><li>Service of Process Designee</li><li>Group Administrator</li><li>Designated Contact for Information Requests from DLI</li><li>Profile Management Designee</li><li>Claim Access Administrator</li></ul> <p>Relationships Edit</p> <ul style="list-style-type: none"><li>Mountain Attorney, Attorney</li></ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@g...	Attorney	2/22/2024	<input checked="" type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail...	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@g...	Attorney	2/22/2024												
<input checked="" type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail...	Paralegal	4/2/2024												



3. To edit their permissions, click on the **Edit** button in the permissions box.

**Group Management**  
Mountain Law Firm: LF-01-6173-266 + Add Member

**Active Members** Open Invitations

	Name	Email	User Type	Date Joined
<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@g...	Attorney	2/22/2024
<input checked="" type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail...	Paralegal	4/2/2024

Showing (1-2) of 2 Items per page 50

**Snow Paralegal, Paralegal** Edit Location Remove Member

All Locations

**Permissions** 3 Edit

- Service of Process Designee
- Group Administrator
- Designated Contact for Information Requests from DLI
- Profile Management Designee
- Claim Access Administrator

**Relationships** Edit

- Mountain Attorney, Attorney

4. The **Manage Permissions** window will display.

- a) To add permissions, click on the + next to the permission.
- b) To remove a permission, click on the red trash can icon to remove.

**Manage permissions for Snow Paralegal, Paralegal** ×

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool**

- a + **Service of Process Designee**  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*
- + **Group Administrator**  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*
- + **Designated Contact for Information Requests from DLI**  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*
- + **Profile Management Designee**  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*
- + **Claim Access Administrator**  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

**Selected Items**

None selected.

Save Cancel

**Manage permissions for Snow Paralegal, Paralegal** ×

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool**

- + **Profile Management Designee**  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*
- + **Claim Access Administrator**  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

**Selected Items**

- b + **Service of Process Designee**  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*
- + **Group Administrator**  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*
- + **Designated Contact for Information Requests from DLI**  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*

Save Cancel

5. When completed, click the yellow **Save** button at the bottom of the window.

**Note:** Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.

Manage permissions for Snow Paralegal, Paralegal ⌵

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool**

- + Profile Management Designee  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*
- + Claim Access Administrator  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

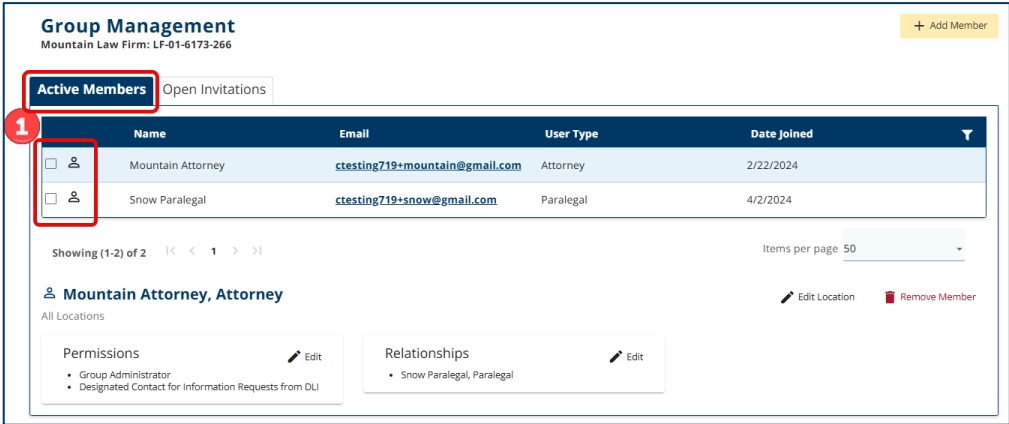
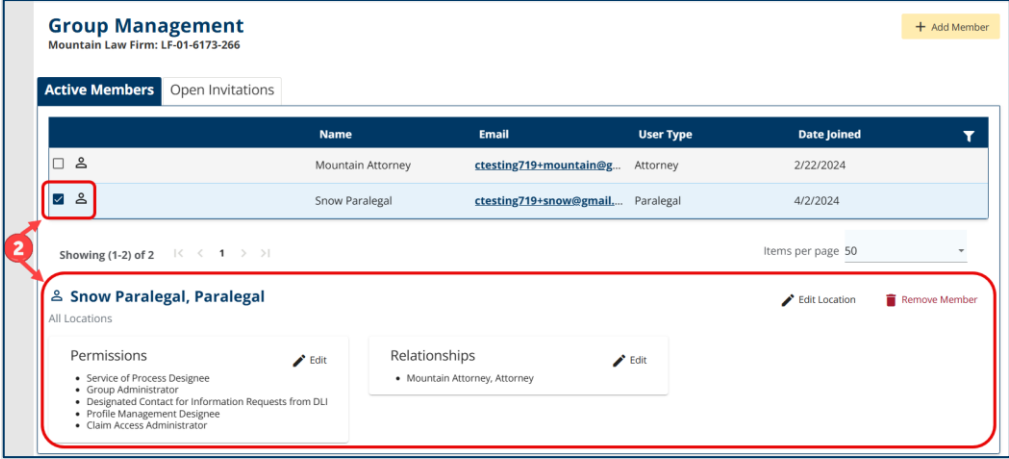
**Selected Items**

- Service of Process Designee  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*
- Group Administrator  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*
- Designated Contact for Information Requests from DLI  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*

5  
Save Cancel

# Editing member permissions

Member permissions can be set up at any time, either initially when the member is added to a group or at a later time by the group administrator.

Instructions	Visual aids															
<p>1. From the <b>Group Management</b> page, select the user whose account you are changing by clicking the box next to the user's name in the <b>Active Members</b> tab.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"><thead><tr><th></th><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Mountain Attorney</td><td>ctesting719+mountain@gmail.com</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td><input type="checkbox"/></td><td>Snow Paralegal</td><td>ctesting719+snow@gmail.com</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2    Items per page 50</p> <p><b>Mountain Attorney, Attorney</b>    Edit Location    Remove Member</p> <p>Permissions    Edit</p> <ul style="list-style-type: none"><li>Group Administrator</li><li>Designated Contact for Information Requests from DLI</li></ul> <p>Relationships    Edit</p> <ul style="list-style-type: none"><li>Snow Paralegal, Paralegal</li></ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@gmail.com	Attorney	2/22/2024	<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@gmail.com	Attorney	2/22/2024												
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	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024												
<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												

3. To edit their permissions, click on the **Edit** button in the permissions box.

**Group Management**  
Mountain Law Firm: LF-01-6173-266 + Add Member

**Active Members** Open Invitations

	Name	Email	User Type	Date Joined
<input type="checkbox"/>	Mountain Attorney	ctestng719+mountain@g...	Attorney	2/22/2024
<input checked="" type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail...	Paralegal	4/2/2024

Showing (1-2) of 2 Items per page 50

**Snow Paralegal, Paralegal** Edit Location Remove Member

**Permissions** 3 Edit

- Service of Process Designee
- Group Administrator
- Designated Contact for Information Requests from DLI
- Profile Management Designee
- Claim Access Administrator

**Relationships** Edit

- Mountain Attorney, Attorney

4. The **Manage Permissions** window will display.

- a) To add permissions, click on the **+** next to the permission.
- b) To remove a permission, click on the red trash can icon to remove.

**Manage permissions for Snow Paralegal, Paralegal** ×

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool** **Selected Items**

a + **Service of Process Designee**  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*

+ **Group Administrator**  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*

+ **Designated Contact for Information Requests from DLI**  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*

+ **Profile Management Designee**  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*

+ **Claim Access Administrator**  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

None selected.

Save Cancel

**Manage permissions for Snow Paralegal, Paralegal** ×

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool** **Selected Items**

+ **Profile Management Designee**  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*

+ **Claim Access Administrator**  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

b - **Service of Process Designee**  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*

- **Group Administrator**  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*

- **Designated Contact for Information Requests from DLI**  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*

Save Cancel

5. When completed, click the yellow **Save** button at the bottom of the window.

**Note:** Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.

Manage permissions for Snow Paralegal, Paralegal ⌵

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

**Item Pool**

- + Profile Management Designee  
*The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm*
- + Claim Access Administrator  
*The Users in this Permission group will be able to administer users' access to Claims and Cases within the group*

**Selected Items**

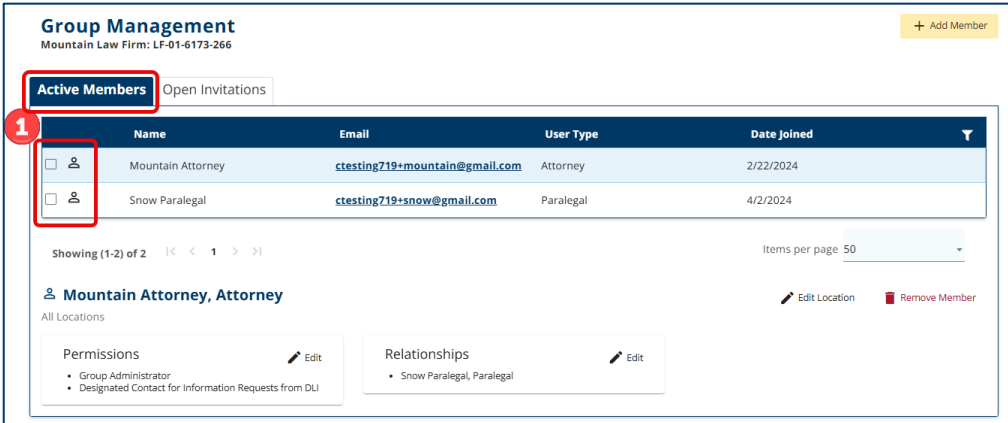
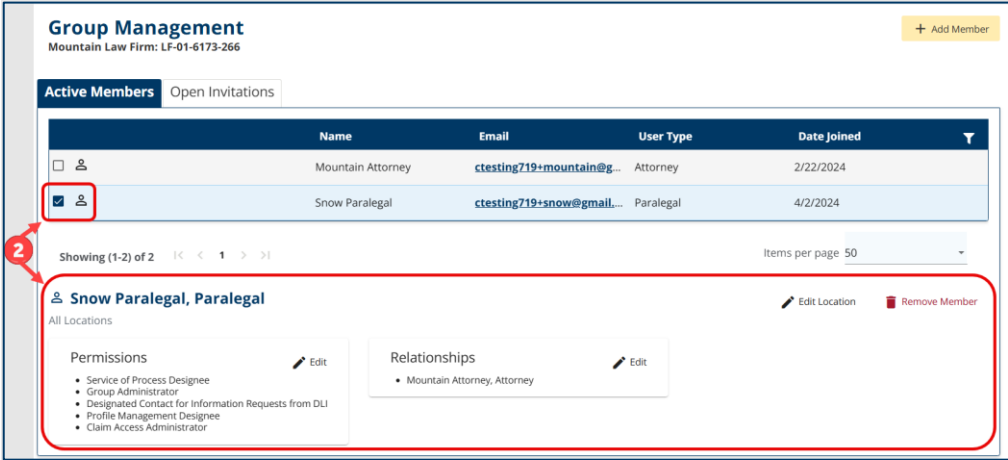
- Service of Process Designee  
*Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.*
- Group Administrator  
*Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.*
- Designated Contact for Information Requests from DLI  
*Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.*

5  
Save Cancel

# Law firm groups: Creating and editing member relationships

Group administrators can create relationships between members of a group by linking individual users within their group, to be able to share access with each other, such as a paralegal to an attorney. They may also edit those relationships at any time after they are established.

**Note:** This is only relevant to law firm groups and members.

Instructions	Visual aids															
<p>1. From the <b>Group Management</b> page, select the user by clicking the box next to user's name from the <b>Active Members</b> tab.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"><thead><tr><th></th><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Mountain Attorney</td><td>ctesting719+mountain@gmail.com</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td><input type="checkbox"/></td><td>Snow Paralegal</td><td>ctesting719+snow@gmail.com</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2   Items per page 50</p> <p><b>Mountain Attorney, Attorney</b> All Locations</p> <p>Permissions: Group Administrator, Designated Contact for Information Requests from DLI</p> <p>Relationships: Snow Paralegal, Paralegal</p>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@gmail.com	Attorney	2/22/2024	<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@gmail.com	Attorney	2/22/2024												
<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024												
<p>2. When selected, more detailed information will display at the bottom of the page.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"><thead><tr><th></th><th>Name</th><th>Email</th><th>User Type</th><th>Date Joined</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td>Mountain Attorney</td><td>ctesting719+mountain@g...</td><td>Attorney</td><td>2/22/2024</td></tr><tr><td><input checked="" type="checkbox"/></td><td>Snow Paralegal</td><td>ctesting719+snow@gmail...</td><td>Paralegal</td><td>4/2/2024</td></tr></tbody></table> <p>Showing (1-2) of 2   Items per page 50</p> <p><b>Snow Paralegal, Paralegal</b> All Locations</p> <p>Permissions: Service of Process Designee, Group Administrator, Designated Contact for Information Requests from DLI, Profile Management Designee, Claim Access Administrator</p> <p>Relationships: Mountain Attorney, Attorney</p>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024	<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024												
<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												

3. To create or edit the user's relationships, click on the **Edit** button in the **Relationships** box.

**Group Management**  
Mountain Law Firm: LF-01-6173-266

Active Members | Open Invitations

Name	Email	User Type	Date Joined
<input checked="" type="checkbox"/> Mountain Attorney	ctesti719+mountain@gmail.com	Attorney	2/22/2024
<input type="checkbox"/> Snow Paralegal	ctesti719+snow@gmail.com	Paralegal	4/2/2024

Showing (1-2) of 2 | Items per page 50

**Mountain Attorney, Attorney**  
All Locations

Permissions Edit

- Group Administrator
- Designated Contact for Information Requests from DU

**Relationships** 3 Edit

No relationships assigned

Edit Location Remove Member

4. The **Manage relationships for ...** window will display.
- a) To add a relationship, click on the **+** next to the appropriate name.
- b) To remove a relationship, click on the red trash can icon to remove.

Manage relationships for Mountain Attorney, Attorney

Adjust the information below to add or remove Relationships for the selected User, and click save to make any changes.

**4a** + Snow Paralegal  
Paralegal

No items assigned

Save Cancel

Manage relationships for Mountain Attorney, Attorney

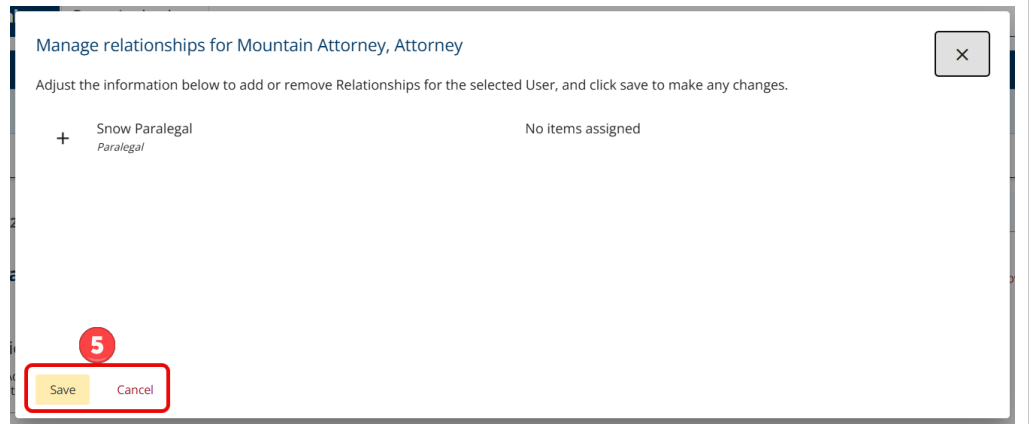
Adjust the information below to add or remove Relationships for the selected User, and click save to make any changes.

**4b** 🗑️ Snow Paralegal  
Paralegal

Save Cancel

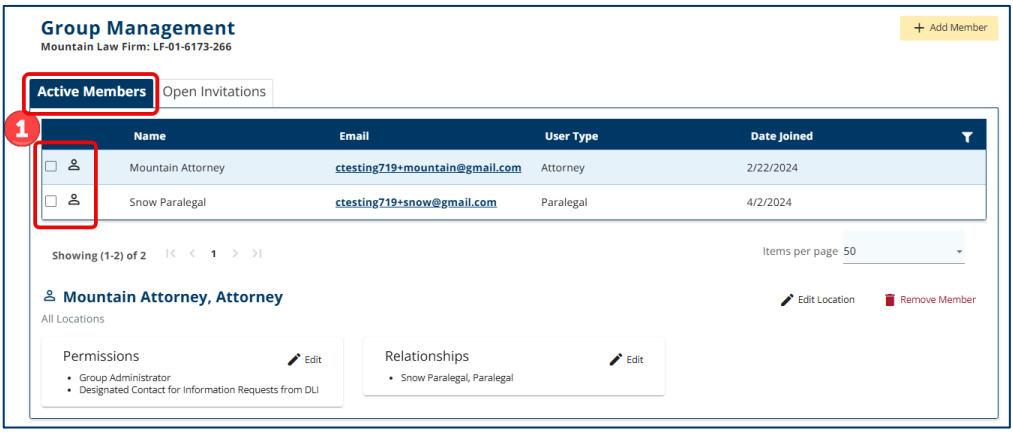
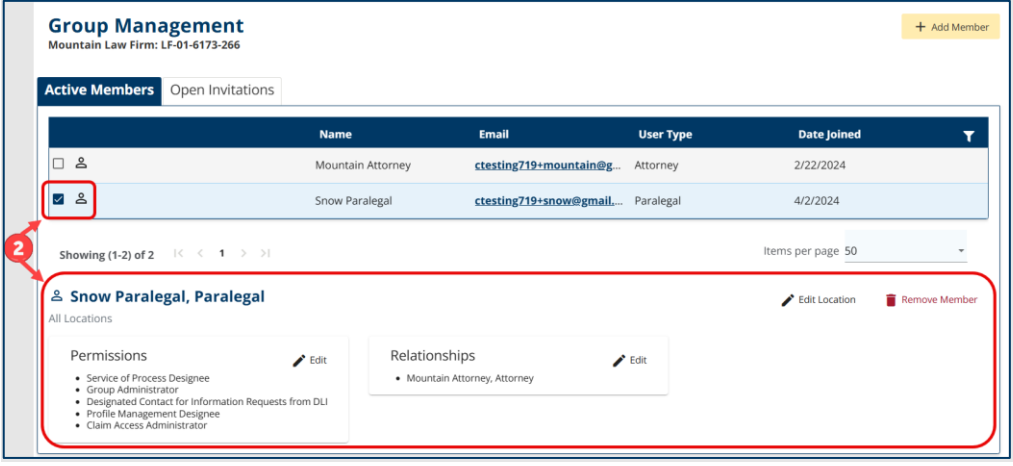
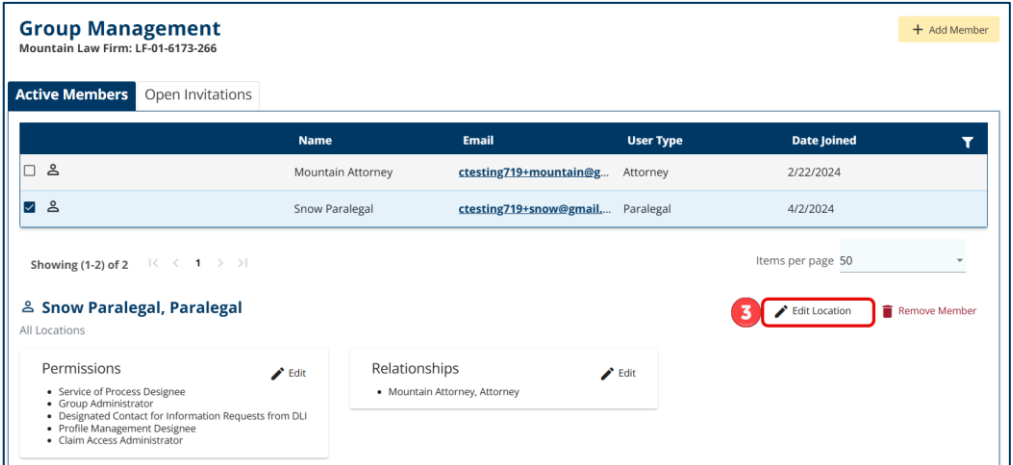
5. When completed, click the yellow **Save** button at the bottom of the window or click **Cancel** to exit the window without any changes.

**Note:** Changes will take effect immediately. Have the user log out of Campus and log back in for the changes to be applied to their account.





# Editing member's location

Instructions	Visual aids															
<p>1. From the <b>Group Management</b> page, select the user by clicking the box next to the user's name from the <b>Active Members</b> tab.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Email</th> <th>User Type</th> <th>Date Joined</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Mountain Attorney</td> <td>ctesting719+mountain@gmail.com</td> <td>Attorney</td> <td>2/22/2024</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Snow Paralegal</td> <td>ctesting719+snow@gmail.com</td> <td>Paralegal</td> <td>4/2/2024</td> </tr> </tbody> </table> <p>Showing (1-2) of 2    Items per page 50</p> <p><b>Mountain Attorney, Attorney</b>    Edit Location    Remove Member</p> <p>Permissions    Edit</p> <ul style="list-style-type: none"> <li>Group Administrator</li> <li>Designated Contact for Information Requests from DLI</li> </ul> <p>Relationships    Edit</p> <ul style="list-style-type: none"> <li>Snow Paralegal, Paralegal</li> </ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@gmail.com	Attorney	2/22/2024	<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024
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<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024												
<p>2. When selected, more detailed information will display at the bottom of the page.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Email</th> <th>User Type</th> <th>Date Joined</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Mountain Attorney</td> <td>ctesting719+mountain@g...</td> <td>Attorney</td> <td>2/22/2024</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Snow Paralegal</td> <td>ctesting719+snow@gmail...</td> <td>Paralegal</td> <td>4/2/2024</td> </tr> </tbody> </table> <p>Showing (1-2) of 2    Items per page 50</p> <p><b>Snow Paralegal, Paralegal</b>    Edit Location    Remove Member</p> <p>All Locations</p> <p>Permissions    Edit</p> <ul style="list-style-type: none"> <li>Service of Process Designee</li> <li>Group Administrator</li> <li>Designated Contact for Information Requests from DLI</li> <li>Profile Management Designee</li> <li>Claim Access Administrator</li> </ul> <p>Relationships    Edit</p> <ul style="list-style-type: none"> <li>Mountain Attorney, Attorney</li> </ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024	<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024												
<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												
<p>3. To edit the user's location, click on the <b>Edit Location</b> button in the user details at the bottom of the page.</p>	 <p><b>Group Management</b> Mountain Law Firm: LF-01-6173-266</p> <p><b>Active Members</b> Open Invitations</p> <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Email</th> <th>User Type</th> <th>Date Joined</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Mountain Attorney</td> <td>ctesting719+mountain@g...</td> <td>Attorney</td> <td>2/22/2024</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Snow Paralegal</td> <td>ctesting719+snow@gmail...</td> <td>Paralegal</td> <td>4/2/2024</td> </tr> </tbody> </table> <p>Showing (1-2) of 2    Items per page 50</p> <p><b>Snow Paralegal, Paralegal</b>    <b>Edit Location</b>    Remove Member</p> <p>All Locations</p> <p>Permissions    Edit</p> <ul style="list-style-type: none"> <li>Service of Process Designee</li> <li>Group Administrator</li> <li>Designated Contact for Information Requests from DLI</li> <li>Profile Management Designee</li> <li>Claim Access Administrator</li> </ul> <p>Relationships    Edit</p> <ul style="list-style-type: none"> <li>Mountain Attorney, Attorney</li> </ul>		Name	Email	User Type	Date Joined	<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024	<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024
	Name	Email	User Type	Date Joined												
<input type="checkbox"/>	Mountain Attorney	ctesting719+mountain@g...	Attorney	2/22/2024												
<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												

4. The **Edit Location** window will display. In the **Address** drop-down menu, select the location for the user.
5. Click the yellow **Save** button when completed.

**Note:** Changes will take effect immediately. Have the user refresh their browser for the changes to be applied to their account.

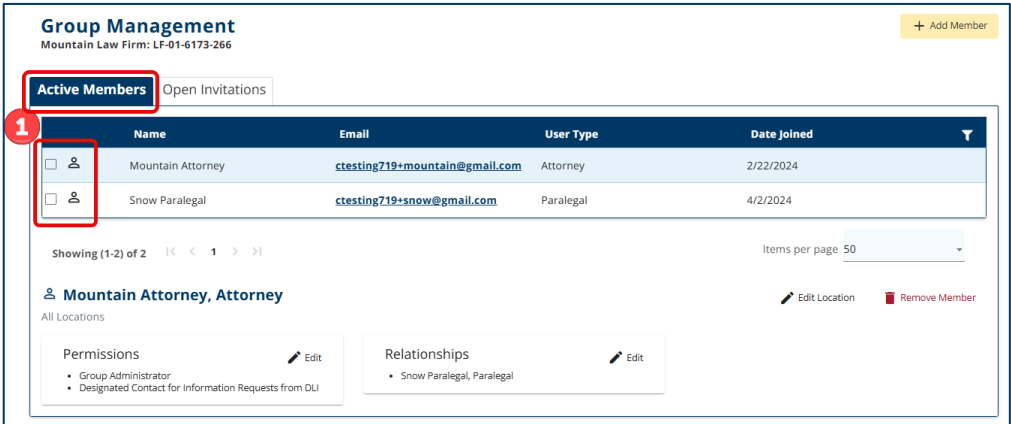
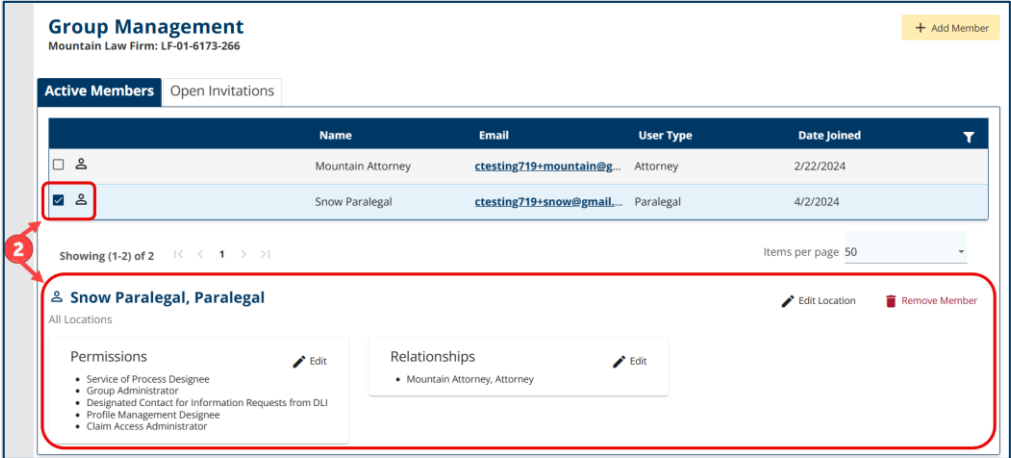
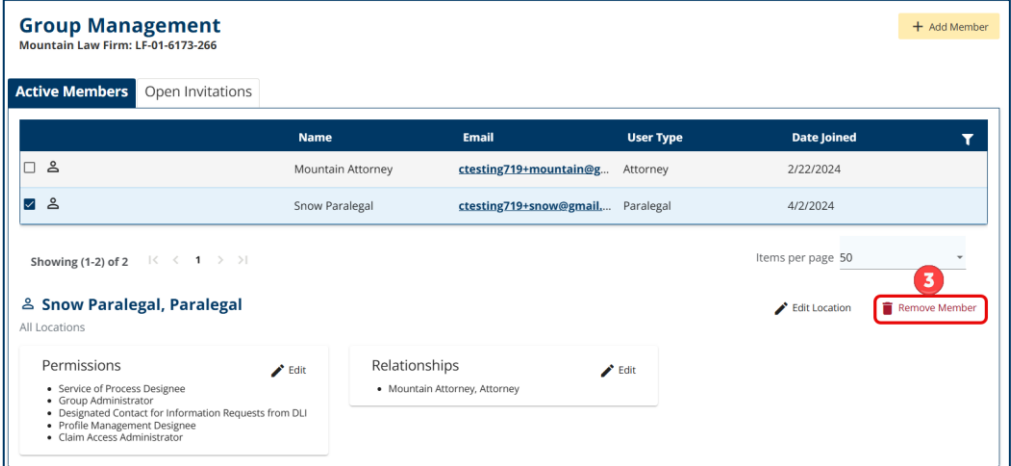
Edit Location

(Optional) Select a location for this member. If no specific location applies, leave as All.

Address  
All

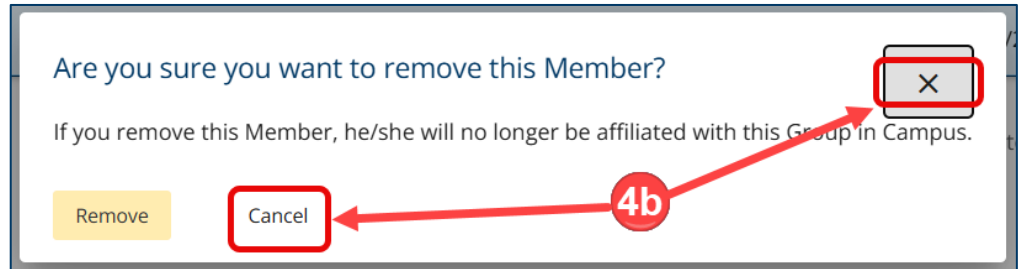
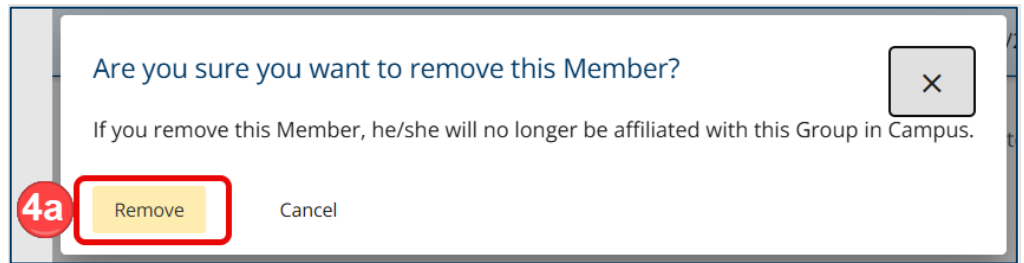
Save Cancel

# Removing a member from a group

Instructions	Visual aids
<p>1. From the <b>Group Management</b> page, select the user by clicking the box next to the user's name from the <b>Active Members</b> tab.</p>	 <p>The screenshot shows the 'Group Management' interface for 'Mountain Law Firm: LF-01-6173-266'. The 'Active Members' tab is selected. A table lists two members: 'Mountain Attorney' (Attorney, joined 2/22/2024) and 'Snow Paralegal' (Paralegal, joined 4/2/2024). A red box highlights the checkbox next to the Mountain Attorney. Below the table, the details for 'Mountain Attorney, Attorney' are shown, including permissions (Group Administrator, Designated Contact for Information Requests from DLI) and relationships (Snow Paralegal, Paralegal).</p>
<p>2. When selected, more detailed information will display at the bottom of the page.</p>	 <p>The screenshot shows the 'Group Management' interface. The 'Active Members' tab is selected. The 'Snow Paralegal' member is selected, and their details are expanded. A red box highlights the checkbox next to 'Snow Paralegal' and the expanded details section. The details for 'Snow Paralegal, Paralegal' include permissions (Service of Process Designee, Group Administrator, Designated Contact for Information Requests from DLI, Profile Management Designee, Claim Access Administrator) and relationships (Mountain Attorney, Attorney).</p>
<p>3. To remove the member from the group, click on the red <b>Remove Member</b> button in the user details.</p>	 <p>The screenshot shows the 'Group Management' interface. The 'Active Members' tab is selected. The 'Snow Paralegal' member is selected. A red box highlights the 'Remove Member' button in the user details section for 'Snow Paralegal, Paralegal'.</p>

4. A confirmation window will display asking if you are sure you want to remove this member.
- a) To remove, click on the yellow **Remove** button.
  - b) To exit this window and not remove the member, click on the **Cancel** button or the **X** in the corner of the window.

When completed, the user will no longer be affiliated with the group in Campus.



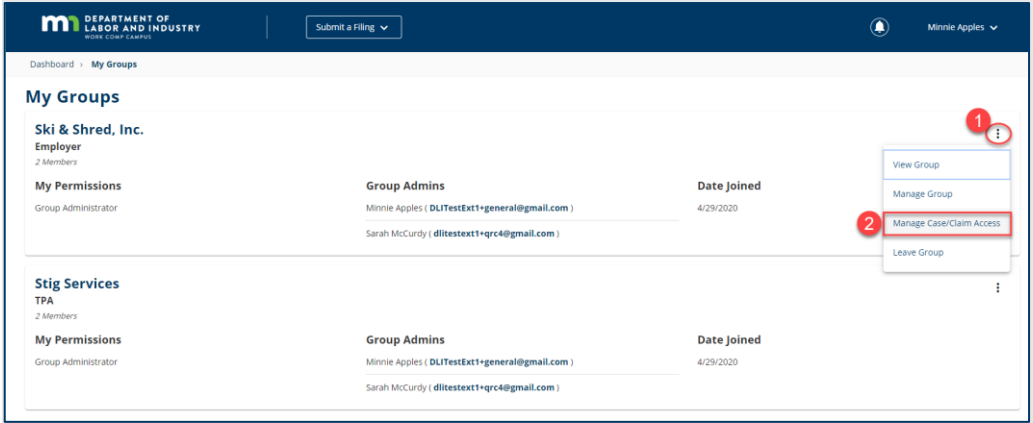
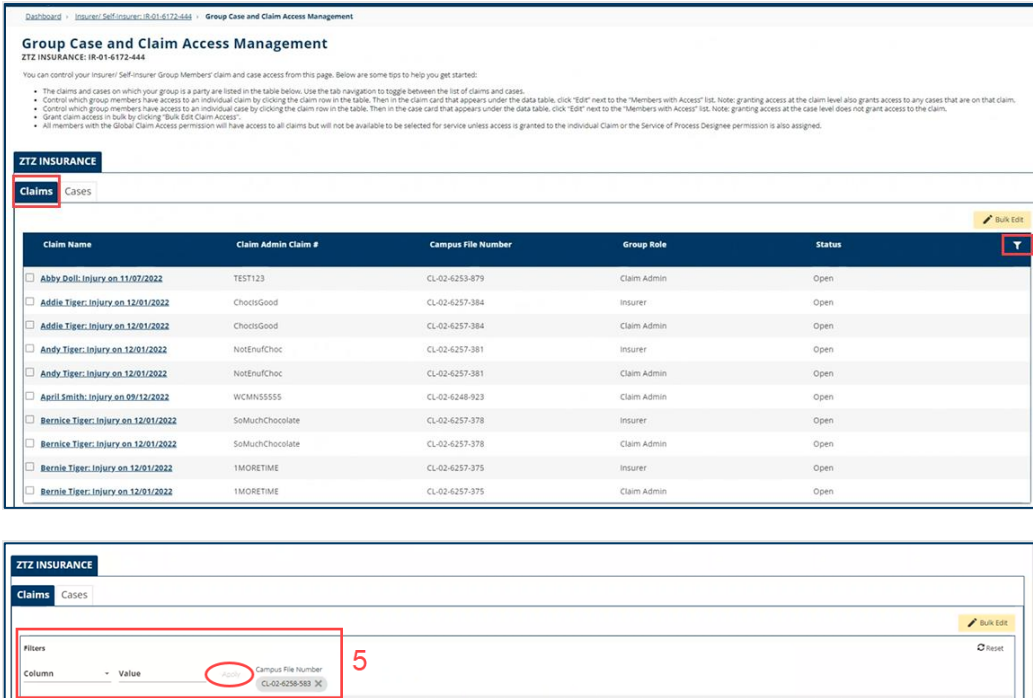
**Note:** Changes will take effect immediately. Have the user log out of Campus and log back in to apply the changes to their account.

# Managing Case and Claim Access

A member with claim access administrator permission can control the group members' claim and case access from the **Manage Case/Claim Access** page. This function is not applicable for law firms.

## Single edit

Use this to edit data in a single case or claim.

Instructions	Visual aids
<p>1. From the <b>My Groups</b> page, click on the kebab menu (three vertical dots in the upper right).</p> <p>2. In the drop-down menu, select the <b>Manage Case/Claim Access</b> option.</p>	 <p>The screenshot shows the 'My Groups' page for 'Ski &amp; Shred, Inc.' with two group entries. A kebab menu is open on the right side of the first group, and the 'Manage Case/Claim Access' option is highlighted with a red box and a red number '2'. A red number '1' points to the kebab menu icon.</p>
<p>3. From the <b>Group Case and Claim Access Management</b> page, click on the <b>Claim</b> tab.</p> <p><b>Note:</b> Use the <b>Claims</b> and <b>Cases</b> tabs to toggle between those lists.</p> <p>4. Click on the funnel icon to filter to search the claim to assign to a member of the group.</p> <p>5. Claims can be filtered by:</p> <ol style="list-style-type: none"> <li>claim name;</li> <li>claim admin claim #;</li> <li>Campus file number;</li> <li>group role; or</li> <li>status.</li> </ol> <p>After the appropriate information is entered, click</p>	 <p>The screenshot shows the 'Group Case and Claim Access Management' page for 'ZTZ INSURANCE'. It features a table of claims with columns for Claim Name, Claim Admin Claim #, Campus File Number, Group Role, and Status. A filter icon (funnel) is highlighted with a red box and a red number '5'. Below the table, a filter dropdown is shown with 'Campus File Number' selected and 'CL-02-6258-383' entered in the value field.</p>

**Apply** to search.

6. After the claim is displayed, click the box next to the claim name.

7. The claim information will display at the bottom of the page. In the **Members with Access** box, click **Edit**.

8. The **Edit Claim Access** window will pop up; click on the + symbol to select the group member(s) for whom you wish to grant or remove access. Any members who are selected will now appear in the **Selected Group Members** area.

12. To remove members, click on the red trash can icon next to their name.

9. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

**Note:** Changes will take effect immediately. Have the user refresh their browser for the changes to be applied to their account.

Claim Name	Claim Admin	Claim #	Campus File Number	Group Role	Status
<input checked="" type="checkbox"/> Winnie Pooh: Injury on 08/01/2022	POOHBEAR#1		CL-02-6258-583	Insurer	Open
<input type="checkbox"/> Winnie Pooh: Injury on 08/01/2022	POOHBEAR#1		CL-02-6258-583	Claim Admin	Open

**Winnie Pooh: Injury on 08/01/2022**  
Claim - CL-02-6258-583

**Members with Access\*** **7**

- Cheryl George
- Lynne Potter

**Cases on this Claim\***  
No related cases

**Edit Claim Access - Winnie Pooh: Injury on 08/01/2022**

Claim : CL-02-6258-583

Adjust the information below to add or remove members' access from the claim, and click "Save" to make any changes.

**Available Group Members\*** **8**

+ Lynne Potter

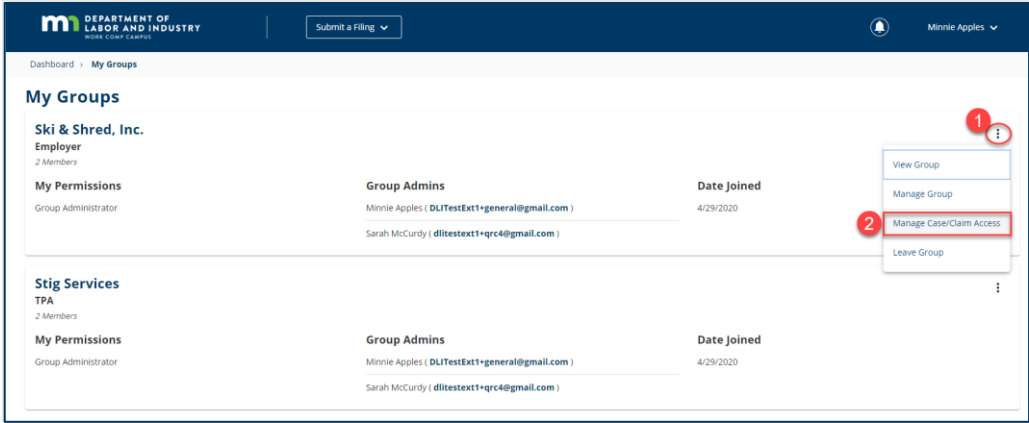
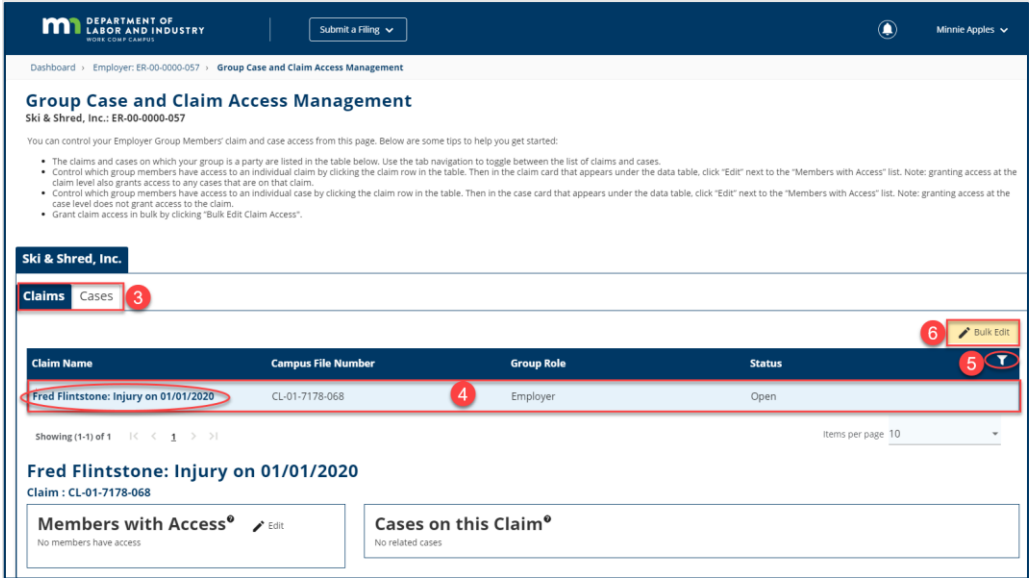
**Members with Claim Access\***

- Cheryl George

**9** Save Cancel

# Bulk edit

Use this to edit data in multiple related cases or claims.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the <b>My Groups</b> page, click on the kebab menu (three vertical dots on the right).</li> <li>In the drop-down menu, select the <b>Manage Case/Claim Access</b> option.</li> </ol>	
<ol style="list-style-type: none"> <li>From the <b>Group Case and Claim Access Management</b> page, click on the <b>Claim</b> tab.</li> </ol> <p><b>Note:</b> Use the <b>Claims</b> and <b>Cases</b> tabs to toggle between these lists. <ol style="list-style-type: none"> <li>All claims or cases associated with the group will be displayed. The <b>Claim Name</b> or <b>Case Name</b> hyperlink can be selected to view further details.</li> <li>Click the funnel icon to narrow the list results.</li> <li>The <b>Bulk Edit</b> button allows granting or removing member access to claims for multiple members at one time.</li> </ol> </p>	

7. Select either option to **Grant Access** or **Remove Access**.

8. Click on the box to **Select All Claims**.

**Note:** A single claim search can be done by selecting the drop-down menu arrow in the **Claims** field. More detailed instructions are provided in the [Single edit](#) section of this manual.

9. Click on the + symbol to select the group member(s) for whom you wish to grant or remove access. Any members who are selected will now appear in the **Selected Group Members** area.

**Note:** Click on the + symbol to add and the – symbol to remove access.

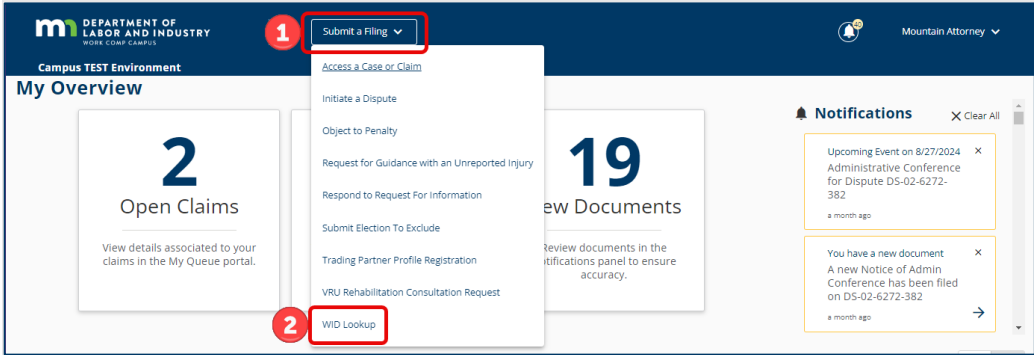
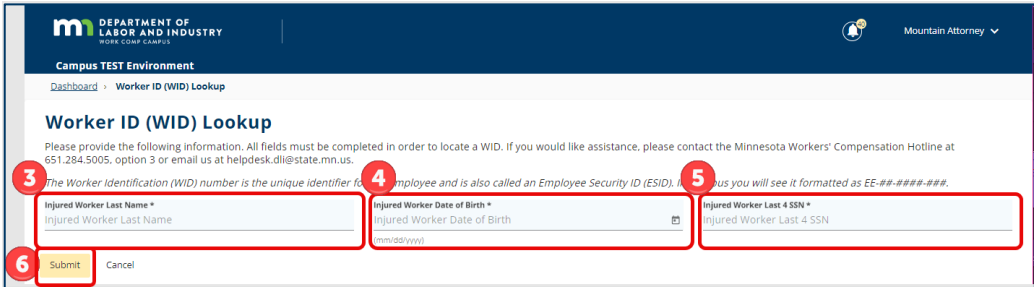
10. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

The screenshot shows a web interface titled "Bulk Grant or Remove Member Access to Claims". At the top, there are two radio buttons: "Grant Access" and "Remove Access", with a red circle containing the number 7 next to them. Below this is a checkbox labeled "Select All Claims" with a red circle containing the number 8. Underneath is a "Claims" field with a downward arrow. The main area is split into two columns: "Group Members" and "Selected Group Members". In the "Group Members" column, there are two entries: "Minnie Apples" and "Sarah McCurdy", each with a plus sign in a circle to its left. A red circle with the number 9 is positioned between these two entries, with a red arrow pointing from it to the plus sign of "Sarah McCurdy". In the "Selected Group Members" column, the text "No group members selected" is displayed. At the bottom left, there are two buttons: "Save" and "Cancel", with a red circle containing the number 10 above the "Save" button.



# Claim Access

## Locating a Worker Identification Number

Instructions	Visual aids
<ol style="list-style-type: none"> <li>1. Click on the <b>Submit a Filing</b>.</li> <li>2. From the drop-down menu, select <b>WID Lookup</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>3. On the <b>Worker ID (WID) Lookup</b> page, fill in the <b>Injured Worker Last Name</b> field.</li> <li>4. Fill in the <b>Injured Worker Date of Birth</b> field.</li> <li>9. Fill in the <b>Injured Worker Last 4 SSN</b> field.</li> </ol> <p>Note: If the injured worker does not have an SSN, please contact the Help Desk.</p> <ol style="list-style-type: none"> <li>5. Once the information is entered, click the yellow <b>Next</b> button.</li> </ol>	

6. The injured worker's information will display under the yellow **Submit** button.

A worker identification (WID) number, which is person-specific, is generated by the DLI and is used instead of a Social Security number (SSN) to identify workers' compensation claims.

**m** DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Campus TEST Environment

Dashboard > Worker ID (WID) Lookup

### Worker ID (WID) Lookup

Please provide the following information. All fields must be completed in order to locate a WID. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at 651.284.5005, option 3 or email us at [helpdesk.dli@state.mn.us](mailto:helpdesk.dli@state.mn.us).

*The Worker Identification (WID) number is the unique identifier for the employee and is also called an Employee Security ID (ESI/D). In Campus you will see it formatted as EE-##-####-####.*

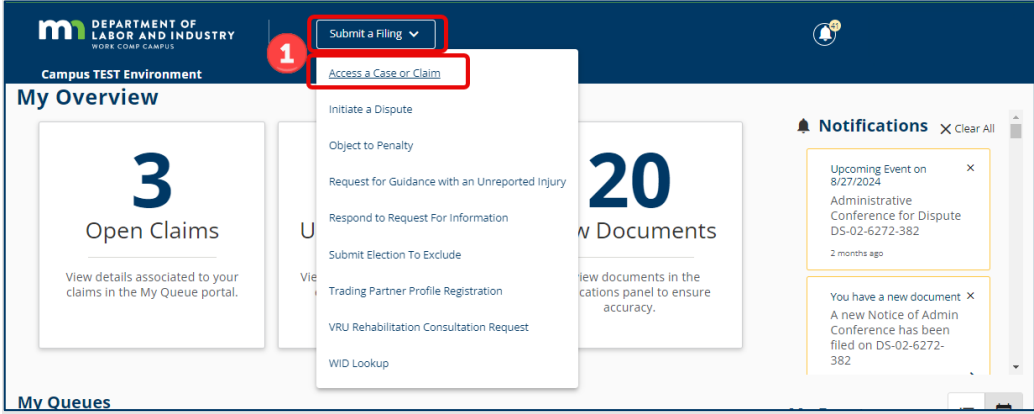
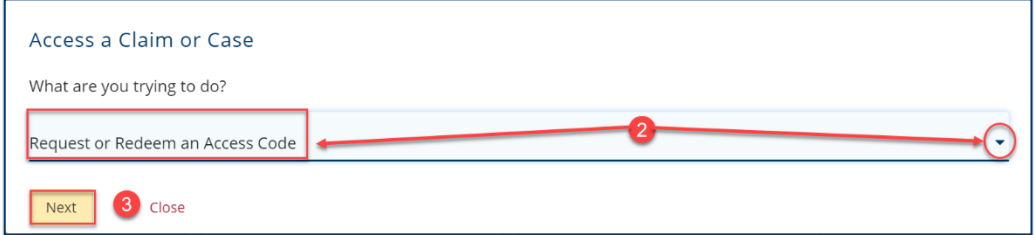
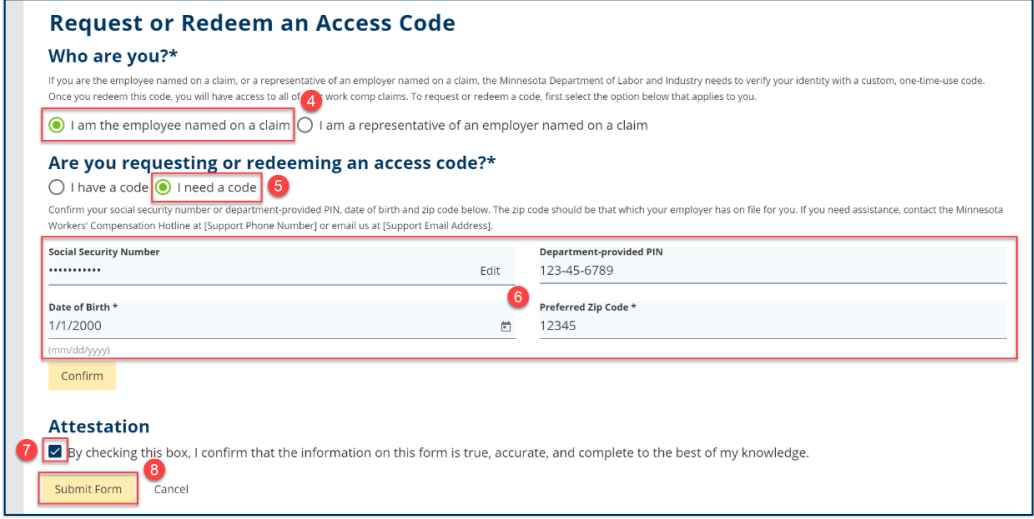
Injured Worker Last Name *	Injured Worker Date of Birth *	Injured Worker Last 4 SSN *
Testing	10/31/1927 <small>(mm/dd/yyyy)</small>	5555

We located:  
Employee: TIMMY TESTING  
WID: EE-00-2695-898

<b>m</b> DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS Work Comp Campus™ 2019	<b>Address</b> 443 Lafayette Road N St. Paul, MN 55155	<b>Contact</b> Phone: 651-284-5005, option 3 Toll-free: 800-342-5354, option 3	<b>About Us</b> <a href="#">Help</a> <a href="#">Terms and Conditions of Use and Privacy Policy</a>
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# Requesting and redeeming a unique access code – Employee

To gain Access to a Claim as an Employee (Injured Worker), you will first need to generate a unique Claim Access Code.

Instructions	Visual aids
<p>1. From the Dashboard (home page), click on the <b>Submit a Filing</b> drop-down and select <b>Access a Case or Claim</b> from the menu.</p>	
<p>2. Click on the drop-down and select <b>Request or Redeem an Access Code</b>.</p> <p>3. Click <b>Next</b> to continue or <b>Close</b> to exit.</p>	
<p>4. Select the bubble for <b>I am the employee named on a claim</b>.</p> <p>5. Select the bubble for <b>I need a code</b>.</p> <p>6. Fill in the required information.</p> <p>7. Check the box to attest that the information is accurate and complete.</p> <p>8. Click <b>Submit Form</b> to send the request.</p> <p><b>Note:</b> Contact the Help Desk to receive access code (651-284-5005 option 3).</p>	

After receiving the Code, log back on and navigate back to the same web form by following steps 1 – 3 then go to step 9 to continue.

9. Select the bubble for **I am the employee named on a claim.**
10. Select the bubble for **I have a code** and type the code in the **Enter Code \*** field.
11. Check the box to attest that the information is accurate and complete.
12. Click **Submit Form** to send the request.

Note: If successful, you will see a confirmation message and receive a confirmation email.

The screenshot shows the 'Request or Redeem an Access Code' form. Callout 9 points to the radio button for 'I am the employee named on a claim'. Callout 10 points to the radio button for 'I have a code' and the 'Enter Code \*' field containing '12345'. Callout 11 points to the 'Attestation' checkbox, which is checked. Callout 12 points to the 'Submit Form' button.

13. You can now see and access the Claim on your Dashboard (home page) under the **My Queues, My Claims** tab.

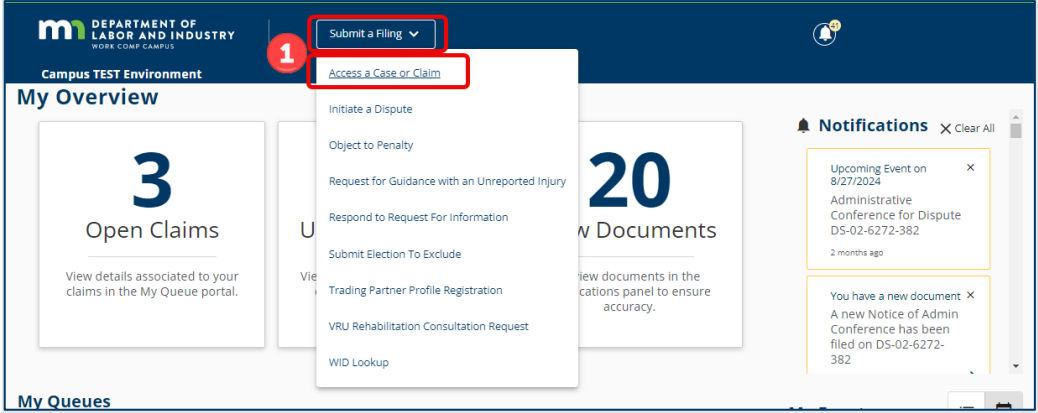
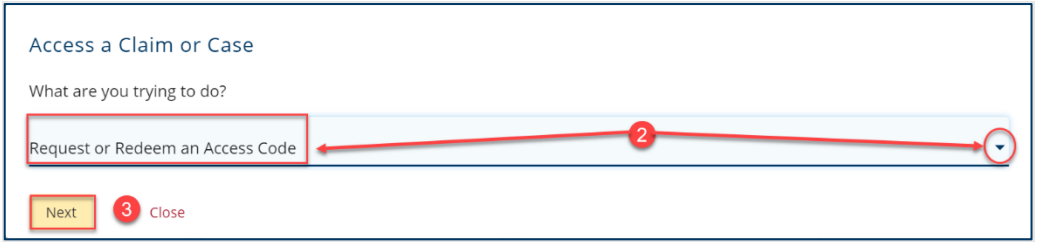
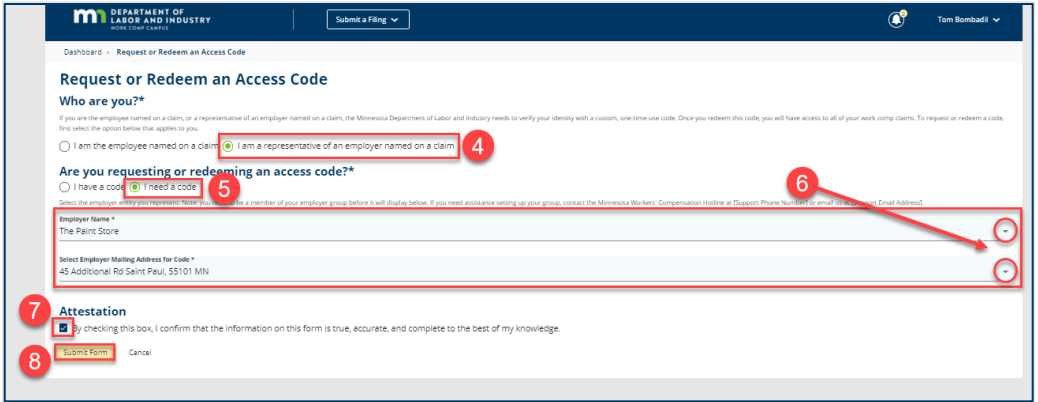
The screenshot shows the 'My Overview' dashboard. Callout 13 points to the 'My Claims' tab in the 'My Queues' section. Below the tabs is a table with one claim listed.

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-03-4328-571	Carol Jeffries	The Brick Store		5/1/2020	Default Status Placeholder

# Requesting and redeeming a unique access code – Employer

An individual from the Employer group must generate an access code for anyone in this group to access Claims affiliated with the Employer. Once the code is redeemed, the user can access the Claim and Case Management pages.

**Note:** A Member of the Group must generate the access code after establishing your Employer Group. Also, your Group Administrator can access the Case/Claim Management page to assign Case and Claim access permissions.

Instructions	Visual aids
<p>1. From the Dashboard (home page), click on the <b>Submit a Filing</b> drop-down and select <b>Access a Case or Claim</b> from the menu.</p>	
<p>2. Click on the drop-down and select <b>Request or Redeem an Access Code</b>.</p> <p>3. Click <b>Next</b> to continue.</p>	
<p>4. Select the bubble for <b>I am a representative of an employer named on a claim</b>.</p> <p>5. Select the bubble for <b>I need a code</b>.</p> <p>6. Select the <b>Employer Name</b> and <b>Mailing Address</b> from the drop-down menu.</p> <p>7. Check the box to attest that the information is accurate and complete.</p>	 <p><b>Note:</b> A code will be sent in the mail. If you do not receive it, contact the Help Desk to request the access code (651-284-5005 option 3).</p>

8. Click **Submit Form** to send the request.

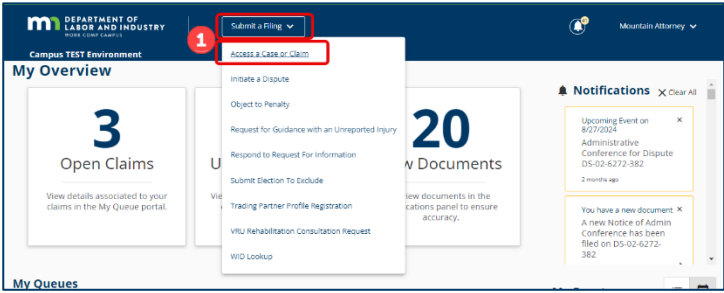

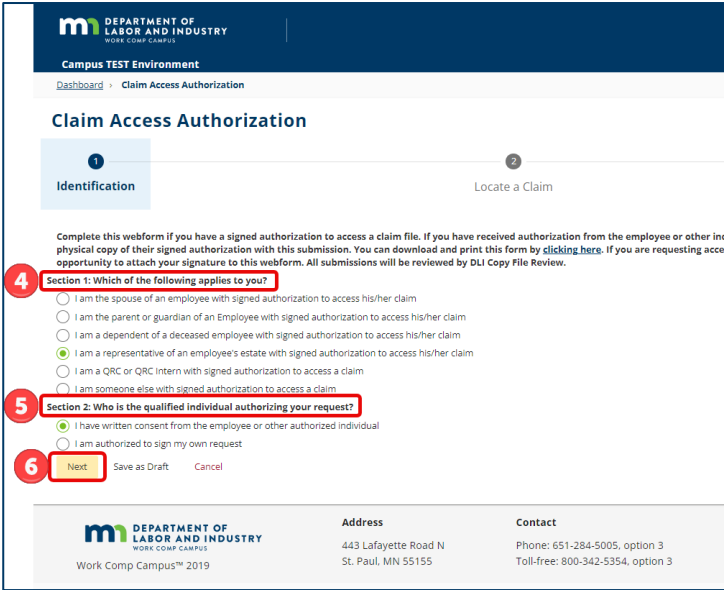
After receiving the Code, log back on and navigate to the same web form by following steps 1- 3.

# Claim Access Authorization Webform

Campus users who are not foundational parties to the Claim (e.g., Spouse of an injured worker, QRCs, attorneys and representatives of Employee’s Estate) must submit the Claim Access Authorization webform to DLI. DLI will review the submission and determine whether Claim access will be granted.

If the Employee or other appropriate individual has authorized the user to access the Claim, they must attach the authorization to this webform submission.

Access will be granted for **six (6)** months beginning on the approval date. Once your access expires, you will receive an automated email informing you of your access removal. If at any point during a Claim’s lifetime your access is removed, you will receive an email indicating your removal.

Instructions	Visual aids
<ul style="list-style-type: none"> <li>Click on the <b>Submit a Filing</b> drop-down to access the menu and select <b>Access a Case or Claim</b>.</li> <li>Click on <b>Submit an Authorization</b>.</li> <li>Click <b>Next</b> to continue.</li> </ul>	 
<ul style="list-style-type: none"> <li>The first step <b>Identification</b>. Under <b>Section 1: Which of the following applies to you?</b>, select the option that best describes your access role. Options are:             <ol style="list-style-type: none"> <li>I am the spouse of an Employee</li> <li>I am the parent or guardian of an Employee</li> <li>I am a dependent of a deceased Employee</li> <li>I am a representative of the Employee’s estate</li> <li>I am a QRC or QRC Intern</li> <li>I am someone else</li> </ol> </li> <li>Under <b>Section 2: Who is the qualified individual authorizing your request?</b>, select the option that best describes the type of authorization given. Options are:             <ol style="list-style-type: none"> <li>I have written consent from the Employee or other authorized individual</li> <li>I am authorized to sign my own request</li> </ol> </li> </ul>	

- Click the yellow **Submit** button to continue.

- The second step is to **Locate a Claim**. Pick one of the groups of information and enter it for the injured worker authorization is being requested.

Note: If unsure of the WID, there are instructions in the Locating a [Worker Identification Number](#) section.

- Click the yellow **Submit** button once the information is entered.

- The third step is to **Submit Authorization**. Upload the physical authorization form by clicking on the **+ Upload Document** button.

Note: The Department of Labor and Industry has a [Authorization for File Review or Release of Copies of Workers' Compensation Claim File](#) form that can be used.

- In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.
- Select the **Document Type** from the drop-down menu.
- Enter a brief **Description**.
- Click **Upload** to continue.

- Under the **Authorizing Individual Information** section, fill in the **Name of the Authorizing Individual** field.
- Fill in the **Date Signed** field.
- Select the reason why the signing individual is authorized to access the files.
- Attach any additional supporting documentation by clicking the yellow **+ Upload Document** button.

Note: See steps 10 – 13 to upload documents.

- Under the **Confirm ID** section, fill in the **Attorney ID** field.



- Type your full name in the **Full Name of Signatory** field (must match your Campus user profile name) to sign electronically and click the checkbox to attest that you are legally signing and confirming the accuracy.
- Click the **Submit Form** button to save and continue.

- Upon submission you will see a confirmation screen showing a **Confirmation Number** and the **Associated ID**. You will also receive a confirmation email to the email address you have on file.

A DLI representative will then review your submission, and either accept or reject.

If **Approved** – you will receive an email to the account on file informing you of access approval and you will now see the Claim displayed on your My Claims Tab.

If **Denied** – you will receive an email to the account on file informing you of the access denial and providing you with the Campus support hotline information.

**Confirm ID**  
Confirm your Attorney ID

1.8 **Attorney ID \***

**E-Signature**  
Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation Unit (VRU).

1.9 **Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

NOTICE: Information concerning disability may not be used to make a job decision unless state or federal law permits use of this information. Unless authorized by state or federal law, any use or disclosure of this information beyond that submitted by the subject of this data is prohibited. Questions concerning use of disability information may be directed to the Minnesota Department of Human Rights at (612) 296-3444 or 1-800-637-8724.

Minnesota Statutes, § 19.221, subdivision 9 requires that information in a worker's compensation claim file maintained by the Department of Labor and Industry (department) may not be released without the authorization of the employee, employer, insurer, or dependent of the deceased employee. Minnesota Rules, part 5220.2890, subpart 1, requires an authorization to:

- be in writing
- be signed and dated within the last six months by the employee or legal guardian, employer, insurer, special compensation fund, or dependent of a deceased employee for the specified date of injury; and
- specify who is authorized to review the file.

Upon submission of this webform, your claim access authorization request will be submitted for review. You will receive an email alerting you whether your request was approved or denied. The department may ask for additional information to verify the identity of the person authorizing the release or the relationship of the person to a claim. Claim file information may not be released over the telephone without the authorization in the department's file. The department will only copy or permit review of claim file information for the dates of injury indicated on the authorization.

If you have questions, the worker's compensation file review office can be reached at (612) 284-5300; toll-free (800) 942-5354; and TTY: (612) 291-4198.

2.0 **Submit Form** back Save as Draft Preview Cancel

**Claim Access Authorization Successfully Submitted!**

Confirmation Number: 12757

Click the link to view your new document:  
[800-942-5354](tel:800-942-5354)

A confirmation email has been sent to cleding71@msoustain@gmail.com for your records. You may view your forms in [My Form History](#).

**DEPARTMENT OF LABOR AND INDUSTRY**  
Work Comp Campus™ 2019

**Address**  
443 Lafayette Road N  
St. Paul, MN 55155

**Contact**  
Phone: 651-284-5005, option 3  
Toll-free: 800-942-5354, option 3

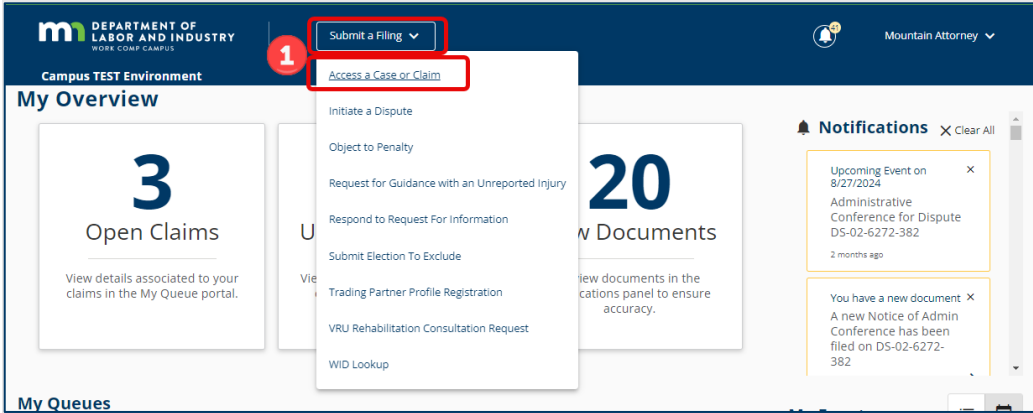
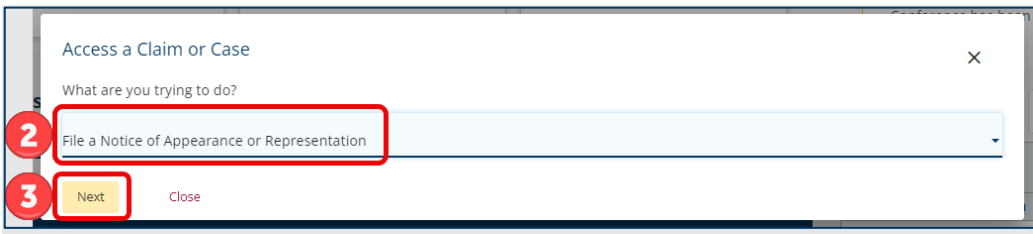
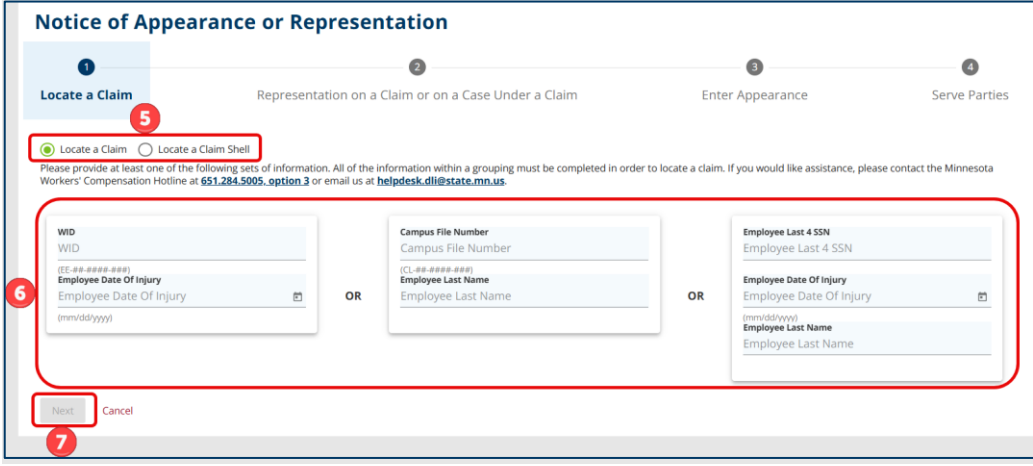
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# Law Firm Filing Functions

## Filing a Notice of Appearance or Representation

As an Attorney trying to gain access to a Claim, you will need to file a Notice of Appearance or Representation.

Note: You will need to be associated to a Law Firm Group to proceed.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>Click on the <b>Submit a Filing</b> drop-down to access the menu and select <b>Access a Case or Claim</b>.</li> <li>In the <b>Access a Claim or Case</b> pop-up window, select <b>File Notice of Appearance or Representation</b> from the drop-down menu.</li> <li>Click <b>Next</b> to continue.</li> </ol>	 
<ol style="list-style-type: none"> <li>On the <b>Notice of Appearance or Representation</b> page, step 1 is to <b>Locate a Claim</b>.</li> <li>Select <b>Locate a Claim</b></li> <li>Pick one of the groups of information and enter it for the injured worker authorization is being requested.</li> </ol> <p>Note: If unsure of the WID, there are instructions in the <a href="#">Locating a Worker Identification Number</a> section.</p> <ol style="list-style-type: none"> <li>Click <b>Next</b> to proceed to the web form.</li> </ol>	

8. Step 2 is to select **Representation on a Claim or on a Case under a Claim.**

- a) A **Claim** is all the information contained in the Division File.
- b) A **Case** limits access to a specific Dispute, Appeal, or Petition to Vacate under a Claim.

9. Click the yellow **Next** button to continue.

10. Step 3 is to **Enter Appearance** selections. In the **Representation** section, under the **Who do you represent?** area, select the party you are representing.

- Options are:
- a) Employee
  - b) Employer
  - c) Insurer
  - d) Other

11. Under the **What party do you represent?** area, select the party.

Note: You will need to select both the type of representation and at least one party to continue.

12. In **Are there limitations regarding your representation?**, drop-down, select the option that best applies.

- Options are:
- a) None
  - b) Yes, Duration – you will need to specify the date which representation will expire.
  - c) Yes, Other

If you answer **“Yes/Other”** to the question **“Are there limitations regarding your representation”**, you will need to wait for access approval/denial from DLI.

13. Under the **Verification** section, attach either a **Retainer Agreement** or **Notice of Representation** signed by the employee.

14. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

15. Enter a brief **Description**.

16. Click **Upload** to continue.

17. Click both **checkboxes** to acknowledge and confirm representation.

18. Under the **Attorney Information** section, verify that the information is correct.

19. In the **Attorney ID** field, enter the filing attorney's ID.

20. Click the yellow **Next** button.

**Verification**  
You must upload either a Retainer Agreement or Notice of Representation signed by the employee.

**Retainer Agreement**  
+ Upload Document

**Notice of Representation** 13  
+ Upload Document

Must upload a Retainer Agreement or Notice of Representation Document

Upload Document

14 Drag and drop files or click here

Document is required

Document Category

Document Type  
Retainer Agreement

Description 15

Upload 16 Cancel

17  The attorney named above hereby enters their appearance as the attorney of record for TIMMY TESTING in the above-captioned workers' compensation claim. All correspondence, pleadings, notices, orders and other documents should be directed to their attention.

A Document is filed with this notice. The employee is aware that Mountain Attorney and their law firm will have access, as provided by law, to all information related to this claim maintained by the Department of Labor and Industry in its division file.

**Attorney Information**

Attorney Name  
Mountain Attorney

Select an address from the list below. This address will be used if you receive service by mail for this Claim and Cases (if applicable) only and will not update the address on your profile. If you do not see the address listed below, contact your group administrator to get it set up or update the address on your profile.

18 Address\*  
443 MountainBLVD Saint Paul, Minnesota 55155

Phone Number  
6515555555

Email Address  
ctestng719+mountain@gmail.com

19 Attorney ID\*  
Attorney ID

Next 20 Back Cancel Save as Draft

21. Step 4 is to **Serve Parties**. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking on the applicable checkbox(s).
22. Check the **Declaration** to confirm the accuracy.
23. Type your full name in the **Full Name of Signatory** field and click the **checkbox** to legally sign electronically.
24. Click the yellow **Submit Form** button.

**Notice of Appearance or Representation**

Locate a Claim      Representation on a Claim or on a Case Under a Claim      Enter Appearance      **4** Serve Parties

**Affidavit of Service**  
Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	TIMMY TESTING	Employee	Other	Other	N/A
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None	
<input checked="" type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctestng719+snow@gmail.com	Electronic	10/25/2024
<input type="checkbox"/>	T	Employer	Other	None	N/A

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form    Back    Cancel    Preview Document

25. The parties selected will be served, and you will be taken to a submission confirmation page showing the **Confirmation Number, Associated ID** and **Document number**.

**DEPARTMENT OF LABOR AND INDUSTRY**  
WORK COMP CAMPUS

Campus TEST Environment

Mountain Attorney

**Notice of Appearance or Representation Successfully Submitted!**

Confirmation Number: 12800

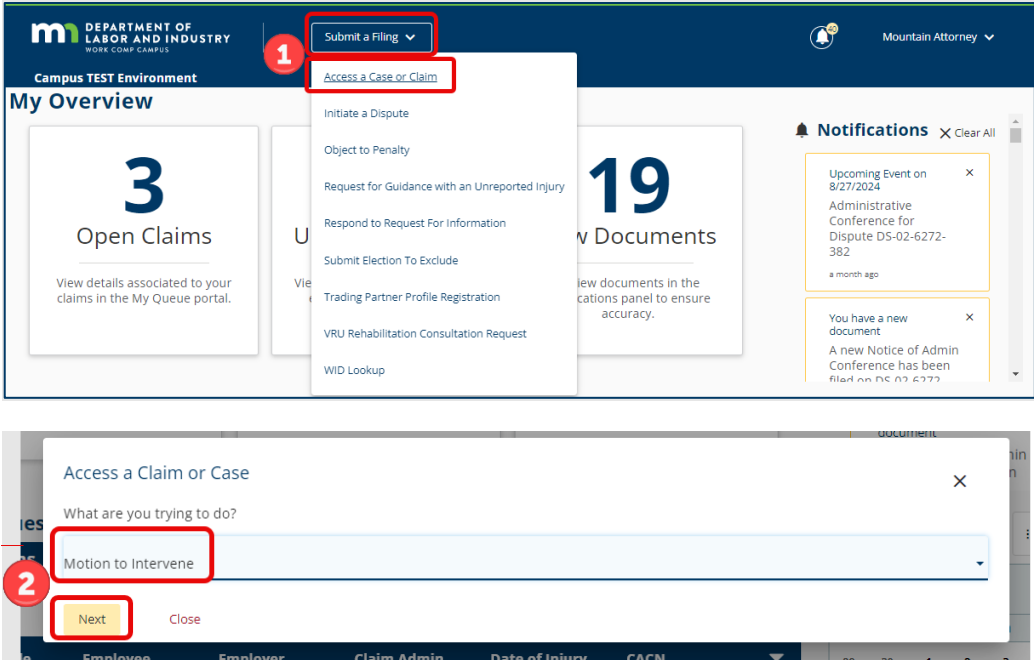
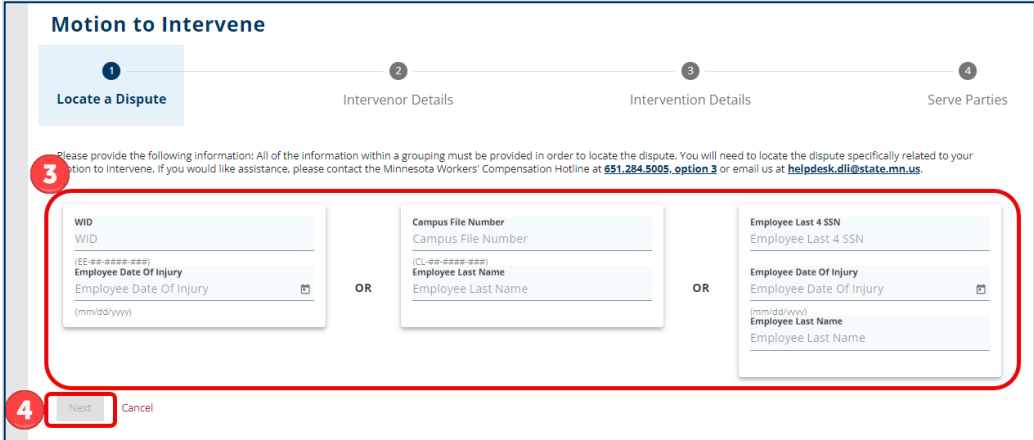
Associated ID: [CL-00-0903-836](#)

Click the link to view your new document: [DO-02-6276-973](#)

A confirmation email has been sent to ctesting719+mountain@gmail.com for your records. You may view your forms in [My Form History](#).

# Filing a Motion to Intervene

As a potential Intervenor looking to gain access to a Dispute, you will need to file a Motion to Intervene.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>1. Click on the <b>Submit a Filing</b> drop-down to access the menu and Select <b>Access a Case or Claim</b>.</li> <li>2. Select <b>Motion to Intervene</b> from the drop-down menu and then click the yellow <b>Next</b> button.</li> </ol>	 <p>The screenshot shows the 'My Overview' page with a 'Submit a Filing' dropdown menu open, highlighting 'Access a Case or Claim'. A second dropdown menu shows 'Motion to Intervene' selected. A 'Next' button is also visible.</p>
<ol style="list-style-type: none"> <li>3. On the <b>Motion to Intervene</b> page, step 1 is to <b>Locate a Claim</b>. Pick one of the groups of information and enter it for the injured worker authorization is being requested.</li> </ol> <p>Note: If unsure of the WID, there are instructions in the <a href="#">Locating a Worker Identification Number</a> section.</p> <ol style="list-style-type: none"> <li>4. Click <b>Next</b> to proceed to the webform.</li> </ol>	 <p>The screenshot shows the 'Motion to Intervene' webform with a progress bar indicating 'Locate a Dispute' as the current step. A red box highlights the input fields for WID, Campus File Number, and Employee Last Name/SSN. A 'Next' button is also highlighted.</p>

5. Select the applicable Dispute.
6. Click **Next** to continue to the next step.

5. 5 disputes were found that match the criteria entered above. Please refine your criteria or select the correct dispute from the list below to proceed.

WID	Employee Name	DisputeType	Date of Injury	Requesting Party	Select
EE-00-2695-898	TIMMY TESTING	Migrate	2/27/1980		Use DS-00-4353-714
EE-00-2695-898	TIMMY TESTING	Other	2/27/1980		Use DS-00-4350-229
EE-00-2695-898	TIMMY TESTING	Medical	2/27/1980		Use DS-00-4268-219
EE-00-2695-898	TIMMY TESTING	Other	2/27/1980		Use DS-00-4099-590
EE-00-2695-898	TIMMY TESTING	Migrate	2/27/1980		Use DS-00-4068-735
EE-00-2695-898	TIMMY TESTING	Other	2/27/1980		Use DS-00-4022-988
EE-00-2695-898	TIMMY TESTING	Other	2/27/1980		Use DS-00-3960-530
EE-00-2695-898	TIMMY TESTING	Other	2/27/1980		Use DS-00-3935-027

Showing (1-8) of 8 | < < 1 > > | Items per page 50

6. **Next** Cancel

7. Step 2 is to identify the **Intervenor Details**. Under the **Organization** field, click on the **Lookup**.

### Motion to Intervene

1. Locate a Dispute | **2. Intervenor Details** | 3. Intervention Details | 4. Serve Parties

Complete the following information related to the organization filing this Motion to Intervene. Intervenor provide services or pay benefits to or on behalf of the employee and have a statutory right to intervene under Minnesota Statutes § 176.361.

Which organization do you represent?

Organization \*

Organization is required

My organization is not listed

Lookup

8. Select the option that aligns with the type of intervenor.
- Options are:
- a) Employer
  - b) Insurer
  - c) Rehab Provider Group
  - d) Health Care Provider
  - e) Supplemental Entity

Lookup

- Employer
- Insurer
- Rehab Provider Group
- Health Care Provider
- Supplemental Entity

9. A pop-up window will display, fill in the intervenors information and click the yellow **Search** button.

Note: The more information provided the easier it will be to locate the intervenor information.

Health Care Provider Lookup

Please provide some information in the fields below to locate the health care provider you are searching for.

Health Care Provider Name  
ABC

FEIN

Address 1

Address 2

City State ZIP Code

Search Clear Cancel

10. Once the information is selected, click the yellow **Next** button to continue.

Motion to Intervene

1 Locate a Dispute 2 Intervenor Details 3 Intervention Details 4 Serve Parties

Complete the following information related to the organization filing this Motion to Intervene. Intervenor provide services or pay benefits to or on behalf of the employee and have a statutory right to intervene under Minnesota Statutes § 176.361.

Which organization do you represent?  
Organization \*

HC-01-6171-496: ABC Tooth Drilling Co. Lookup

My organization is not listed

10 Next Back Cancel Save as Draft

11. Step 3 is filling in the **Intervention Details** – fill out the required fields on the page.

12. Select the **Acknowledge Intervention** checkbox.

Motion to Intervene

1 Locate a Dispute 2 Intervenor Details 3 Intervention Details 4 Serve Parties

The applicant is filing this Motion to Intervene in the following disputes: DS-00-4268-219

The applicant, APPLICANT, has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes § 176.361.

Attached to this Motion to Intervene is an exhibit(s) itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant for the dates below:

Total Claim Amount to Date *	Start Date *	End Date *
\$ Total Claim Amount to Date	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.

12  Acknowledge Intervention

A determination in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).

The applicant's representative, who has authority to settle on behalf of the applicant, can be contacted using the information below:

First Name * Mountain	Last Name * Attorney	Title * Title
Phone * (651) 555-5555	Email * ctestng719+mountain@gmail.com	

Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.



13. Click the **+ Upload Document** button to attach supporting documentation.

14. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

15. Select the **Document Type** from the drop-down menu.

16. Enter a brief **Description**.

17. Click **Upload** to continue.

18. In the **Confirm Attorney Bar ID** field, enter the filing attorney's bar ID number.

19. Mark the checkbox to acknowledge attorney appearance and click the yellow **Next** button to continue.

20. The final step is to **Serve Parties** – select the parties to serve by clicking on the applicable checkbox(s).

Serve Party	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/> TIMMY TESTING	Employee	2227 MY HOUSE APT 27777777 ST PAUL, MN 55101	US Mail	Choose a date * 10/11/2024
<input type="checkbox"/> Uat Attorney	Attorney	Uattestdli+atty@gmail.com	None	
<input type="checkbox"/> Casper Ghost	Attorney	Uattestdli+atty1@gmail.com	None	
<input type="checkbox"/> Suzy Assist	Other Representative	Uattestdli+assist1@gmail.com	None	
<input type="checkbox"/> Tammy General	Other Representative	Uattestdli+other@gmail.com	None	
<input type="checkbox"/> Snow Paralegal	Paralegal	ctestdli719+snow@gmail.com	None	
<input type="checkbox"/> Uat Attorney	Service of Process Designee for Uat Law Firm Inc	Uattestdli+atty@gmail.com	None	N/A

21. Check the **Declaration** box.

22. Type your full name and click the checkbox to confirm your electronic signature.

23. Click **Submit Form**.

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**  
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and clicking this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**22** Full Name of Signatory \*  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

**23** Submit Form Back Cancel Preview Document

24. The confirmation page appears indicating that your request has been sent to DLI for processing. A **Confirmation Number** will display on the screen and you will also receive a confirmation to your email on file.

25. Once **approved**, it will appear in your Dashboard > My Disputes Tab.

**m** DEPARTMENT OF LABOR AND INDUSTRY  
WORK CAMPUS

Submit a Filing

Tom Bombardi

**24** Confirmation Number: 2025

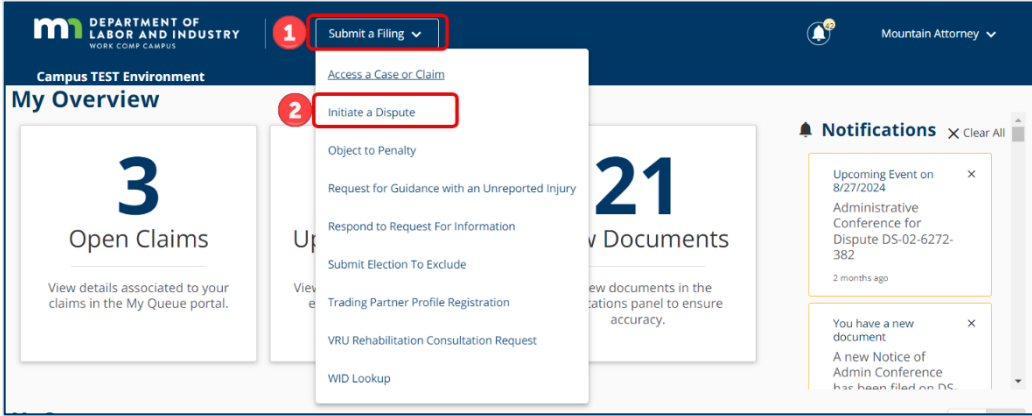
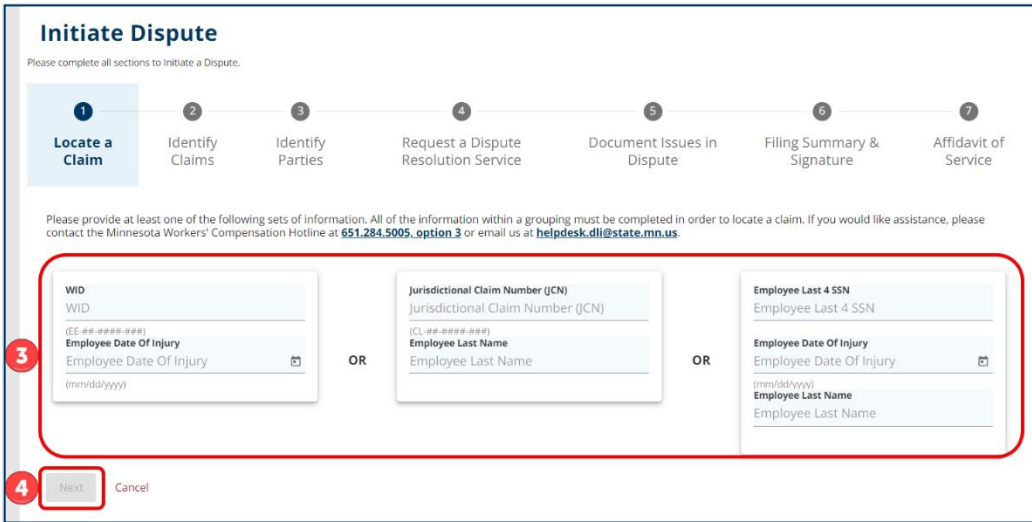
Motion to Intervene Successfully Submitted!

A confirmation email has been sent to DLI@TestExt1+general9@gmail.com for your records. You may view your forms in [My Form History](#).

# Filing a Request for Assistance

## From the Dashboard

External users can file a Request for Assistance (RFA) in Campus.

Instructions	Visual aids
<ol style="list-style-type: none"><li>From the Dashboard, click on <b>Submit a Filing</b> in the drop-down.</li><li>In the drop-down menu, select <b>Initiate a Dispute</b>.</li></ol>	
<ol style="list-style-type: none"><li>In the <b>Initiate a Dispute</b> page, Step 1 is to <b>Locate a Claim</b>. Pick one of the groups of information and enter it for the injured worker authorization is being requested.</li></ol> <p>Note: If unsure of the WID, there are instructions in the <a href="#">Locating a Worker Identification Number</a> section.</p> <ol style="list-style-type: none"><li>Click <b>Next</b> to proceed to the webform.</li></ol>	

- Step 2 is to **Identify Claims**, the associated claim will already be selected.
- Click **Next**.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

1. Locate a Claim | **2. Identify Claims** | 3. Identify Parties | 4. Request a Dispute Resolution Service | 5. Document Issues in Dispute | 6. Filing Summary & Signature | 7. Affidavit of Service

**Associated Claims**  
Select any additional claims to include in this dispute  
You can only link to this employee's claims that you have access to view

	Campus File Number	Date of Injury	Claim Administrator Claim Number
<b>Selected Claim</b>			
	CL-00-0903-836	2/27/1980	5654887588
<b>Related Claims</b>	There are no related claims that you have access to with the same employee.		

6. **Next** | Back | Save as Draft | Preview | Cancel

- Step 3 is to **Identify Parties**. Under the **Select Party** drop-down, select the primary parties being represented.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

1. Locate a Claim | 2. Identify Claims | **3. Identify Parties** | 4. Request a Dispute Resolution Service | 5. Document Issues in Dispute | 6. Filing Summary & Signature | 7. Affidavit of Service

**Identify the Party You Represent**  
Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

7. **Select Party \*** |  My party is not in this list

**Identify Other Parties in Dispute**  
Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input type="checkbox"/>	[Redacted]		
<input type="checkbox"/>	TIMMY TESTING	Employee	123 MAIN ST, ST PAUL MN 55101
<input type="checkbox"/>	T	Employer	R, ST PAUL MN 55101
<input type="checkbox"/>	[Redacted]	Insurer	None Identified

9. **+ Add Party**

10. **Next** | Back | Save as Draft | Preview | Cancel

- In the **Identify Other Parties in Dispute** section, select the parties that will need to be served later in the process.

- If any parties aren't listed and need to be added click the yellow **+Add Party** to add additional parties if needed, e.g., an employer or insurer not already listed.

**Do not** add attorneys or intervenors here.

- Click the yellow **Next** button.

11. Step 4 to **Request a Dispute Resolution Service**. Select one of the following Dispute actions from the drop-down:

- Certify this Dispute
- Request a Mediation
- Request an Administrative Conference
- Request no service now, only initiate the dispute – **Not a valid choice**

12. Click the yellow **Next** button.

Note: For this example, we will be requesting an administrative conference.

The screenshot shows the 'Initiate Dispute' workflow with seven steps: 1. Locate a Claim, 2. Identify Claims, 3. Identify Parties, 4. Request a Dispute Resolution Service (highlighted), 5. Document Issues in Dispute, 6. Filing Summary & Signature, and 7. Affidavit of Service. Below the progress bar, the text reads: 'Choose a Dispute Resolution Service. Select a Resolution Service you would like to help resolve your Dispute. If you want to request an Administrative Conference, there must be documented issues on this Dispute. To add issues to a Dispute, choose "Amend this Dispute" from the Dispute details page.' A red box highlights the 'Dispute Action \*' dropdown menu, with a red circle '11' next to it. Below the dropdown are buttons for 'Back', 'Next' (highlighted with a red circle '12'), 'Save as Draft', 'Preview', and 'Cancel'.

13. Step 5 is to **Document Issues in a Dispute**. In the drop-down menu, select if the Dispute is Medical or Rehabilitation.

Note: For this example, we will select medical.

The screenshot shows the 'Initiate Dispute' workflow with five steps highlighted: 1. Locate a Claim, 2. Identify Claims, 3. Identify Parties, 4. Request a Dispute Resolution Service, and 5. Document Issues in Dispute (highlighted). Below the progress bar, the text reads: 'Select the type that most applies to the reason you are filing this dispute \*'. A red box highlights the dropdown menu, with a red circle '13' next to it.

14. Under the **Disputed Issues** section, click **+Add Issue** to add at least one disputed issue.

The screenshot shows the 'Disputed Issues' section with a red box highlighting the '+ Add Issue' button, with a red circle '14' next to it.

15. In the **Open Issue** pop-up window, under the **Are you requesting a service or seeing reimbursement?** field, select the appropriate option:  
a) Service  
b) Seeking Reimbursement

16. In the **Which of the following applies to the service you are requesting or seeking reimbursement for?** field, select the appropriate option:  
a) Change of doctor  
b) Equipment

The screenshot shows the 'Open Issue' pop-up window with the text: 'Complete the following questions for each open issue.' Below this are three fields: 1. 'Are you requesting a service or seeking reimbursement? \*' (highlighted with a red box and red circle '15'). 2. 'Which of the following applies to the service you are requesting or seeking reimbursement for? \*' (highlighted with a red box and red circle '16'). 3. 'Specify any details about the issue. \*' (highlighted with a red box and red circle '17'). Below these fields is a 'Status \*' dropdown menu with 'Open' selected. At the bottom are 'Save' (highlighted with a red box and red circle '18') and 'Cancel' buttons.

- c) Medical Prescriptions
  - d) Second opinion/Consultation
  - e) Surgery
  - f) Treatment
  - g) Change of Rehab Provider
  - h) Plan content
  - i) Plan duration
  - j) Rehab consultation/Eligibility
  - k) Retraining
  - l) Other
  - m) Other – Medical
  - n) Other – Rehab
17. In the **Specify any details about the issue** field, enter a description regarding the issue.
18. Once completed, click the yellow **Save** button.

19. Under the **Supporting Attachments** section, click **Upload Document** to add any supporting documentation. Examples include but are not limited to:
- Itemized bills
  - Medical reports
  - Mileage or parking expenses

20. In the **Explain the details of your request** field, enter a detailed narrative in support of the claim.
21. Once completed, click the yellow **Next** button to continue.

**Supporting Attachments**

19 + Upload Document

File Name	File Type	Description	Remove
<b>Instructions</b>			
<p>If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, retraining, or other service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above.</p>			
<p>20 Explain the details of your request</p> <p>Explain the details of your request.</p> <p>A decision can be reached solely on the documents provided below and the explanation provided here.</p>			
<p>21 Back Next Save as Draft Preview Cancel</p>			

22. Step 6 is the **Filing Summary and Signature**. This section provides a summary of all the information entered as a final review prior to submission.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

Progress: 1. Locate a Claim, 2. Identify Claims, 3. Identify Parties, 4. Request a Dispute Resolution Service, 5. Document Issues in Dispute, **6. Filing Summary & Signature**, 7. Affidavit of Service

**Claims Associated to this Dispute** 22

Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim		
CL-00-0903-836	2/27/1980	5654887588
Related Claims		
There are no related claims with the same employee		

**Parties in Dispute**

Name	Role	Address
TIMMY TESTING	Employee	123 MAIN ST, ST PAUL, MN 55101
T	Employer	R, ST PAUL, MN 55101
	Insurer	None Identified

**Dispute Issue and Document Summary**

Dispute Type	Number of Issues	Document to be filed with DLI	Date Processed
Medical	1	Request for Assistance	10/22/2024

23. If a Notice of Appearance has not been filed in the claim, the **Notice of Appearance or Representation** section will display and allow for this to be completed during this step.

**Notice of Appearance or Representation**

You have not filed a Notice of Representation to represent this client on a claim. By filing this form, you will be submitting a Notice of Appearance or Representation to represent the Requesting Party on this dispute. All correspondence, pleadings, notices, orders and other documents should be directed to the Requesting Party's attention.

Attorney Name  
Mountain Attorney

Select an address from the list below. This address will be used if you receive service by mail for this Claim and Case(s) (if applicable) only and will not update the address on your profile. If you do not see the address listed below, contact your group administrator to get it set up or update the address on your profile.

Address \*  
443 MountainBLVD Saint Paul, Minnesota 55155

Phone Number  
6515555555

Email Address  
ctestng719+mountain@gmail.com

Attorney ID \*  
Attorney ID

23

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically.

25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

26. Once complete, click the yellow **Next** button.

**Electronic Signature**

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \* 24

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. 25

Buttons: Back, Next 26, Save as Draft, Preview, Cancel

27. Step 7 is the **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.
28. Click the yellow **+Add Service Recipient** button to add any parties not listed or additional parties that require service.

**Initiate Dispute**  
Please complete all sections to initiate a Dispute.

1. Locate a Claim   2. Identify Claims   3. Identify Parties   4. Request a Dispute Resolution Service   5. Document Issues in Dispute   6. Filing Summary & Signature   7. Affidavit of Service

**Affidavit of Service Parties**  
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient 28

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	TIMMY TESTING	Employee	Other	None	N/A
<input type="checkbox"/>	[REDACTED]			None	
<input checked="" type="checkbox"/>	T	Employer	Other	Electronic	10/22/2024
<input type="checkbox"/>	[REDACTED]			None	N/A
<input type="checkbox"/>	[REDACTED]			None	N/A
<input type="checkbox"/>	Annual Tester	Other Representative	N/A	None	N/A
<input type="checkbox"/>	[REDACTED]			None	N/A

27

29. Under the **Declaration** section, box.
30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically.
31. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
32. Once complete, click the yellow **Submit Form** button.

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document.
- Send an email to all parties who receive service via Campus.

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

29  I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

30 Full Name of Signatory \*

Full Name of Signatory

31  I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Back Submit Form 32 Save as Draft Preview Cancel

33. If **successful**, a confirmation page will display.

This includes links to the **Dispute (DS)** and the document (DO) that was created within Campus. This will also be visible on the user's Campus Dashboard.

DEPARTMENT OF LABOR AND INDUSTRY  
Work Comp Campus

Campus TEST Environment

Initiate Dispute Successfully Submitted!

Confirmation Number: 6729

Associated ID: DS-02-5883-688

Click the link to view your new document:  
DO-02-5883-699

A confirmation email has been sent to Craymond.dli+RekButts@gmail.com for your records. You may view your forms in **My Form History**.

DEPARTMENT OF LABOR AND INDUSTRY  
Work Comp Campus™ 2019

**Address**  
443 Lafayette Road N  
St. Paul, MN 55155

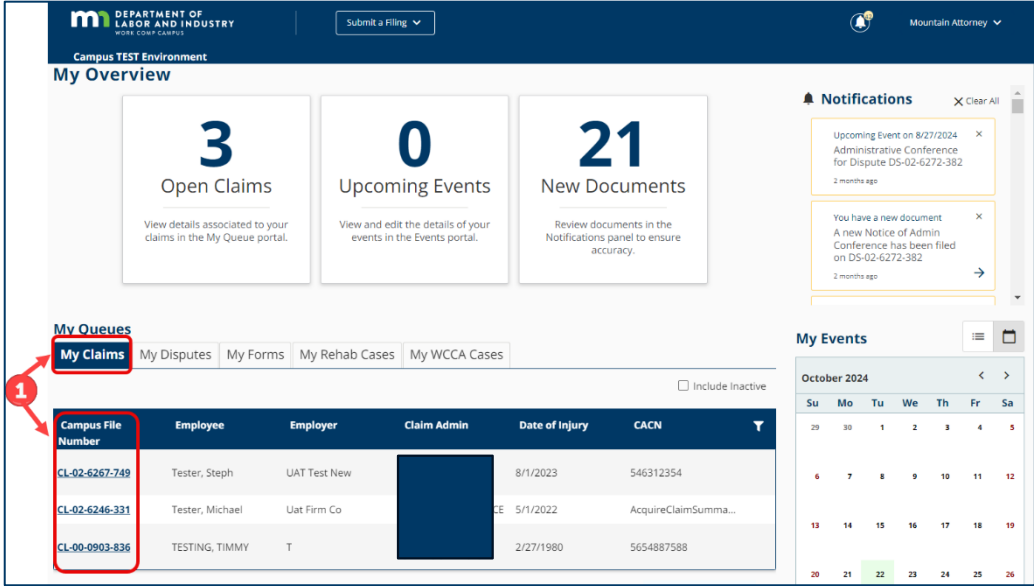
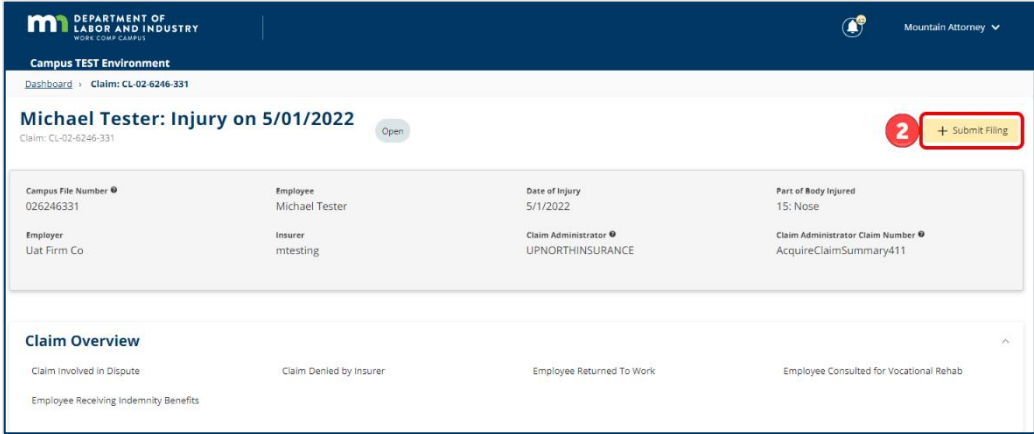
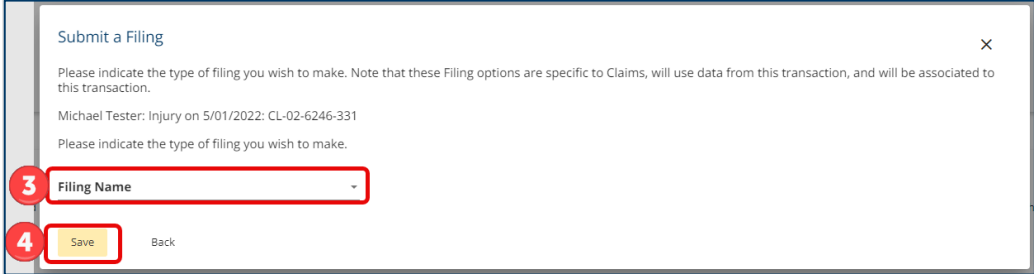
**Contact**  
Phone: 651-284-5005, option 3  
Toll-free: 800-342-5354, option 3

**About Us**  
Help  
Terms and Conditions of Use and Privacy Policy



## From the Claims Details Page

External users can file a Request for Assistance (RFA) in Campus from the Claims Details page.

Instructions	Visual aids
<p>1. From the Dashboard, locate the <b>My Claims</b> tab and under the <b>Campus File Number</b> column, select the claim number to file the RFA.</p>	
<p>2. From the <b>Claims Details</b> page, click on the yellow <b>+Submit Filing</b> button.</p>	
<p>3. In the <b>Submit a Filing</b> pop-up window, click on the <b>Filing Name</b> drop-down and select the <b>Initiate a Dispute</b> option.</p> <p>4. Click the yellow <b>Save</b> button.</p>	

5. In the **Initiate a Dispute** page, Step 1 is to **Identify Claims**. The associated claim will already be selected.

6. Click the yellow **Next** button to proceed to the web form.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

1 Identify Claims 2 Identify Parties 3 Request a Dispute Resolution Service 4 Document Issues in Dispute 5 Filing Summary & Signature 6 Affidavit of Service

**Associated Claims**  
Select any additional claims to include in this dispute  
You can only link to this employee's claims that you have access to view

Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim		
CL-02-6246-331	5/1/2022	AcquireClaimSummary411

**Related Claims**  
There are no related claims that you have access to with the same employee.

6 Next Back Save as Draft Preview Cancel

7. Step 2 is to **Identify Parties**. Under the **Select Party** drop-down, select the primary parties being represented.

8. In the **Identify Other Parties in Dispute** section, select the parties that will need to be served later in the process.

9. If any parties aren't listed and need to be added click the yellow **+Add Party** to add additional parties if needed, e.g., an employer or insurer not already listed.

**Do not** add attorneys or intervenors here.

10. Click the yellow **Next** button.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

1 Identify Claims 2 Identify Parties 3 Request a Dispute Resolution Service 4 Document Issues in Dispute 5 Filing Summary & Signature 6 Affidavit of Service

**Identify the Party You Represent**  
Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

7 Select Party \* -  My party is not in this list

**Identify Other Parties in Dispute**  
Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input checked="" type="checkbox"/>	UPNORTHINSURANCE	Claim Admin	One Upper Pond Rd. Suite 4, Parsippany NJ 070541050
<input type="checkbox"/>	Michael Tester	Employee	555 Main St, Roseville MN 55113
<input type="checkbox"/>	Uat Firm Co	Employer	1235 main Street, Saint Cloud MN 56303
<input type="checkbox"/>	mtesting	Insurer	222 Main St, Saint Paul 551189858
<input type="checkbox"/>	UCWCP	UCWCP	123 UCWCP Ct., Viking MN 56760

8

9 You must select one or more other parties to continue  
+ Add Party

10 Back Save as Draft Preview Cancel

11. Step 3 to **Request a Dispute Resolution Service**. Select one of the following Dispute actions from the drop-down:

- a) Certify this Dispute
- b) Request a Mediation
- c) Request an Administrative Conference
- d) Request no service now, only initiate the dispute – **Not a valid choice**

12. Click the yellow **Next** button.

Note: For this example, we will be requesting an administrative conference.

The screenshot shows the 'Initiate Dispute' workflow with six steps: 1. Identify Claims, 2. Identify Parties, 3. Request a Dispute Resolution Service (highlighted), 4. Document Issues in Dispute, 5. Filing Summary & Signature, and 6. Affidavit of Service. Below the progress bar, the section 'Choose a Dispute Resolution Service' is active. It includes a dropdown menu for 'Dispute Action \*' with a red circle '11' next to it. At the bottom, there are buttons for 'Back', 'Next' (highlighted with a red circle '12'), 'Save as Draft', 'Preview', and 'Cancel'.

13. Step 4 is to **Document Issues in a Dispute**. In the drop-down menu, select if the Dispute is Medical or Rehabilitation.

Note: For this example, we will select medical.

The screenshot shows the 'Initiate Dispute' workflow with Step 4, 'Document Issues in Dispute', highlighted. Below the progress bar, the section 'What type of request are you filing?' is active. It includes a dropdown menu with a red circle '13' next to it. Below the dropdown is the text: 'Select the type that most applies to the reason you are filing this dispute \*'.

14. Under the **Disputed Issues** section, click **+Add Issue** to add at least one disputed issue.

The screenshot shows the 'Disputed Issues' section with a red circle '14' next to a yellow '+ Add Issue' button.

15. In the **Open Issue** pop-up window, under the **Are you requesting a service or seeing reimbursement?** field, select the appropriate option:

- a) Service
- b) Seeking Reimbursement

16. In the **Which of the following applies to the service you are requesting or seeking reimbursement for?** field, select the appropriate option:

- a) Change of doctor
- b) Equipment
- c) Medical Prescriptions
- d) Second opinion/Consultation
- e) Surgery

The screenshot shows the 'Open Issue' pop-up window. It contains the following fields: 'Are you requesting a service or seeking reimbursement? \*' (highlighted with a red circle '15'), 'Which of the following applies to the service you are requesting or seeking reimbursement for? \*' (highlighted with a red circle '16'), 'Specify any details about the issue. \*' (highlighted with a red circle '17'), and 'Status \*' (set to 'Open'). At the bottom, there are 'Save' (highlighted with a red circle '18') and 'Cancel' buttons.

- f) Treatment
- g) Change of Rehab Provider
- h) Plan content
- i) Plan duration
- j) Rehab  
consultation/Eligibility
- k) Retraining
- l) Other
- m) Other – Medical
- n) Other – Rehab

17. In the **Specify any details about the issue** field, enter a description regarding the issue.
18. Once completed, click the yellow **Save** button.

19. Under the **Supporting Attachments** section, click **Upload Document** to add any supporting documentation. Examples include but are not limited to:
  - a) Itemized bills
  - b) Medical reports
  - c) Mileage or parking expenses

20. In the **Explain the details of your request** field, enter a detailed narrative in support of the claim.

21. Once completed, click the yellow **Next** button to continue.

**Supporting Attachments**

19 + Upload Document

File Name	File Type	Description	Remove
<p><b>Instructions</b></p> <p>If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, retraining, or other service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above.</p>			

20 Explain the details of your request  
Explain the details of your request

A decision can be reached solely on the documents provided below and the explanation provided here.

21 Back Next Save as Draft Preview Cancel

22. Step 5 is the **Filing Summary and Signature**. This section provides a summary of all the information entered as final review prior to submitting.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

Progress: 1. Identify Claims, 2. Identify Parties, 3. Request a Dispute Resolution Service, 4. Document Issues in Dispute, 5. **Filing Summary & Signature**, 6. Affidavit of Service

**Claims Associated to this Dispute** 22

Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim		
CL-02-6246-331	5/1/2022	AcquireClaimsSummary411
<b>Related Claims</b>		
There are no related claims with the same employee		

**Parties in Dispute**

Name	Role	Address
UPNORTHINSURANCE	Requesting Party	One Upper Pond Rd. Suite 4, Parsippany NJ 070541050
Michael Tester	Employee	555 Main St, Roseville MN 55113
Uat Firm Co	Employer	1235 main Street, Saint Cloud MN 56303
mtesting	Insurer	222 Main St, Saint Paul 551189858
UCWCP	UCWCP	123 UCWCP Ct., Viking MN 56760

**Dispute Issue and Document Summary**

Dispute Type	Document to be filed with DLI	Date Processed
Medical	Request for Assistance	10/22/2024

23. If a Notice of Appearance has not been filed in the claim, the **Notice of Appearance or Representation** section will display and allow for this to be completed during this step.

**Notice of Appearance or Representation**  
You have not filed a Notice of Representation to represent this client on a claim. By filing this form, you will be submitting a Notice of Appearance or Representation to represent the Requesting Party on this dispute. All correspondence, pleadings, notices, orders and other documents should be directed to the Requesting Party's attention.

**Attorney Name**  
Mountain Attorney

Select an address from the list below. This address will be used if you receive service by mail for this Claim and Case(s) (if applicable) only and will not update the address on your profile. If you do not see the address listed below, contact your group administrator to get it set up or update the address on your profile.

**Address \***  
443 MountainBLVD Saint Paul, Minnesota 55155

**Phone Number**  
6515555555

**Email Address**  
ctesting719+mountain@gmail.com

**Attorney ID \***  
Attorney ID

23

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically.

25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

26. Once complete, click the yellow **Next** button.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \*** 24

Full Name of Signatory

25  I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Buttons: Back, Next 26, Save as Draft, Preview, Cancel

27. Step 6 is the **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.
28. Click the yellow **+Add Service Recipient** button to add any parties not listed or additional parties that require service.

**Initiate Dispute**  
Please complete all sections to Initiate a Dispute.

Identify Claims    Identify Parties    Request a Dispute Resolution Service    Document Issues in Dispute    Filing Summary & Signature    **Affidavit of Service**

**Affidavit of Service Parties**  
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

**+ Add Service Recipient** 28

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	Michael Tester	Employee	555 Main St Roseville, MN 55113	None	N/A
<input type="checkbox"/>	Mike Test	Attorney	mtesting223+attym@gmail.com	None	
<input type="checkbox"/>	Mike ParaText	Paralegal	mtesting223+para@gmail.com	None	
<input type="checkbox"/>	Mark Para	Paralegal	uattestdl+para10@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestest719+snow@gmail.com	None	
<input type="checkbox"/>	Uat Attorney	Service of Process Designee for Uat Law Firm Inc	uattestdl+atty@gmail.com	None	N/A
<input type="checkbox"/>	Tammy General	Service of Process Designee for Uat Law Firm Inc	uattestdl+other@gmail.com	None	N/A
<input type="checkbox"/>	Charlie Chaplin	Service of Process Designee for Uat Law Firm Inc	uattestdl+supp2@gmail.com	None	N/A
<input type="checkbox"/>	Harper Attorney	Service of Process Designee for Uat Law Firm Inc	Lokttester344+attorney@gmail.com	None	N/A
<input type="checkbox"/>	Test Attorney	Service of Process Designee for Uat Law Firm Inc	Lokttester344+attorney2@gmail.com	None	N/A

29. Under the **Declaration** section, box.
30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically.
31. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
32. Once complete, click the yellow **Submit Form** button.

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

29  I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

30 Full Name of Signatory \*  
Full Name of Signatory

31  I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Back    **Submit Form** 32    Save as Draft    Preview    Cancel

33. If **successful**, a confirmation page will display.

This includes links to the **Dispute (DS)** and the document (DO) that was created within Campus. This will also be visible on the user's Campus Dashboard.

**m** DEPARTMENT OF LABOR AND INDUSTRY  
MORE COMP CAMPUS

Campus TEST Environment

**Initiate Dispute Successfully Submitted!**

Confirmation Number: 6729

Associated ID: **DS-02-5883-688**

Click the link to view your new document:  
**DO-02-5883-690**

A confirmation email has been sent to Craymond.dli@red8butts@gmail.com for your records. You may view your forms in **My Form History**.

**m** DEPARTMENT OF LABOR AND INDUSTRY  
Work Comp Campus™ 2019

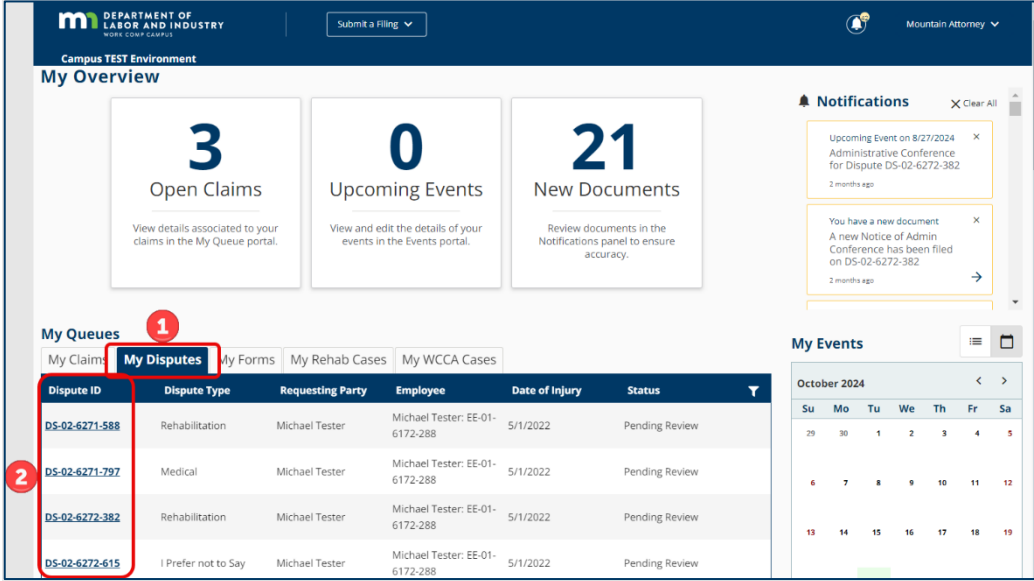
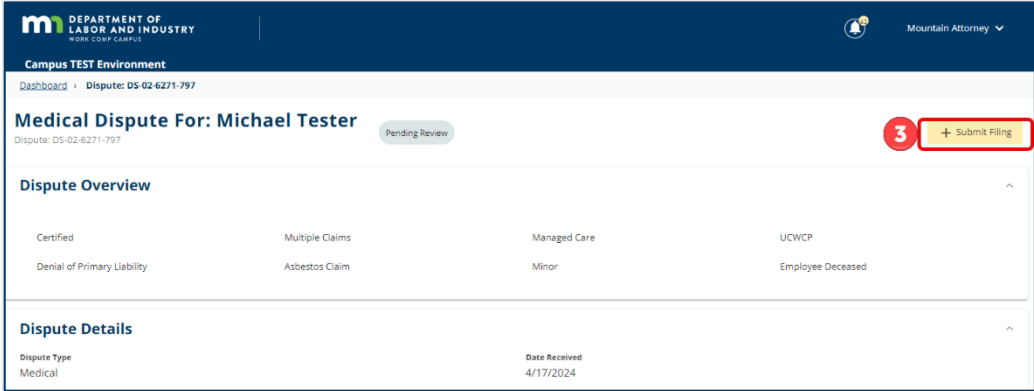
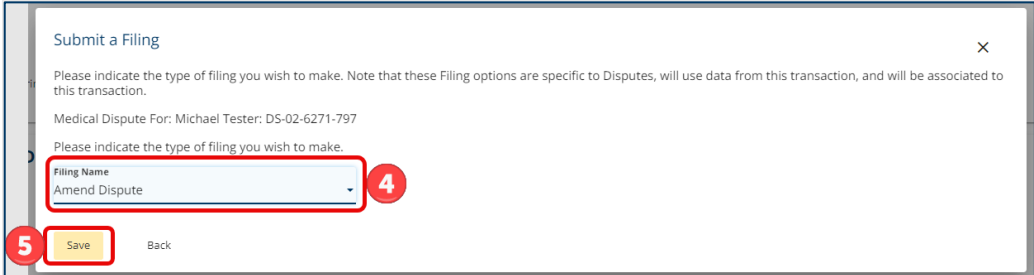
**Address**  
443 Lafayette Road N  
St. Paul, MN 55155

**Contact**  
Phone: 651-284-5005, option 3  
Toll-free: 800-342-5354, option 3

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[Terms and Conditions of Use and Privacy Policy](#)

# Amending a Request for Assistance

Through this process, you can add or remove parties, add or remove issues, and add documents to the dispute. Here are different Amendments that can be made.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the Dashboard, click on the <b>My Disputes</b> tab.</li> <li>Under the <b>Dispute ID</b> column, click on the Dispute ID that requires edits.</li> </ol>	
<ol style="list-style-type: none"> <li>In the <b>Claim Details Page</b>, click on the yellow <b>Submit Filing</b> button.</li> </ol>	
<ol style="list-style-type: none"> <li>In the <b>Submit a Filing</b> pop-up window, select <b>Amend Dispute</b> from the drop-down menu.</li> <li>Click the yellow <b>Save</b> button.</li> </ol>	

- In the **Amend a Dispute** page, Step 1 is to **Identify Claims**. The associated claim will already be selected.
- Click the yellow **Next** button to proceed to the webform.

**Amend Dispute**  
Please complete all sections to Amend this Dispute.

1 Identify Claims    2 Identify Parties    3 Document Issues in Dispute    4 Filing Summary & Signature    5 Affidavit of Service

**Associated Claims**  
Select any additional claims to include in this dispute  
You can only link to this employee's claims that you have access to view

	Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim	CL-02-6246-331	5/1/2022	AcquireClaimSummary411
Related Claims	There are no related claims that you have access to with the same employee.		

7 **Next** Back Save as Draft Preview Cancel

- Step 2 is to **Identify Parties**. Under the **Select Party** the primary party being represented is pre-populated.

**Amend Dispute**  
Please complete all sections to Amend this Dispute.

1 Identify Claims    2 Identify Parties    3 Document Issues in Dispute    4 Filing Summary & Signature    5 Affidavit of Service

**Identify the Party You Represent**  
Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

8 **Select Party**  
Michael Tester -  My party is not in this list

**Identify Other Parties in Dispute**  
Identify the other parties and intervenors on this dispute

	Name	Role	Address
9 <input checked="" type="checkbox"/>	UPNORTHINSURANCE	Claim Admin	One Upper Pond Rd, Suite 4, Parsippany NJ 070541050
<input checked="" type="checkbox"/>	Uat Firm Co	Employer	1235 main Street, Saint Cloud MN 56303
<input checked="" type="checkbox"/>	mtesting	Insurer	222 Main St, Saint Paul 551189858
<input type="checkbox"/>	UCWCP	UCWCP	123 UCWCP Ct., Viking MN 56760

10 **+ Add Party**

11 Back **Next** Save as Draft Preview Cancel

- In the **Identify Other Parties in Dispute** section, select or remove the parties that will need to be served later in the process.

- If any parties aren't listed and need to be added click the yellow **+Add Party** to add additional parties if needed, e.g., an employer or insurer not already listed.

**Do not** add attorneys or intervenors here.

- Click the yellow **Next** button.



12. Step 3 is to **Document Issues in a Dispute**. In the drop-down menu, change if the Dispute is Medical or Rehabilitation.

13. Click **Add Issues** to add any missed or new issues.

**Amend Dispute**  
Please complete all sections to Amend this Dispute.

Identify Claims    Identify Parties    **Document Issues in Dispute**    Filing Summary & Signature    Affidavit of Service

12 Select the type that most applies to the reason you are filing this dispute \*  
Medical

We found a potential duplicate dispute that matches the information you have entered on this form. You can gain access to the claim in Campus to view the details and to file this request to the existing file. Contact the Minnesota Department of Labor Alternative Dispute Resolution team for support.

**Disputed Issues**

13 + Add Issue

Request Type	Benefit Issue
Service	Equipment
Issue Type	Description
Other	Test
Issue Status	Edit Issue
Open	

14. Under the **Supporting Attachments** section, click **Upload Document** to add any additional supporting documentation.

Examples include but are not limited to:

- Itemized bills
- Medical reports
- Mileage or parking expenses

15. In the **Explain the details of your request** field, update the detailed narrative in support of the claim.

16. Once completed, click the yellow **Next** button to continue.

**Supporting Attachments**

14 + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

**Instructions**  
If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, retraining, or other service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above.

15 Explain the details of your request  
Explain the details of your request

A decision can be reached solely on the documents provided below and the explanation provided here.

Back    16 Next    Save as Draft    Preview    Cancel

17. Step 4 is to review the **Filing Summary and Signature**. This will provide a summary of all the information entered as final review prior to submitting.
18. Provide an Electronic Signature
19. Check the attestation box
20. Click **Next**

**Amend Dispute**  
Please complete all sections to Amend this Dispute.

Identify Claims    Identify Parties    Document Issues in Dispute    **Filing Summary & Signature**    Affidavit of Service

**Claims Associated to this Dispute**

Campus File Number	Date of Injury	Claim Administrator Claim Number
<b>Selected Claim</b>		
CL-02-6246-331	5/1/2022	AcquireClaimSummary411
<b>Related Claims</b>		
There are no related claims with the same employee		

**Parties in Dispute**

Name	Role	Address
Michael Tester	Requesting Party	None Identified
UPNORTHINSURANCE	Claim Admin	One Upper Pond Rd, Suite 4, Parsippany NJ 070541050
Michael Tester	Employee	555 Main St, Roseville MN 55113
Uat Firm Co	Employer	1235 main Street, Saint Cloud MN 56303
mtesting	Insurer	222 Main St, Saint Paul 551189858

**Dispute Issue and Document Summary**

Dispute Type	Number of Issues	Document to be filed with DLI	Date Processed
Medical	1	Request for Assistance	10/22/2024

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Back    Next    Save as Draft    Preview    Cancel

21. Step 5 the **Affidavit of Service**. Under the **Serve Party** column, select the parties that require service.
22. Click the yellow **+Add Service Recipient** button to add any parties not listed or additional parties that require service.

**Amend Dispute**  
Please complete all sections to Amend this Dispute.

Identify Claims    Identify Parties    Document Issues in Dispute    Filing Summary & Signature    **Affidavit of Service**

**Affidavit of Service**  
**Parties**  
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	Michael Tester	Requesting Party	555 Main St Roseville, MN 55113	None	N/A
<input type="checkbox"/>	Michael Tester	Employee	mtesting223+ee4@gmail.com	None	
<input type="checkbox"/>	Mike Test	Attorney	mtesting223+attym@gmail.com	None	
<input type="checkbox"/>	Mark Para	Paralegal	Uattestdl+para10@gmail.com	None	
<input type="checkbox"/>	Mike ParaTest	Paralegal	mtesting223+para@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestdl+719-snow@gmail.com	None	
<input type="checkbox"/>	Uat Attorney	Service of Process Designee for Uat Law Firm Inc	Uattestdl+atty@gmail.com	None	N/A
<input type="checkbox"/>	Tammy General	Service of Process Designee for Uat Law Firm Inc	Uattestdl+other@gmail.com	None	N/A

23. Under the **Declaration** section, box.
24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically.

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**  
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory \*  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

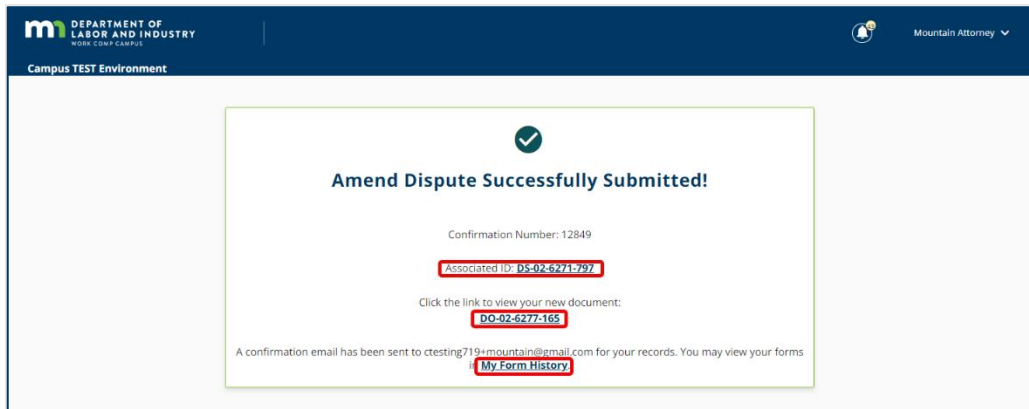
Back    Submit Form    Save as Draft    Preview    Cancel

25. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

26. Once complete, click the yellow **Submit Form** button.

27. If **successful**, a confirmation page will display.

This includes links to the **Dispute (DS)** and the document (DO) that was created within Campus. This will also be visible on the user's Campus Dashboard.



# Rehabilitation/Medical Response

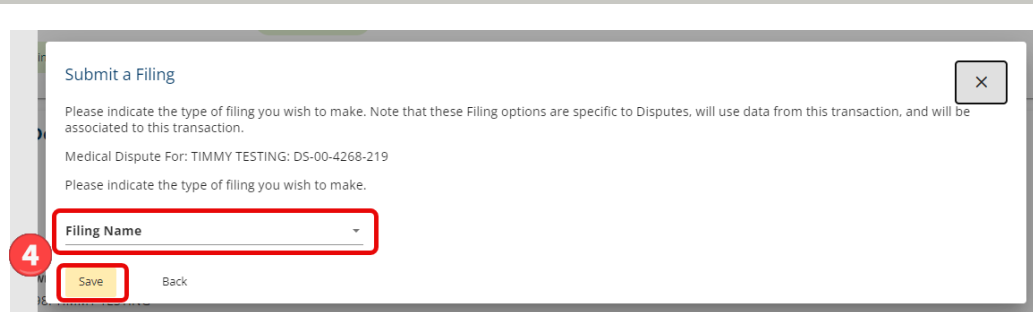
The **Rehab/Medical Response** can only be filed once an RFA has been filed and an Admin Conference is scheduled; but has not taken place yet. The form cannot be submitted by the user who initiated the Dispute.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>On the main Dashboard, click on the <b>My Disputes</b> tab.</li> <li>Click on the Dispute ID that requires edits.</li> </ol>	
<ol style="list-style-type: none"> <li>In the <b>Dispute Page</b>, click on the yellow + <b>Submit Filing</b> button.</li> </ol>	

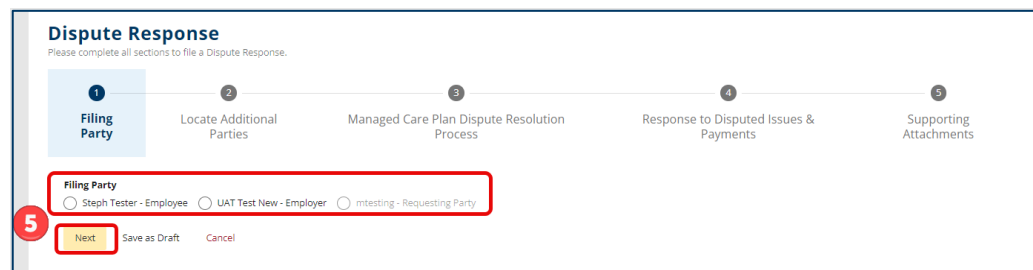
4. In the **Submit a Filing** pop-up window, select **Rehab/Medical Response** from the drop-down menu and click the yellow **Submit** button to continue.

Options available:

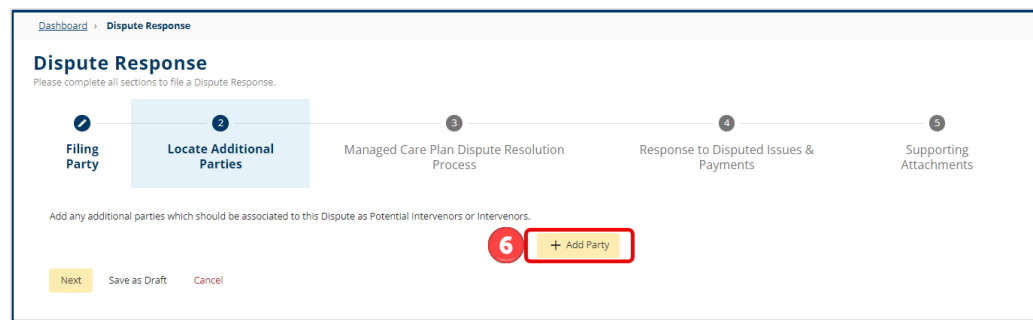
- Motion to Intervene
- Other Filing
- Rehab/Medical Response



5. On the **Dispute Response** page, step 1 is to identify the **Filing Party**. Select the party being represented and click the yellow **Next** button to continue.

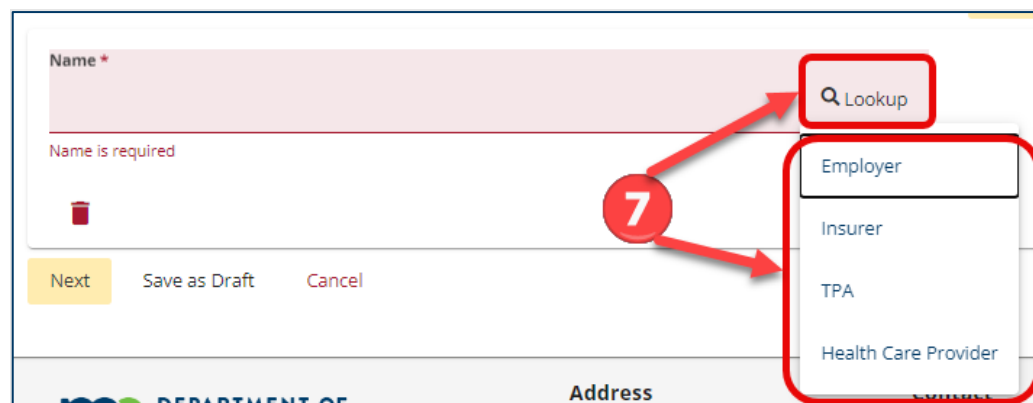


6. Step 2 is to **Locate Additional Parties**, this is where intervenors, or potential intervenors, are added as parties on the dispute. To add a party(ies), click the yellow **+ Add Party** button.



7. In the **Name** field, click the **Lookup** to select the type of entity that needs to be added. The options are as follows:

- Employer
- Insurer
- TPA
- Health Care Provider



8. In the **Lookup** window, a search can be done with any of the following information:

- Entity name
- FEIN
- Address

9. Click the yellow **Search** button.

10. In the **Results** under the **Lookup** fields, click the yellow **Select** button next to the correct entity name.

11. The pop-up window will disappear and back on Step 2 – **Locate Additional Parties**, under the **Select Address** drop down, select the correct address for the entity.

Health Care Provider Name	Street Address	City, State, Zip	Status
Essentia Health - Duluth Clinic			Active
Essentia Health-32 Ave. Clinic - Neuro Surgery			AC
Essentia Health-Deer River Clinic Family Practice			Active

**Note:** This will auto-populate the address information in the appropriate fields.

12. In the **Select Role** drop down, select the role of the entity.  
Options available:

- Intervenor
- Potential Intervenor

**Note:** If more than one party needs to be added, repeat steps 6 - 13.

Once completed, to continue.

13. Once complete click the yellow **Next** button.

14. In the **Did the employee exhaust the Dispute resolution process for the Managed Care Plan?** Field, select the answer that fits best.

- If **Yes** – go to step 15.
- If **No** – move to step 16.

15. If **Yes**, click the yellow **Next** button.

16. Enter the information in the following fields:

- Managed Care Plan Contact Date
- Managed Care Plan Contact Phone
- Name of Managed Care Plan

17. Once filled in, click the yellow **Next** button.

18. Step 3 is **Response to Disputed Issues & Payments**. In the **Response to Issue** field, select the appropriate response. Options available:

- If **Agree to Requesting Party Request** – go to step 20.
- If **Disagree with Requesting Party Request** – go to step 19.

**Dispute Response**  
Please complete all sections to file a Dispute Response.

1 2 3 4 5  
Filing Party Locate Additional Parties **Managed Care Plan Dispute Resolution Process** Response to Disputed Issues & Payments Supporting Attachments

14 Did the employee exhaust the Dispute resolution process for the Managed Care Plan? \*  
required

Next Save as Draft Cancel

**Dispute Response**  
Please complete all sections to file a Dispute Response.

1 2 3 4 5  
Filing Party Locate Additional Parties **Managed Care Plan Dispute Resolution Process** Response to Disputed Issues & Payments Supporting Attachments

15 Did the employee exhaust the Dispute resolution process for the Managed Care Plan? \*  
Yes

Next Save as Draft Cancel

**Dispute Response**  
Please complete all sections to file a Dispute Response.

1 2 3 4 5  
Filing Party Locate Additional Parties **Managed Care Plan Dispute Resolution Process** Response to Disputed Issues & Payments Supporting Attachments

Did the employee exhaust the Dispute resolution process for the Managed Care Plan? \*  
No

16 Managed Care Plan Contact Name \* Managed Care Plan Contact Phone \* Name Of Managed Care Plan \*  
Managed Care Plan Contact Name Managed Care Plan Contact Phone Name Of Managed Care Plan

17 Next Save as Draft Cancel

**Dispute Response**  
Please complete all sections to file a Dispute Response.

1 2 3 4 5  
Filing Party Locate Additional Parties Managed Care Plan Dispute Resolution Process **Response to Disputed Issues & Payments** Supporting Attachments

**Response to Disputed Issues**  
Please add your response to the issues below.

Issue ID IS-02-6268-632	Request Type Service	Benefit at Issue Equipment	Issue Type Lifts (e.g. Hoyer Lift)
Certificate Decision Pending	Description test	18 Response to Issue * Response to Issue is required	

**Response to Disputed Payments**  
Please add your response to the disputed payments below.

Next Save as Draft Cancel

19. If response to issue is **Disagree with Requesting Party Request**, in the **Reason for Disagreement to Requesting Party Request** field enter a detailed reason for disagreement.

**Dispute Response**  
Please complete all sections to file a Dispute Response.

Progress: 1. Filing Party, 2. Locate Additional Parties, 3. Managed Care Plan Dispute Resolution Process, 4. **Response to Disputed Issues & Payments**, 5. Supporting Attachments

**Response to Disputed Issues**  
Please add your response to the issues below.

Issue ID IS-02-6268-632	Request Type Service	Benefit at Issue Equipment	Issue Type Lifts (e.g. Hoyer Lift)
Certificate Decision Pending	Description test	Response to Issue * Disagree with Requesting Party Request	

**Response to Disputed Payments**  
Please add your response to the disputed payments below.

Reason for Disagreement to Requesting Party Request \*  
Reason for Disagreement to Requesting Party Request \*

Next Save as Draft Cancel

20. Once complete, click the yellow **Next** button.

**Dispute Response**  
Please complete all sections to file a Dispute Response.

Progress: 1. Filing Party, 2. Locate Additional Parties, 3. Managed Care Plan Dispute Resolution Process, 4. **Response to Disputed Issues & Payments**, 5. Supporting Attachments

**Response to Disputed Issues**  
Please add your response to the issues below.

Issue ID IS-02-6268-632	Request Type Service	Benefit at Issue Equipment	Issue Type Lifts (e.g. Hoyer Lift)
Certificate Decision Pending	Description test	Response to Issue * Response to Issue is required	

**Response to Disputed Payments**  
Please add your response to the disputed payments below.

20 Next Save as Draft Cancel

21. Step 5 - **Supporting Attachments**. Select the parties that will need to be added to the affidavit of service. If any parties are missing, click on the yellow **+ Add Service Recipient** button to add a missing party.

**Dispute Response**  
Please complete all sections to file a Dispute Response.

Progress: 1. Filing Party, 2. Locate Additional Parties, 3. Managed Care Plan Dispute Resolution Process, 4. Response to Disputed Issues & Payments, 5. **Supporting Attachments**

**Affidavit of Service Parties**  
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

21 + Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Steph Tester	Employee	333 Minny St Roseville, MN 55113	US Mail	Choose a date * 10/15/2024
<input type="checkbox"/>	snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None	
<input checked="" type="checkbox"/>	snow Paralegal	Service of Process Designee for Mountain Law Firm	ctestng719+snow@gmail.com	Electronic	10/15/2024
<input type="checkbox"/>	mtesting	Requesting Party	222 Main St Saint Paul 551189858	None	N/A
<input type="checkbox"/>	en Insurer	Service of Process Designee for mtesting	mtesting223+hins@gmail.com	None	N/A
<input type="checkbox"/>	vaishnavi sattagopam	Service of Process Designee for mtesting	vaishnavicampustesting+insurer@gmail.com	None	N/A
<input type="checkbox"/>	Mike Test	Service of Process Designee for mtesting	mtesting223+attym@gmail.com	None	N/A
<input type="checkbox"/>	AT Test New	Employer	22 Minny St Roseville, MN 55113	None	N/A
<input type="checkbox"/>	tester atty002	Attorney	leekstate1234+atty002@gmail.com	None	
<input type="checkbox"/>	tester para001	Service of Process Designee for QA Test Law Firm 2	leekstate1234+paralegal001@gmail.com	None	N/A
<input type="checkbox"/>	tester atty002	Service of Process Designee for QA Test Law Firm 2	leekstate1234+atty002@gmail.com	None	N/A
<input type="checkbox"/>	tester legal002	Service of Process Designee for QA Test Law Firm 2	leekstate1234+legal002@gmail.com	None	N/A
<input checked="" type="checkbox"/>	essentia Health - Duluth Clinic		400 E. Third Street DULUTH, MN 55805	US Mail	Choose a date * 10/15/2024



22. Click the Declaration box

23. Provide an Electronic Signature

24. Check the attestation box and click the yellow **Submit** button.

**Notice**  
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**Declaration**

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

**Submit** Save as Draft Preview Cancel

25. If **successful**, a confirmation page will display.

This includes links to the **Dispute** and the **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab.

**Dispute Response Successfully Submitted!**

Confirmation Number: 12825

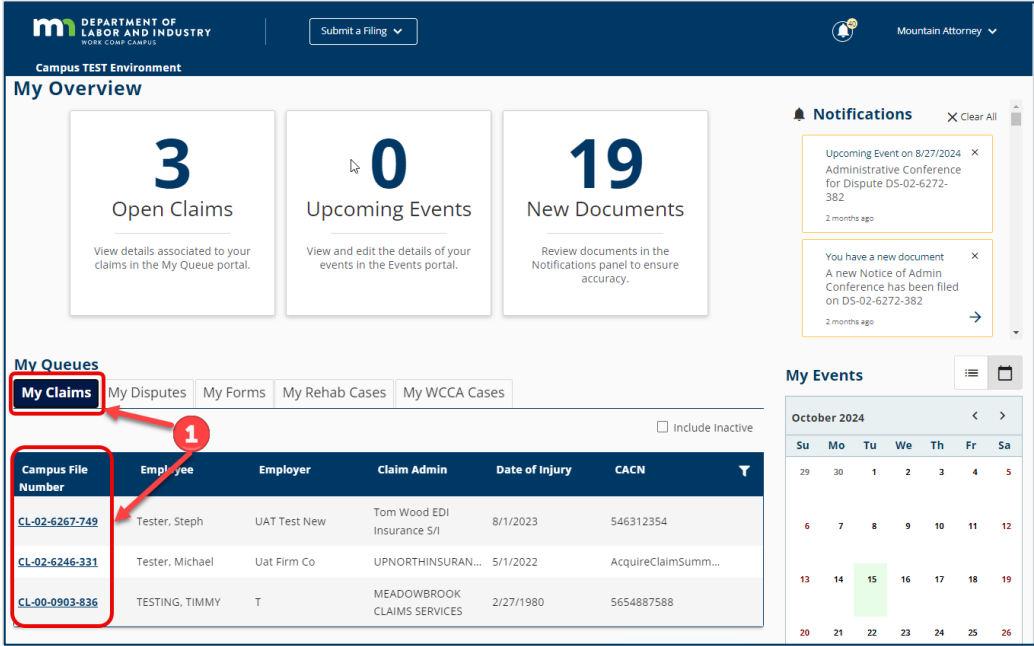
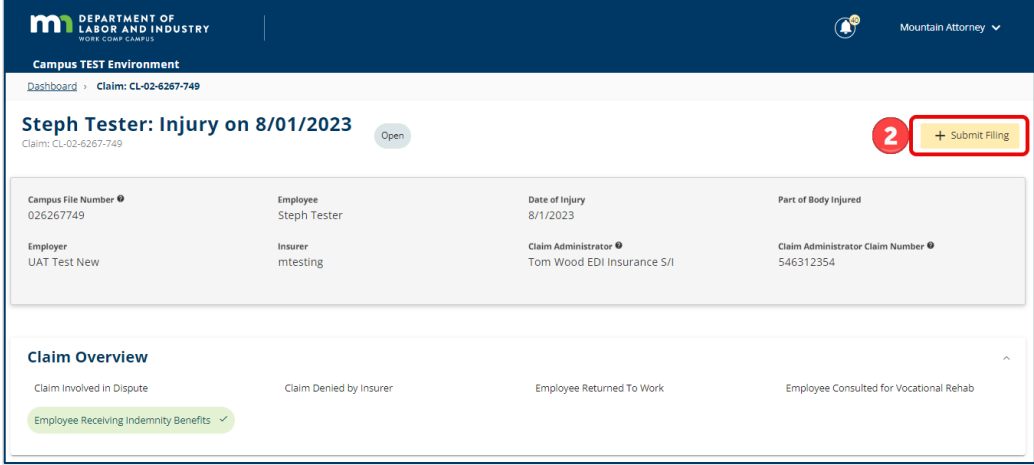
Associated ID: **DO-02-6277-333**

Click the link to view your new document: **DO-02-6277-011**

A confirmation email has been sent to cteasing719-mountain@gmail.com for your records. You may view your forms in **My Form History**.

## Other Filing

The **Other Filing** option should be chosen when you want to upload a document to the dispute that does not fit any of the filing options or additional documents need to be uploaded.

Instructions	Visual aids																								
<p>1. From the main Dashboard, under the <b>My Claims</b> tab, click on the Campus File Number to file under.</p>	 <p><b>My Overview</b></p> <p>3 Open Claims   0 Upcoming Events   19 New Documents</p> <p><b>My Queues</b></p> <ul style="list-style-type: none"> <li><b>My Claims</b> (1)</li> <li>My Disputes</li> <li>My Forms</li> <li>My Rehab Cases</li> <li>My WCCA Cases</li> </ul> <table border="1"> <thead> <tr> <th>Campus File Number</th> <th>Employee</th> <th>Employer</th> <th>Claim Admin</th> <th>Date of Injury</th> <th>CACN</th> </tr> </thead> <tbody> <tr> <td>CL-02-6267-749</td> <td>Tester, Steph</td> <td>UAT Test New</td> <td>Tom Wood EDI Insurance S/I</td> <td>8/1/2023</td> <td>546312354</td> </tr> <tr> <td>CL-02-6246-331</td> <td>Tester, Michael</td> <td>Uat Firm Co</td> <td>UPNORTHINSURAN...</td> <td>5/1/2022</td> <td>AcquireClaimSumm...</td> </tr> <tr> <td>CL-00-0903-836</td> <td>TESTING, TIMMY</td> <td>T</td> <td>MEADOWBROOK CLAIMS SERVICES</td> <td>2/27/1980</td> <td>5654887588</td> </tr> </tbody> </table>	Campus File Number	Employee	Employer	Claim Admin	Date of Injury	CACN	CL-02-6267-749	Tester, Steph	UAT Test New	Tom Wood EDI Insurance S/I	8/1/2023	546312354	CL-02-6246-331	Tester, Michael	Uat Firm Co	UPNORTHINSURAN...	5/1/2022	AcquireClaimSumm...	CL-00-0903-836	TESTING, TIMMY	T	MEADOWBROOK CLAIMS SERVICES	2/27/1980	5654887588
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<p>2. From the <b>Claim Details</b> page, click on the yellow <b>Submit Filing</b> button.</p>	 <p><b>Steph Tester: Injury on 8/01/2023</b> (Open) <b>2</b> <b>Submit Filing</b></p> <table border="1"> <thead> <tr> <th>Campus File Number</th> <th>Employee</th> <th>Date of Injury</th> <th>Part of Body Injured</th> </tr> </thead> <tbody> <tr> <td>026267749</td> <td>Steph Tester</td> <td>8/1/2023</td> <td></td> </tr> <tr> <th>Employer</th> <th>Insurer</th> <th>Claim Administrator</th> <th>Claim Administrator Claim Number</th> </tr> <tr> <td>UAT Test New</td> <td>mtesting</td> <td>Tom Wood EDI Insurance S/I</td> <td>546312354</td> </tr> </tbody> </table> <p><b>Claim Overview</b></p> <ul style="list-style-type: none"> <li>Claim Involved in Dispute</li> <li>Claim Denied by Insurer</li> <li>Employee Returned To Work</li> <li>Employee Consulted for Vocational Rehab</li> <li>Employee Receiving Indemnity Benefits ✓</li> </ul>	Campus File Number	Employee	Date of Injury	Part of Body Injured	026267749	Steph Tester	8/1/2023		Employer	Insurer	Claim Administrator	Claim Administrator Claim Number	UAT Test New	mtesting	Tom Wood EDI Insurance S/I	546312354								
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Employer	Insurer	Claim Administrator	Claim Administrator Claim Number																						
UAT Test New	mtesting	Tom Wood EDI Insurance S/I	546312354																						

3. In the **Submit a Filing** pop-up window, under the **Filing Name** drop-down, select **Other Filing**.

4. Click the yellow **Save** button.

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Steph Tester: Injury on 8/01/2023: CL-02-6267-749

Please indicate the type of filing you wish to make.

3 Filing Name  
Other Filing

4 Save Back

5. On the **Submit Other Filing** page, under the **Uploading Your Filing** section, click on the yellow **+Upload Document**.

DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Mountain Attorney

Campus TEST Environment

Dashboard > Claim: CL-02-6267-742 > Submit Other Filing

Submit Other Filing

1 Filing Details

Upload Your Filing

Please prepare your filing offline, and save as a PDF. When you complete this form, your filing will be added to the record for all parties to see. If you do not see your Filing Type in the list, contact 651-284-5005, option 3 for filing process.

5 + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

6. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

7. Select the **Document Type** from the drop-down menu, select the option that best fits.

Note: If there isn't an option that fits, select any option then go to step 8.

8. Enter a brief **Description**.

9. Click **Upload** to continue.

Upload Document

6 Drag and drop files or click here

7 Document Type \*

8 Description

9 Upload Cancel

10. Under the **Supporting Attachments** section, click on the yellow **+Upload Document**.

Supporting Attachments

Please upload any documents to support your filing

10 + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

11. In the **Upload Document** pop-up window, select the file(s) by

dragging and dropping them in the box or by clicking and using the upload button.

12. Select the **Document Type** from the drop-down menu, select the option that best fits.

Note: If there isn't an option that fits, select any option then go to step 8.

13. Enter a brief **Description**.
14. Click **Upload** to continue.

The screenshot shows a web form titled "Upload Document" with a close button in the top right. A dashed box contains the instruction "Drag and drop files or click here" with a red callout 11. Below this is a "Document Type" dropdown menu with a red callout 12 and a "Document is required" error message. The "Description" field has a red callout 13 and a "Description is required" error message. At the bottom, there are "Upload" and "Cancel" buttons, with the "Upload" button highlighted by a red callout 14.

15. Once all the documents are uploaded, fill in the **Full Name of Signatory** field.

16. Check the attestation box and click the yellow **Submit** button.

The screenshot shows a form titled "Electronic Signature" with a disclaimer. Below the disclaimer is a "Full Name of Signatory" text input field with a red callout 15. Below that is a checkbox with the text "I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge." with a red callout 16. At the bottom are "Submit" and "Cancel" buttons.

17. If **successful**, a confirmation page will display.

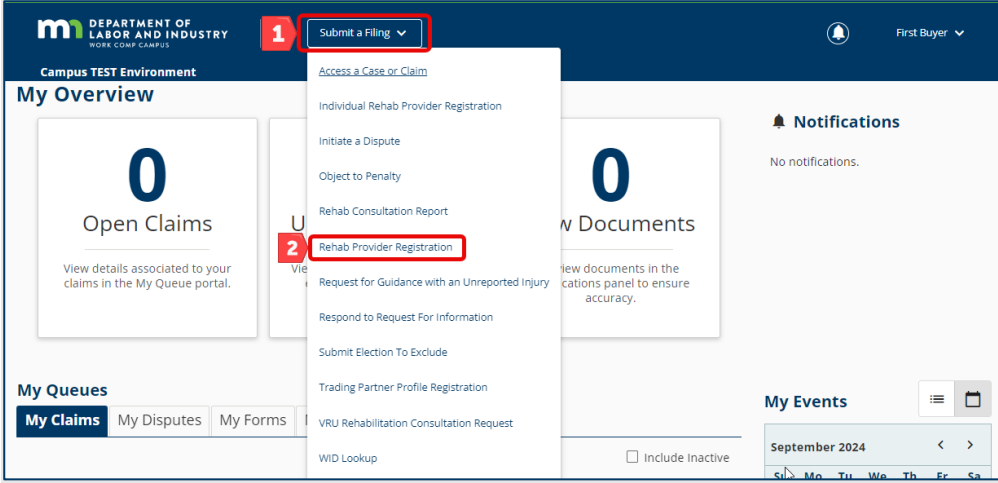
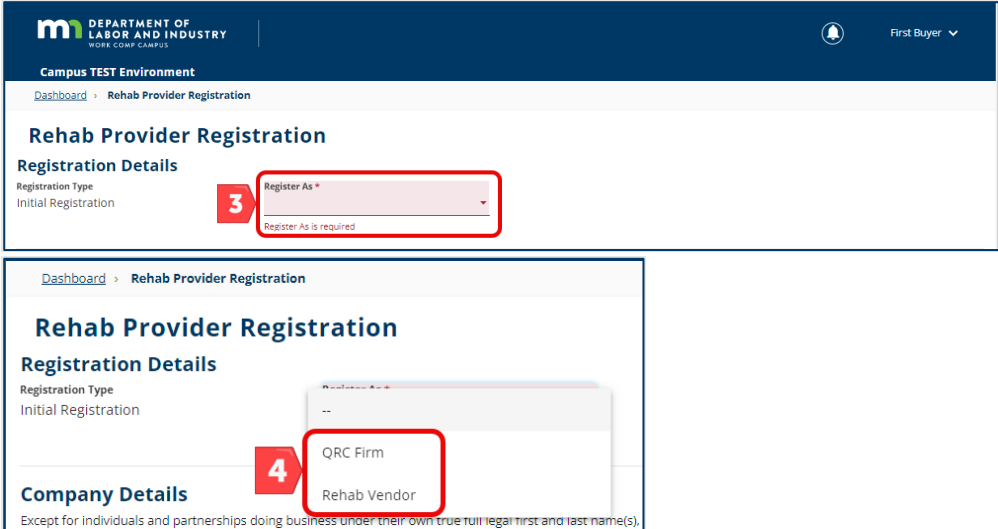
This includes a link to the **document number (DO)** created within Campus. This will also be visible on the user's Campus Dashboard.

The screenshot shows a confirmation page from the Department of Labor and Industry. It features a green checkmark icon and the text "Upload Document To Transaction Successfully Submitted!". Below this, it displays the "Confirmation Number: 10941" and a link to "Click the link to view your new document: DO-02-6261-265". At the bottom, it states "A confirmation email has been sent to Craymond.dil=Lund@gmail.com for your records. You may view your forms in My Form History."

# Qualified Rehabilitation Consultant (QRC) Filing Functions

## Rehabilitation Firm/Provider Functions

### Rehabilitation provider registration

Instructions	Visual aids
<ol style="list-style-type: none"><li>1. Click <b>Submit a Filing</b> in the header of the dashboard.</li><li>2. Select <b>Rehab Provider Registration</b>.</li></ol>	 <p>The screenshot shows the top navigation bar of the 'Campus TEST Environment' dashboard. The 'Submit a Filing' dropdown menu is open, and 'Rehab Provider Registration' is highlighted with a red box and a '2' callout. A '1' callout points to the 'Submit a Filing' button in the header.</p>
<ol style="list-style-type: none"><li>3. On the next screen, click on the <b>Register As</b> drop-down.</li><li>4. Select the appropriate rehabilitation provider group type to register. Options available: a) QRC Firm b) Rehab Vendor</li></ol>	 <p>The first screenshot shows the 'Rehab Provider Registration' form with the 'Register As' dropdown menu open, highlighted with a red box and a '3' callout. The second screenshot shows the same form with the dropdown menu open, and 'QRC Firm' and 'Rehab Vendor' options highlighted with a red box and a '4' callout.</p>

**Note:** This form can be used for both the qualified rehabilitation consultant (QRC) firms and rehabilitation vendors.

5. Fill in the **Company Details** section for your rehabilitation provider.

**Note:** If an existing rehabilitation provider is found with the same FEIN or Minnesota tax ID number, you will not be able to submit the form.

6. Fill in the **Insurance Details** section for your rehabilitation provider.

7. Under the **Office Address List** section, add the address by clicking on the yellow **+Add** button.

8. In the **Office Address** pop-up window, enter the address information.

9. Click the yellow **Save** button to add the information to the form.

10. The pop-up window will close, and the address will appear in the form. If you need to edit the address, click on the kebob (three vertical dots) to **Edit** or **Delete**.

11. Under the **Staff Details** section, add staff members by clicking on the yellow **+Add** button.

12. In the **Staff** pop-up window, enter at least one primary contact, one manager and one QRC.

13. Click the yellow **Save** button to add the staff to the form.

14. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include but are not limited to:

- a. Resume
- b. List of activities
- c. License/certification information

Upload document pop up with type, description and upload button highlighted.

15. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

16. Under the **Document Type** drop-down, select the appropriate option.

17. Enter a detailed description of the document or any information you need to share with DLI.

18. Click the yellow **Upload** document to add the information to the form.

19. Type your full name in the **Full Name of Signatory** field (must match your Campus user profile name) to sign electronically.

20. Click the checkbox to attesting the legal signature and confirming the accuracy of the document.

21. Click the **Submit Form** button to save and continue.

**Electronic Signature**

I understand that I must notify the department if there is any change to your workers' compensation insurance information or employee status.

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minnesota Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I understand that Minnesota Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I agree to notify the department within two weeks of the occurrence of any change in the employment status of staff who provide direct services to injured workers under a rehabilitation plan or of staff members who directly supervise those persons. Any branch office openings or closings, as well as any change in the firm address, telephone number or contact person, must be reported to the department within two weeks of the occurrence (Minn. Rules 5220.1600, subp. 1).

Notice: The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number and Minnesota tax identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number and Minnesota tax identification number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number and Minnesota tax identification number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \*** 19  
Full Name of Signatory

20 I certify that the information provided does not match that of your CAMPUS profile, and that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. A complete Electronic Signature is required. Please ensure you have populated your name and checked the box to proceed.

**Submit Form** 21 as Draft Download as PDF Preview Cancel

22. Once the form is submitted, mail your registration fee payment to the address provided.

**Registration Fee** [X]

Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$200 payable to the "Minnesota Department of Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155.

Send registration fees as a check or money order for \$200 payable to "Minnesota Department of Labor and Industry" and send payment to:

**Minnesota Department of Labor and Industry  
Financial Services  
443 Lafayette Road North  
St. Paul, MN 55155**

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.

**Notifications** [X] Clear All

Your Rehab Provider Registration submission has been approved  
Form submission 3580 has been approved.  
15 hours ago [→]

To view the status of the submission, go to the **My Forms**



tab on the dashboard. Once a form has been approved its status will change from **Pending Review** to **Submitted**.

**DEPARTMENT OF LABOR AND INDUSTRY**  
WISCONSIN WORK COMPENSATION

Submit a Filing

First Buyer

Campus TEST Environment

### My Overview

**0** Open Claims  
View details associated to your claims in the My Queue portal.

**0** Upcoming Events  
View and edit the details of your events in the Events portal.

**0** New Documents  
Review documents in the Notifications panel to ensure accuracy.

**Notifications**  
No notifications.

### My Queues

My Claims | My Disputes | **My Forms** | My Rehab Cases

Form Type	Associated To	Associated ID	Last Update	Status	Confirmation Number
<a href="#">Claim Access Authorization</a>	TIMMY TESTING: Injury on 02/27/19...	CL-00-0903-836	10/15/20...	Submitted	2813
<a href="#">Rehab Consultation Report</a>	Rehab For : Tracey Schmidtbauer	RT-02-6273-206	6/7/2024	Submitted	2236
<a href="#">Rehab Provider Individual Registration</a>	MEYER GERALD E QRC	RP-01-2745-682	6/7/2024	Submitted	2233
Rehab Provider Registration		None	9/27/2023	Pending Review	2748

Showing (1-4) of 4 | Items per page: 50

### My Events

October 2024

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26

# Rehabilitation provider registration renewal

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the dashboard, click on the user's name in the top right.</li> <li>From the drop-down menu, select the <b>My Groups</b> option.</li> </ol>	<p>The screenshot shows the top navigation bar of the Department of Labor and Industry portal. The user's name 'First Buyer' is in the top right corner, highlighted with a red box and a '1'. A dropdown menu is open, showing 'My Groups' highlighted with a red box and a '2'. Below the navigation bar, there are three cards: 'Open Claims', 'Upcoming Events', and 'New Documents'. A notification bell icon is also visible.</p>
<p>To access the rehabilitation provider group either:</p> <ol style="list-style-type: none"> <li>From the <b>My Group</b> page, click on the name of the rehabilitation provider group.</li> </ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>From the <b>My Group</b> page, click on the three (3) vertical dots (kebab) and select <b>View Group</b>.</li> </ol>	<p>The first screenshot shows the 'My Groups' page with the group name 'MEYER GERALD E QRC' highlighted with a red box and a '3'. The second screenshot shows the same page with the three vertical dots (kebab) highlighted with a red box and a '4', and a dropdown menu open showing 'View Group' highlighted with a red box.</p>
<ol style="list-style-type: none"> <li>From the <b>Rehabilitation Provider Group</b> page, click on the three (3) vertical dots (kebab) and select <b>Submit Registration</b>.</li> </ol>	<p>The screenshot shows the details page for the 'MEYER GERALD E QRC' Rehabilitation Provider Group. The 'Submit Registration' button is highlighted with a red box and a '5'. The page includes fields for 'Rehab Provider Name', 'Rehab Provider Group Type', 'Rehab Group FEIN', 'Minnesota Tax ID', 'SWIFT Customer Number', 'SWIFT Sequence Number', 'Registration Number', 'Registration Expiration Date', 'Registration Status', 'Secretary of State Registered', and 'Geographic Location'. It also includes a section for 'Worker's Compensation Insurance Policy Information' and 'Rehab Provider Group Status'.</p>

6. On the **Rehab Provider Registration** page, under the **Registration Details**, the **Registration Type** will automatically populate as a renewal.

Note: Some fields will populate based on the rehabilitation provider's profile and is not editable.

7. Under the **Company Details** section, verify and ensure that all the fields with an asterisk (\*) have information entered.

**Rehab Provider Registration**

**Registration Details**

6	Registration Type Renewal Registration	Register As QRC Firm	Registration Number 5068	Registration Expiration Date 10/1/2009
---	---	-------------------------	-----------------------------	---

**Company Details**

Except for individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State.

7

Legal Business Name \*  
MEYER GERALD E QRC

Secretary of State Registered  
 Yes  No

FEIN

Minnesota Tax ID \*  
Minnesota Tax ID

If any populated information is not accurate, it can be changed by going into the **Amend My Profile** functions.

8. Under the **Office Address List** section, verify the information.

9. If any additional office locations need to be added, do so by clicking on the yellow **+Add** button.

10. If any office information needs to be edited or deleted, click on the three (3) vertical dots (kebab) and select **Edit** or **Delete**.

**Office Address List** + Add

8

Entity Address ID	Address Type	Address 1	Address 2	Is outside the US?	Zip Code	City	County	State	Country
3863701	Primary Address	2814 ISLAND VIEW CT		No	56301	ST CLOUD	Stearns County	Minnesota	United States

**Office Address List** + Add

Entity Address ID	Address Type	Address 1	Address 2	Is outside the US?	Zip Code	City	County	State	Country
3863701	Primary Address	2814 ISLAND VIEW CT		No	56301	ST CLOUD	Stearns County	Minnesota	United States

9

10

Edit

Delete

11. Under the **Staff Details** section, verify the information.

12. If any staff members need to be added click on the yellow **+Add** button.

13. If any staff member information needs to be edited or deleted, click on the three

**Staff Details** + Add

11

Provide the following information for ALL management and non-management staff members. At least one management employee must be registered as a qualified rehabilitation consultant (Minnesota Rules 5220.1600, subp. 1).

Staff Name	Job Title	Staff Type	Is Part Time	Weekly Hours	Is Manager	Is Primary Contact	Office Address	Staff Email	Staff Phone
GERALD MEYER		QRC	No	40	No	No			(320) 309-6636
PATRICIA BERDAN		QRC	No	40	No	No			(612) 435-1619
First Buyer		QRC	No		No	No	2814 ISLAND VIEW CT	ctesting719+QRC@gmail.com	(651) 555-1212

**Staff Details** + Add

12

Provide the following information for ALL management and non-management staff members. At least one management employee must be registered as a qualified rehabilitation consultant (Minnesota Rules 5220.1600, subp. 1).

Staff Name	Job Title	Staff Type	Is Part Time	Weekly Hours	Is Manager	Is Primary Contact	Office Address	Staff Email	Staff Phone
GERALD MEYER		QRC	No	40	No	No			(320) 309-6636
PATRICIA BERDAN		QRC	No	40	No	No			(612) 435-1619
First Buyer		QRC	No		No	No	2814 ISLAND VIEW CT	ctesting719+QRC@gmail.com	(651) 555-1212

13

Edit

Delete

(3) vertical dots (kebab) and select **Edit** or **Delete**.

14. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include but are not limited to:

- Resume
- List of activities
- License/certification information

15. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

16. Under the **Document Type** drop-down, select the appropriate option.

17. Enter a detailed description of the document or any information you need to share with DLI.

18. Click the yellow **Upload** document to add the information to the form.

**Supporting Attachments**  
Any data or information to support your application for registration as a qualified rehabilitation consultant (QRC) firm should be attached to this application. Examples include your resume, list of activities or license/certification information.

**Supporting Attachments**

14 + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Upload Document

15 Drag and drop files or click here

Document is required

16 Document Type \*

17 Description

18 Upload Cancel

19. Type your full name in the **Full Name of Signatory** field (must match your Campus user profile name) to sign electronically.

20. Click the checkbox to attesting the legally signature and confirming the accuracy of the document.

21. Click the **Submit Form** button to save and continue.

**Electronic Signature**

I understand that I must notify the department if there is any change to your workers' compensation insurance information or employee status.

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minnesota Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I understand that Minnesota Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I agree to notify the department within two weeks of the occurrence of any change in the employment status of staff who provide direct services to injured workers under a rehabilitation plan or of staff members who directly supervise those persons. Any branch office openings or closings, as well as any change in the firm address, telephone number or contact person, must be reported to the department within two weeks of the occurrence (Minn. Rules 5220.1600, subp. 1).

Notice: The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number and Minnesota tax identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number and Minnesota tax identification number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number and Minnesota tax identification number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \*** 19  
Full Name of Signatory

20 I certify that the information provided does not match that of your CAMPUS profile, and that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. A complete Electronic Signature is required. Please ensure you have populated your name and checked the box to proceed.

**Submit Form** 21 as Draft Download as PDF Preview Cancel

22. Once the form is submitted, mail your registration fee payment to the address provided.

**Registration Fee** [X]

Your registration has been submitted for review. Please mail your registration fee as a check or money order for \$200 payable to the "Minnesota Department of Labor and Industry". Send payment to the department's Financial Services unit at: Minnesota Department of Labor and Industry, Financial Services, 443 Lafayette Road N., St. Paul, MN 55155.

Send registration fees as a check or money order for \$200 payable to "Minnesota Department of Labor and Industry" and send payment to:

**Minnesota Department of Labor and Industry  
Financial Services  
443 Lafayette Road North  
St. Paul, MN 55155**

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.

**Notifications** [X] Clear All

Your Rehab Provider Registration submission has been approved  
Form submission 3580 has been approved.  
15 hours ago [→]

To view the status of the submission, go to the **My Forms** tab on the dashboard. Once a form has been approved its status will change from **Pending Review** to **Submitted**.

Campus TEST Environment

### My Overview

## 0

### Open Claims

View details associated to your claims in the My Queue portal.

## 0

### Upcoming Events

View and edit the details of your events in the Events portal.

## 0

### New Documents

Review documents in the Notifications panel to ensure accuracy.

### Notifications

No notifications.

### My Queues

My Claims | My Disputes | **My Forms** | My Rehab Cases

Form Type	Associated To	Associated ID	Last Update	Status	Confirmation Number
<a href="#">Claim Access Authorization</a>	TIMMY TESTING: Injury on 02/27/19...	CL-00-0903-836	10/15/20...	Submitted	2813
<a href="#">Rehab Consultation Report</a>	Rehab For : Tracey Schmidtbauer	RT-02-6273-206	6/7/2024	Submitted	2236
<a href="#">Rehab Provider Individual Registration</a>	MEYER GERALD E QRC	RP-01-2745-687	6/7/2024	Submitted	2233
Rehab Provider Registration		None	9/27/2023	Pending Review	2748

Showing (1-4) of 4

Items per page 50

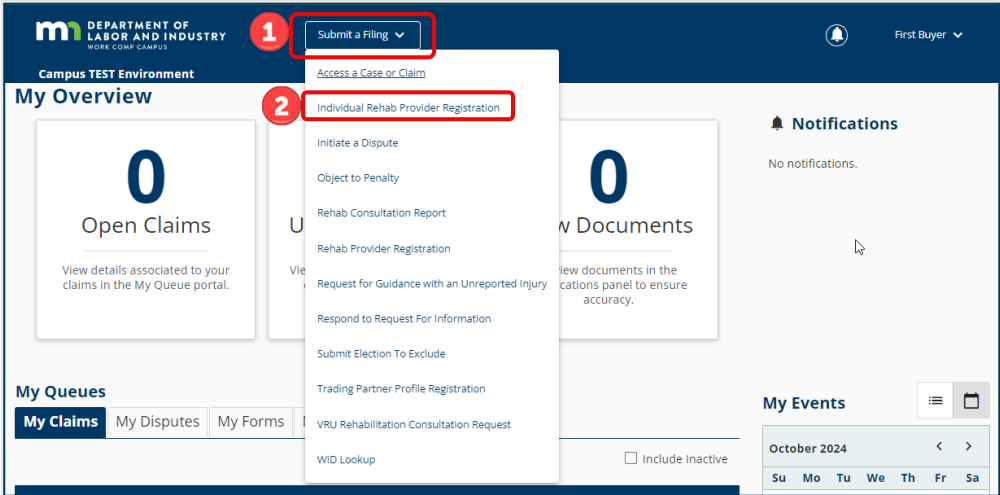
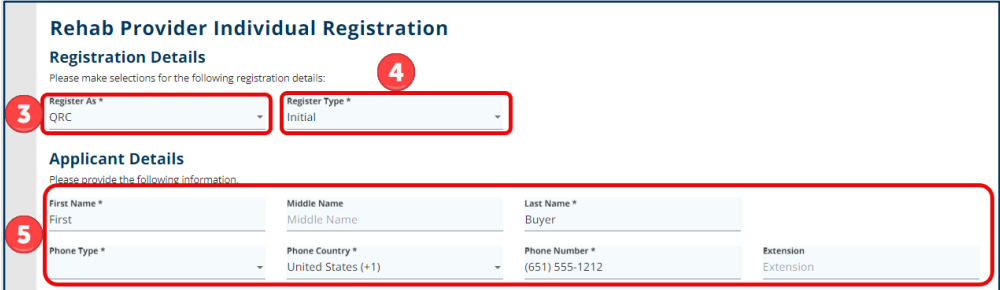
### My Events

October 2024

Su	Mo	Tu	We	Th	Fr	Sa
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26

# Individual Rehab Provider Functions

## QRC and QRC Intern initial registration

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the Dashboard, click on <b>Submit a Filing</b>.</li> <li>In the drop-down menu, select <b>Individual Rehab Provider Registration</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>On the <b>Rehab Provider Individual Registration</b> page, in the <b>Register As</b> field, select the <b>QRC</b> or <b>QRC Intern</b> option.</li> <li>In the <b>Register Type</b> field, select the <b>Initial</b> option.</li> <li>Under the <b>Applicant Details</b>, ensure that all fields with asterisks (*) have information entered.</li> </ol>	

6. Under the **Home Address** section, verify personal information and ensure that all fields with asterisks (\*) have information entered.

7. Under the **Public Mailing Address** section, enter QRC firm's business address.

The screenshot shows two sections: 'Home Address' and 'Public Mailing Address'. Each section has a red box around it with a callout number (6 for Home Address, 7 for Public Mailing Address). The fields include Address 1, Address 2, an 'Outside US' checkbox, Postal Code, City, State Province, and County. The Country is set to 'United States'.

8. Verify the pre-filled information and ensure that all fields with asterisks (\*) have information entered.

- SSN: Social Security Number
- Work email address
- QRC number
- If applicable, Applicant's Minnesota Tax ID Number

The screenshot shows four fields: SSN, Work Email Address (ctesting719+QRC@gmail.com), QRC Number (432), and Applicant's Minnesota Tax ID Number. The QRC Expiration Date is 6/1/2026. A red box and callout 8 highlight these fields.

9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, use the **Lookup** tool to locate the firm.

10. In the **Rehab Provider Group Lookup**, a search can be done by:

- **Rehab Provider Group Name** - entering the name of the firm
- **FEIN** – Federal Employer Identification Number
- **Address**

11. Once the information is entered click the **Search**

The screenshot shows the 'Firm Details' section. A red box and callout 9 highlight the 'Rehab Provider Firm' field, which has a 'Lookup' button next to it. Other fields include Firm Number, Firm Phone Type, Firm Phone Country, Firm Phone Number, Firm Phone Extension, Employer's Address, City, State, and Zip Code.

The screenshot shows the 'Rehab Provider Group Lookup' dialog box. A red box and callout 10 highlight the search fields: Rehab Provider Group Name, FEIN, Address 1, Address 2, City, State, and ZIP Code. A red box and callout 11 highlight the 'Search' button at the bottom.



button.

12. The results will display under the **Search** button. Locate the appropriate Rehab Provider Group name and select it by clicking on the **Select** button.

This will close out the search window and bring you back to the registration form.

### Results

The results below display only the Primary Address associated to an Entity. If you searched for a different address and do not see it in the table, that means we have it on record as a non-primary address for the entities shown below.

We found too many results matching your search criteria. Please provide additional criteria in the fields above to narrow your results.

Rehab Provider Group Name	Street Address	City, State, Zip	Status	
MILLER JEFF QRC	6314 112TH PL N	CHAMPLIN, Minnesota 55316	Active	<b>12</b> Select
COMPALLIANCE QRC, LLC	PO BOX 22114	EAGAN, Minnesota 55122	Inactive	Select
MEYER GERALD E QRC	2814 ISLAND VIEW CT	ST CLOUD, Minnesota 56301	Inactive	Select
NORRIS CAROL QRC INC	16526 W 78TH ST STE 315	EDEN PRAIRIE, Minnesota 55346	Inactive	Select
LIDKE KURT QRC	5645 MEADOW DR SE	ROCHESTER, Minnesota 55904	Inactive	Select

Confirm Cancel

13. The selected firm information will populate. Prior to moving forward, ensure that all fields with asterisks (\*) have information entered.

### Firm Details

Rehab Provider Firm \*  
✕ RP-01-2740-138: MILLER JEFF QRC

Firm Number  
5149

**13**

Firm Phone Type *	Firm Phone Country *	Firm Phone Number *	Firm Phone Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Address \*

City: CHAMPLIN State: MN Zip Code: 55316

14. Under the **Certifications** section, check all the boxes that apply.

15. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include but are not limited to:

- Resume
- List of activities
- License/certification information

### Certifications

**14**

Professional License, Certification, Registration (check all that apply)

CRC  CDMS  
 CRRN  OTR

Attach a current copy of each license, certification, or registration

### Supporting Attachments

If you are applying for reinstatement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500, subp. 4):

A. current certification as required by Minn. Rules 5220.1400;  
B. attendance at the most recent update session or a recording of that session;  
C. documentation of continuing education requirements as provided by Minn. Rules 5220.1500, subp. 3a;  
D. payment of any applicable late fees if the applicant failed to notify the commissioner that registration renewal was not being sought; and  
E. if the applicant has been on inactive status or has failed to renew registration for more than two years, the applicant must also complete an orientation training session before acceptance is final.

**15**

File Name	File Type	Description	Remove
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16. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

17. Select the **Document Type** from the drop-down menu.

18. Enter a brief **Description**.

19. Click **Upload** to continue.

20. Type the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and click the checkbox attesting to the legal signature and confirming the accuracy of the document.

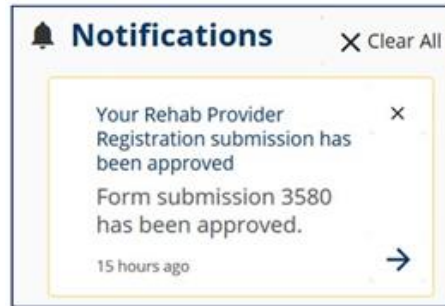
21. Click the yellow **Submit** button.

22. Once the form is submitted, mail your registration fee payment to the address provided.

Send registration fees as a check or money order for \$200 payable to “Minnesota Department of Labor and Industry” and send payment to:

**Minnesota Department of Labor and Industry**  
**Financial Services**  
**443 Lafayette Road North**  
**St. Paul, MN 55155**

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.

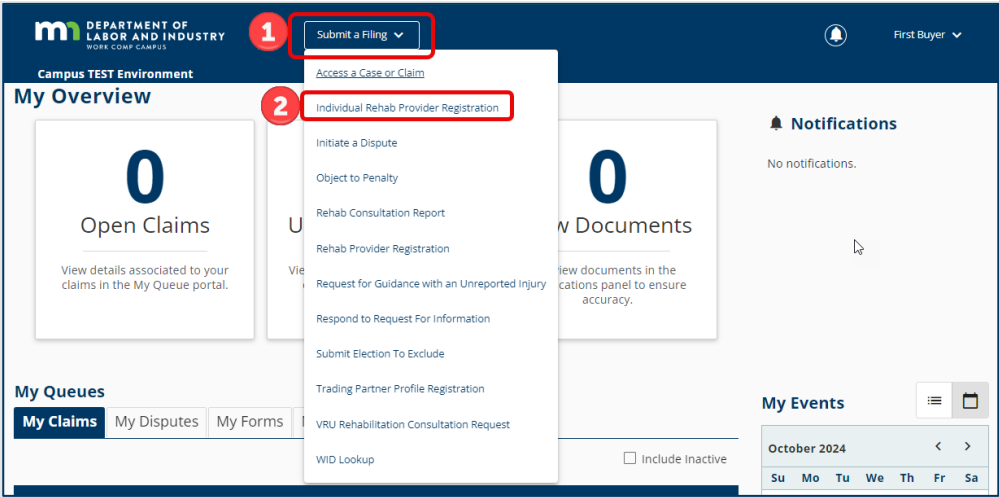
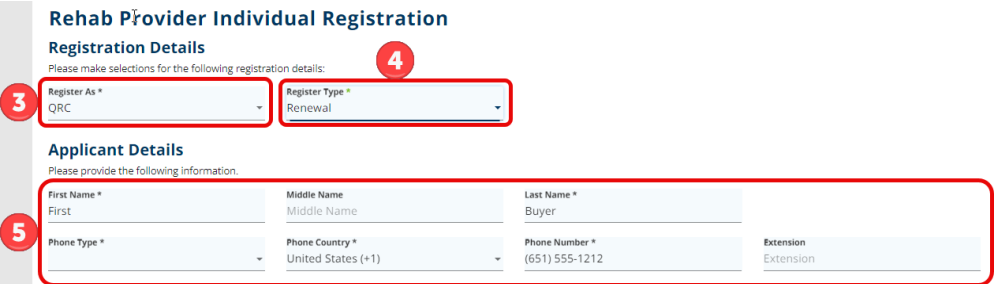


To view the status of the submission, go to the **My Forms** tab on the dashboard. Once a form has been approved its status will change from **Pending Review** to **Submitted**.

The dashboard header includes the logo for the Department of Labor and Industry, a "Submit a Filing" dropdown, and a user profile for "First Buyer". The main content area is titled "My Overview" and contains three summary cards: "Open Claims" (0), "Upcoming Events" (0), and "New Documents" (0). Below these is the "My Queues" section with tabs for "My Claims", "My Disputes", "My Forms" (highlighted), and "My Rehab Cases". A table of form submissions is displayed, with the "Status" column circled in red. To the right is a "My Events" calendar for October 2024.

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Number
Claim Access Authorization	TIMMY TESTING: Injury on 02/27/19...	CL-00-0903-836	10/15/20...	Submitted	2813
Rehab Consultation Report	Rehab For : Tracey Schmidtbauer	RT-02-6273-206	6/7/2024	Submitted	2236
Rehab Provider Individual Registration	MEYER GERALD E QRC	RP-01-2745-687	6/7/2024	Submitted	2233
Rehab Provider Registration		None	9/27/20...	Pending Review	2748

## QRC and QRC Intern registration renewal

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the Dashboard, click on <b>Submit a Filing</b>.</li> <li>In the drop-down menu, select <b>Individual Rehab Provider Registration</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>On the <b>Rehab Provider Individual Registration</b> page, in the <b>Register As</b> field, select the <b>QRC</b> or <b>QRC Intern</b> option.</li> <li>In the <b>Register Type</b> field, select the <b>Renewal</b> option.</li> <li>Under the <b>Applicant Details</b>, ensure that all fields with asterisks (*) have information entered.</li> </ol>	

6. Under the **Applicant Details** section, verify personal information and ensure that all fields with asterisks (\*) have information entered.

7. Under the **Public Mailing Address** section, enter QRC firm's business address.

**Home Address**

Address 1 \*  
Address 1

Address 2  
Address 2

Outside US

Postal Code \*  
Postal Code

City \*  
City

County \*  
County

State Province \*  
State Province

Country  
United States

**Public Mailing Address**

Address 1 \*  
Address 1

Address 2  
Address 2

Outside US

Postal Code \*  
Postal Code

City \*  
City

County \*  
County

State Province \*  
State Province

Country  
United States

8. Verify the pre-filled information and ensure that all fields with asterisks (\*) have information entered.

- SSN: Social Security Number
- Work email address
- QRC number
- If applicable, Applicant's Minnesota Tax ID Number

SSN \*  
SSN

Work Email Address \*  
ctesting719+QRC@gmail.com

QRC Number \*  
432

QRC Expiration Date  
6/1/2026

Applicant's Minnesota Tax ID Number  
Applicant's Minnesota Tax ID Number

9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, the current firm information will populate.

10. Prior to moving forward, verify and ensure that all fields with asterisks (\*) have information entered.

**Firm Details**

Rehab Provider Firm \*  
X RP-01-2745-687: MEYER GERALD E QRC Q Lookup Firm Number 5068

Firm Phone Type \*  
Firm Phone Country \* United States (+1)  
Firm Phone Number \*  
Firm Phone Extension

Employer's Address \*  
2814 ISLAND VIEW CT

City ST CLOUD State MN Zip Code 56301

**Firm Details**

Rehab Provider Firm \*  
X RP-01-2745-687: MEYER GERALD E QRC Q Lookup Firm Number 5068

Firm Phone Type \*  
Firm Phone Country \* United States (+1)  
Firm Phone Number \*  
Firm Phone Extension

Employer's Address \*  
2814 ISLAND VIEW CT

City ST CLOUD State MN Zip Code 56301

11. Under the **Certifications** section, check all the boxes that apply.

12. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include but are not limited to:

- Resume
- List of activities
- License/certification information

13. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

14. Select the **Document Type** from the drop-down menu.

15. Enter a brief **Description**.

16. Click **Upload** to continue.

17. Type the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and click the checkbox to attest the legal signature and confirm the accuracy of the document.

18. Click the yellow **Submit** button.

**Certifications**  
Professional License, Certification, Registration (check all that apply)

11  CRC  COMS  
 CRRN  OTR  
Attach a current copy of each license, certification, or registration

**Supporting Attachments**  
If you are applying for reinstatement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500, subp. 4):

A. current certification as required by Minn. Rules 5220.1400;  
B. attendance at the most recent update session or a recording of that session;  
C. documentation of continuing education requirements as provided by Minn. Rules 5220.1500, subp. 3a;  
D. payment of any applicable late fees if the applicant failed to notify the commissioner that registration renewal was not being sought; and  
E. if the applicant has been on inactive status or has failed to renew registration for more than two years, the applicant must also complete an orientation training session before acceptance is final.

12

File Name	File Type	Description	Remove
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Upload Document

13

Document is required

14

15

16

**Signature**

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minn. Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I agree to notify the department immediately of any change in my employment status (Minn. Rules 5220.1400, subp. 5). If there is a change in my employment status, I will notify all parties to the case on which I am the assigned QRC intern as to whom the reassignment will be made (Minn. Rules 5220.1801, subp. 9K(2)).

I certify that I am a full-time resident of Minnesota or I live no more than 100 miles by road from the Minnesota border (Minn. Rules 5220.1400, subp. 5).

**Notice:** The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

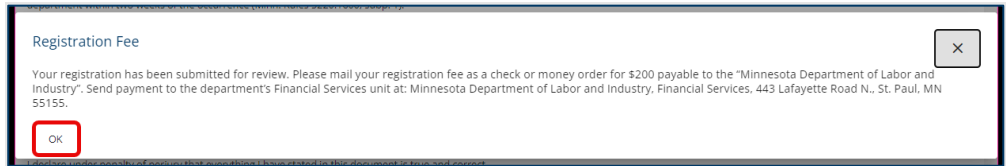
17   
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Signature Date  
10/17/2024

18

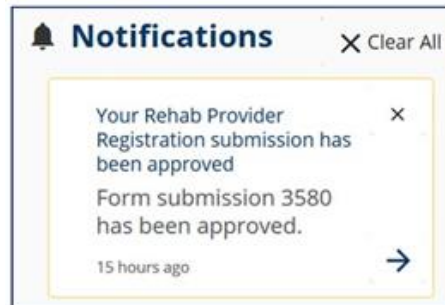
19. Once the form is submitted, mail your registration fee payment to the address provided.



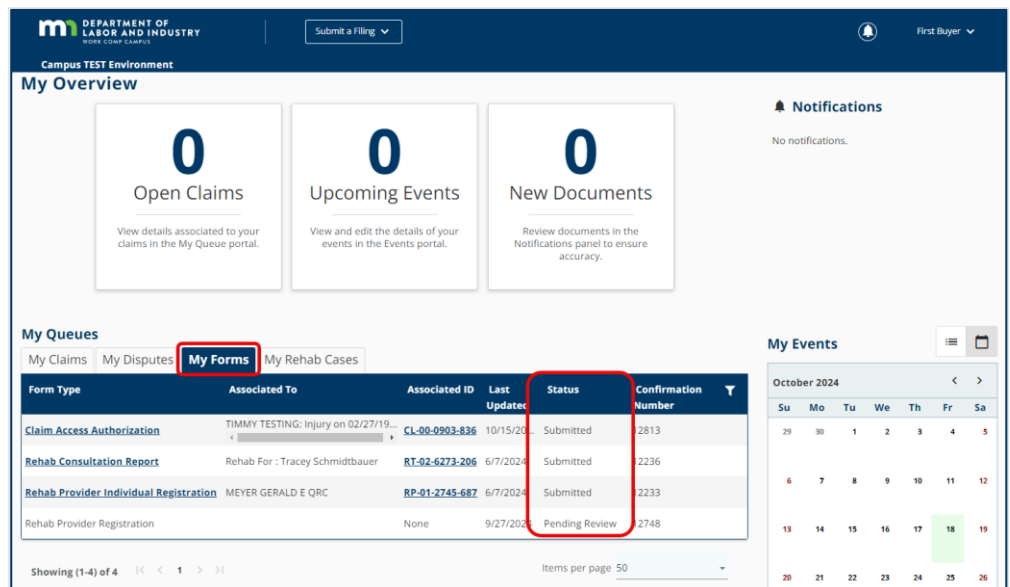
Send registration fees as a check or money order for \$200 payable to "Minnesota Department of Labor and Industry" and send payment to:

**Minnesota Department of Labor and Industry**  
**Financial Services**  
**443 Lafayette Road North**  
**St. Paul, MN 55155**

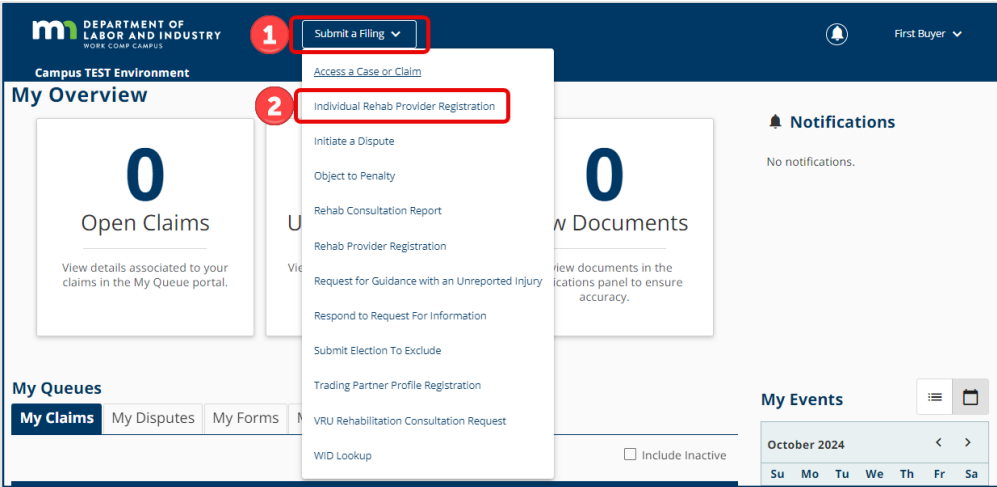
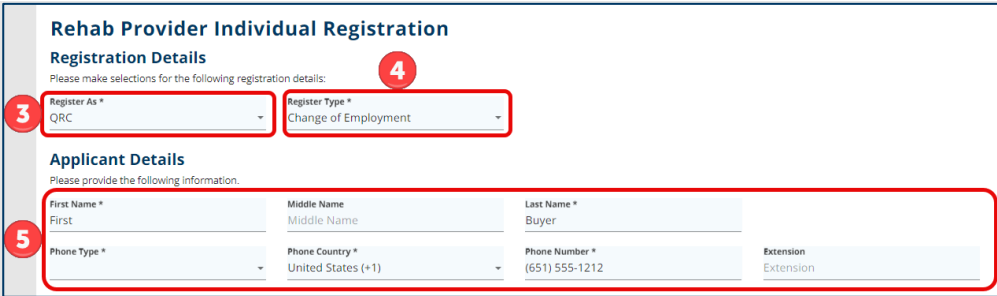
20. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.



To view the status of the submission, go to the **My Forms** tab on the dashboard. Once a form has been approved its status will change from **Pending Review** to **Submitted**.



## QRC and QRC Intern change of employment

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the Dashboard, click on <b>Submit a Filing</b>.</li> <li>In the drop-down menu, select <b>Individual Rehab Provider Registration</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>On the <b>Rehab Provider Individual Registration</b> page, in the <b>Register As</b> field, select the <b>QRC</b> or <b>QRC Intern</b> option.</li> <li>In the <b>Register Type</b> field, select the <b>Change of Employment</b> option.</li> <li>Under the <b>Applicant Details</b>, ensure that all fields with asterisks (*) have information entered.</li> </ol>	



6. Under the **Home Address** section, verify personal information and ensure that all fields with asterisks (\*) have information entered.

7. Under the **Public Mailing Address** section, enter QRC firm's business address.

The screenshot shows two address sections. The top section is titled "Home Address" and contains fields for Address 1 \*, Address 2, a checkbox for "Outside US", Postal Code \*, City \*, County \*, State Province \*, and Country (United States). A red box highlights these fields, with a red circle containing the number 6 next to it. The bottom section is titled "Public Mailing Address" and contains identical fields. A red box highlights these fields, with a red circle containing the number 7 next to it.

8. Verify the pre-filled information and ensure that all fields with asterisks (\*) have information entered.

- SSN: Social Security Number
- Work email address
- QRC number
- If applicable, Applicant's Minnesota Tax ID Number

The screenshot shows a form with fields for SSN \*, Work Email Address \* (ctesting719+QRC@gmail.com), QRC Number \* (432), QRC Expiration Date (6/1/2026), and Applicant's Minnesota Tax ID Number. A red box highlights these fields, with a red circle containing the number 8 next to it.

9. Under the **Firm Details** section, in the **Rehab Provider Firm** field, use the **Lookup** tool to locate the new firm.

10. In the **Rehab Provider Group Lookup**, a search can be done by:

- **Rehab Provider Group Name** - entering the name of the firm
- **FEIN** – Federal Employer Identification Number
- **Address**

11. Once the information is entered click the **Search**

The screenshot shows the "Firm Details" section. A red box highlights the "Rehab Provider Firm \*" field, which includes a "Lookup" button. Other fields include Firm Number, Firm Phone Type \*, Firm Phone Country \*, Firm Phone Number \*, Firm Phone Extension ext., Employer's Address \*, City, State, and Zip Code. A red circle containing the number 9 is next to the "Lookup" button.

The screenshot shows the "Rehab Provider Group Lookup" dialog box. It contains fields for Rehab Provider Group Name, FEIN, Address 1, Address 2, City, State, and ZIP Code. A red box highlights these fields, with a red circle containing the number 10 next to it. At the bottom, there is a "Search" button, a "Clear" button, and a "Cancel" button. A red circle containing the number 11 is next to the "Search" button.

button.

- 12. The results will display under the **Search** button. Locate the appropriate Rehab Provider Group name and select it by clicking on the **Select** button.

This will close out the search window and bring you back to the registration form.

- 13. The selected firm information will populate. Prior to moving forward, ensure that all fields with asterisks (\*) have information entered.

### Results

The results below display only the Primary Address associated to an Entity. If you searched for a different address and do not see it in the table, that means we have it on record as a non-primary address for the entities shown below.

We found too many results matching your search criteria. Please provide additional criteria in the fields above to narrow your results.

Rehab Provider Group Name	Street Address	City, State, Zip	Status	
MILLER JEFF QRC	6314 112TH PL N	CHAMPLIN, Minnesota 55316	Active	<b>12</b> Select
COMPALLIANCE QRC, LLC	PO BOX 22114	EAGAN, Minnesota 55122	Inactive	Select
MEYER GERALD E QRC	2814 ISLAND VIEW CT	ST CLOUD, Minnesota 56301	Inactive	Select
NORRIS CAROL QRC INC	16526 W 78TH ST STE 315	EDEN PRAIRIE, Minnesota 55346	Inactive	Select
LIDKE KURT QRC	5645 MEADOW DR SE	ROCHESTER, Minnesota 55904	Inactive	Select

Confirm Cancel

### Firm Details

Rehab Provider Firm \*  
X RP-01-2740-138: MILLER JEFF QRC

Firm Number: 5149

**13** Firm Phone Type \* Firm Phone Country \* Firm Phone Number \* Firm Phone Extension ext.  
Firm Phone Number

Employer's Address \*

City: CHAMPLIN State: MN Zip Code: 55316

- 14. Under the **Certifications** section, check all the boxes that apply.

- 15. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include but are not limited to:

- Resume
- List of activities

- 10. License/certification information
- 11. Change of employment documentation

### Certifications

**14** Professional License, Certification, Registration (check all that apply)  
 CRC  COMS  
 CRRN  OTR  
Attach a current copy of each license, certification, or registration

**Supporting Attachments**  
If you are applying for reinstatement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500, subp. 4):  
A. current certification as required by Minn. Rules 5220.1400;  
B. attendance at the most recent update session or a recording of that session;  
C. documentation of continuing education requirements as provided by Minn. Rules 5220.1500, subp. 3a;  
D. payment of any applicable late fees if the applicant failed to notify the commissioner that registration renewal was not being sought; and  
E. if the applicant has been on inactive status or has failed to renew registration for more than two years, the applicant must also complete an orientation training session before acceptance is final.

**15**

File Name	File Type	Description	Remove
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16. In the **Upload Document** pop-up window, select the file(s) by dragging and dropping them in the box or by clicking and using the upload button.

17. Select the **Document Type** from the drop-down menu.

18. Enter a brief **Description**.

19. Click **Upload** to continue.

20. Type the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and click the checkbox attesting to the legal signature and confirming the accuracy of the document.

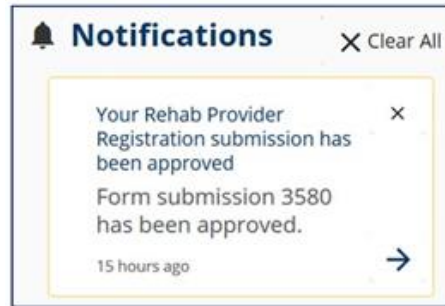
21. Click the yellow **Submit** button.

22. Once the form is submitted, mail your registration fee payment to the address provided.

Send registration fees as a check or money order for \$200 payable to “Minnesota Department of Labor and Industry” and send payment to:

**Minnesota Department of Labor and Industry**  
**Financial Services**  
**443 Lafayette Road North**  
**St. Paul, MN 55155**

23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.



To view the status of the submission, go to the **My Forms** tab on the dashboard. Once a form has been approved its status will change from **Pending Review** to **Submitted**.

The dashboard header includes the logo for the Department of Labor and Industry, a "Submit a Filing" dropdown, and a user profile for "First Buyer". The main content area is titled "My Overview" and contains three summary cards: "Open Claims" (0), "Upcoming Events" (0), and "New Documents" (0). Below these is the "My Queues" section with tabs for "My Claims", "My Disputes", "My Forms" (highlighted with a red box), and "My Rehab Cases". The "My Forms" tab displays a table with the following data:

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Number
Claim Access Authorization	TIMMY TESTING: Injury on 02/27/19...	CL-00-0903-836	10/15/20...	Submitted	2813
Rehab Consultation Report	Rehab For : Tracey Schmidtbauer	RT-02-6273-206	6/7/2024	Submitted	2236
Rehab Provider Individual Registration	MEYER GERALD E QRC	RP-01-2745-687	6/7/2024	Submitted	2233
Rehab Provider Registration		None	9/27/20...	Pending Review	2748

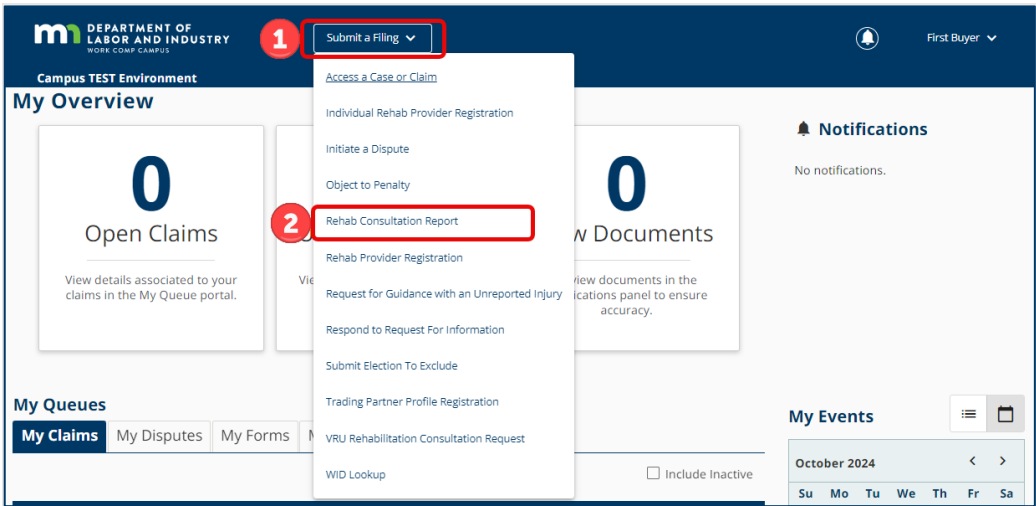
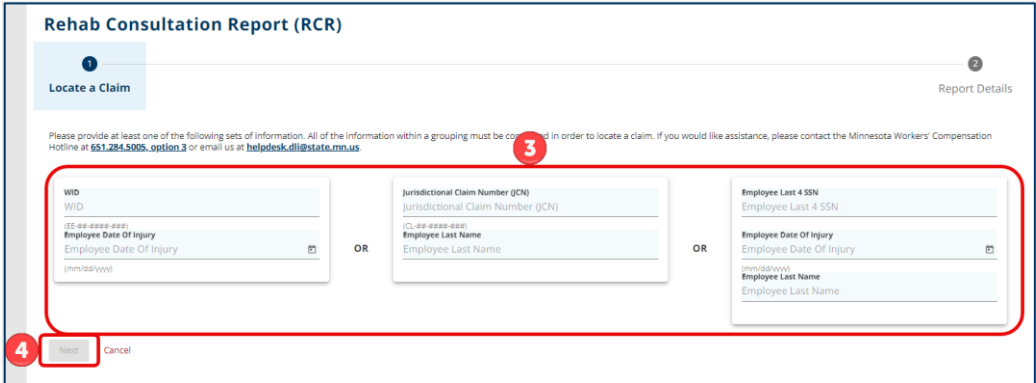
The "Status" column in the table is highlighted with a red box. To the right of the table is a "My Events" calendar for October 2024, showing dates from 29 to 26. The "My Forms" tab is also highlighted with a red box.

# Rehabilitation Forms

## Rehabilitation Consultation Reports (RCR)

The purpose the rehabilitation consultation is for a QRC to determine an injured worker’s eligibility for statutory rehabilitation services. The QRC files the Rehabilitation Consultation Report (RCR) with DLI and distributes to the parties within 14 days of the initial meeting.

### Filing a Rehabilitation Consultation Report

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the dashboard, click <b>Submit a Filing</b> in the drop-down menu.</li> <li>In the drop-down menu, select <b>Rehab Consultation Report</b>.</li> </ol>	
<ol style="list-style-type: none"> <li>In the <b>Rehab Consultation Report (RCR)</b> page, step 1 is to <b>Locate a Claim</b>. Pick one of the groups of information and enter it for the injured worker authorization is being requested.                       Note: If unsure of the WID, there are instructions in the <a href="#">Locating a Worker Identification Number</a> section.</li> <li>Click <b>Next</b> to proceed to the webform. <i>(The button will highlight after information is entered.)</i></li> </ol> <p>If a matching claim is not found, you will be prompted to enter additional information about the</p>	

claim to proceed with the RCR filing.

- Step 2 is **Report Details**. The associated claim information will automatically populate.
- Enter the information for the **Claim Representative**. Ensure that all fields with asterisks (\*) have information entered.

**Rehab Consultation Report (RCR)**

Locate a Claim Report Details

**Claim Details**  
Please provide the following information.

Campus File Number: CL-00-0903-836  
Date of Injury: 2/27/1980  
Claim Admin Claim Number: 5654887588

Claim Representative First Name \*  
Claim Representative Last Name \*  
Claim Representative Phone Number \*

- Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.

**Employee Details**

WID Number: EE-00-2695-898  
Employee: TIMMY TESTING

Employee Address: 123 MAIN ST  
City: ST PAUL  
State: MN  
Zip Code: 55101

Phone Number \*  
(763) 555-1212

- Under the **Employer Details** section, click the yellow **+Add Contact** button to add a contact person for the employer.

**Employer Details**  
T

No contacts are currently listed for this employer. + Add Contact

**Insurer Details**  
Insurer Name: ABC INSURANCE GROUP  
Insurer Address:

- In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with asterisks (\*).

**Add Employer Contact**

You can either select a known contact or add a contact by completing the fields below

Select a known contact

Contact First Name \*  
Contact Last Name \*  
Contact Phone Number \*

Address Line1 \*  
Address Line2

Postal Code  
City \*  
State Province \*

Save Cancel

- Click the yellow **Save** button to add the information to the form.

- Under the **QRC Details** section, verify that the information shown is correct.

**QRC Details**

QRC Name: First Buyer  
Rehab Provider Group Firm: MEYER GERALD E QRC

Rehab Provider Group Address: 2814 ISLAND VIEW CT ST CLOUD MN (Primary Address)

QRC Number: 432  
QRC Firm Number: 5068

QRC Phone Number \*  
(651) 555-1212

12. Under the **Qualification Details** section, answer all the questions and select an option under the eligibility statement.

**Qualification Details**

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.  
 No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.  
 No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.  
 No  Yes

I have consulted with the date-of-injury employer regarding the above issues.  
 No  Yes

**Eligibility Statement**

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22  
 In my opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22  
 The parties have informed me that they wish to initiate statutory rehabilitation services at this time

13. Under the **Narrative Report** section, provide a narrative in the **Narrative Report** field or by attaching a document in the attachment section.

**Narrative Report**

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report \*  
 Narrative Report

+ Upload Document

File Name	File Type	Description	Remove
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Note: One must be entered to submit the form.

14. Under the **Rights and Responsibilities** section, click the yellow **+Upload Document** button to upload the rights and responsibilities document.

**Rights and Responsibilities**

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

+ Upload Document

File Name	File Type	Description	Remove
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Note: This document must be received by the Department of Labor and Industry prior to closing the rehab case.

The Department of Labor and Industry has [Rehabilitation Rights and Responsibilities of the Injured Worker](#) form that can be used.

15. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to attach any additional documentation.

**Supporting Attachments**

QRC: This form and a narrative report must be received by the Department of Labor and Industry within 14 days of the initial rehab consultation date (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (RP-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minnesota Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the Qualified Rehabilitation Consultant (QRC) and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at placeholder telephone, or request a determination by filing a Rehabilitation Request with the Department.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52, SUBDIVISION 3.

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

16. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking on the applicable checkbox(s).

17. If any parties are missing, click the yellow **+Add Service Recipient** button to add parties.

**Affidavit of Service**  
Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

**+ Add Service Recipient** **17**

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	TIMMY TESTING	Employee	Other	None	N/A
<input type="checkbox"/>	Mountain Attorney	Attorney	ctest719+mountain@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctest719+snow@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctest719+snow@gmail.com	None	N/A
<input type="checkbox"/>	T	Employer	Other	None	N/A
<input type="checkbox"/>	Test Builder S/I	Insurer	Other	None	N/A
<input type="checkbox"/>	Annual Tester	Adjuster	Uattestdl+aclr2@gmail.com	None	
<input type="checkbox"/>	ABC INSURANCE GROUP	Claim Admin	Other	None	N/A
<input type="checkbox"/>	Annual Tester	Other Representative	N/A	None	
<input type="checkbox"/>	Annual Tester	Service of Process Designee for ABC INSURANCE GROUP	Uattestdl+aclr2@gmail.com	None	N/A

**16**

18. Under the **Declaration** section, check the box attesting to the accuracy of the document.

19. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

20. In the **Initial Rehab Consultation Date**, enter the date of the initial consult.

21. Once completed, click the yellow **Submit Form** button.

22. If **successful**, a confirmation page will display.

**Notice**

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

**18**  I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

**Electronic Signature**

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRIU).

**19** Full Name of Signatory \*

Full Name of Signatory

**20**  I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date \*

Initial Rehab Consultation Date (mm/dd/yyyy)

**21** Submit Form Back Save as Draft Download PDF Preview Cancel

This includes links to the **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

**m** DEPARTMENT OF LABOR AND INDUSTRY  
WORK COMP CAMPUS

Campus TEST Environment

First Buyer

**Rehab Consultation Report Successfully Submitted!**

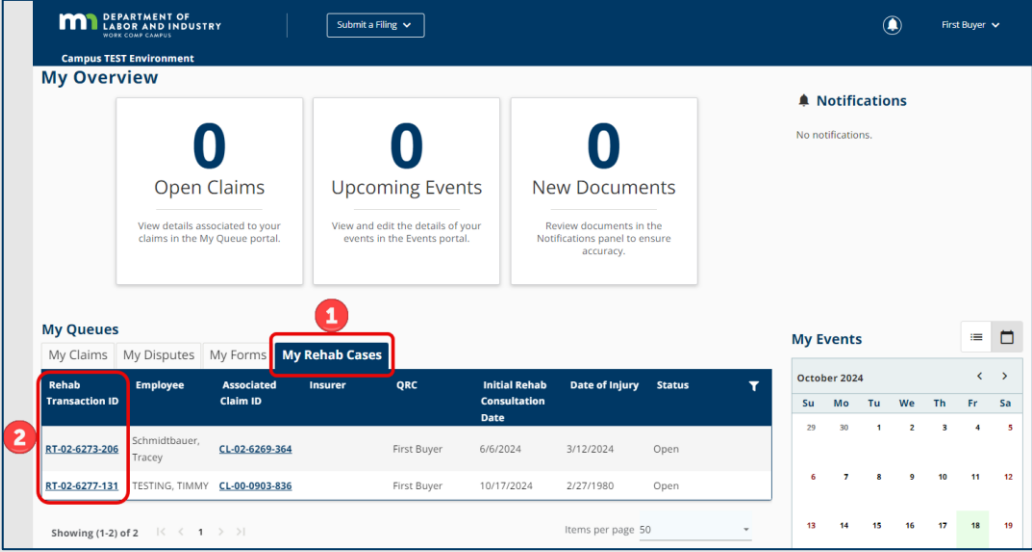
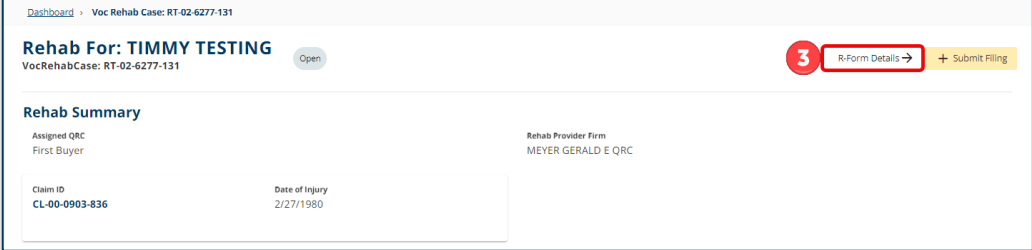
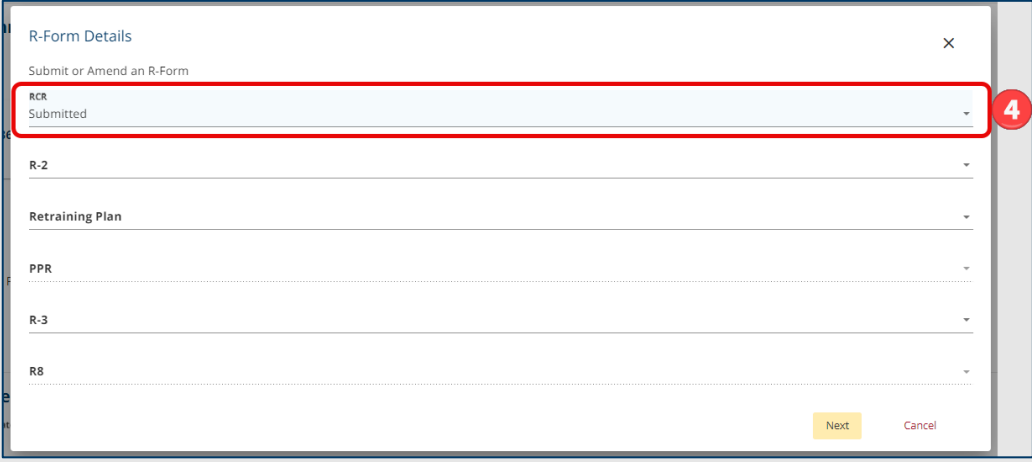
Confirmation Number: 12839

Click the link to view your new document:  
**DO-02-6277-132**

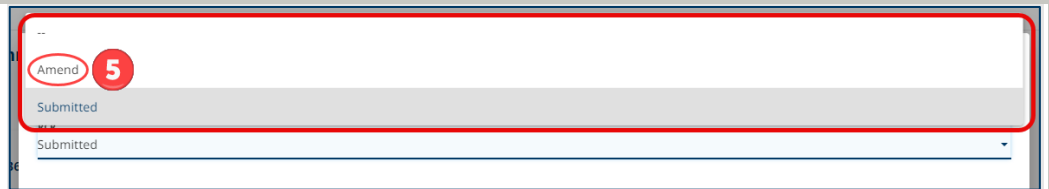
A confirmation email has been sent to ctest719-QRC@gmail.com for your records. You may view your forms in **My Form History**.



# Filing an amended Rehabilitation Consultation Report (RCR)

Instructions	Visual aids																								
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>The screenshot shows the 'My Overview' dashboard. At the top, there are three cards for 'Open Claims', 'Upcoming Events', and 'New Documents', all showing a count of 0. Below these is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases'. The 'My Rehab Cases' tab is selected and highlighted with a red box and a red circle with the number 1. Below the tabs is a table of rehab cases. The first row is highlighted with a red box and a red circle with the number 2. The table has columns for 'Rehab Transaction ID', 'Employee', 'Associated Claim ID', 'Insurer', 'QRC', 'Initial Rehab Consultation Date', 'Date of Injury', and 'Status'.</p> <table border="1"> <thead> <tr> <th>Rehab Transaction ID</th> <th>Employee</th> <th>Associated Claim ID</th> <th>Insurer</th> <th>QRC</th> <th>Initial Rehab Consultation Date</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>RT-02-6273-206</td> <td>Schmidtbauer, Tracey</td> <td>CL-02-6269-364</td> <td>First Buyer</td> <td>First Buyer</td> <td>6/6/2024</td> <td>3/12/2024</td> <td>Open</td> </tr> <tr> <td>RT-02-6277-131</td> <td>TESTING, TIMMY</td> <td>CL-00-0903-836</td> <td>First Buyer</td> <td>First Buyer</td> <td>10/17/2024</td> <td>2/27/1980</td> <td>Open</td> </tr> </tbody> </table>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																		
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open																		
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open																		
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>The screenshot shows the 'Rehab For: TIMMY TESTING' page. The page title is 'Rehab For: TIMMY TESTING' with 'VocRehabCase: RT-02-6277-131' and an 'Open' status. There is a red box and a red circle with the number 3 around the 'R-Form Details' button. Below the title is a 'Rehab Summary' section with fields for 'Assigned QRC' (First Buyer), 'Rehab Provider Firm' (MEYER GERALD E QRC), 'Claim ID' (CL-00-0903-836), and 'Date of Injury' (2/27/1980).</p>																								
<ol style="list-style-type: none"> <li>In the <b>R-Form Details</b> pop-up window, click the <b>RCR</b> drop-down.</li> </ol>	 <p>The screenshot shows the 'R-Form Details' pop-up window. At the top, it says 'Submit or Amend an R-Form'. Below this is a dropdown menu with 'RCR Submitted' selected, highlighted with a red box and a red circle with the number 4. Other options in the dropdown include 'R-2', 'Retraining Plan', 'PPR', 'R-3', and 'RB'. At the bottom right, there are 'Next' and 'Cancel' buttons.</p>																								

5. In the drop-down menu, select the **Amend** option.



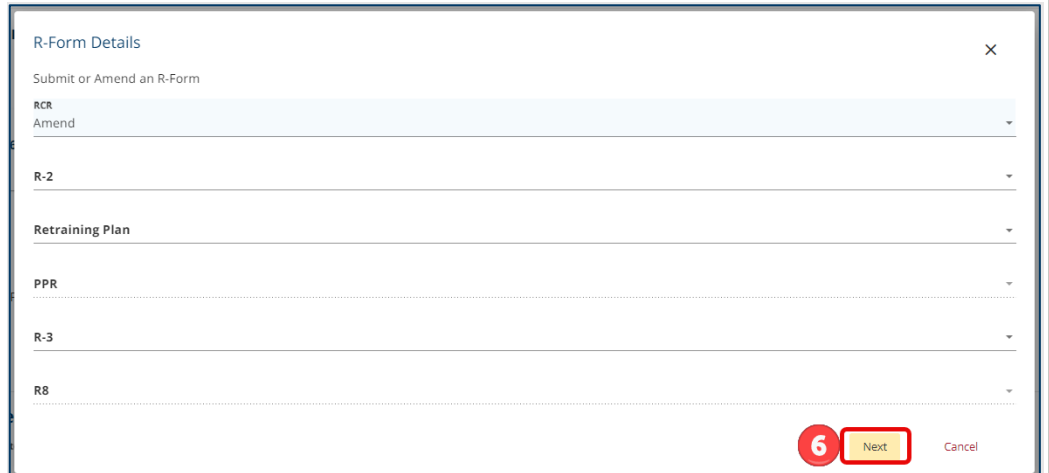
...

Amend 5

Submitted

Submitted

6. Once selected, click the yellow **Next** button.



R-Form Details

Submit or Amend an R-Form

RCR  
Amend

R-2

Retraining Plan

PPR

R-3

R8

6 Next Cancel

7. On the **Amend Rehab Consultation Report (RCR)** page, the information from the original filing will be automatically populated.



Dashboard > Amend Rehab Consultation Report (RCR)

### Amend Rehab Consultation Report (RCR)

#### Claim Details

Please provide the following information.

Campus File Number	Date of Injury	Claim Admin Claim Number	Claim Representative First Name	Claim Representative Last Name	Claim Representative Phone Number
CL-00-0903-836	2/27/1980	5654887588	Jason	Aldean	(555) 555-1234

#### Employee Details

WID Number EE-00-2695-898	Employee TIMMY TESTING	
Employee Address 123 MAIN ST		
City ST PAUL	State MN	Zip Code 55101
Phone Number (763) 555-1212		

#### Employer Details

Contact Name Kelly Clarkson	Phone Number (555) 555-5678
--------------------------------	--------------------------------

#### Insurer Details

TEST BUILDER S/I

Insurer Address

#### QRC Details

QRC Name First Buyer	Rehab Provider Group Firm MEYER GERALD E QRC
Rehab Provider Group Address 2814 ISLAND VIEW CT ST CLOUD MN (Primary Address)	
QRC Number 432	QRC Firm Number 5068

8. Under the **Qualification Details** section, answer all the questions and select an option under the eligibility statement.

**Qualification Details**

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.  
 No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.  
 No  Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.  
 No  Yes

I have consulted with the date-of-injury employer regarding the above issues.  
 No  Yes

**Eligibility Statement**

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22  
 In my opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22  
 The parties have informed me that they wish to initiate statutory rehabilitation services at this time

9. Under the **Narrative Report** section, provide a narrative in the **Narrative Report** field or by attaching a document in the attachment section.

**Narrative Report**

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report \*  
 Narrative Report

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Note: An updated narrative report must be added.

10. Under the **Rights and Responsibilities** section, click the yellow **+Upload Document** button to upload the rights and responsibilities document.

**Rights and Responsibilities**

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

If this was previously uploaded, go to step 11.

Note: This document must be received by the Department of Labor and Industry prior to closing the rehab case.

The Department of Labor and Industry has [Rehabilitation Rights and Responsibilities of the Injured Worker](#) form that can be used.

11. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to attach any additional documentation.

**Supporting Attachments**

QRC: This form and a narrative report must be received by the Department of Labor and Industry within 14 days of the initial rehab consultation date (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minnesota Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the Qualified Rehabilitation Consultant (QRC) and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at placeholder telephone, or request a determination by filing a Rehabilitation Request with the Department.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52, SUBDIVISION 3.

+ Upload Document

File Name	File Type	Description	Remove
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Do You Want to Distribute This Document?  
 No  Yes

12. Under the **Do you want to distribute this document?**, select the answer that fits best.  
 a) If **Yes** – go to step 13.  
 12. If **No** – move to step 16.

13. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served

electronically via email.

14. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

15. Mark the box attesting that the form has been provided to all required parties.

**Do You Want to Distribute This Document?**  
 No  Yes

**Distribute Electronically**  
Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	cctestng719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	cctestng719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	Uatstedli+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatstedli+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	cctestng719+snow@gmail.com

**Distribute Manually**  
The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

I attest that a copy of this form has been provided to all required parties.

16. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

17. Once completed, click the yellow **Submit Form** button.

18. If **successful**, a confirmation page will display.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, Insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge

Initial Rehab Consultation Date  
10/17/2024

**Submit Form** Back Save as Draft Download PDF Preview Cancel

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

**DEPARTMENT OF LABOR AND INDUSTRY**  
WORK CAMPUS

Campus TEST Environment

**Amend Rehab Consultation Report Successfully Submitted!**

Confirmation Number: 12840

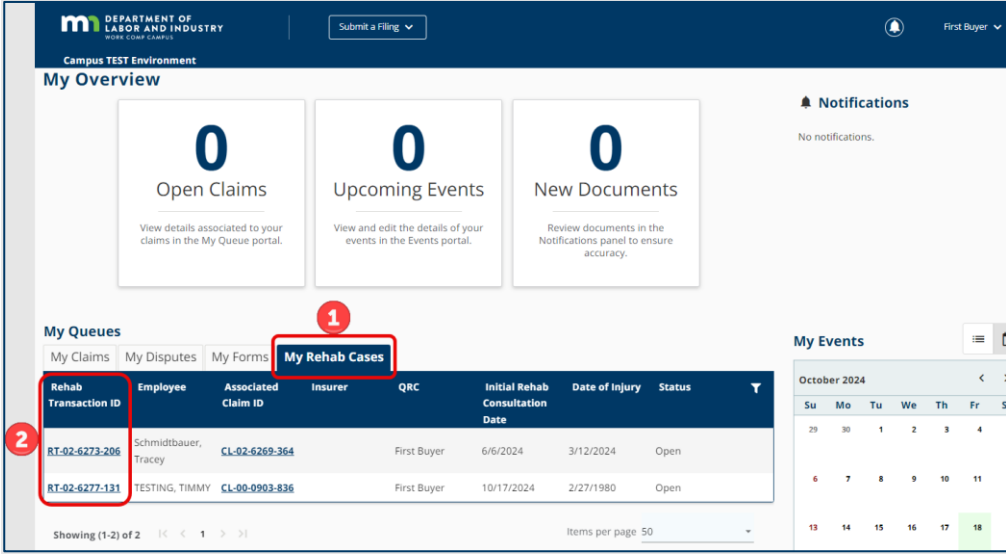
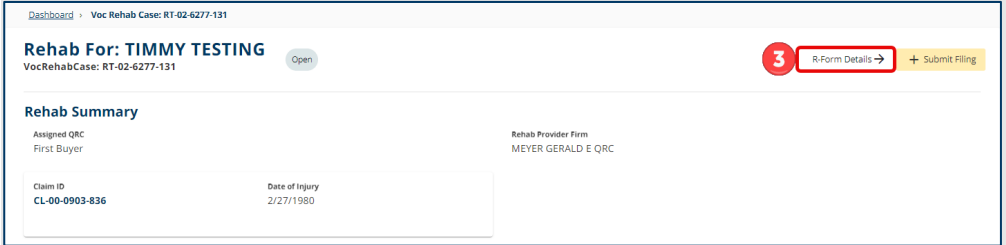
Associated ID: **RT-02-6277-131**

Click the link to view your new document:  
**DO-02-6277-135**

A confirmation email has been sent to cctestng719+QRC@gmail.com for your records. You may view your forms in **My Form History**.

## R-2 Rehabilitation Plan

After filing the Rehabilitation Consultation Report determining an employee eligible for vocational rehabilitation services, the QRC will utilize the information obtained to develop the rehabilitation plan (R-2) with the injured worker. Per [Minn. Rules part 5220.0410](#), the plan must be developed with the employee within 30 days and filed within 45 days of finding them eligible. Employee signature requested on this form.

Instructions	Visual aids																						
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>The screenshot shows the 'My Overview' dashboard with three main cards: 'Open Claims' (0), 'Upcoming Events' (0), and 'New Documents' (0). Below these is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases' (highlighted with a red box and a '1'). A table of cases is displayed below, with the 'Rehab Transaction ID' column highlighted by a red box and a '2'. The table contains two rows of data:</p> <table border="1"> <thead> <tr> <th>Rehab Transaction ID</th> <th>Employee</th> <th>Associated Claim ID</th> <th>Insurer</th> <th>QRC</th> <th>Initial Rehab Consultation Date</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>RT-02-6273-206</td> <td>Schmidtbauer, Tracey</td> <td>CL-02-6269-364</td> <td>First Buyer</td> <td>6/6/2024</td> <td>3/12/2024</td> <td>Open</td> </tr> <tr> <td>RT-02-6277-131</td> <td>TESTING, TIMMY</td> <td>CL-00-0903-836</td> <td>First Buyer</td> <td>10/17/2024</td> <td>2/27/1980</td> <td>Open</td> </tr> </tbody> </table>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	6/6/2024	3/12/2024	Open																	
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	10/17/2024	2/27/1980	Open																	
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>The screenshot shows the 'Rehab Summary' page for case 'Rehab For: TIMMY TESTING' (VocRehabCase: RT-02-6277-131). The page includes fields for 'Assigned QRC' (First Buyer) and 'Rehab Provider Firm' (MEYER GERALD E QRC). Below these are fields for 'Claim ID' (CL-00-0903-836) and 'Date of Injury' (2/27/1980). A red box and a '3' highlight the 'R-Form Details' button in the top right corner.</p>																						

4. In the **R-Form Details** pop-up window, click the **R-2** drop-down.

R-Form Details

Submit or Amend an R-Form

R-2

Retraining Plan

PPR

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

5. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

Submit

Retraining Plan

PPR

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

6. Once selected, click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

R-2 Submit

Retraining Plan

PPR

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

7. On the **Rehabilitation Plan (R2)** page, step 1 is **Rehab Details**. The associated claim information will automatically populate.

8. Enter the information for the **Claim Representative**. Ensure that all fields with asterisks (\*) have information entered.

**Rehabilitation Plan (R2)**  
Please provide the following information

1 Rehab Details 2 Services Provided 3 Attachments and Instructions

**Claim Details**

Campus File Number CL-00-0903-836 Date Of Injury 2/27/1980 Claim Admin Claim Number 5654887588

**Claim Representative**

Claim Rep First Name \* N/A Claim Rep Last Name \* N/A Phone Number \* (000) 000-0000

9. Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.

**Employee Details**

WID Number EE-00-2695-898 Employee TIMMY TESTING

Employee Address 123 MAIN ST

City ST PAUL State MN Zip Code 55101

Phone Number \* Phone Number

10. Under the **Employer Details** section, click the yellow **+Add Contact** button to add a contact person for the employer.

**Employer Details**

T No contacts are currently listed for this employer.

+ Add Contact

**Insurer Details**

Insurer Name ABC INSURANCE GROUP Insurer Address

11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with asterisks (\*).

**Add Employer Contact**

You can either select a known contact or add a contact by completing the fields below

Select a Known Contact

Contact First Name \* Contact Last Name \* Phone Number \*

Address Line1 \* Address Line1

Address Line2 Address Line2

Postal Code City \* State Province \*

Save Cancel

12. Click the yellow **Save** button to add the information to the form.

13. Under the **Occupation Details** section, ensure that all fields with asterisks (\*) have information entered.

14. Once all the information is entered, click the yellow **Next** button.

**Occupation Details**

Occupation At Time Of Injury \* Pre-injury AWW \* Occupational Demands \*

Job at Date of Injury \* Employee's Current Work Status \* Vocational Goal \*

Highest Grade Completed \* Employee May Require an Interpreter \* Initial Rehab Consultation Date 10/17/2024

QRC Comments QRC Comments

Next Save as Draft Cancel

15. Step 2 is **Services Provided**. Under the **Initial Evaluation Report** section, provide a narrative in the **Initial Evaluation Report** field or by attaching a document by clicking the yellow **+Upload Document** button.

Note: One must be entered to submit the form.

16. Under the **Services Provided** section, ensure that all fields with asterisks (\*) have information entered.

17. If needed, additional service categories can be added by clicking the yellow **+Add** button.

13. Lines can also be removed by clicking the red **Remove**.

18. In the **Employee Comments** field, enter any comments by the injured worker.

19. Once all the information is entered, click the yellow **Next** button.

**Rehabilitation Plan (R2)**  
Please provide the following information

1 2 3  
Rehab Details Services Provided Attachments and Instructions

**Initial Evaluation Report**  
Please provide an Initial Evaluation Report either by filling out the field below or attaching a document in the provided attachment section. Your Initial Evaluation Report should include: Medical status, Vocational history, educational history, social history, relevant economic factors, transferable skills, employment barriers, and recommendations.

Initial Evaluation Report \*  
Initial Evaluation Report  
Initial Evaluation Report is required when no attachment is provided

15 + Upload Document

File Name	File Type	Description	Remove
Initial Evaluation Report Attachment is required when no report is provided			

**Services Provided**  
List only the services to be provided at this time.

16

Service Category *	Description *	Projected Cost *	Projected Completion Date *	Remove
00 - Rehab Consultation	Consultation to determine eligibility, Eligibility Determination	\$ Projected Cost Projected Cost is required	10/18/2024 (mm/dd/yyyy)	18

+ Add 17

Total Projected Cost: \$0.00

19 Employee Comments  
Employee Comments

20 Next Back Save as Draft Cancel



20. Step 3 is **Attachments and Instructions**. Under the **Responsibilities** section, ensure to review the information listed.

21. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to add any additional documentation to the form.

22. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

23. Read through the information under the **R-2 Rehabilitation Form Information, Instructions to QRC completing the R-2 Rehabilitation Plan Form, and From the Dictionary of Occupational Titles – Definition Trailer Abridged** sections.

24. Under the **Do you want to distribute this document?**, select the answer that fits best.

### Rehabilitation Plan (R2)

Please provide the following information

1  
**Rehab Details**

2  
**Services Provided**

3  
**Attachments and Instructions**

21

**Responsibilities**

**Employer/insurer responsibilities:** Minnesota Statutes § 176.102, subd. 9, and Minnesota Rules 5220.1900, subp. 1g

- Review, sign and return the R-2 form within 15 days.
- Pay for services reasonably required and/or provide in writing to QRC what specific services you disagree with within 30 days
- Monitor the costs and timeliness of services.

**Qualified rehabilitation consultant (QRC) responsibilities:** Minn. Stat. § 176.102 and Minn. Rules 5220.0100 to .1900

- Do not file the R-2 form with DJJ at the same time it is circulated to the parties.
- File the R-2 form and Initial Evaluation Report at the following time, whichever time comes first: 1) when the parties have all signed it; 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan); or 3) 45 days after the first in-person contact with the employee.
- If all signatures are not obtained within the filing deadline, file the R-2 form with the signatures obtained and with a letter or other evidence the plan was sent to each nonsigning party.

**Employee responsibilities**

- Cooperate with all parties involved and make a good faith effort to participate in the rehabilitation plan.
- Attend scheduled activities and appointments, and adhere to reasonable medical advice.

**To the parties**

If you disagree with the plan you have 15 days from the receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

22

+ Upload Document

File Name	File Type	Description	Remove
<b>Electronic Signature</b>			
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).			
Full Name of Signatory *			
Full Name of Signatory			

23

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date  
10/17/2024

#### R-2 Rehabilitation Form Information

##### Rehabilitation plan privacy and confidentiality

Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse, your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to: anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

##### Rehabilitation form availability

This form and access to the electronic submission format is located at [www.dli.mn.gov/WC/Forms.asp](http://www.dli.mn.gov/WC/Forms.asp). The form can be made available in different formats, such as large print, Braille or audio. To request, call (placeholder).

##### Intent to commit fraud

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, mistating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

#### Instructions to QRC completing the R-2 Rehabilitation Plan form

**Purpose:** The Rehabilitation Plan form documents the services proposed to be provided to the employee by the QRC and the responsibilities of the QRC, insurer and employee. The form also instructs the parties about how to proceed if there is a dispute regarding the plan and gives information about data privacy and confidentiality. See Minn. Rules 5220.0410.

**Instructions for Occupation Details:** Enter information about the job the employee had at the time of injury and the physical demands of the job. See Dictionary of Occupational Titles physical demands and strength ratings description.

**Service codes and descriptions:** See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

- Service code 10A: "job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews, job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after October 1, 2013.
- Service code 10B: "job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

List only the services to be provided during the R-2 plan period. In the description column specify the activities to be performed within the service category. Enter the projected cost and projected completion date for each of the services. The rehabilitation consultation service category has been pre-filled. Enter the actual Rehabilitation Consultation Report form invoice total in the box marked "Total projected cost."

**Responsibility section:** Review these instructions with the employee.

**Signature block:** The QRC, employee and insurer representative sign here. If a QRC intern is completing the R-2 form, the QRC intern's supervisor must also sign the form before it is forwarded to the parties for their review.

#### From the Dictionary of Occupational Titles - Definition Trailer Abridged

**Strength rating (strength) –** The Physical Demands Strength Rating reflects the estimated overall strength requirement of the job, expressed in terms of the letter corresponding to the particular strength rating. It represents the strength requirements which are considered to be important for average, successful work performance.

**S-sedentary work –** Exerting up to 10 pounds of force occasionally (occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (frequently: activity or condition exists from 1/3 to 2/3 of the time) to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

**L-light work –** Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for sedentary work. Even though the weight lifted may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. Note: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

**M-medium work –** Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.

**H-heavy work –** Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.

**V-very heavy work –** Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work. (See [www.occupationalinfo.org/appendix\\_1.html#STRENGTH](http://www.occupationalinfo.org/appendix_1.html#STRENGTH) for additional information.)

25

**Do You Want to Distribute This Document?**

No  Yes

- If **Yes** – go to step 26.
- If **No** – move to step 29.

25. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

26. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

27. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

28. If **No**, click the yellow **Submit Form** button.

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

29. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user’s Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

**Do You Want to Distribute This Document?**  
 No  Yes

**Distribute Electronically**  
 Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestest719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestest719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder 5/i	Uattestdl+acir2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uattestdl+acir2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestest719+snow@gmail.com

**Distribute Manually**  
 The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

I attest that a copy of this form has been provided to all required parties.

**Do You Want to Distribute This Document?**  
 No  Yes

**Submit Form** Back Save as Draft Download PDF Preview Cancel

**Rehab Plan Successfully Submitted!**

Confirmation Number: 12841

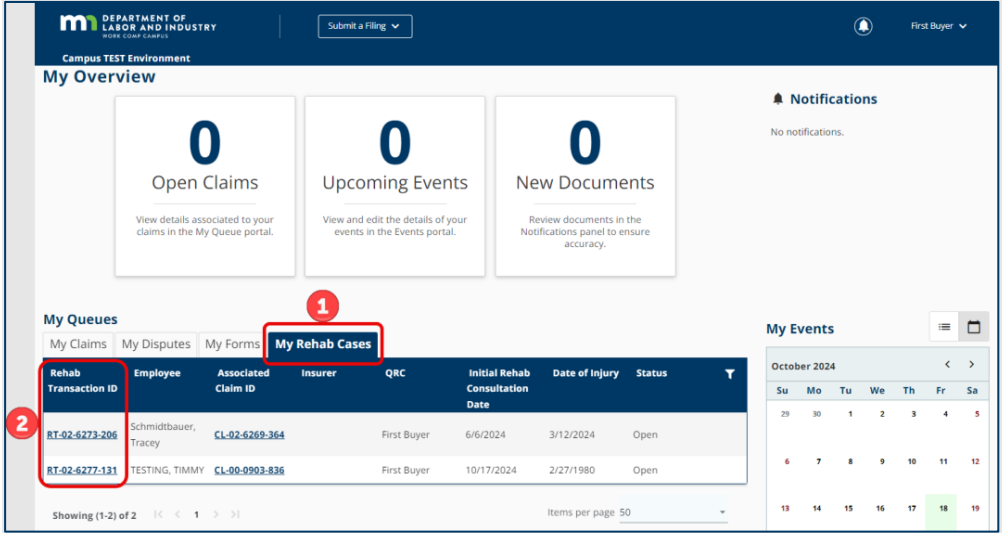


Associated ID: **RT-02-6277-131**

Click the link to view your new document:  
**DO-02-6277-138**

A confirmation email has been sent to ctestest719+QRC@gmail.com for your records. You may view your forms in **My Form History**

## R-3 Rehabilitation Plan Amendment

QRCs develop a Rehabilitation Plan Amendment (R-3s) with injured workers. They file it with the department and distribute to parties on the claim to let them know of any changes to the plan, including if a new QRC is taking over the case. Multiple R3's can be filed over the lifetime of a case. Employee signature requested on this form.

Instructions	Visual aids																								
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>The screenshot shows the 'My Overview' dashboard. A red box labeled '1' highlights the 'My Rehab Cases' tab in the 'My Queues' section. A red box labeled '2' highlights the first row of the 'My Rehab Cases' table.</p> <table border="1"> <thead> <tr> <th>Rehab Transaction ID</th> <th>Employee</th> <th>Associated Claim ID</th> <th>Insurer</th> <th>QRC</th> <th>Initial Rehab Consultation Date</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>RT-02-6273-206</td> <td>Schmidtbauer, Tracey</td> <td>CL-02-6269-364</td> <td>First Buyer</td> <td>First Buyer</td> <td>6/6/2024</td> <td>3/12/2024</td> <td>Open</td> </tr> <tr> <td>RT-02-6277-131</td> <td>TESTING, TIMMY</td> <td>CL-00-0903-836</td> <td>First Buyer</td> <td>First Buyer</td> <td>10/17/2024</td> <td>2/27/1980</td> <td>Open</td> </tr> </tbody> </table>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																		
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364	First Buyer	First Buyer	6/6/2024	3/12/2024	Open																		
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836	First Buyer	First Buyer	10/17/2024	2/27/1980	Open																		
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>The screenshot shows the 'Rehab Summary' page for 'TIMMY TESTING'. A red box labeled '3' highlights the 'R-Form Details' button in the top right corner.</p>																								
<ol style="list-style-type: none"> <li>In the <b>R-Form Details</b> pop-up window, click the <b>R-3</b> drop-down.</li> </ol>	 <p>The screenshot shows the 'R-Form Details' pop-up window. A red box labeled '4' highlights the 'R-3' option in the dropdown menu.</p>																								

14. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

RCR  
Submitted

R-2  
Submitted

Retraining Plan

PPR

Submit

No R-Forms can be submitted once inactivated.

Next Cancel

5. Once selected, click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

RCR  
Submitted

R-2  
Submitted

Retraining Plan

PPR

R-3  
Submit

R8

No R-Forms can be submitted once inactivated.

Next Cancel

6. On the **Rehab Plan Amendment (R3)** page, step 1 is **Assigned QRC**. Under the **Assigned QRC** section, select the appropriate option.

Rehab Plan Amendment (R3)

Please provide the following information:

1 Assigned QRC 2 Amendments 3 Supporting Information

Assigned QRC

Please select if you are filing this R-3 as a QRC who will be taking over this case (Change of QRC) or if you are withdrawing as QRC on this case, then verify the information below. If there is no change to the assigned QRC, select "Continue as Assigned QRC" and proceed to the next step.

7  Continue as Assigned QRC  Change of QRC  Withdrawal of QRC

- a) **Continue as assigned QRC** – no change to the assigned QRC. Go to step 8.
- b) **Change of QRC** – filing as a QRC who will be taking over the case. Go to step 26.
- c) **Withdrawal of QRC** – withdrawing as the QRC on this case. Go to step 43.

7. If filing **Continue as Assigned QRC**, verify pre-populated

information and click the yellow **Next** button.

8. Step 2 is **Amendments**. Under the **Proposed Amendment and Rational** section, enter a brief statement that cover the proposed amendments and rational in the **Proposed Amendment and Rational** field.

**Case Information**

Campus File Number: CL-00-0903-836 | Date Of Injury: 2/27/1980

Initial Rehab Consultation Date: 10/17/2024

WID Number: EE-00-2695-898 | Employee: TIMMY TESTING

Employer: T | Insurer/Self-Insurer/TPA: TEST BUILDER S/I | Insurer Claim Number: 903836

**Withdrawing QRC Information**

QRC Name: First Buyer

Rehab Provider Group Address: 443 Lafayette RD N

City: Saint Paul | State: MN | Zip Code: 55155

QRC Number: 432 | QRC Firm Number: 5068 | QRC Phone Number: (651) 555-1212

Buttons: Next, Save as Draft, Cancel

9. Under the **Services Provided** section, ensure that all fields with asterisks (\*) have information entered.

10. If needed, additional service categories can be added by clicking the yellow **+Add** button.

**Rehab Plan Amendment (R3)**  
Please provide the following information

Progress: Assigned QRC (1), Amendments (2), Supporting Information (3)

**Proposed Amendment & Rationale**  
Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.

Proposed Amendment And Rationale \*  
Proposed Amendment And Rationale

**Services to be Provided**  
Below are the currently provided services. Please make any adjustments as necessary to the description, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.

Service Category *	Description *	Projected Cost *	Projected Completion Date *	Remove
00 - Rehab Consultation	Consultation to determine eligibility, Eligibility Determination	\$ 8500	10/18/2024 (mm/dd/yyyy)	

Buttons: + Add, Remove

Total Projected Cost: \$8,500.00

11. Lines can also be removed by clicking the red **Remove**.

12. Under the **Projected Cost and Duration** section, verify the information for accuracy.

13. Once complete, click the yellow **Next** button.

**Projected Cost and Duration**  
The cost and duration below are calculated based on the plan-to-date plus any amendments you have made thus far on this form. Please verify that the updated cost and duration look correct, and proceed to the next step.

**Costs**

Plan costs to date	\$ 0	Projected additional costs to completion	\$8,500.00	Estimated total cost	\$8,500.00
--------------------	------	--	------------	----------------------	------------

**Duration**

Plan duration (in weeks)	0	Projected additional weeks to completion	0	Estimated total weeks	0
--------------------------	---	--	---	-----------------------	---

Buttons: Next, Back, Save as Draft, Cancel

14. Step 3 is **Supporting Information**. Under the **Plan Barrier Narrative Report**, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

**Rehab Plan Amendment (R3)**  
Please provide the following information

Progress: Assigned QRC (1), Amendments (2), Supporting Information (3)

**Plan Barrier Narrative Report**  
Please provide a Narrative if applicable, either by filling out the field below or attaching a document in the provided attachment section.

Plan Barrier Narrative Report  
Plan Barrier Narrative Report

**Plan Barrier Narrative Document Upload**

Buttons: + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Note: One must be entered to submit the form.

15. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to add any additional

documentation to the form.

16. Review the information in the **R-3 Form Information** section.

15. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

17. Review the information under the **Instructions to QRC** section.

18. Under the **Do you want to distribute this document?**, select the answer that fits best.

- a) If **Yes** – go to step 21.
- b) If **No** – move to step 24.

19. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to**

**Supporting Attachments**  
Attach any other supporting documentation to this R3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date

16

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

17 **R3 Form Information**

**To the parties:**  
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

**Rehabilitation plan privacy and confidentiality**  
Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

**Rehabilitation form availability**  
This form and access to the electronic submission format is located at [www.dli.mn.gov/WC/forms](http://www.dli.mn.gov/WC/forms). The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

**Intent to commit fraud**  
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

**E-Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

18 **Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

19 **Instructions to QRC**

This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.

Service codes and descriptions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2013. Service code 10B: "job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

**To amend a rehabilitation plan:** The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:

- physical limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the vocational goal;
- the projected cost or duration will be exceeded; or
- the employee feels ill-suited for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer all items that apply. For amended services, amend or add only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments), then list the "Projected Cost" and "Projected Completion Date" for each of the checked services.

Do not file the R3 form with the Department of Labor and Industry at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: 1) when the parties have all signed it; or 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan).

If all the signatures are not obtained within the filing deadline, file the R3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each nonsigning party.

**To file in lieu of a Plan Progress Report form:** This R3 may only be filed instead of the Plan Progress Report form if the R3 is filed within 15 days before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. This means that by the time the R3 is filed in lieu of the Plan Progress Report form, the parties must already have signed the R3 or the R3 must have already been in circulation to the parties for 15 days. If all signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each nonsigning party. See Minn. Rules 5220.0450, subp. 3(A).

Complete the form as expected. For the amended services, complete or amend only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments), then list the "Projected cost" and "Projected completion date" for each of the services. If there are barriers to completion of the rehabilitation plan, then attach a separate sheet listing the employee's name, WID number/SSN and date of injury, along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

**To report a change of QRC:** The newly assigned QRC must file this form and select "Change in QRC" in the QRC adjustment section. If approval of a change of QRC is required by Minn. Rules 5220.0710 and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with the department within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date the plan was sent to each nonsigning party.

**To withdraw as the QRC:** Use this form to withdraw as the assigned QRC from a rehabilitation file if the insurer has denied further liability for the injury for which rehabilitation services are being provided and a claim petition, objection to discontinuance, request for an administrative conference or any other document initiating litigation has been filed relating to the workers' compensation liability issue.

When you submit this form, this file will be routed to the Department of Labor and Industry's Vocational Rehabilitation unit (VRU).

If the QRC elects to withdraw from a rehabilitation file where no litigation is pending for the liability issue, use the R-8 Rehabilitation Plan Closure form in accordance with Minn. Rules 5220.0510, subp. 7a(A).

20 **Do You Want to Distribute This Document?**

No  Yes

**Party** column, select the parties that should be served electronically via email.

20. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

21. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

16. If **No**, click the yellow **Submit Form** button.

21

Do You Want to Distribute This Document?  
 No  Yes

**Distribute Electronically**  
 Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestng719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestng719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	uatstedl+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	uatstedl+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestng719+snow@gmail.com

**Distribute Manually**  
 The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

22

23

I attest that a copy of this form has been provided to all required parties.

Submit Form Back Save as Draft Download PDF Preview Cancel

24

Do You Want to Distribute This Document?  
 No  Yes

Submit Form Back Save as Draft Download PDF Preview Cancel

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

22. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

DEPARTMENT OF LABOR AND INDUSTRY  
 WORK COMP CAREERS

Campus TEST Environment

First Buyer

Rehab Plan Successfully Submitted!

Confirmation Number: 12841

Associated ID: **RT-02-6277-131**

Click the link to view your new document:  
**DO-02-6277-138**

A confirmation email has been sent to ctesting719+QRC@gmail.com for your records. You may view your forms in **My Form History**

23. If filing a **Change of QRC**, verify pre-populated information which includes the **New Assigned QRC Information** and **Previous QRC Information**, then click the yellow **Next** button.

26

**New Assigned QRC Information**

QRC Name  
 First Buyer

Rehab Provider Group Address  
 443 Lafayette RD N

City Saint Paul State MN Zip Code 55155

QRC Number 432 QRC Firm Number 5068 QRC Phone Number (651) 555-1212

**Previous QRC Information**

QRC Name  
 First Buyer

Rehab Provider Group Address  
 443 Lafayette RD N

City Saint Paul State MN Zip Code 55155

QRC Number 432 QRC Firm Number 5068 QRC Phone Number (651) 555-1212

Next Save as Draft Cancel

24. Step 2 is **Amendments**. Under the **Proposed Amendment and Rational** section, enter a brief statement that cover the proposed amendments and rational in the **Proposed Amendment and Rational** field.

25. Under the **Services Provided** section, ensure that all fields with asterisks (\*) have information entered.

26. If needed, additional service categories can be added by clicking the yellow **+Add** button.

27. Lines can also be removed by clicking the red **Remove**.

28. Under the **Projected Cost and Duration** section, verify the information for accuracy.

29. Once complete, click the yellow **Next** button.

30. Step 3 is **Supporting Information**. Under the **Plan Barrier Narrative Report**, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

Note: One must be entered to submit the form.

31. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to add any additional documentation to the form.

**Rehab Plan Amendment (R3)**  
Please provide the following information

Assigned QRC | **Amendments** | Supporting Information

**Proposed Amendment & Rationale**  
Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.  
Add text here

**Proposed Amendment And Rationale \***  
Proposed Amendment And Rationale

**Services to be Provided**  
Below are the currently provided services. Please make any adjustments as necessary to the description, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.

Service Category *	Description *	Projected Cost *	Projected Completion Date *
90 - Rehab Consultation	Consultation to determine eligibility, Eligibility Determination	\$ 8500	10/18/2024

**+ Add** | **Remove** | Total Projected Cost: \$8,500.00

**Projected Cost and Duration**  
The cost and duration below are calculated based on the plan-to-date plus any amendments you have made thus far on this form. Please verify that the updated cost and duration look correct, and proceed to the next step.

**Costs**

Plan costs to date	Projected additional costs to completion	Estimated total cost
\$ 0	\$8,500.00	\$8,500.00

**Duration**

Plan duration (in weeks)	Projected additional weeks to completion	Estimated total weeks
0	0	0

**Next** | Back | Save as Draft | Cancel

**Rehab Plan Amendment (R3)**  
Please provide the following information

Assigned QRC | Amendments | **Supporting Information**

**Plan Barrier Narrative Report**  
Please provide a Narrative if applicable, either by filling out the field below or attaching a document in the provided attachment section

**Plan Barrier Narrative Report**  
Plan Barrier Narrative Report

**Plan Barrier Narrative Document Upload**  
**+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

**Supporting Attachments**  
Attach any other supporting documentation to this R3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date.

**+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------



32. Review the information in the **R-3 Form Information** section.

33. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

34. Review the information under the **Instructions to QRC** section.

35. Under the **Do you want to distribute this document?**, select the answer that fits best.  
a) If **Yes** – go to step 39.

**35 R3 Form Information**

**To the parties:**  
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

**Rehabilitation plan privacy and confidentiality**  
Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim; the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

**Rehabilitation form availability**  
This form and access to the electronic submission format is located at [www.dli.mn.gov/WC/wcforms.asp](http://www.dli.mn.gov/WC/wcforms.asp). The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-5354.

**Intent to commit fraud**  
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

**E-Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**36 Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

**37 Instructions to QRC**

This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.

Service codes and descriptions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2013. Service code 10B: "job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

**To amend a rehabilitation plan:** The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:

- physical limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the vocational goal;
- the projected cost or duration will be exceeded; or
- the employee feels dissatisfied for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer all items that apply. For amended services, amend or add only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments); then list the "Projected Cost" and "Projected Completion Date" for each of the checked services.

Do not file the R3 form with the Department of Labor and Industry at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: 1) when the parties have all signed it; or 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan).

If all the signatures are not obtained within the filing deadline, file the R3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each nonsigning party.

**To file in lieu of a Plan Progress Report form:** This R3 may only be filed instead of the Plan Progress Report form if the R3 is filed within 15 days before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. This means that by the time the R3 is filed in lieu of the Plan Progress Report form, the parties must already have signed the R3 or the R3 must have already been in circulation to the parties for 15 days. If all signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each nonsigning party. See Minn. Rules 5220.0450, subp. 3(A).

Complete the form as expected. For the amended services, complete or amend only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments); then list the "Projected cost" and "Projected completion date" for each of the services. If there are barriers to completion of the rehabilitation plan, then attach a separate sheet listing the employee's name, WID number/SSN and date of injury, along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

**To report a change of QRC:** The newly assigned QRC must file this form and select "Change in QRC" in the QRC adjustment section. If approval of a change of QRC is required by Minn. Rules 5220.0710 and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with the department within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date the plan was sent to each nonsigning party.

**To withdraw as the QRC:** Use this form to withdraw as the assigned QRC from a rehabilitation file if the insurer has denied further liability for the injury for which rehabilitation services are being provided and a claim petition, objection to discontinuance, request for an administrative conference or any other document initiating litigation has been filed relating to the workers' compensation liability issue.

When you submit this form, this file will be routed to the Department of Labor and Industry's Vocational Rehabilitation unit (VRU).

If the QRC elects to withdraw from a rehabilitation file where no litigation is pending for the liability issue, use the R-8 Rehabilitation Plan Closure form in accordance with Minn. Rules 5220.0510, subp. 7(A).

**38 Do You Want to Distribute This Document?**  
 No  Yes

**39 Do You Want to Distribute This Document?**  
 No  Yes

**Distribute Electronically**  
Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestng719@mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestng719@snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designer, Test Builder S/I	uatsttdli+acir2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	uatsttdli+acir2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designer, Mountain Law Firm	ctestng719@snow@gmail.com

**Distribute Manually**  
The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input checked="" type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

I attest that a copy of this form has been provided to all required parties.

**41** Submit Form Back Save as Draft Download PDF Preview Cancel

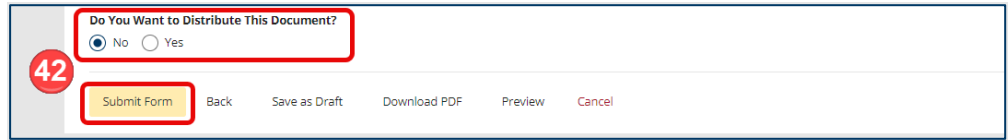
b) If **No** – move to step 42.

36. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.
37. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.
38. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.
39. If **No**, click the yellow **Submit Form** button.

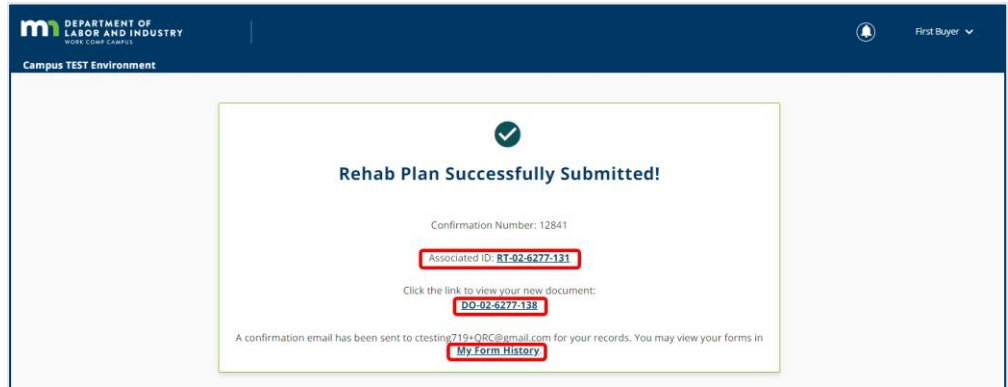
Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

40. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



A dialog box titled "Do You Want to Distribute This Document?" with radio buttons for "No" (selected) and "Yes". Below the dialog is a yellow "Submit Form" button, and other options include "Back", "Save as Draft", "Download PDF", "Preview", and "Cancel". A red circle with the number "42" is overlaid on the left side of the dialog.



A confirmation page titled "Rehab Plan Successfully Submitted!" with a green checkmark icon. It displays the Confirmation Number: 12841, Associated ID: RT-02-6277-131, and a link to view the document: DO-02-6277-138. A "My Form History" link is also present. A note at the bottom states: "A confirmation email has been sent to ctesting719+ORC@gmail.com for your records. You may view your forms in My Form History".

41. If filing a **Withdrawal of QRC**, verify pre-populated information and click the yellow **Next** button.

**Case Information**

Campus File Number CL-00-0903-836	Date Of Injury 2/27/1980
Initial Rehab Consultation Date 10/17/2024	
WID Number EE-00-2695-898	Employee TIMMY TESTING
Employer T	Insurer/Self-insurer/TPA TEST BUILDER S/I
	Insurer Claim Number 903836

**Withdrawing QRC Information**

QRC Name  
First Buyer

Rehab Provider Group Address  
443 Lafayette RD N

City  
Saint Paul

State  
MN

Zip Code  
55155

QRC Number  
432

QRC Firm Number  
5068

QRC Phone Number  
(651) 555-1212

44 **Next** Save as Draft Cancel

42. Step 2 is **Supporting Information**. Under the **Plan Barrier Narrative Report**, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

**Rehab Plan Amendment (R3)**  
Please provide the following information

Assigned QRC

**Plan Barrier Narrative Report**  
Please provide a Narrative if applicable, either by filling out the field below or attaching a document in the provided attachment section

Plan Barrier Narrative Report

45 **+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

43. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to add any additional documentation to the form. Examples include but are not limited to:

- Commentary from the Employee.
- Proof that this form was sent for signature.

**Supporting Attachments \***  
Attach any other supporting documentation to this R3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date

46 **+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Note: If you are a withdrawing QRC, you are **required** to attach documentation including services provided and associated costs to date.

44. Under the **R3 Form Information** section, click the yellow **+Upload Document** button to add all incurred cost-to-date information regarding the Rehab Plan.

**R3 Form Information**  
Please attach all incurred cost-to-date information regarding the Rehab Plan broken down by Service Category.

47 **+ Upload Document**

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

45. Review the information in this section.

46. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

**To the parties:**  
If you disagree with the plan, you have 15 days from receipt of the proposed plan to resolve the disagreement or object to the proposed plan. The objection must be filed with the department on a Rehabilitation Request form.

**Rehabilitation plan privacy and confidentiality**  
Private or confidential data you supply on this form will be used to process your workers' compensation claim. The data will be used by Department of Labor and Industry staff members who have authorized access to the data and may be used for state investigations and statistics. You may refuse to supply the data, but if you refuse your claim may be delayed or denied, or the form may be returned to you. The data will be made part of the department's file for your claim and may be supplied to anyone who has access to the file or the data by authorization or court order; the employer and insurer for your claim, the Office of Administrative Hearings; the Workers' Compensation Court of Appeals; the Departments of Revenue and Health; and the Workers' Compensation Reinsurance Association.

**Rehabilitation form availability**  
This form and access to the electronic submission format is located at [www.dli.mn.gov/WC/forms.asp](http://www.dli.mn.gov/WC/forms.asp). The form can be made available in different formats, such as large print, Braille or audio. To request, call (651) 284-5032 or 1-800-342-9354.

**Intent to commit fraud**  
Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, mistating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

**E-Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

**Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

47. Review the information in the **Instructions to QRC** section.

**50 Instructions to QRC**  
This form can be used in several ways and might be filed multiple times during the course of a rehabilitation plan.

Service codes and descriptions: See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minn. Stat. § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "Job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews; job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(3), for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2013. Service code 10B: "Job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

**To amend a rehabilitation plan:** The QRC or other parties may propose amendments to the current rehabilitation plan for good cause, including:

- physical limitations interfere with the plan;
- the employee is not participating effectively;
- there is a need to change the vocational goal;
- the projected cost or duration will be exceeded; or
- the employee feels ill-suited for the type of work for which rehabilitation is being provided.

When using this form to amend a rehabilitation plan, answer all items that apply. For amended services, amend or add only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments); then list the "Projected Cost" and "Projected Completion Date" for each of the checked services.

Do not file the R3 form with the Department of Labor and Industry at the same time it is circulated to the parties. The form must be filed at one of the following times, whichever comes first: 1) when the parties have all signed it; or 2) 15 days after circulation to the parties (or 15 days after recirculation if one of the parties proposed a change in the plan).

If all the signatures are not obtained within the filing deadline, file the R3 form with the signatures that have been obtained along with evidence of the date the plan was sent to each nonsigning party.

**To file in lieu of a Plan Progress Report form:** This R3 may only be filed instead of the Plan Progress Report form if the R3 is filed within 15 days before or after six months have passed from the date the R2 Rehabilitation Plan form was filed. This means that by the time the R3 is filed in lieu of the Plan Progress Report form, the parties must already have signed the R3 or the R3 must have already been in circulation to the parties for 15 days. If all signatures are not obtained within the filing deadline, include evidence of the date the plan was sent to each nonsigning party. (See Minn. Rules 5220.0450, subp. 3A4).

Complete the form as expected. For the amended services, complete or amend only the services to be provided during this R3 plan period. For "Description" of the service, identify the activities to be performed within the service category (for example, attend medical appointments, medical-related communication, coordinate medical appointments); then list the "Projected cost" and "Projected completion date" for each of the services; if there are barriers to completion of the rehabilitation plan, then attach a separate sheet listing the employee's name, WID number/SSN and date of injury, along with the barriers to successful completion of the rehabilitation plan and measures to be taken to overcome the barriers.

**To report a change of QRC:** The newly assigned QRC must file this form and select "Change in QRC" in the QRC adjustment section. If approval of a change of QRC is required by Minn. Rule 5220.0710 and the insurer has approved the change, the new QRC must circulate the form for signatures and file it with the department within 15 days of obtaining the signatures or within 15 days of circulation to the parties with evidence of the date the plan was sent to each nonsigning party.

**To withdraw as the QRC:** Use this form to withdraw as the assigned QRC from a rehabilitation file if the insurer has denied further liability for the injury for which rehabilitation services are being provided and a claim petition, objection to discontinuance, request for an administrative conference or any other document initiating litigation has been filed relating to the workers' compensation liability issue.

When you submit this form, this file will be routed to the Department of Labor and Industry's Vocational Rehabilitation unit (VRU).

If the QRC elects to withdraw from a rehabilitation file where no litigation is pending for the liability issue, use the R-8 Rehabilitation Plan Closure form in accordance with Minn. Rules 5220.0510, subp. 7a(4).

48. Under the **Do you want to distribute this document?**, select the answer that fits best.  
a) If **Yes** – go to step 52.  
b) If **No** – move to step 55.

**51 Do You Want to Distribute This Document?**  
 No  Yes

49. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served

**52 Do You Want to Distribute This Document?**  
 No  Yes

**Distribute Electronically**  
Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestng719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestng719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	Uatstedll+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatstedll+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestng719+snow@gmail.com

**Distribute Manually**  
The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

I attest that a copy of this form has been provided to all required parties.

**54** Submit Form Back Save as Draft Download PDF Preview Cancel

electronically via email.

50. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

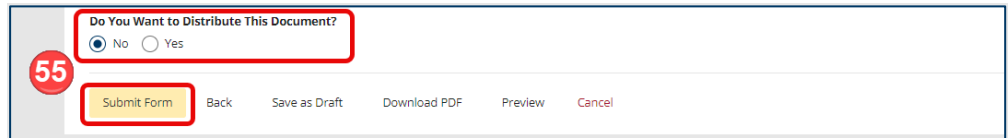
17. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

51. If **No**, click the yellow **Submit Form** button.

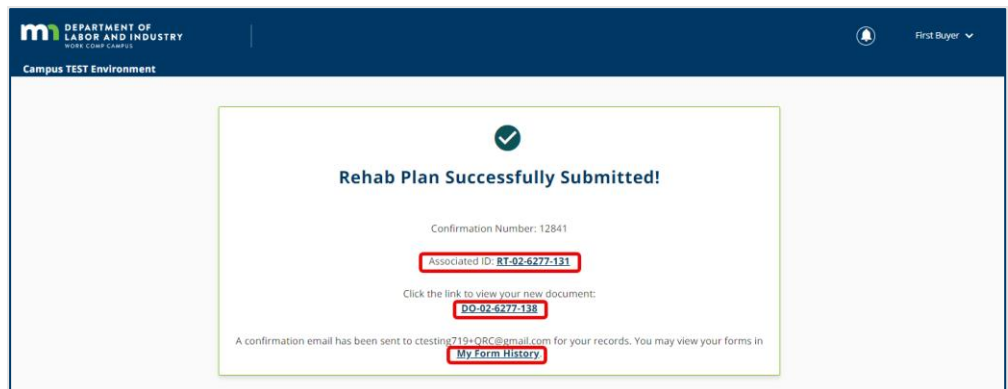
Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

52. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.



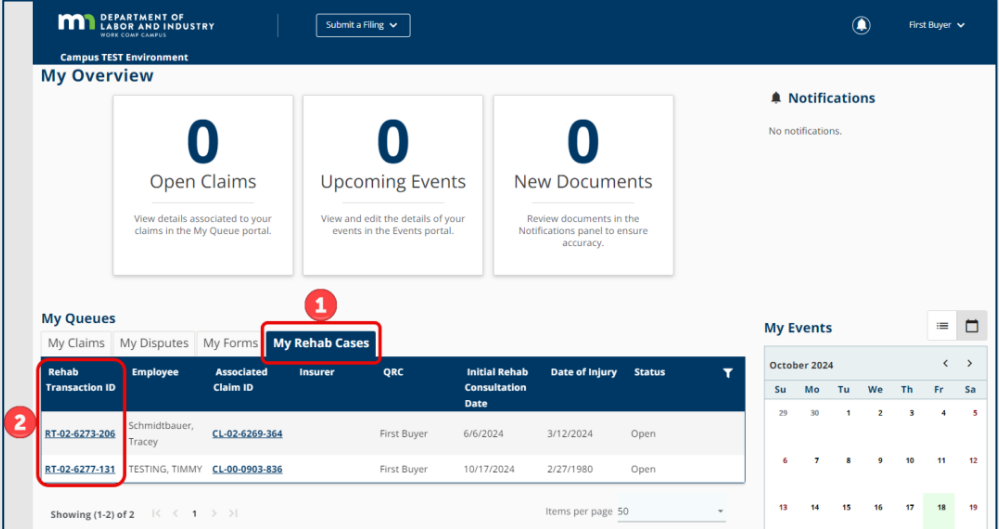
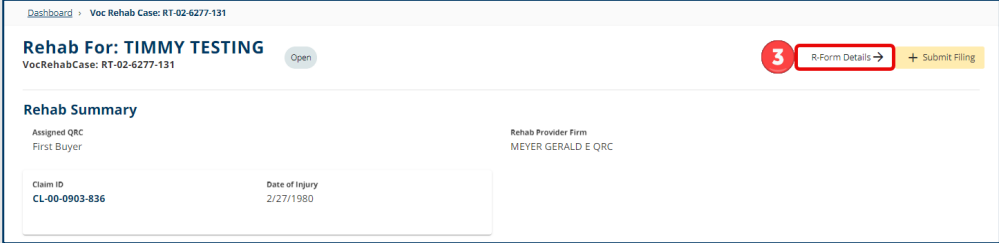

A dialog box titled "Do You Want to Distribute This Document?" with radio buttons for "No" (selected) and "Yes". Below the dialog is a yellow "Submit Form" button, and other options include "Back", "Save as Draft", "Download PDF", "Preview", and "Cancel". A red circle with the number "55" is overlaid on the left side of the dialog.



A confirmation page from the Department of Labor and Industry, Work Comp Center, Campus TEST Environment. The page displays a green checkmark icon and the text "Rehab Plan Successfully Submitted!". It includes a Confirmation Number: 12841, an Associated ID: RT-02-6277-131, and a Document ID: DO-02-6277-138. A link to view the new document is provided, along with a note that a confirmation email has been sent to ctesting719@ORC@gmail.com. A "My Form History" link is also visible.

## Plan Progress Report (PPR)

A Plan Progress Report must be filed with the department and distributed to parties six (6) months after the R2 is filed to update them on the case status and what is being done to assist the injured worker in finding suitable employment.

Instructions	Visual aids																								
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>DEPARTMENT OF LABOR AND INDUSTRY WISCONSIN CLAIM CLEARING</p> <p>Campus TEST Environment</p> <p>My Overview</p> <p>0 Open Claims 0 Upcoming Events 0 New Documents</p> <p>My Queues</p> <p>My Claims My Disputes My Forms <b>My Rehab Cases</b></p> <table border="1"> <thead> <tr> <th>Rehab Transaction ID</th> <th>Employee</th> <th>Associated Claim ID</th> <th>Insurer</th> <th>QRC</th> <th>Initial Rehab Consultation Date</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>RT-02-6273-206</td> <td>Schmidtbauer, Tracey</td> <td>CL-02-6269-364</td> <td></td> <td>First Buyer</td> <td>6/6/2024</td> <td>3/12/2024</td> <td>Open</td> </tr> <tr> <td>RT-02-6277-131</td> <td>TESTING, TIMMY</td> <td>CL-00-0903-836</td> <td></td> <td>First Buyer</td> <td>10/17/2024</td> <td>2/27/1980</td> <td>Open</td> </tr> </tbody> </table> <p>Showing (1-2) of 2</p>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364		First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836		First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																		
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364		First Buyer	6/6/2024	3/12/2024	Open																		
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836		First Buyer	10/17/2024	2/27/1980	Open																		
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>Dashboard &gt; Voc Rehab Case: RT-02-6277-131</p> <p>Rehab For: <b>TIMMY TESTING</b> (Open)</p> <p>VocRehabCase: RT-02-6277-131</p> <p>Rehab Summary</p> <p>Assigned QRC: First Buyer   Rehab Provider Firm: MEYER GERALD E QRC</p> <p>Claim ID: CL-00-0903-836   Date of Injury: 2/27/1980</p> <p>3 R-Form Details → + Submit Filing</p>																								
<ol style="list-style-type: none"> <li>In the <b>R-Form Details</b> pop-up window, click the <b>PPR</b> drop-down.</li> </ol>	 <p>R-Form Details</p> <p>Submit or Amend an R-Form</p> <p>RCR Submitted</p> <p>R-2 Submitted</p> <p>Retraining Plan</p> <p><b>PPR</b></p> <p>R-3</p> <p>RB</p> <p>No R-Forms can be submitted once inactivated.</p> <p>Next Cancel</p>																								

4. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

RCR  
Submitted

R-2  
Submitted

Retraining Plan

PPR  
Submit

No R-Forms can be submitted once inactivated.

Next Cancel

5. Once selected, click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

RCR  
Submitted

R-2  
Submitted

Retraining Plan

PPR  
Submit

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

6. On the **Plan Progress Report** page, under the **Claim Details** section, the associated claim information will automatically populate.

Plan Progress Report

Please provide the following information

Claim Details

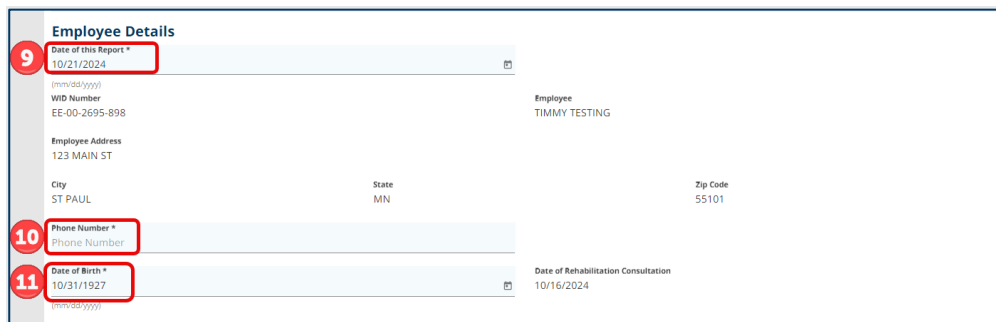
Campus File Number CL-00-0903-836	Date Of Injury 2/27/1980	Claim Admin Claim Number 5654887588	Claim Rep First Name * N/A	Claim Rep Last Name * N/A	Phone Number * (000) 000-0000
--------------------------------------	-----------------------------	--	-------------------------------	------------------------------	----------------------------------

7. Enter the information for the **Claim Representative**. Ensure that all fields with asterisks (\*) have information entered.

8. Under the **Employee Details** section, verify the date pre-populated in the **Date of Report** field.

9. Enter the injured worker's phone number in the **Phone Number** field.

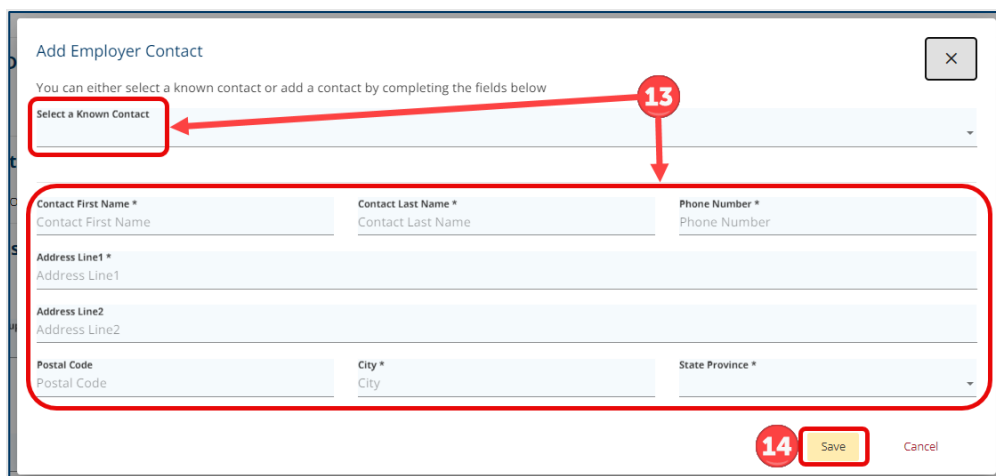
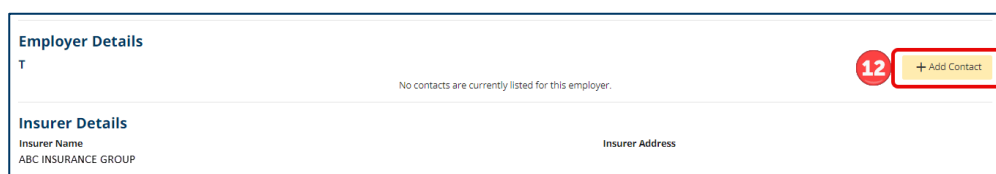
10. Verify the pre-populated date of birth for the injured worker in the **Date of Birth** field.



11. Under the **Employer Details** section, click the yellow **+Add Contact** button to add a contact person for the employer.

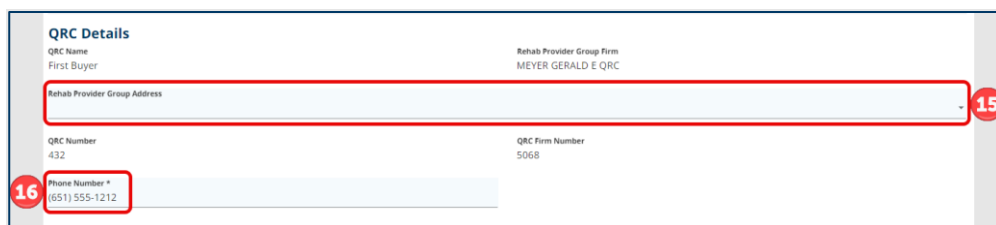
12. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with asterisks (\*).

13. Click the yellow **Save** button to add the information to the form.



14. Under the **QRC Details** section, in the **Rehab Provider Group Address** field, click the drop-down and select the appropriate address for the QRC firm.

15. Verify the pre-populated number in the **Phone Number** field.





16. Under the **Rehabilitation Plan Details** section, ensure that all fields with asterisks (\*) have information entered and mark the appropriate boxes.

17. In the **PPR Instructions** section, review the information.

18. Under the **Do you want to distribute this document?**, select the answer that fits best.  
 a) If **Yes** – go to step 20.  
 b) If **No** – move to step 23.

19. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestng719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestng719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	Uatsttdll+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatsttdll+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestng719+snow@gmail.com

20. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

21. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

22. If **No**, click the yellow **Submit Form** button.

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

23. Under the **Supporting Attachments** section, click the yellow **+Upload Document** button to add any additional documentation to the form.

**Supporting Attachments**  
Attach any other supporting documentation to this R3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date.

24 + Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

24. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

25 Full Name of Signatory \*  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge

26 Submit Form Save as Draft Download PDF Preview Cancel

25. Once complete, click the yellow **Submit Form** button.

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

26. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

**DEPARTMENT OF LABOR AND INDUSTRY**  
ROCKY MOUNTAIN CAMPUS

Campus TEST Environment

First Buyer

**Plan Progress Report Successfully Submitted!**

Confirmation Number: 12843

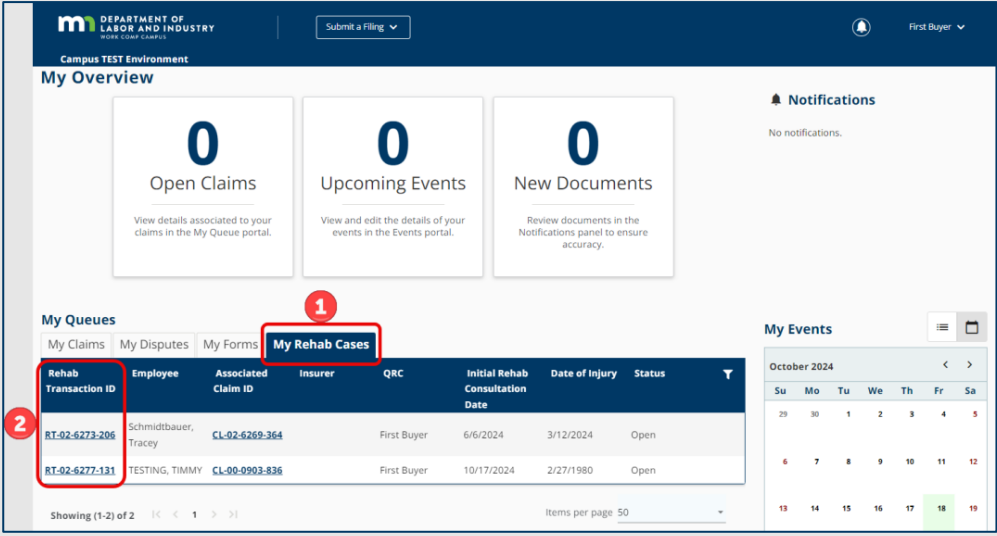

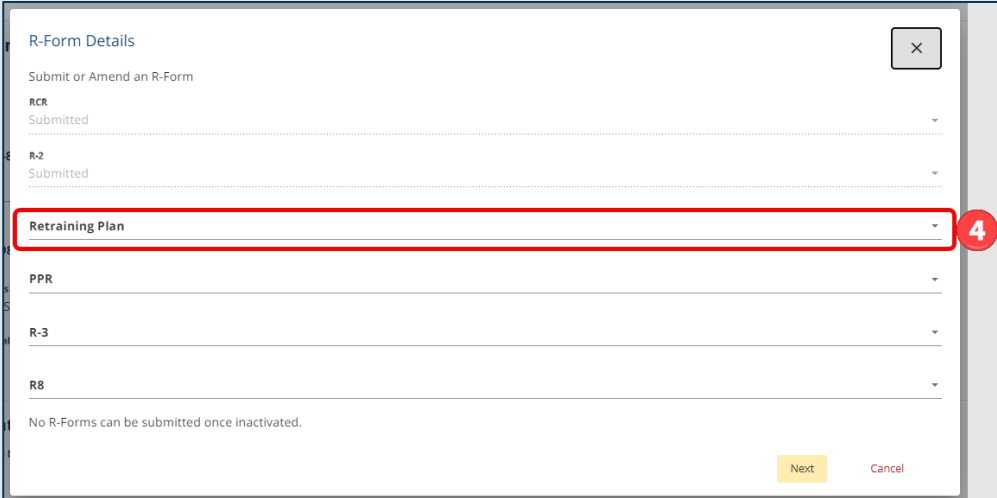
Associated ID: **RT-02-6277-131**

Click the link to view your new document:  
**DO-02-6277-144**

A confirmation email has been sent to ctesting719+ORC@gmail.com for your records. You may view your forms in **My Form History**.

## Retraining Plan

The Retraining Plan is a request submitted to the department for funds for schooling to assist the injured worker in finding suitable, gainful employment. The Department will review the request and either approve or deny.

Instructions	Visual aids
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>The screenshot shows the 'My Overview' dashboard for a user named 'First Buyer'. It features three main cards: 'Open Claims' (0), 'Upcoming Events' (0), and 'New Documents' (0). Below these is a 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases'. The 'My Rehab Cases' tab is selected and highlighted with a red circle and the number '1'. Below the tabs is a table with columns: 'Rehab Transaction ID', 'Employee', 'Associated Claim ID', 'Insurer', 'QRC', 'Initial Rehab Consultation Date', 'Date of Injury', and 'Status'. Two rows are visible: one for 'RT-02-6277-206' and another for 'RT-02-6277-131'. The 'RT-02-6277-131' row is highlighted with a red circle and the number '2'. To the right of the table is a 'My Events' calendar for October 2024.</p>
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>The screenshot shows the 'Rehab For: TIMMY TESTING' page. At the top right, there is a button labeled 'R-Form Details' with a right-pointing arrow, highlighted with a red circle and the number '3'. Below this is a 'Rehab Summary' section with fields for 'Assigned QRC' (First Buyer), 'Rehab Provider Firm' (MEYER GERALD E QRC), 'Claim ID' (CL-00-0903-836), and 'Date of Injury' (2/27/1980).</p>
<ol style="list-style-type: none"> <li>In the <b>R-Form Details</b> pop-up window, click the <b>Retraining Plan</b> drop-down.</li> </ol>	 <p>The screenshot shows the 'R-Form Details' pop-up window. It has a list of options: 'RCR Submitted', 'R-2 Submitted', 'Retraining Plan', 'PPR', 'R-3', and 'R8'. The 'Retraining Plan' option is selected and highlighted with a red circle and the number '4'. At the bottom of the window are 'Next' and 'Cancel' buttons.</p>

5. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

RCR Submitted

R-2 Submitted

Retraining Plan

Submit

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

6. Click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

RCR Submitted

R-2 Submitted

Retraining Plan Submit

PPR Submitted

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

7. In the **Retraining Plan** page, under the **Claims Details** section, the associated claim information will automatically populate.

Retraining Plan

Please provide the following information

Claim Details

Claim: CL-00-0903-836

Date Of Injury 2/27/1980

Claim Admin Claim Number 5654887588

Claim Representative

Claim Rep First Name \* N/A

Claim Rep Last Name \* N/A

Phone Number \* (000) 000-0000

8. Enter the information for the **Claim Representative**. Ensure that all fields with asterisks (\*) have information entered.

9. Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.

Employee Details

WID Number EE-00-2695-898

Employee First Name TIMMY

Employee Last Name TESTING

Phone Number \* (000) 000-0000

10. Under the **Employer Details** section, click the yellow **+Add Contact** button to add a contact person for the employer.

The screenshot shows the 'Employer Details' section. At the top right, there is a yellow button labeled '+ Add Contact' which is circled in red with the number 10. Below the button, it says 'No contacts are currently listed for this employer.' Underneath, there is an 'Insurer Details' section with fields for 'Insurer Name' (ABC INSURANCE GROUP) and 'Insurer Address'.

11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with asterisks (\*).

The screenshot shows the 'Add Employer Contact' pop-up window. A red box highlights the entire form area. A red arrow points from the number 11 to the 'Select a Known Contact' dropdown menu. The form contains several fields with asterisks indicating they are required: Contact First Name, Contact Last Name, Phone Number, Address Line1, Address Line2, Postal Code, City, and State Province. At the bottom right, there are 'Save' and 'Cancel' buttons, with the 'Save' button highlighted in yellow and circled in red with the number 12.

12. Click the yellow **Save** button to add the information to the form.

13. Under the **Retraining Details** section, ensure that all fields with asterisks (\*) have information entered. Fields that need information to be entered:

The screenshot shows the 'Retraining Details' section. A red box highlights the entire form area, which is labeled with the number 13. The form contains several fields with asterisks indicating they are required: Pre-injury Job Title, Pre-injury Average Weekly Wage, Vocational Goals, Current Compensation Rate, Anticipated Average Weekly Wage, Certificate/Degree Program Title, Program Start Date, Program Completion Date, Program Length (weeks), School Name, Zip Code, City, and State.

- a) Pre-injury job title
- b) Pre-injury Average Weekly Wage
- c) Vocational Goals
- d) Current Compensation Rate
- e) Anticipated Average Weekly Wage
- f) Certificate/Degree Program Title
- g) Program Start Date
- h) Program Completion Date
- i) School Name
- j) Zip Code
- k) City
- l) State

14. Under the **Itemized Cost Details** section, if applicable, enter as much information as possible in the following fields:

The screenshot shows the 'Itemized Cost Details' section. A red box highlights the entire form area, which is labeled with the number 14. The form contains several fields with asterisks indicating they are required: Tuition/Lab/Activity Fees, Books/Tools Fees, Special/Unique Costs, Custodial Day Care, Travel/Parking, Total Retraining Costs (excluding wage benefits), and Comments.

- a) Tuition/Lab/Activity Fees
- b) Books/Tools Fees
- c) Special/Unique Costs
- d) Custodial Day Care

- e) Travel/Parking
- f) Comments

15. Under the **Retraining Rationale** section, provide a narrative in the **Retraining Rationale** field or by attaching a document by clicking the yellow **+Upload Document** button.

Note: One must be entered to submit the form.

16. In the **Instructions to QRC** section, review the information.

17. Under the **Do you want to distribute this document?**, select the answer that fits best.  
 a) If **Yes** – go to step 18.  
 b) If **No** – move to step 21.

18. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctestng719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctestng719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	Uatstedtl+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatstedtl+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestng719+snow@gmail.com

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

19. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

20. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

21. If **No**, click the yellow **Submit Form** button.

22. Under the **Supporting Attachments** section, attach documentation to each section:

- a) Course Syllabus/Class Title Attachment
- b) Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)
- c) Medical information that the training and occupational goals are within the employee's restrictions
- d) Vocational evaluation test results that support course choice
- e) Recent Labor Market Survey

**Supporting Attachments**  
Required attachments: Pursuant to Minnesota Rules 5220.0750, subp. 204, the following items must be attached:

- 22 **Course Syllabus/Class Title Attachment**  
+ Upload Document
- Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)**  
+ Upload Document
- Medical information that the training and the occupational goals are within the employee's restrictions**  
+ Upload Document
- Vocational evaluation test results that support course choice**  
+ Upload Document
- Recent Labor Market Survey**  
+ Upload Document

23. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

24. Once complete, click the yellow **Submit Form** button.

**Electronic Signature**  
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

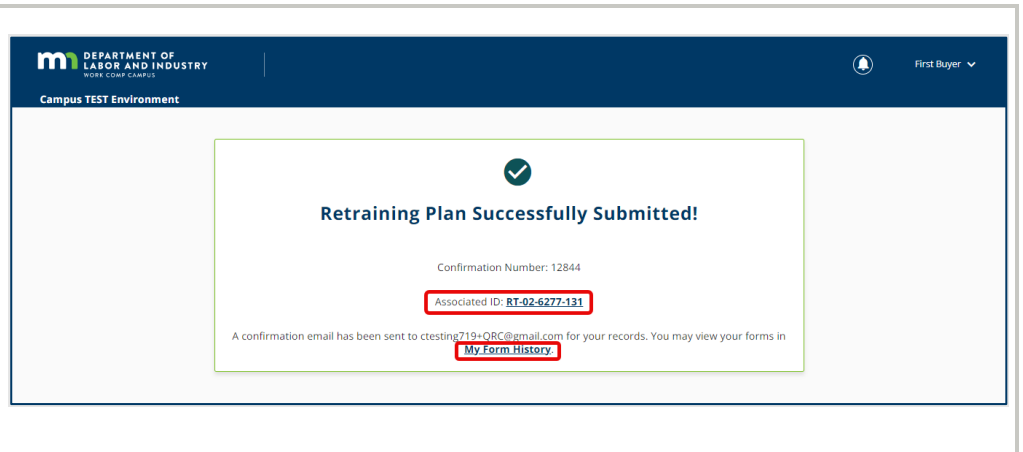
23 **Full Name of Signatory \***  
Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

24 **Submit Form** Save as Draft Download PDF Preview Cancel

25. If **successful**, a confirmation page will display.

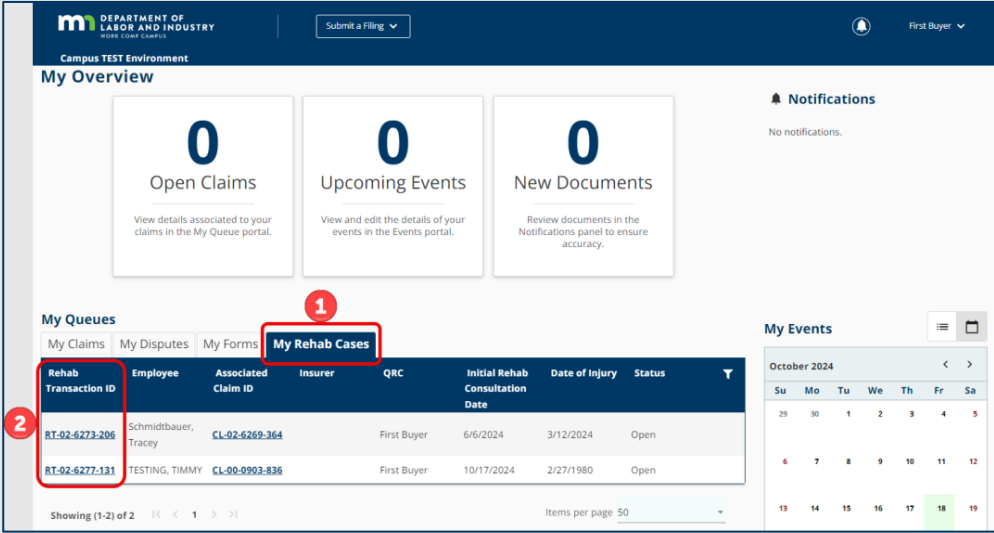
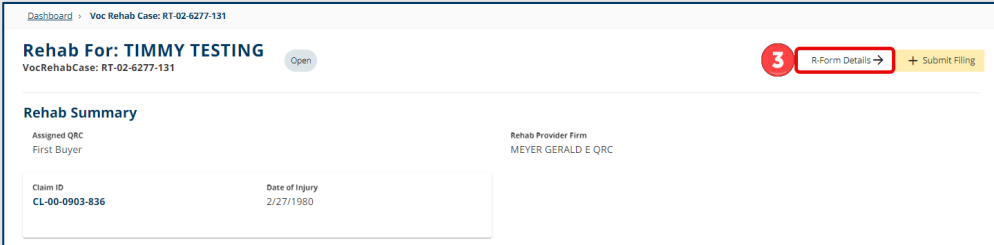
This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.





## R-8 Notice of Rehabilitation Plan Closer

QRCs develop, file, and distribute a notice of rehabilitation plan closure (R-8) to notify parties when vocational rehabilitation services are no longer being provided to an injured worker. This form will have all costs from beginning of case to closure, even if there were multiple QRC's that have worked with the injured worker over the lifetime of the case.

Instructions	Visual aids																								
<ol style="list-style-type: none"> <li>From the dashboard, click on the <b>My Rehab Cases</b> tab.</li> <li>Under the <b>Rehab Transaction ID</b> column, locate the RT file which the RCR was originally filed and click on the RT number to access the file.</li> </ol>	 <p>The screenshot shows the 'My Overview' dashboard with three main cards: 'Open Claims', 'Upcoming Events', and 'New Documents'. Below these is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases' (highlighted with a red circle 1). A table of cases is displayed below, with the 'Rehab Transaction ID' column highlighted by a red circle 2. The table contains two rows of case data.</p> <table border="1"> <thead> <tr> <th>Rehab Transaction ID</th> <th>Employee</th> <th>Associated Claim ID</th> <th>Insurer</th> <th>QRC</th> <th>Initial Rehab Consultation Date</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>RT-02-6273-206</td> <td>Schmidtbauer, Tracey</td> <td>CL-02-6269-364</td> <td></td> <td>First Buyer</td> <td>6/6/2024</td> <td>3/12/2024</td> <td>Open</td> </tr> <tr> <td>RT-02-6277-131</td> <td>TESTING, TIMMY</td> <td>CL-00-0903-836</td> <td></td> <td>First Buyer</td> <td>10/17/2024</td> <td>2/27/1980</td> <td>Open</td> </tr> </tbody> </table>	Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status	RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364		First Buyer	6/6/2024	3/12/2024	Open	RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836		First Buyer	10/17/2024	2/27/1980	Open
Rehab Transaction ID	Employee	Associated Claim ID	Insurer	QRC	Initial Rehab Consultation Date	Date of Injury	Status																		
RT-02-6273-206	Schmidtbauer, Tracey	CL-02-6269-364		First Buyer	6/6/2024	3/12/2024	Open																		
RT-02-6277-131	TESTING, TIMMY	CL-00-0903-836		First Buyer	10/17/2024	2/27/1980	Open																		
<ol style="list-style-type: none"> <li>In the <b>Rehab Summary</b> page, click on <b>R-Form Details</b>→.</li> </ol>	 <p>The screenshot shows the 'Rehab Summary' page for case RT-02-6277-131. At the top right, there is a button labeled 'R-Form Details' with a right-pointing arrow, highlighted by a red circle 3. Below this is a 'Rehab Summary' section with fields for 'Assigned QRC' (First Buyer), 'Rehab Provider Firm' (MEYER GERALD E QRC), 'Claim ID' (CL-00-0903-836), and 'Date of Injury' (2/27/1980).</p>																								

4. In the **R-Form Details** pop-up window, click the **R-8** drop-down.

R-Form Details

Submit or Amend an R-Form

RCR Submitted

R-2 Submitted

Retraining Plan

PPR Submitted

R-3

R-8

No R-Forms can be submitted once inactivated.

Next Cancel

5. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

RCR Submitted

R-2 Submitted

Retraining Plan

PPR Submitted

R-3

R-8

No R-Forms can be submitted once inactivated.

Next Cancel

6. Click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

RCR Submitted

R-2 Submitted

Retraining Plan

PPR Submitted

R-3

R-8

No R-Forms can be submitted once inactivated.

Next Cancel

7. In the **Plan Closure Report (R8)** page, step 1 is **Rehab Details**. Under the **Claims Details** section, the associated claim information will automatically populate.

8. Enter the information for the **Claim Representative**. Ensure that all fields with asterisks (\*) have information entered.

9. Under the **Employee Details** section, verify that date in the **Rehab Consultation Date**.

10. Under the **Employer Details** section, click the yellow **+Add Contact** button to add a contact person for the employer.

11. In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down field or by entering information in all the all fields with asterisks (\*).

12. Click the yellow **Save** button to add the information to the form.

13. Back on the **Employer Details** section, ensure that the **Employer at Date Of Injury** field has information entered.

14. Under the **Insurer Details** verify the insurer information.

15. Under the **QRC Details** section, click on the drop-down menu in the **Rehab Provider Group Address** and select the appropriate address for the QRC firm.

16. Verify the number in the **Phone Number** field.

17. Enter the information in the **Vendor Name** and **Vendor Number** fields.

18. Under the **Closure Details** section, ensure that all fields with asterisks (\*) have information entered. Fields that need information to be entered:

- a) Employment Status at Plan Closure
- b) Name of Employer at Plan Closure
- c) Job Title at Plan Closure
- d) Gross AWW at Plan Closure
- e) RTW Date
- f) Return to Work Job
- g) Occupational Demands
- h) Reason for Rehabilitation Plan Closure
- i) Did the Employee Have an Attorney?
- j) Number of Weeks Suspended
- k) Training Services
- l) Total Number of Previous Assigned QRCs

19. Click the yellow **Next** button to continue.

20. Step 2 is **Services Provided**.

Enter all the costs incurred by both prior and current QRCs for all the applicable fields.

**Plan Closure Report (R8)**  
Please provide the following information

1 Rehab Details      2 **Services Provided**      3 Attachments and Information

**Total Cost Details**

00 - Rehab Consultation	N/A	N/A	Prior QRC Firm Costs \$ 500	Current QRC Firm Costs \$ Current QRC Firm Costs
01 - Medical Management	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
02 - On-Site Job Analysis	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
03 - Coordinate RTW Same ER	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
04 - Job Modification	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
05 - Functional Capacity Eval	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
06 - Transferrable Skills Analysis	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
07 - Work Evaluation	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
08 - Work Hardening/Adj.	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
09 - Job Seeking Skills Training	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs

21. At the bottom, the amounts entered will add up and a total will be displayed.

22. Click the yellow **Next** button to continue.

10A - Job Development	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
10B - Job Placement	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
11 - Post Placement Follow-up	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
12 - Tech/Academy Skills Imprv	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
13 - Vocational Counseling	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
14 - Vocational Testing	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
15 - On the Job Training	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
16 - Labor Market Survey	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
17 - Exploration of Retraining	N/A	N/A	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
18 - Administrative	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
19 - Prep/Attend Legal Proceeding	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
20 - Expenses/Other	Prior Placement Firm Costs \$ Prior Placement Firm Co	Current Placement Firm Costs \$ Current Placement Firm	Prior QRC Firm Costs \$ Prior QRC Firm Costs	Current QRC Firm Costs \$ Current QRC Firm Costs
<b>Total Costs of Each Column</b>	\$0.00	\$0.00	\$990.00	\$495.00
<b>Sum of Total Costs</b>				\$1,485.00

22 **Next** Back Save as Draft Cancel

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to save in the **My Forms** tab on the dashboard.

23. Step 3 is **Attachments and Information**. Under the **Summary Closure Report** section, provide a narrative in the **Summary Closure Report** field or by attaching a document by clicking the yellow **+Upload Document** button.

Note: One must be entered to submit the form.

**Plan Closure Report (R8)**  
Please provide the following information

Rehab Details Services Provided **Attachments and Information**

**Summary Closure Report**  
Attach a Summary Closure Report summarizing services from beginning to end of rehabilitation plan (Minn. Rules 5220.0510, subp. 7 F (4))

Summary Closure Report \*  
Summary Closure Report

23 + Upload Document

File Name	File Type	Description	Remove
An attachment for the Summary Closure Report is required			

24. Under the **Supporting Attachments** section, add any additional documentation by clicking the yellow **+Upload Document** button.

**Supporting Attachments**

24 + Upload Document

File Name	File Type	Description	Remove
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25. In the **R-8 Notice of Rehabilitation Plan Closure Form Information** section, review the information.

26. Under the **Do you want to distribute this document?**, select the answer that fits best.  
a) If **Yes** – go to step 27.  
19. If **No** – move to step 30.

**R-8 Notice of Rehabilitation Plan Closure Form Information** 25

**Purpose:** The Notice of Rehabilitation Plan Closure (R-8) form and the summary report document the closure of the plan. The R-8 is used to document the reason the plan is being closed or suspended, the employee's employment status at plan closure and the cost of all rehabilitation services that were provided under the plan. The narrative summary report describes the services that were provided from the beginning to the end of the plan. Both of these documents must be filed within 30 calendar-days of notice of any of the events listed in Minnesota Rules 5220.0510, subp. 7, or when the QRC withdraws under Minn. Rules 5220.0510, subp. 7a.

**Item 15:** Employment status at plan closure – Check box c only if the employee is unemployed and has been released to return to any job, without any physical limitations/effects of work injury. Identify the documents (such as Work Ability form, etc) that provide the basis for this selection within the R-8 summary report, then skip to item 21.

**Item 20a:** Return to work – enter information about the job where the employee returned to work.

**Item 20b:** Occupational demands – for DOT physical demands and strength rating description, see the R-2 Rehabilitation Plan form information sheet.

**Item 21:** Reason for rehabilitation plan closure –

a. the employee has been steadily working at suitable gainful employment for 30 days or more, or the time period provided for in the plan;  
b. the employee's rehabilitation benefits have been closed out by an award on stipulation or award on mediation;  
c. the commissioner or a compensation judge has ordered that the rehabilitation plan be closed and there has been no timely appeal of that order;  
d. the employee and insurer have agreed to close the rehabilitation plan;  
e. the QRC has been unable to locate the employee following a good faith effort to do so;  
f. the employee has died; or  
g. the QRC decides to withdraw after the insurer has provided written notice to the employee, the employee's attorney, the commissioner and the QRC that the insurer is denying further liability for the injury for which rehabilitation services are being provided. (For item 21g, the QRC must file the R-8 and attach a copy of the insurer's notice of denial, copying appropriate parties, including a separate copy to the department's Vocational Rehabilitation unit (VRU).)

**NOTE:** Item 21g does not apply if a claim petition, objection to discontinuance, request for an administrative conference or other document initiating litigation has been filed for the liability issue. If one of these documents has been filed and the QRC decides to withdraw, the QRC shall document the withdrawal by filing a Rehabilitation Plan Amendment (R-3) form.

**Item 23:** If the rehabilitation plan was temporarily interrupted by an R-3 (such as agreement of the parties) or an order of the department, then indicate the cumulative number of weeks the plan was suspended.

**Item 25:** Total number of previously assigned QRCs involved in this rehabilitation plan – Include any other QRCs from your firm or another firm who provided services under the plan closed by this R-8 form.

**Item 26:** Costs by service area and rehabilitation provider – list the total costs for the individual services provided by rehabilitation provider firms in the applicable spaces. No information is to be listed in the spaces marked "N/A." After this is completed, total each of the four columns and enter the final amounts in "Total costs of each column."

Sum of column totals above – add the dollar amounts of the four "Total costs" columns and place that total in the space provided.

**Note on service code definitions:** See Minn. Rules 5220.0100 for service code definitions. However, for service codes 10A and 10B the statutory definition of job development in Minnesota Statutes § 176.102, subd. 5, amends the definitions in Minn. Rules 5220.0100, subps. 16 and 18, as provided below.

Service code 10A: "job development" means systematic contact with prospective employers resulting in opportunities for interviews and employment that might not otherwise have existed and includes identification of job leads and arranging for job interviews. Job development facilitates a prospective employer's consideration of a qualified employee for employment. See Minn. Stat. § 176.102, subd. 5(b), for the maximum number of hours and weeks of job development services for dates of injury on or after Oct. 1, 2013.

Service code 10B: "job placement" means activities that support a qualified employee's search for work including the preparation of a client to conduct an effective job search and communication of information about the labor market, programs or laws offering employment incentives and the qualified employee's physical limitations and capabilities as permitted by data privacy laws.

**Attach a closure report summarizing services provided (Minn. Rules 5220.0510, subp. 7 F (4)).**

Send copies of the R-8 to the employee, insurer and attorney(s). If the insurer is denying further liability, send a separate copy addressed to the department's Vocational Rehabilitation unit (VRU) if withdrawing.

26 Do You Want to Distribute This Document?  
 No  Yes

27. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to**

- Party** column, select the parties that should be served electronically via email.
28. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.
29. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.
30. If **No**, click the yellow **Submit Form** button.

27

Do You Want to Distribute This Document?  
 No  Yes

**Distribute Electronically**  
 Upon submit, all selected parties will receive an email notifying them of the document.

Send to Party	Name	Role	Address
<input type="checkbox"/>	Mountain Attorney	Attorney, TIMMY TESTING	ctesting719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctesting719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder 5/1	Uattestdli+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uattestdli+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctesting719+snow@gmail.com

**Distribute Manually**  
 The parties below cannot receive this document electronically through Campus.

Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MN 56301

I attest that a copy of this form has been provided to all required parties.

28

29

Submit Form Back Save as Draft Download PDF Preview Cancel

30

Do You Want to Distribute This Document?  
 No  Yes

Submit Form Back Save as Draft Download PDF Preview Cancel

31. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (must match the Campus user profile name) to sign electronically and mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.
32. Once complete, click the yellow **Submit Form** button.

**Electronic Signature**  
 Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

31

Full Name of Signatory \*  
 Full Name of Signatory

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge

32

Submit Form Save as Draft Download PDF Preview Cancel

33. If **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)**, **document number (DO)** that was created within Campus. This will also be visible on the user's Campus Dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

DEPARTMENT OF LABOR AND INDUSTRY  
 WORK COMP CAMPUS

Campus TEST Environment

First Buyer

Rehab Closure Successfully Submitted!

Confirmation Number: 12846

Associated ID: RT-02-6277-131

Click the link to view your new document:  
 DO-02-6277-157

A confirmation email has been sent to ctesting719+QRC@gmail.com for your records. You may view your forms in My Form History





# Document History

Version	Description	Date
1.0	Initial document	10/22/2024