

Work Comp Campus

External user manual

2024

Contents

About this manual	4
Workers' Compensation Help Desk.....	5
Contacting the Workers' Compensation Help Desk	5
Tips for contacting the Help Desk.....	5
Getting started in Work Comp Campus.....	6
Registering in Campus.....	6
Logging into Campus.....	9
Resetting password.....	10
Group administration	11
Viewing group information	11
Viewing and editing entity details	12
Viewing member information	15
Accessing group administrator settings.....	17
Adding members to a group.....	20
Member already registered in Campus.....	20
Member not registered in Campus.....	24
Editing member permissions.....	26
Law firm groups: Creating and editing member relationships.....	28
Editing member's location	30
Removing a member from a group.....	32
Managing case and claim access	34
Single edit.....	34
Bulk edit	37
Claim access	39
Locating a worker identification number.....	39
Requesting and redeeming a unique access code – employee.....	41
Requesting and redeeming a unique access code – employer	43
Claim Access Authorization webform	44
Law firm filing functions.....	47
Filing a Notice of Appearance or Notice of Representation	47
Filing a Motion to Intervene.....	51
Filing a Request for Assistance	56
From the dashboard.....	56

From the Claims Details page	62
Amending a Request for Assistance	68
Rehabilitation or Medical Response	73
Other filing	79
Qualified Rehabilitation Consultant filing functions.....	82
Rehabilitation firm and provider functions.....	82
Rehabilitation provider registration	82
Rehabilitation provider registration renewal.....	86
Individual rehabilitation provider functions.....	90
QRC and QRC intern initial registration.....	90
QRC and QRC intern registration renewal.....	94
QRC and QRC intern change of employment	98
Rehabilitation forms	102
Rehabilitation Consultation Reports.....	102
Filing an RCR	102
Filing an amended RCR.....	106
R-2 Rehabilitation Plan.....	110
R-3 Rehabilitation Plan Amendment.....	116
Plan Progress Report.....	126
Retraining Plan.....	131
R-8 Notice of Rehabilitation Plan Closure	136
Document history	143

About this manual

This Minnesota Department of Labor and Industry (DLI) Work Comp Campus external user manual is a resource that guides users through common job functions in Work Comp Campus with “step-by-step” instructions and visual aids. Additional training and resources are available at the DLI Work Comp Campus hub at dli.mn.gov/business/workers-compensation/work-comp-campus-hub.

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.

Workers' Compensation Help Desk

Contacting the Workers' Compensation Help Desk

Individuals can contact the Help Desk in the following ways:

1. by phone at 651-284-5005, option 3, or 800-342-5354, option 3; or
2. by email at helpdesk.dli@state.mn.us.

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

Tips for contacting the Help Desk

When contacting the Help Desk, be as detailed as possible in your messages, both via 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 have technical issues with Campus, such as receiving an error message while filing a claim, we encourage you to do the following.

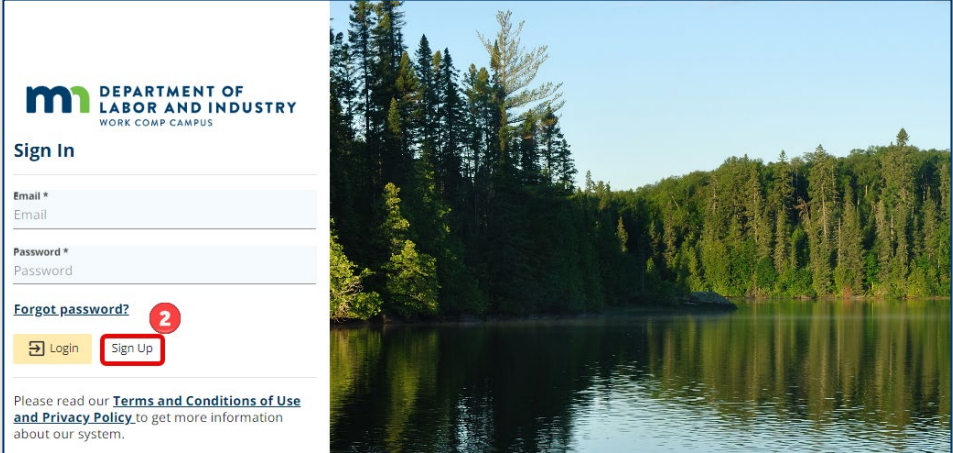
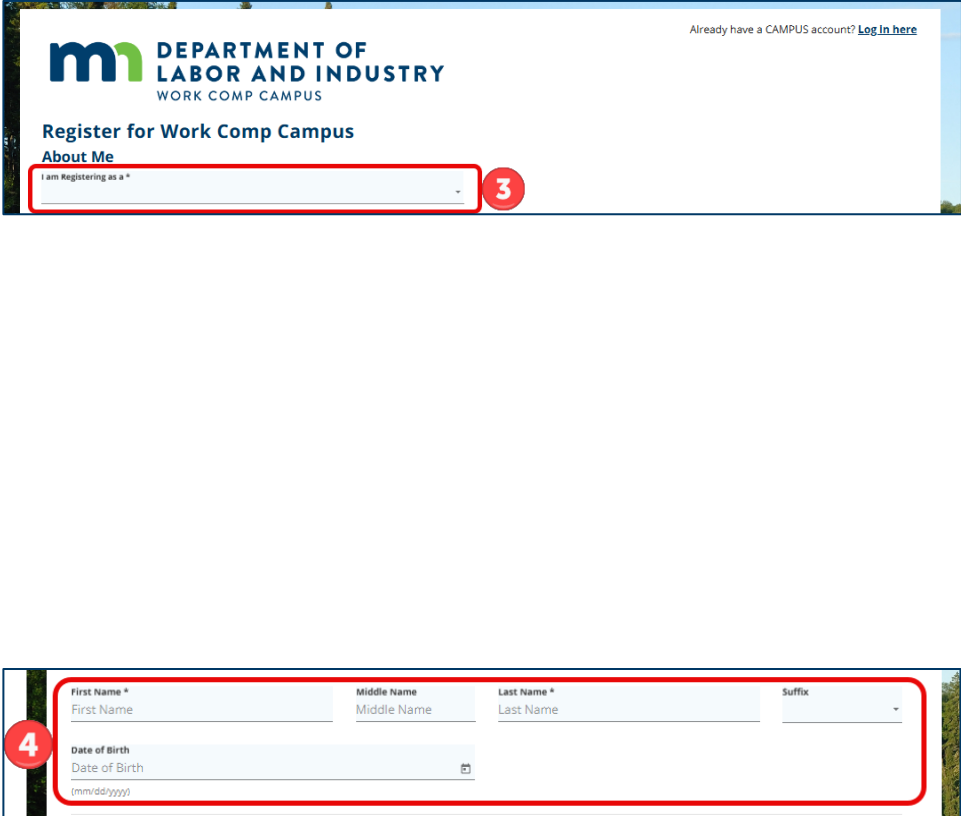
1. Take a screenshot of the error or issue.
2. Make a note of the date and time the problem occurred.
3. Send this information via email to the Help Desk at helpdesk.dli@state.mn.us.

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 try to 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">1. Go to the Campus website at https://campus.dli.mn.gov/user/login2. Click Sign Up.	
<ol style="list-style-type: none">3. On the Register for Work Comp Campus page, under the About Me section, select the option that best fits in the I am registering as a field. <p>Options available:</p> <ol style="list-style-type: none">a. Attorneyb. Other Legal Professionalc. Qualified Rehab Consultant (QRC)d. Qualified Rehab Consultant (QRC) Interne. Injured Employeef. Employerg. Health Care Providerh. Insurance Carrier, Self-Insured Employer, and/or	

- Claim Administrator
- i. None of these apply to me

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

5

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

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 the boxes to accept the terms and conditions, access requirements and legal service.

Click the **reCAPTCHA** box.

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


A verification email message will be sent to the email address that was used to sign up. You will need to verify the email address used to register

My Account

Email Address * Confirm Email Address * Password Requirements
Email Address Confirm Email Address
× Must be at least 8 characters long
× Must include an uppercase letter
× Must include one number
× Must include one special character

Password * Confirm Password *
Password Confirm Password

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 

6

7

Sign Up Cancel

and confirm your account registration before you can access Campus. Contact the Help Desk for further assistance if the email message is not received.

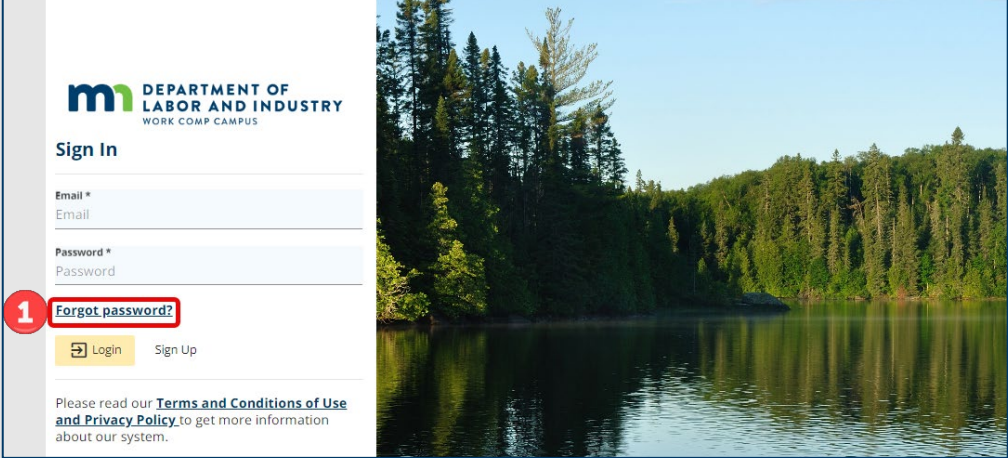
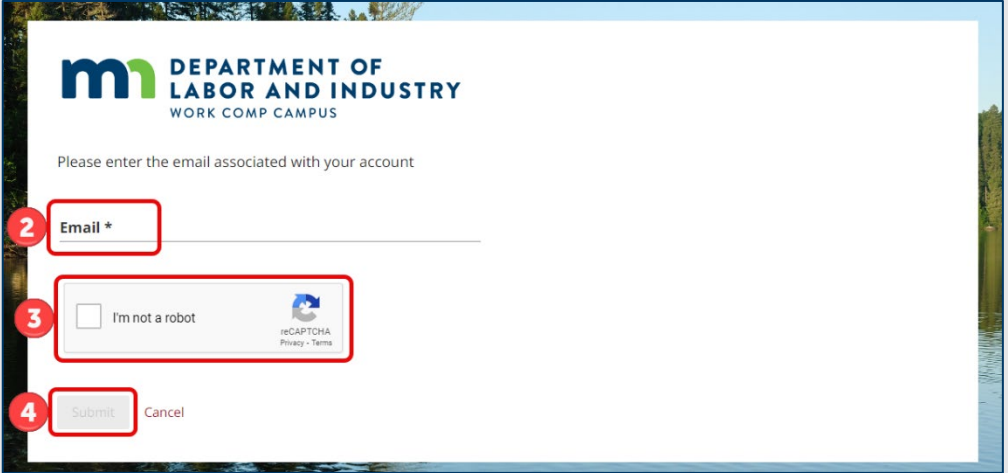
Logging into Campus

Instructions	Visual aids
<ol style="list-style-type: none"> 1. Fill in the Email and Password fields. 2. Click Login. 	
<ol style="list-style-type: none"> 3. In the Access Requirements Acknowledgment pop-up window, click the yellow I Agree button. 	
<ol style="list-style-type: none"> 4. The user dashboard (Campus homepage) will then open. 	

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

Resetting password

Campus passwords expire every 90 days and can only be reset once every 24 hours.

Instructions	Visual aids
<ol style="list-style-type: none">1. From the Sign In page, click on Forgot Password.	 <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>
<ol style="list-style-type: none">2. In the Email field, enter the email address used when registering in Campus.3. Mark the reCAPTCHA box.4. Click the Submit button. This will turn yellow after the information has been entered. <p>*An email message with directions about how to create a new password will be sent to the email address entered. If you do not receive the email message or experience any issues, contact the Help Desk.</p>	 <p>The screenshot shows the email verification page. It features the Department of Labor and Industry logo at the top. Below the logo is the text 'Please enter the email associated with your account'. There are four red boxes with numbers 2, 3, and 4 highlighting the 'Email *' input field, the 'I'm not a robot' checkbox and reCAPTCHA logo, and the 'Submit' button respectively. A 'Cancel' button is also visible.</p>

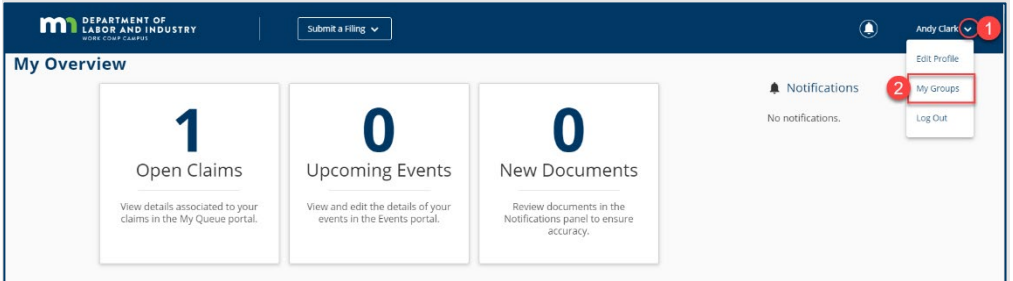
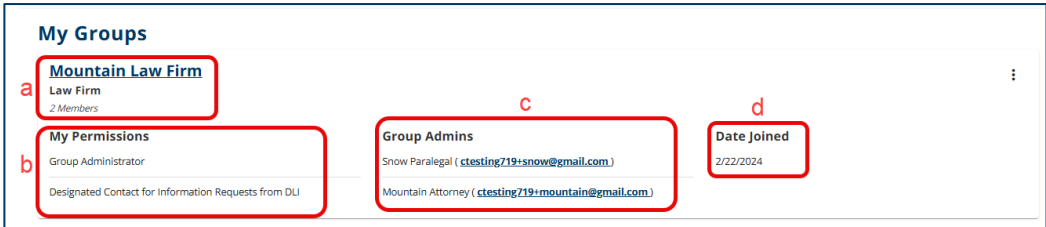
Group administration

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

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

3. The individual must register in Campus, making themselves a Campus user.
4. 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.
 1. A group administrator can then assign specific permissions to any members within the group.
 2. 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.

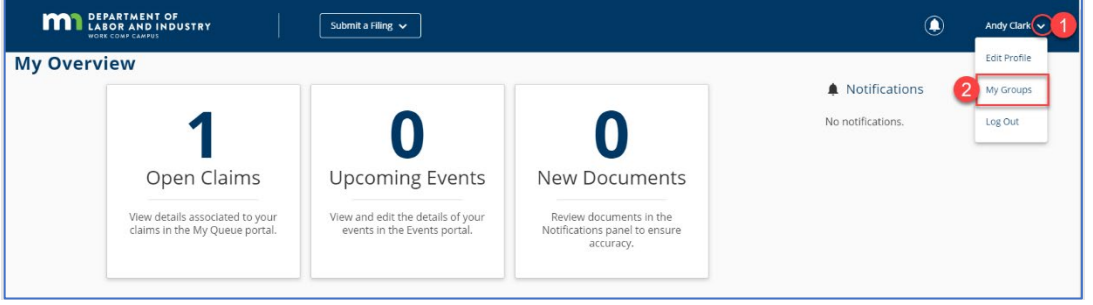
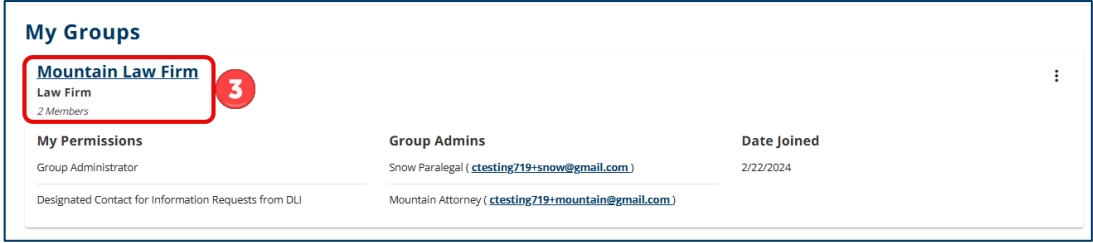
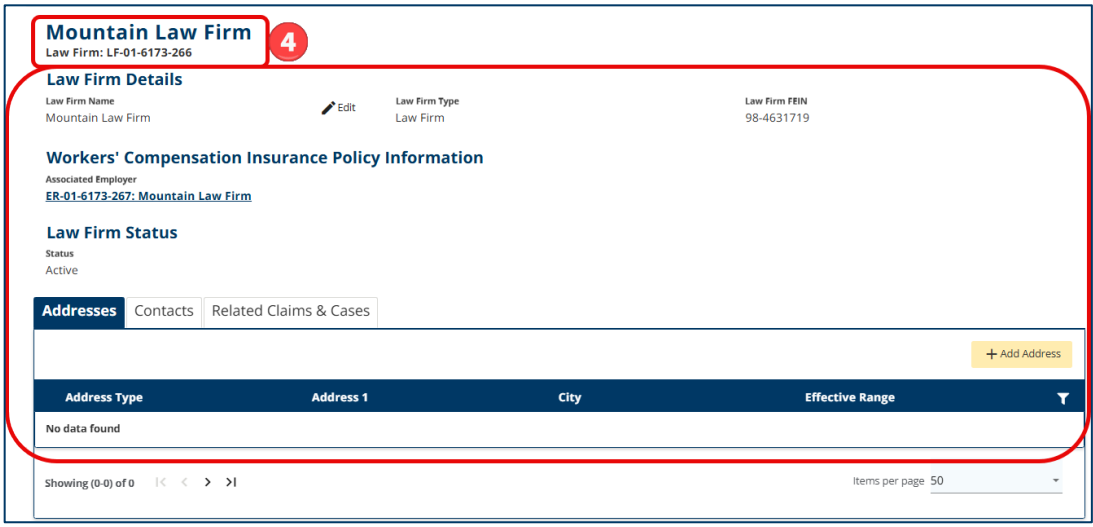
Viewing group information

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

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

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 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 *.

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

Add Address [X]

Address Type
Primary Address

Address 1 *
Address 1

Address 2
Address 2

Outside US

Postal Code *
Postal Code

City *
City

County
County

State Province
Country
United States

Save Close

Confirmation [X]

All submitted changes have been sent to DLI for review and will be updated upon approved.

OK

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

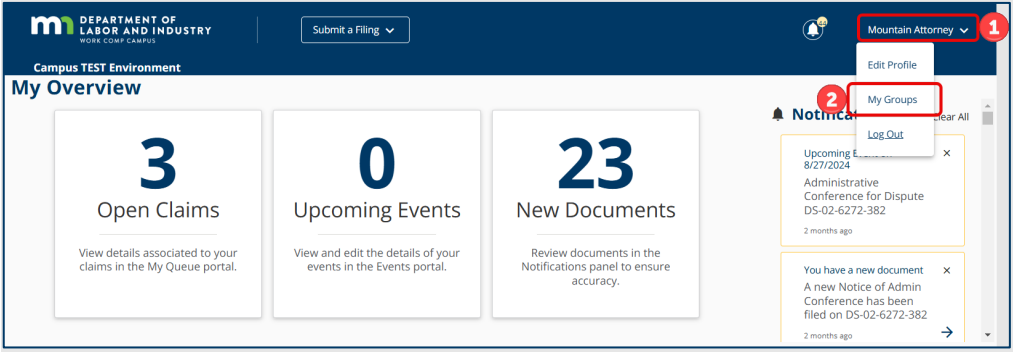
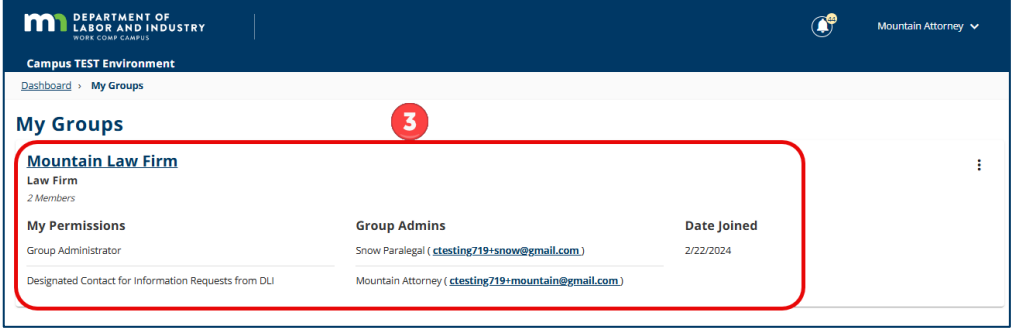
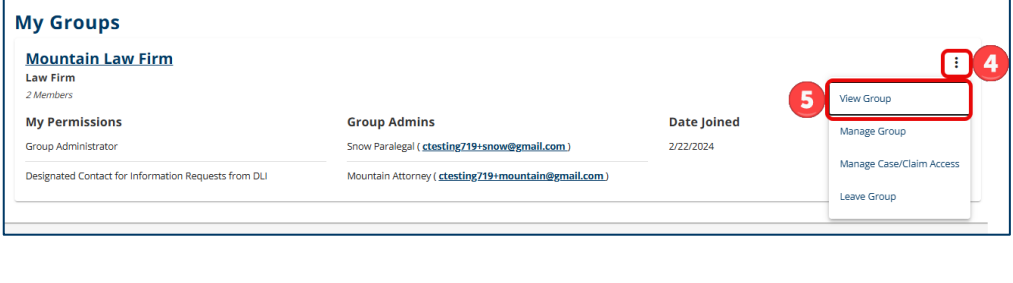
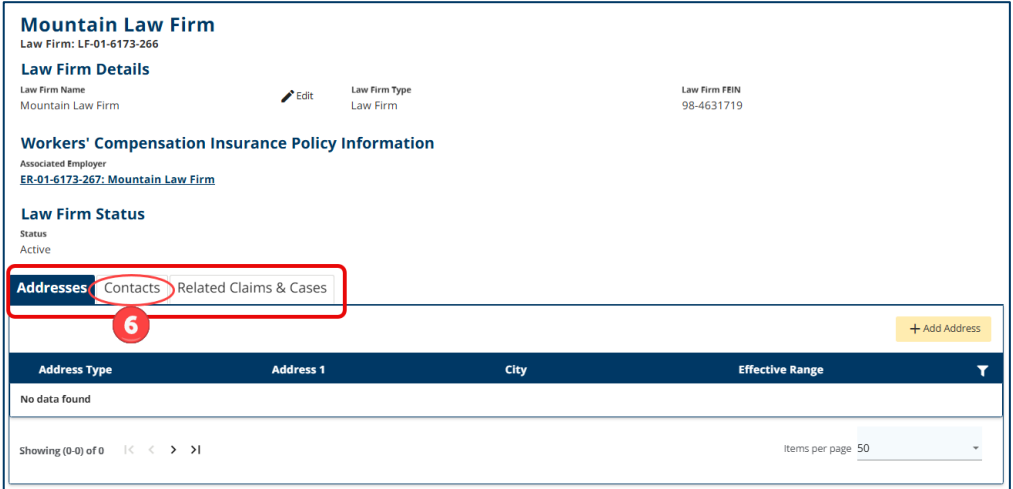
Addresses | Contacts | Related Claims & Cases

[+ 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"> At the top right of the user dashboard (homepage), click the drop-down arrow to display the menu. Select My Groups. 	 <p>The screenshot shows the top right of the user dashboard. The user's name 'Mountain Attorney' is in a dropdown menu. The 'My Groups' option is highlighted with a red box and a circled '2'. Other options include 'Edit Profile' and 'Log Out'. A notification panel is visible on the right side of the dashboard.</p>
<ol style="list-style-type: none"> The My Groups page lists the groups you are associated with. <p>Note: To view more detailed information about this page, go to the Viewing group information 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 circled '3'. The group details include: Law Firm, 2 Members, My Permissions (Group Administrator, Designated Contact for Information Requests from DLI), Group Admins (Snow Paralegal, Mountain Attorney), and Date Joined (2/22/2024).</p>
<ol style="list-style-type: none"> Click on the kebab menu (three vertical dots) in the upper right to display the menu. Click on View Group to view the list of current members of the group. 	 <p>The screenshot shows the 'My Groups' page with the kebab menu for 'Mountain Law Firm' open. The 'View Group' option is highlighted with a red box and a circled '4'. Other options include 'Manage Group', 'Manage Case/Claim Access', and 'Leave Group'. A circled '5' is also present near the group name.</p>
<ol style="list-style-type: none"> The Entity Details page will open; click on the Contacts tab. 	 <p>The screenshot shows the 'Mountain Law Firm' Entity Details page. The 'Contacts' tab is highlighted with a red box and a circled '6'. The page includes sections for Law Firm Details, Workers' Compensation Insurance Policy Information, and Law Firm Status. Below the tabs is a table for addresses, which currently shows 'No data found'.</p>

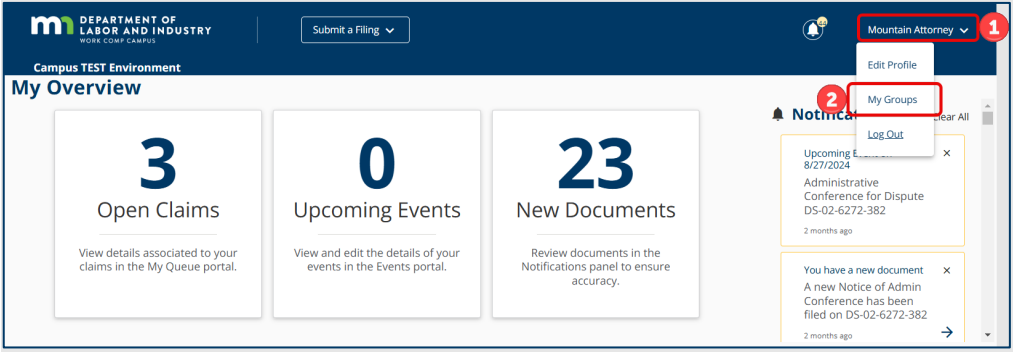
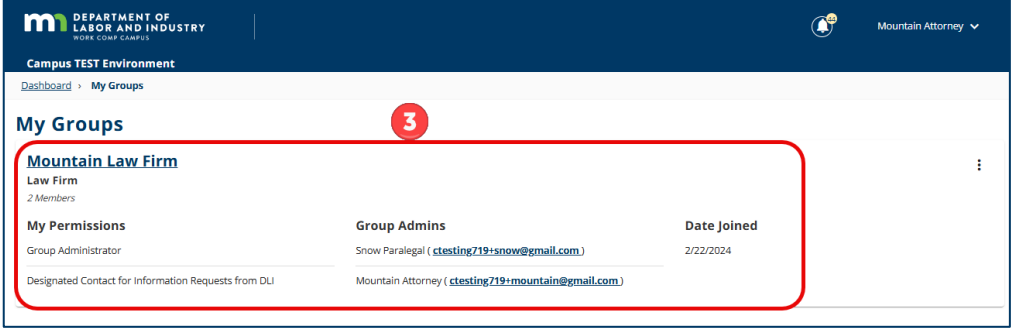
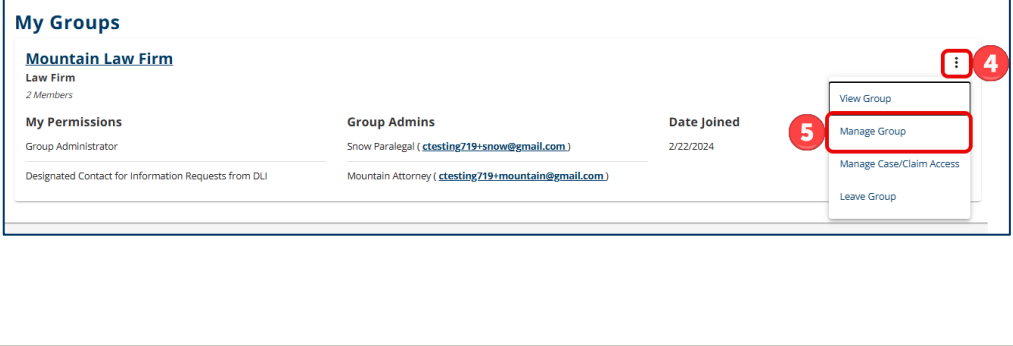
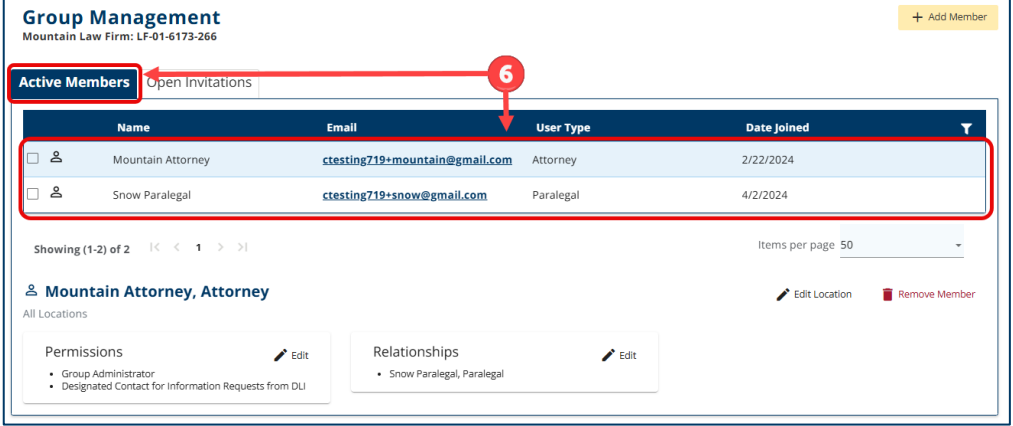
7. Under the **Contacts** tab, click on the **Users** tab to view all the users connected to this entity.

The screenshot shows a web interface with three tabs: 'Addresses', 'Contacts', and 'Related Claims & Cases'. The 'Contacts' tab is active, and within it, the 'Users' sub-tab is selected and highlighted with a red circle and a red badge containing the number '7'. Below the tabs is a table with the following data:

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

At the bottom of the table, there is a pagination control showing 'Showing (1-2) of 2' and a dropdown menu for 'Items per page' set to '50'.

Accessing group administrator settings

Instructions	Visual aids															
<p>1. At the top right of the user dashboard (homepage), click the drop-down arrow to display the menu.</p> <p>2. Select My Groups.</p>	 <p>The screenshot shows the user dashboard for 'Mountain Attorney'. A red box labeled '1' highlights the user profile dropdown menu. A red box labeled '2' highlights the 'My Groups' option within this menu.</p>															
<p>3. The My Groups page lists the groups you are associated with.</p> <p>Note: For instructions about how to view the current members of the group, go to the Viewing member information section of this manual.</p>	 <p>The screenshot shows the 'My Groups' page. A red box labeled '3' highlights the 'Mountain Law Firm' group entry.</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 Manage Group option.</p> <p>Note: This option is only available to group administrators.</p>	 <p>The screenshot shows the 'My Groups' page with the kebab menu open. A red box labeled '4' highlights the kebab menu, and a red box labeled '5' highlights the 'Manage Group' option.</p>															
<p>6. The Group Management page displays all Active Members and includes their:</p> <ol style="list-style-type: none"> name; email address; user type; and date joined. <p>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</p>	 <p>The screenshot shows the 'Group Management' page for 'Mountain Law Firm'. A red box labeled '6' highlights the 'Active Members' section, which contains a table of group members.</p> <table border="1" data-bbox="581 1535 1555 1654"> <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>ctesti719+mountain@gmail.com</td> <td>Attorney</td> <td>2/22/2024</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Snow Paralegal</td> <td>ctesti719+snow@gmail.com</td> <td>Paralegal</td> <td>4/2/2024</td> </tr> </tbody> </table>		Name	Email	User Type	Date joined	<input 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
	Name	Email	User Type	Date joined												
<input 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												

instructions in the [Member not registered](#) section of this manual.

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

+ Add Member

Active Members Open Invitations

Name	Email	User Type	Date Joined
<input 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 |< < 1 > >| 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

+ Add Member

Active Members Open Invitations

Name	Email	User Type	Date Joined
<input 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 |< < 1 > >| Items per page 50

Mountain Attorney, Attorney Edit Location Remove Member

All Locations

Permissions 8 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.

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	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 |< < 1 > >| 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 9 Edit

- 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 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.

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	ctesting719+mountain@gmail.com	Attorney	2/22/2024
<input type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail.com	Paralegal	4/2/2024

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

Mountain Attorney, Attorney Edit Location Remove Member

All Locations

Permissions Edit

- Group Administrator
- Designated Contact for Information Requests from DLI

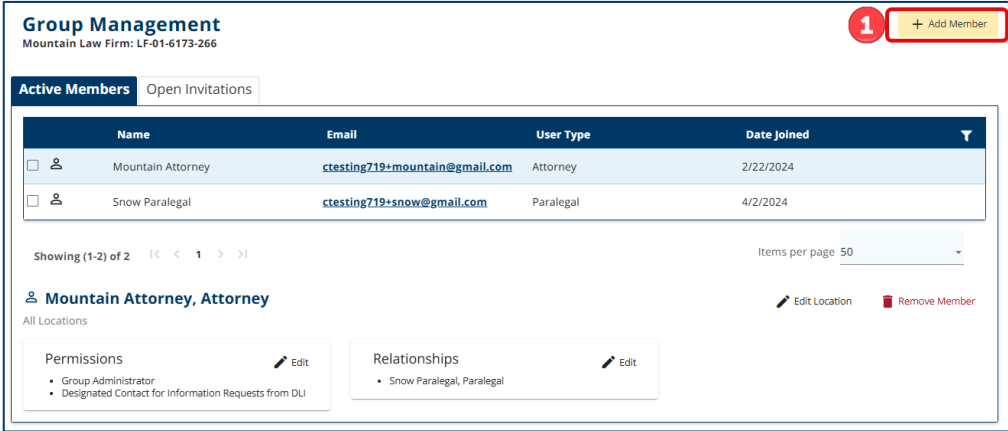
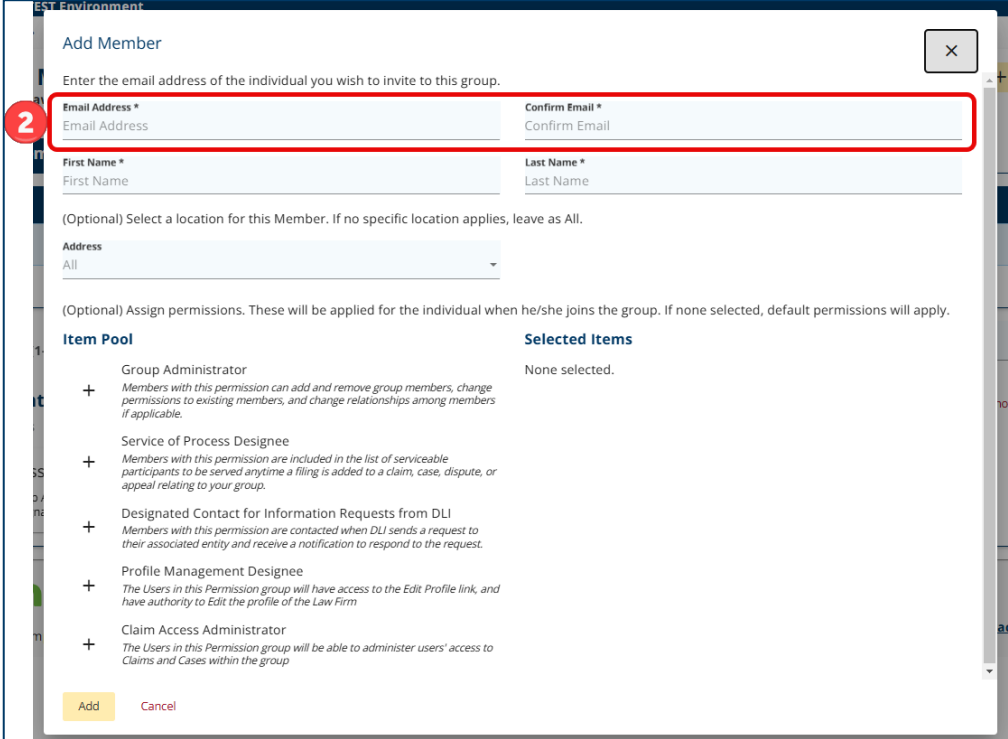
Relationships Edit

- Snow Paralegal, Paralegal

Adding members to a group

Member already registered in Campus

A group administrator has the ability to add and remove members from 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 Group Management page, click on the yellow +Add Member button at the top right of the page.</p>	 <p>Group Management 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>Mountain Attorney, Attorney 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 Add Member page, enter a valid email address in the Email Address field for the new member and enter it again in the Confirm Email field.</p> <p>Note: The email address must be the same one the individual used to register and activate their account in Campus.</p> <p>Note: 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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3. Optional: In the **Address** field, select a location for the member. If no specific location applies, leave the field selection 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 DLI** – members with this permission are contacted

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

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.

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

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 DLI 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.

5 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. 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.
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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.
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Members with this permission are contacted when DLI 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

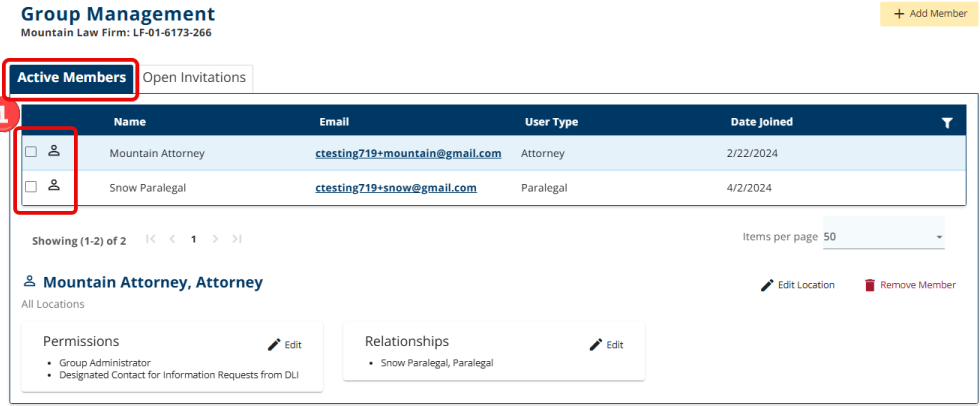
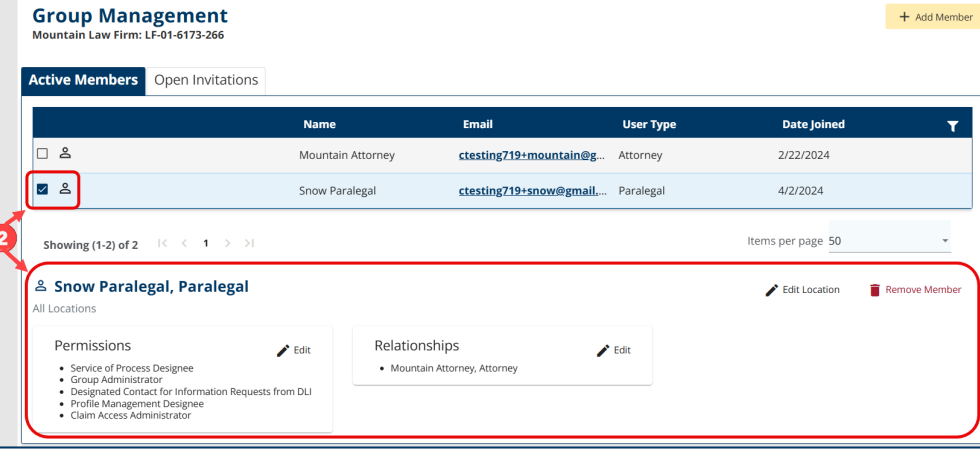
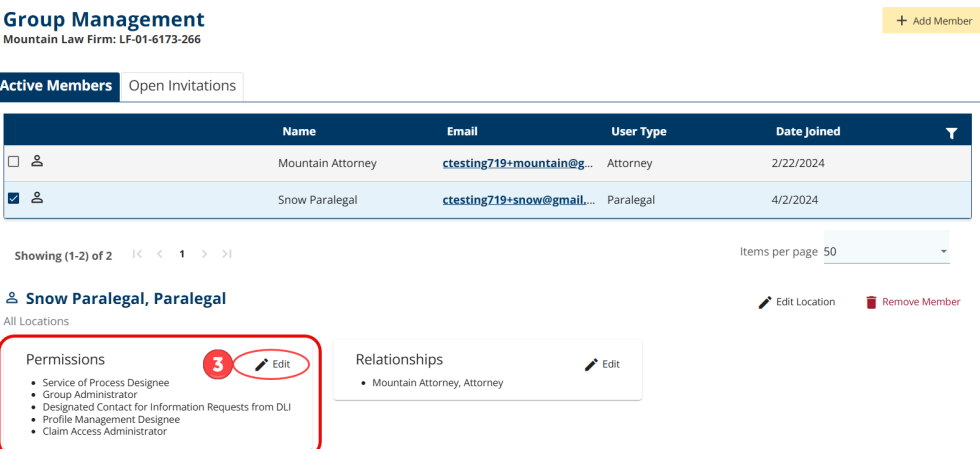
- Profile Management Designee**
The Users in this Permission group will have access to the Edit Profile link, and have authority to Edit the profile of the Law Firm

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 Group Management page, select the user whose account you are changing by clicking the box next to the user's name in the Active Members tab.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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</p> <p>Mountain Attorney, Attorney</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
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<p>3. To edit their permissions, click on the Edit button in the Permissions box.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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</p> <p>Snow Paralegal, Paralegal</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
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<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												

4. The **Manage permissions for ...** 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.

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
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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.

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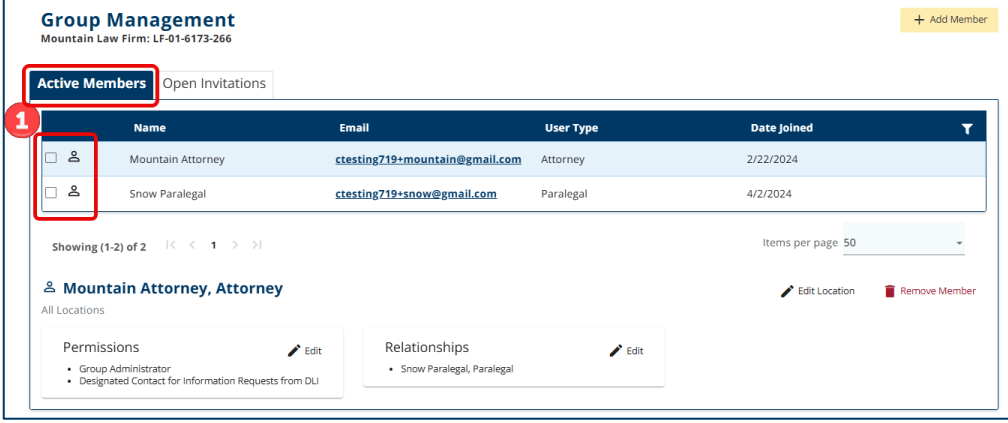
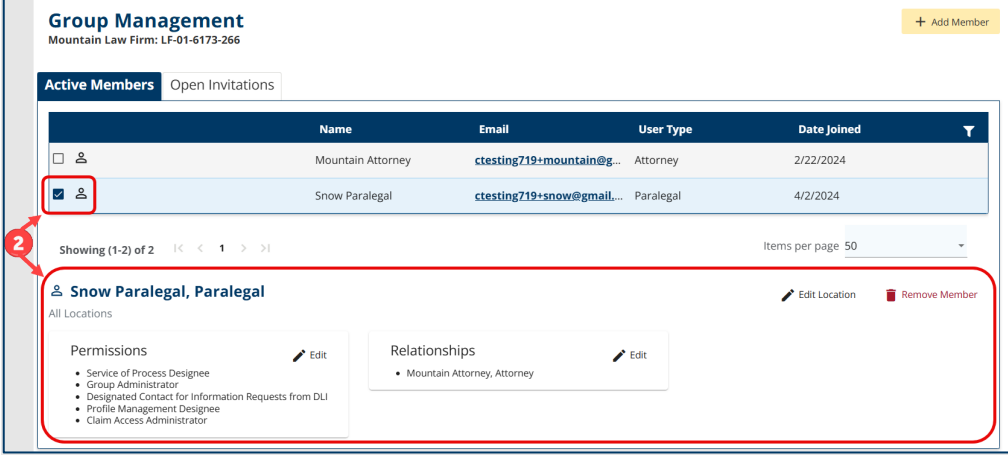
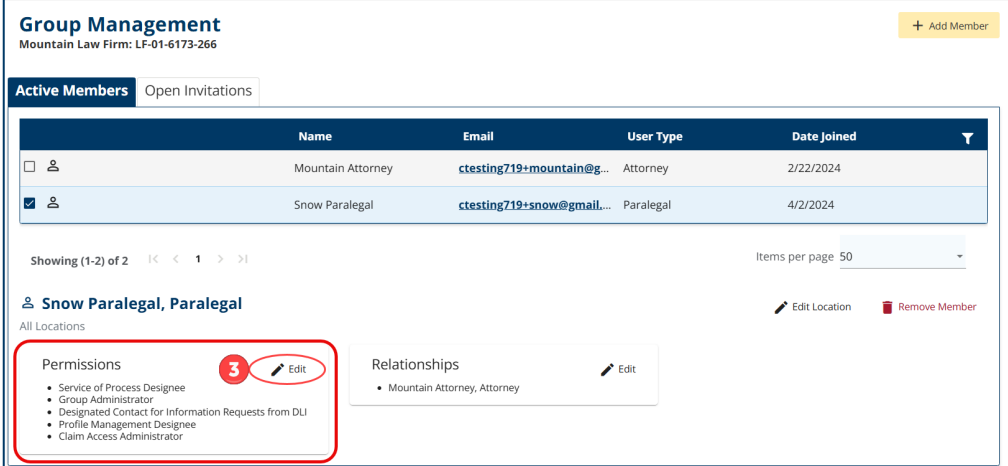
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5 Save Cancel

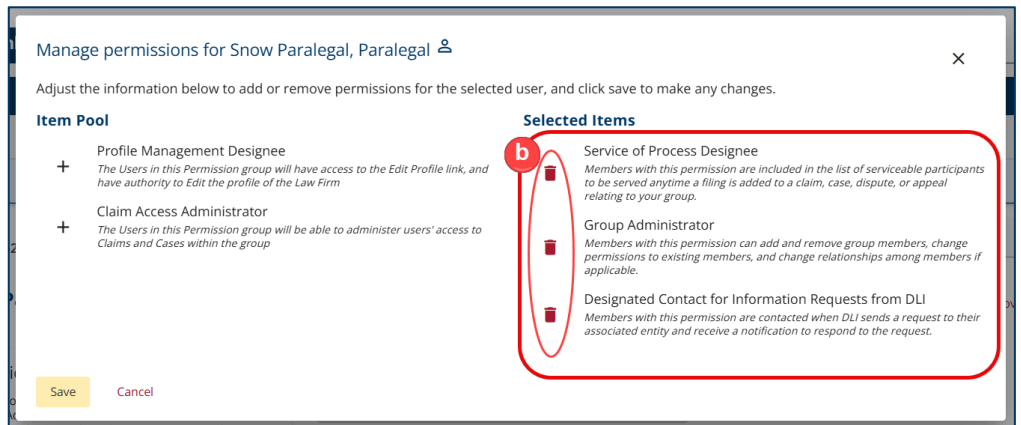
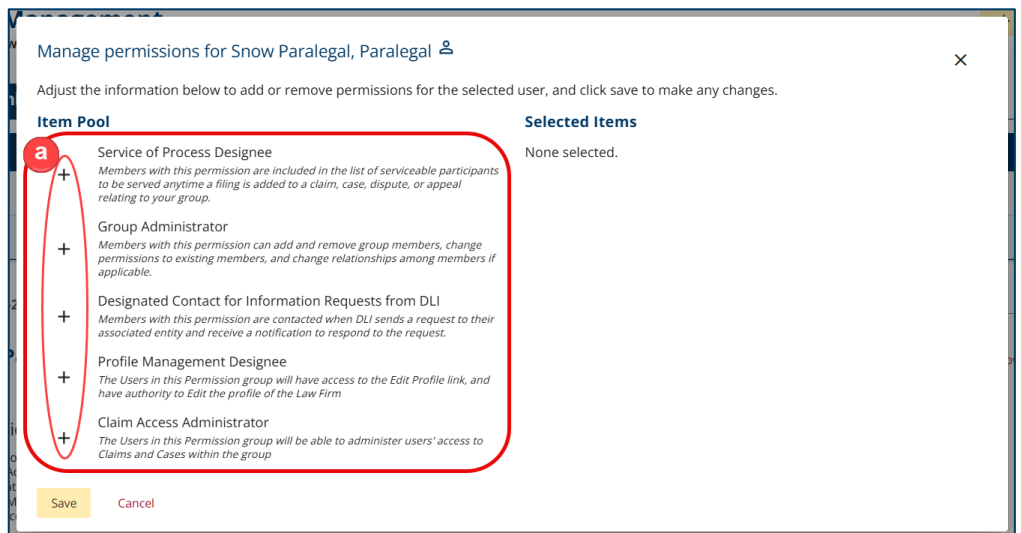
Editing member permissions

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 Group Management page, select the user whose account you are changing by clicking the box next to the user's name in the Active Members tab.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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</p> <p>Mountain Attorney, Attorney</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
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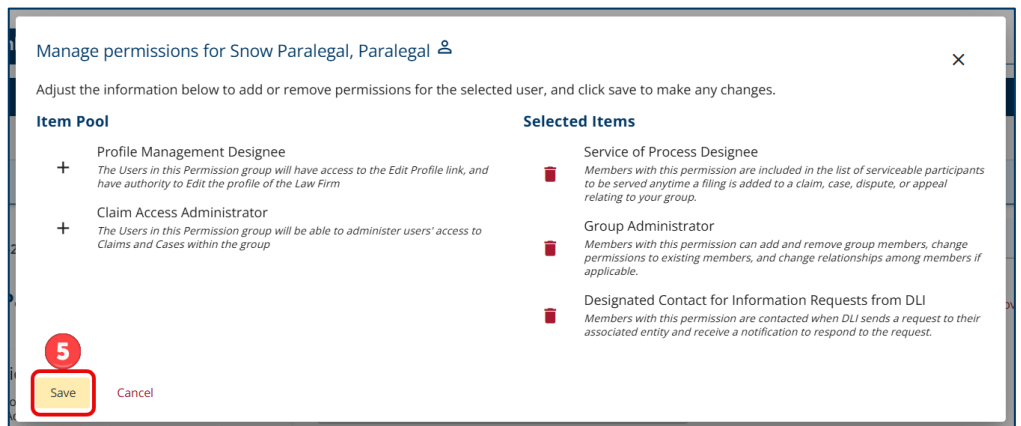
4. The **Manage permissions for ...** window will display.

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



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

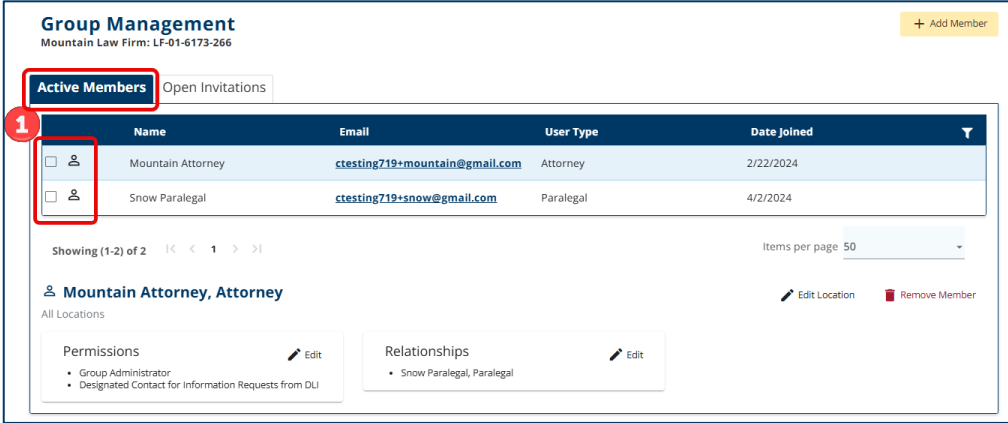
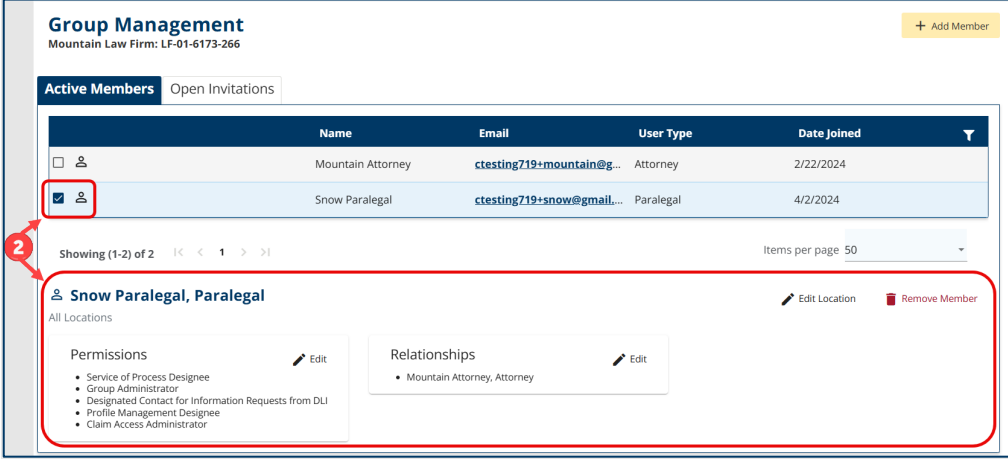
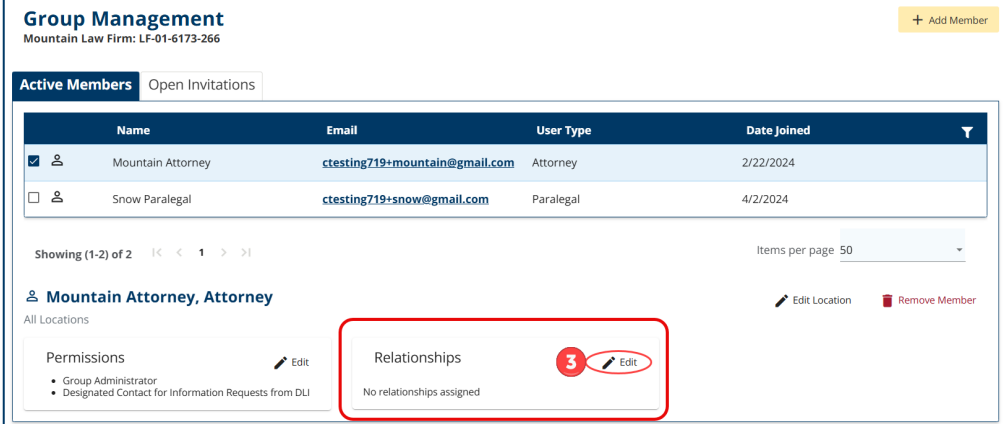
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Law firm groups: Creating and editing member relationships

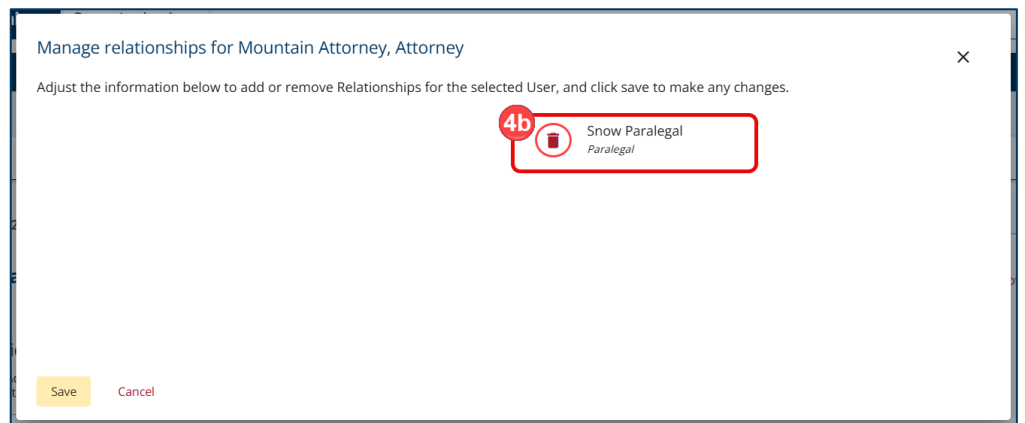
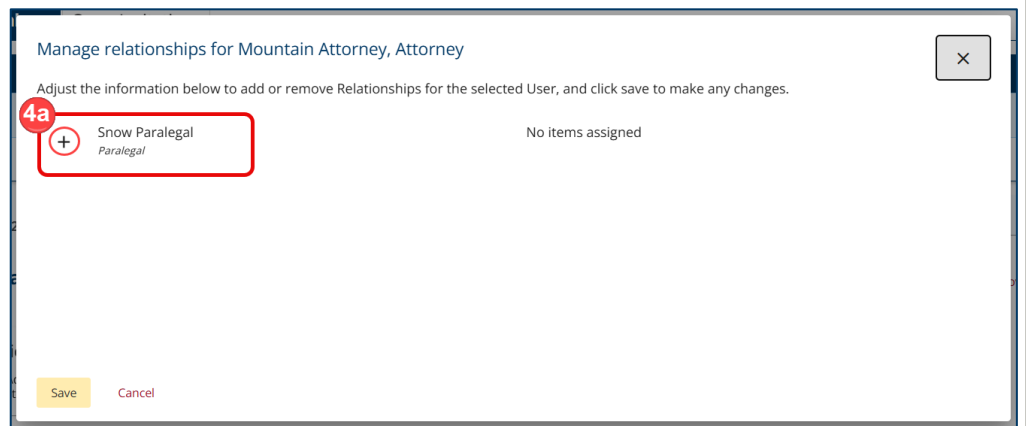
Group administrators can create relationships between members of a group by linking individual users within their group to be able to share access with each other, such as a paralegal to an attorney. They may also edit those relationships at any time after they are established.

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

Instructions	Visual aids															
<p>1. From the Group Management page, select the user by clicking the box next to user's name from the Active Members tab.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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</p> <p>Mountain Attorney, Attorney</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
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<input checked="" type="checkbox"/>	Snow Paralegal	ctesting719+snow@gmail...	Paralegal	4/2/2024												
<p>3. To create or edit the user's relationships, click on the Edit button in the Relationships box.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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 checked="" 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</p> <p>Mountain Attorney, Attorney</p> <p>Permissions: Group Administrator, Designated Contact for Information Requests from DLI</p> <p>Relationships: No relationships assigned</p>		Name	Email	User Type	Date Joined	<input checked="" 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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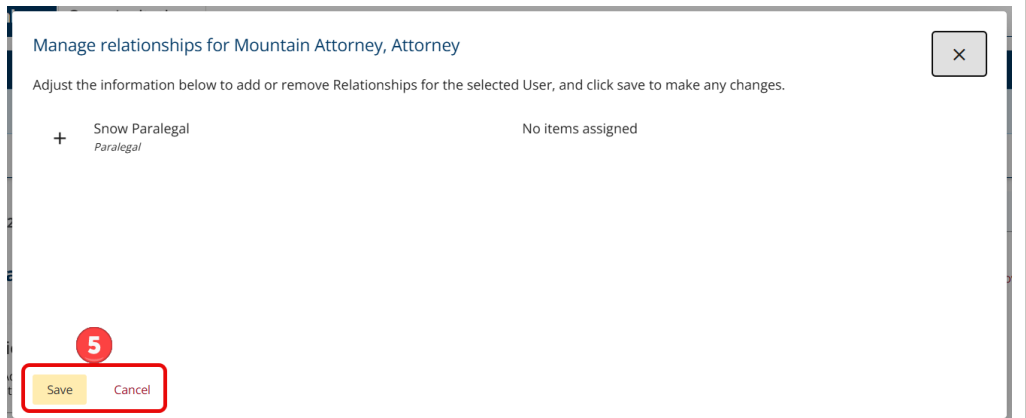
4. The **Manage relationships for ...** window will display.

- 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.

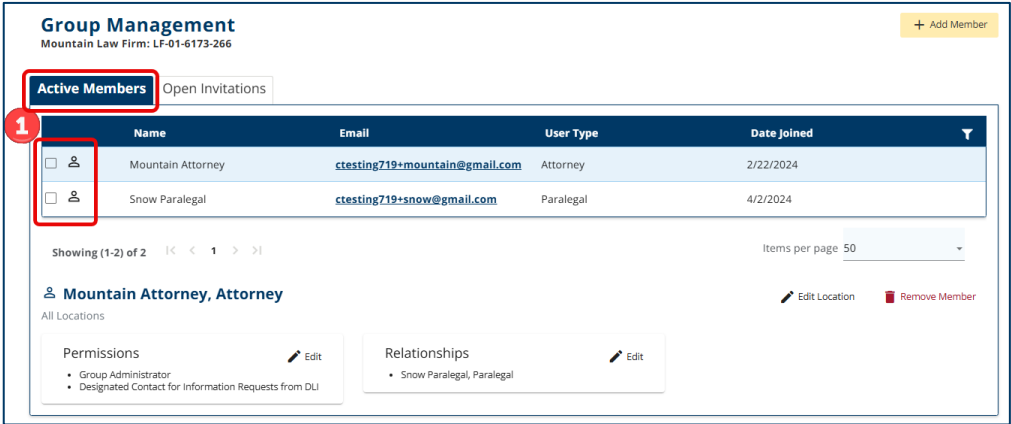
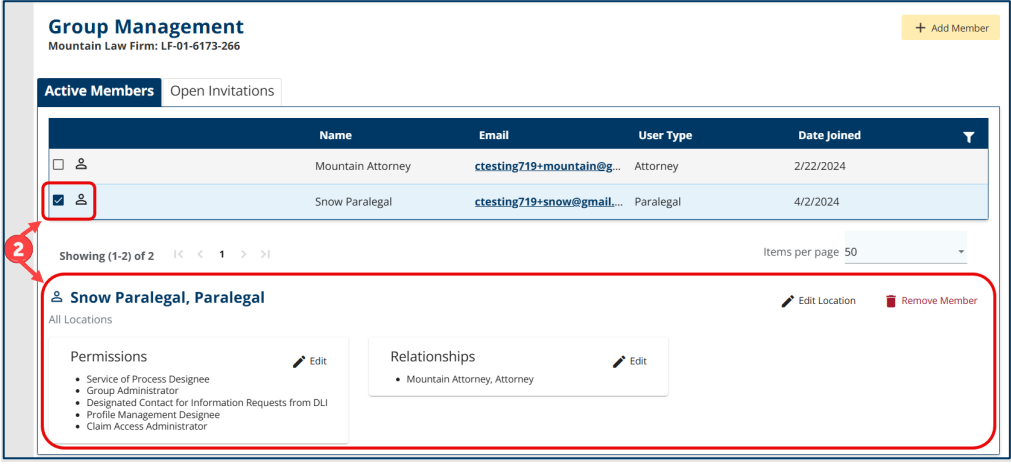
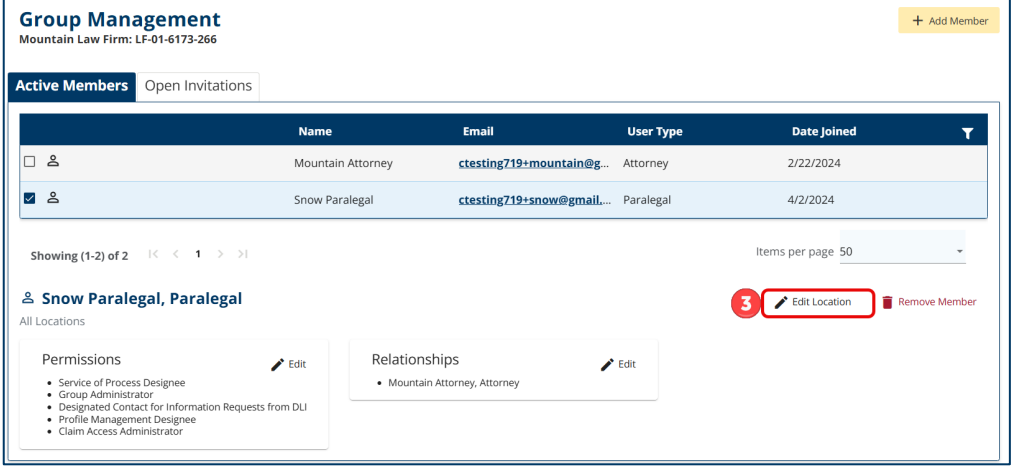


5. When completed, click the yellow **Save** button at the bottom of the window or click **Cancel** to exit the window without any changes.

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 Group Management page, select the user by clicking the box next to the user's name from the Active Members tab.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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 < < 1 > > </p> <p>Items per page 50</p> <p>Mountain Attorney, Attorney Edit Location Remove Member</p> <p>All Locations</p> <p>Permissions Edit</p> <ul style="list-style-type: none"> Group Administrator Designated Contact for Information Requests from DLJ <p>Relationships Edit</p> <ul style="list-style-type: none"> Snow Paralegal, Paralegal 		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
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<p>3. To edit the user's location, click on the Edit Location button in the user details at the bottom of the page.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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 < < 1 > > </p> <p>Items per page 50</p> <p>Snow Paralegal, Paralegal Edit Location Remove Member</p> <p>All Locations</p> <p>Permissions Edit</p> <ul style="list-style-type: none"> Service of Process Designee Group Administrator Designated Contact for Information Requests from DLJ Profile Management Designee Claim Access Administrator <p>Relationships Edit</p> <ul style="list-style-type: none"> Mountain Attorney, Attorney 		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
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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.

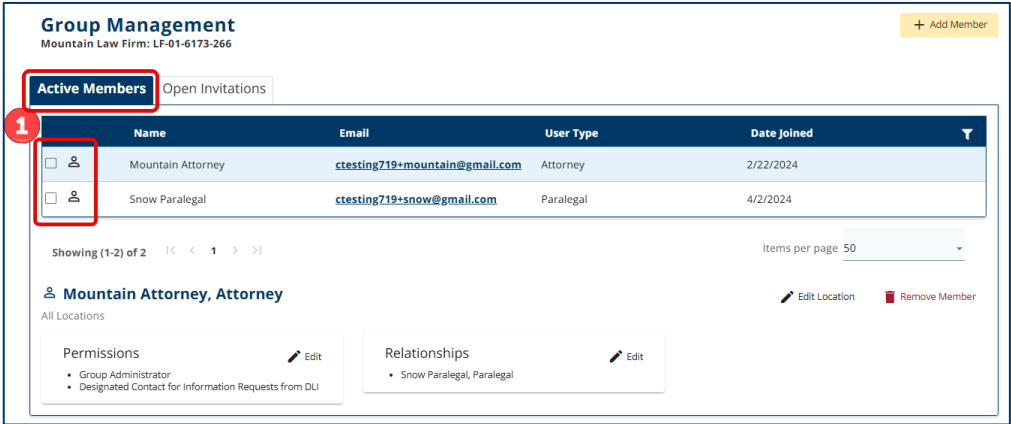
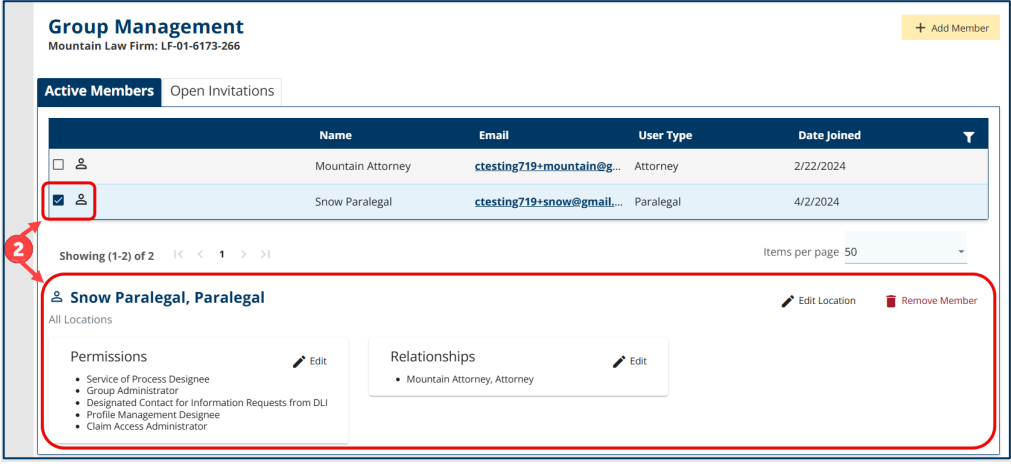
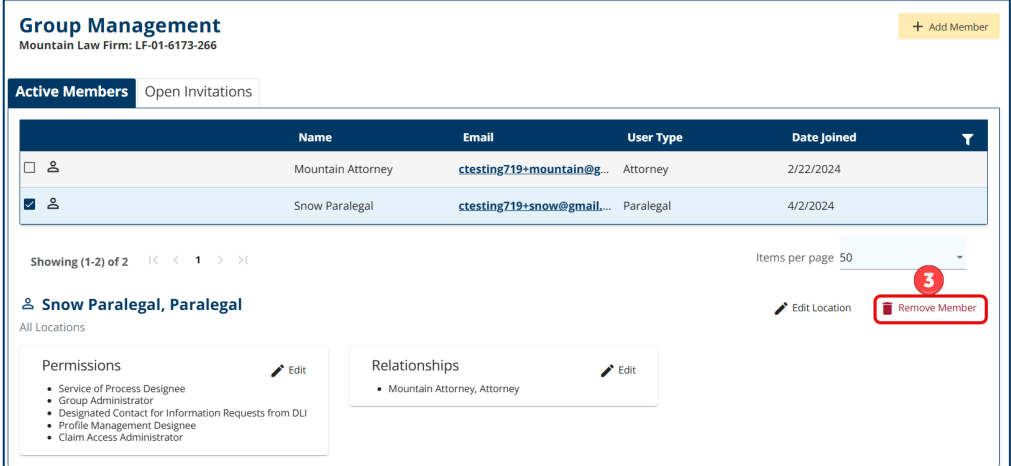
Edit Location

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

Address
All

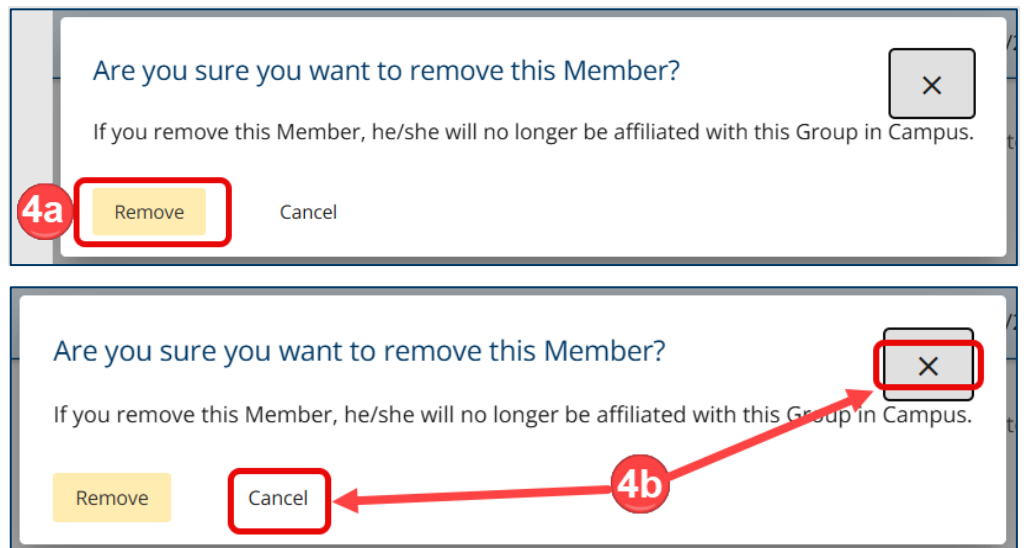
Save Cancel

Removing a member from a group

Instructions	Visual aids															
<p>1. From the Group Management page, select the user by clicking the box next to the user's name from the Active Members tab.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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 < < 1 > > Items per page 50</p> <p>Mountain Attorney, Attorney Edit Location Remove Member</p> <p>Permissions Edit Relationships Edit</p> <ul style="list-style-type: none">Group AdministratorDesignated Contact for Information Requests from DLJ <ul style="list-style-type: none">Snow Paralegal, Paralegal		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
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<p>3. To remove the member from the group, click on the red Remove Member button in the user details.</p>	 <p>Group Management Mountain Law Firm: LF-01-6173-266</p> <p>Active Members 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 < < 1 > > Items per page 50</p> <p>Snow Paralegal, Paralegal Edit Location Remove Member</p> <p>All Locations</p> <p>Permissions Edit Relationships Edit</p> <ul style="list-style-type: none">Service of Process DesigneeGroup AdministratorDesignated Contact for Information Requests from DLJProfile Management DesigneeClaim Access Administrator <ul style="list-style-type: none">Mountain Attorney, Attorney		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
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<input checked="" type="checkbox"/>	Snow Paralegal	ctestng719+snow@gmail...	Paralegal	4/2/2024												

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.



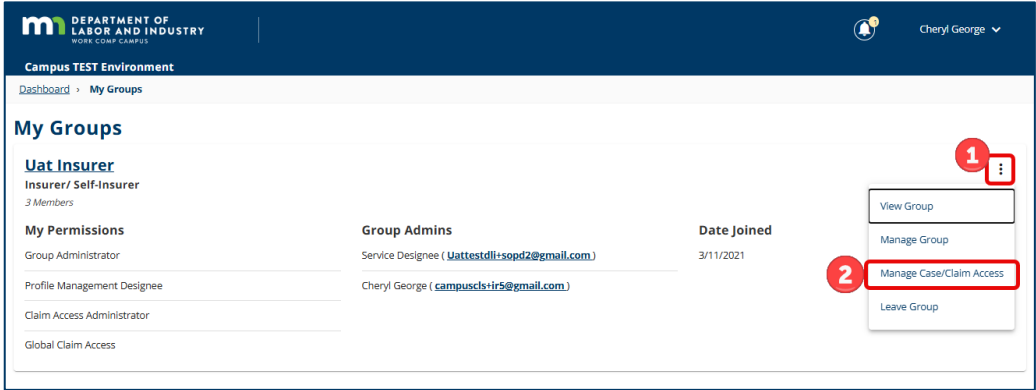
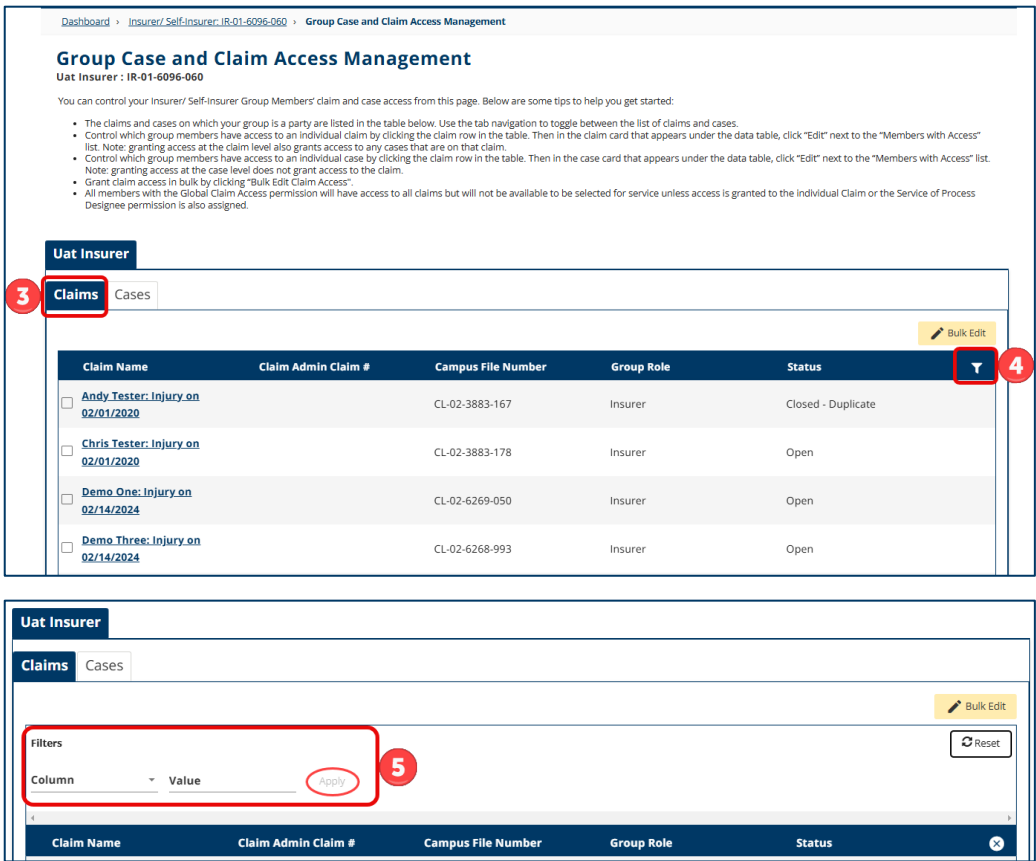
Note: Changes will take effect immediately. Have the user log out of Campus and log back in to apply the changes to their account.

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 to law firms.

Single edit

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

Instructions	Visual aids
<ol style="list-style-type: none"> From the My Groups page, click on the kebab menu (three vertical dots) in the upper right. In the drop-down menu, select the Manage Case/Claim Access option. 	
<ol style="list-style-type: none"> From the Group Case and Claim Access Management page, click on the Claim tab. <p>Note: Use the Claims and Cases tabs to toggle between those lists. <ol style="list-style-type: none"> Click on the funnel icon to narrow the list of results and search for the claim to assign to a member of the group. Claims can be filtered by: <ol style="list-style-type: none"> claim name; claim admin claim #; Campus file number; group role; or status. <p>After the appropriate information is entered, click Apply to search.</p> </p>	

6. After the claim is displayed, click the box next to the **Claim Name**.

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

Claim Name	Claim Admin	Claim #	Campus File Number	Group Role	Status
MATTHEW TESTER: Injury on 02/01/2020			CL-02-3883-160	Insurer	Open

MATTHEW TESTER: Injury on 02/01/2020
Claim : CL-02-3883-160

Members with Access **Cases on this Claim**

No members have access. No related cases.

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 **Members with Claim Access** area.

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

Edit Claim Access - MATTHEW TESTER: Injury on 02/01/2020

Claim : CL-02-3883-160

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

Available Group Members

- + Cheryl George
- + General Insurer
- + Service Designee

Members with Claim Access

No members assigned

Save Cancel

Edit Claim Access - MATTHEW TESTER: Injury on 02/01/2020

Claim : CL-02-3883-160

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

Available Group Members

- + Service Designee

Members with Claim Access

- Cheryl George
- General Insurer

Save Cancel

10. 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.

Edit Claim Access - MATTHEW TESTER: Injury on 02/01/2020

Claim : CL-02-3883-160

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

Available Group Members*

- + Service Designee

Members with Claim Access*

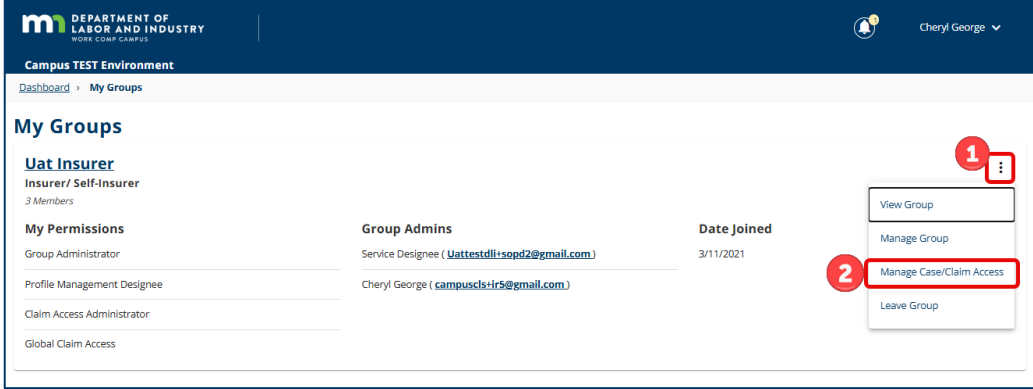
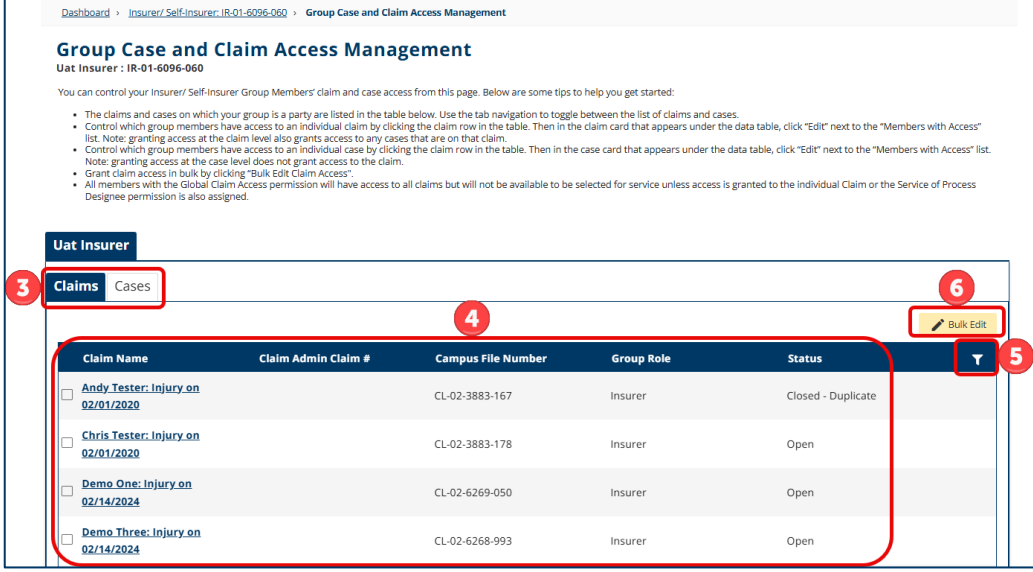
- Cheryl George
- General Insurer

10

Save Cancel

Bulk edit

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

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

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.

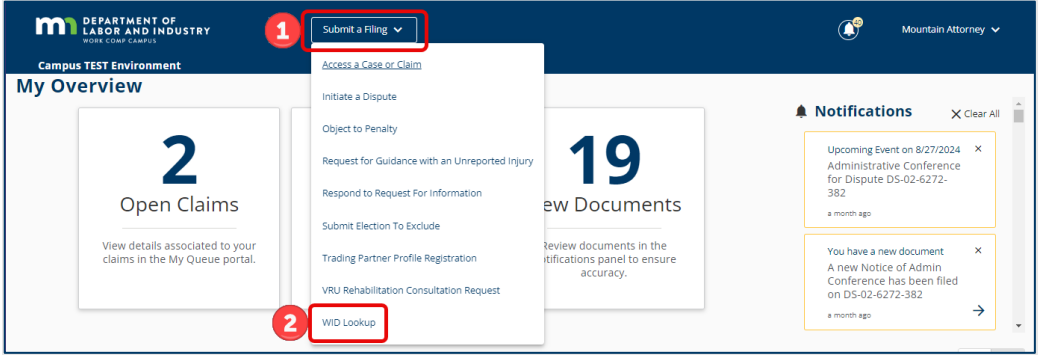
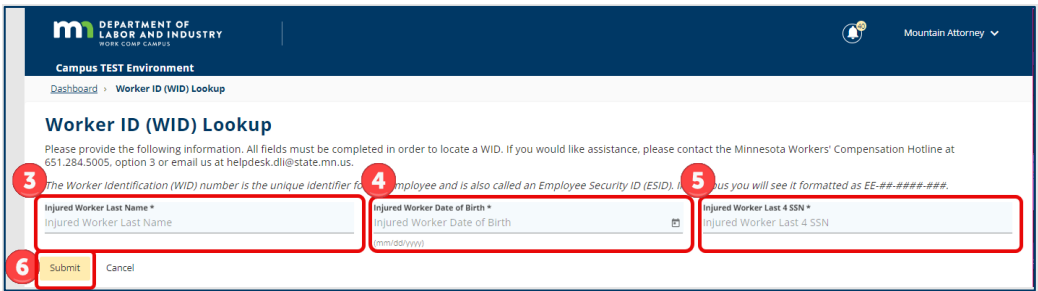
10. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

The screenshot shows a dialog box titled "Bulk Grant or Remove Member Access to Claims". At the top right is a close button (X). Below the title, there is a section "Select one of the following:" with two radio buttons: "Grant Access" and "Remove Access". A red circle with the number 7 is next to the "Remove Access" option. Below this is a checkbox labeled "Select All Claims" with a red circle and the number 8 next to it. Underneath is a "Claims" dropdown menu. The main section is titled "Group Members" and contains a list of three members: "Cheryl George", "General Insurer", and "Service Designee". Each member has a plus sign (+) to its left. A red circle with the number 9 is next to the plus sign for "Cheryl George", and a red arrow points from this circle to the "Selected Group Members" area on the right. The "Selected Group Members" area is a box containing the text "No group members selected". At the bottom of the dialog box, there are two buttons: "Save" and "Cancel". A red circle with the number 10 is next to the "Save" button.

Claim access

Locating a worker identification number

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

Instructions	Visual aids
<ol style="list-style-type: none">1. Click on Submit a Filing.2. From the drop-down menu, select WID Lookup.	 <p>The screenshot shows the 'My Overview' dashboard with a 'Submit a Filing' dropdown menu open, highlighting the 'WID Lookup' option.</p>
<ol style="list-style-type: none">3. On the Worker ID (WID) Lookup page, fill in the Injured Worker Last Name field.4. Fill in the Injured Worker Date of Birth field.5. Fill in the Injured Worker Last 4 SSN field. <p>Note: If the injured worker does not have an SSN, contact the Help Desk.</p> <ol style="list-style-type: none">6. After the information is entered, click the yellow Next button.	 <p>The screenshot shows the 'Worker ID (WID) Lookup' form with fields for 'Injured Worker Last Name', 'Injured Worker Date of Birth', and 'Injured Worker Last 4 SSN', and a 'Submit' button.</p>

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

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.

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

Injured Worker Last Name *
Testing

Injured Worker Date of Birth *
10/31/1927
(mm/dd/yyyy)

Injured Worker Last 4 SSN *
5555

Submit Cancel

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

m DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS
Work Comp Campus™ 2019

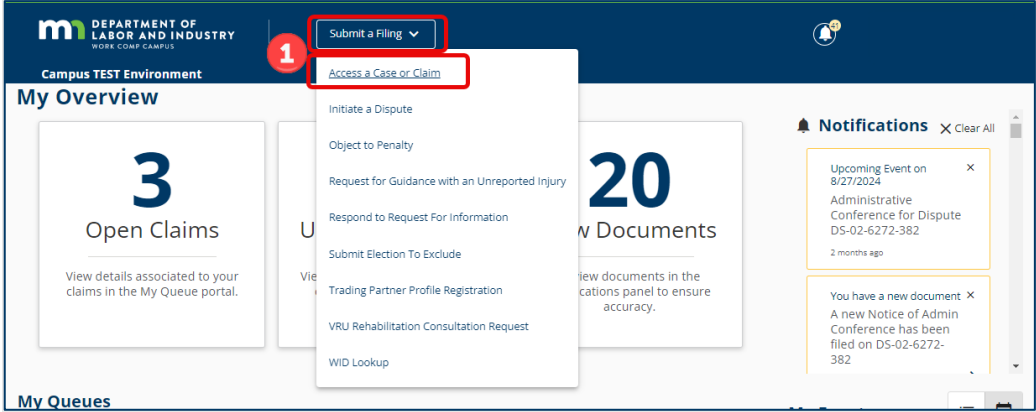
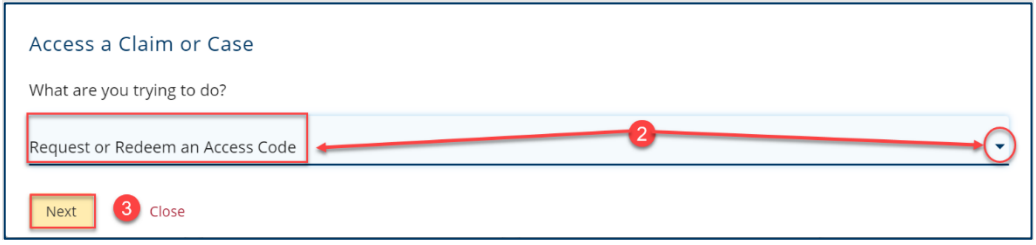
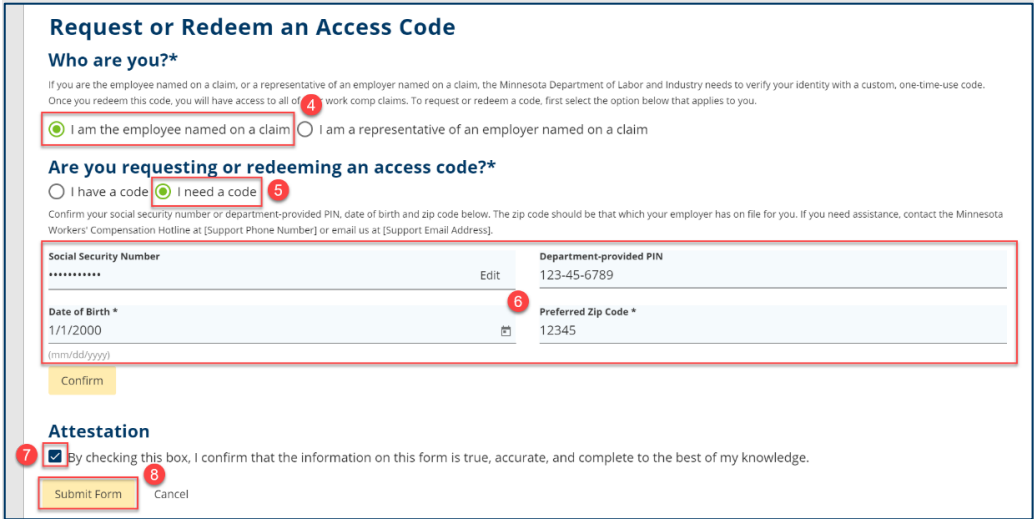
Address
443 Lafayette Road N
St. Paul, MN 55155

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

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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 (homepage), click on the Submit a Filing drop-down menu and select Access a Case or Claim from the menu.</p>	
<p>2. Click on the drop-down menu and select Request or Redeem an Access Code.</p> <p>3. Click Next to continue or Close to exit.</p>	
<p>4. Select the circle for I am the employee named on a claim.</p> <p>5. Select the circle for I need a code.</p> <p>6. Fill in the required information.</p> <p>7. Check the box to attest the information is accurate and complete.</p> <p>8. Click Submit Form to send the request.</p> <p>Note: Call the Help Desk to receive an access code at 651-284-5005, option 3.</p>	 <p>After receiving the code, log back into Campus and navigate back to the same webform by following steps 1 through 3, then go to step 9 to continue.</p> <p>Note: Department-provided pin will not be available.</p> <p>Note: The zip code used should be the zip code at the time of the injury. If you are unsure of the zip code, call the Help Desk.</p>

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

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

The screenshot shows the 'Request or Redeem an Access Code' form. At the top, there is a 'Submit a Filing' button and the user's name 'Carol Jeffries'. The form title is 'Request or Redeem an Access Code'. Below the title, it asks 'Who are you?*' with two radio button options: 'I am the employee named on a claim' (circled with a red '9') and 'I am a representative of an employer named on a claim'. Below this, it asks 'Are you requesting or redeeming an access code?*' with two radio button options: 'I have a code' (circled with a red '10') and 'I need a code'. Under the 'I have a code' option, there is an 'Enter Code*' field containing '12345' (circled with a red '10') and a 'Submit Form' button (circled with a red '12'). At the bottom, there is an 'Attestation' section with a checked checkbox and the text 'By checking this box, I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.' (circled with a red '11').

13. You can now see and access the claim on your dashboard (homepage) under the **My Queues, My Claims** tab.

The screenshot shows the 'My Overview' dashboard. At the top, there is a 'Submit a Filing' button and the user's name 'Carol Jeffries'. The dashboard has three main cards: 'Open Claims' with a count of '1', 'Upcoming Events' with a count of '0', and 'New Documents' with a count of '0'. Below these cards, there are tabs for 'My Queues', 'My Claims' (highlighted with a red box and a red callout '13'), 'My Disputes', and 'My Forms'. Below the tabs is a table with the following data:

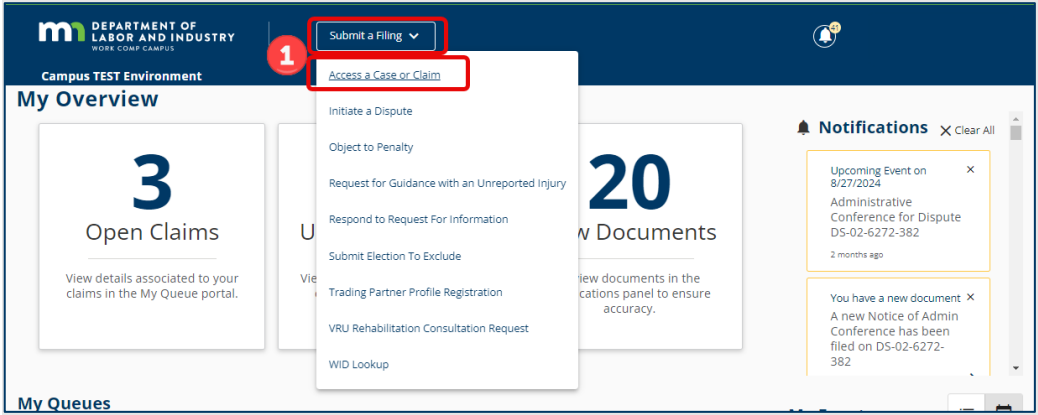
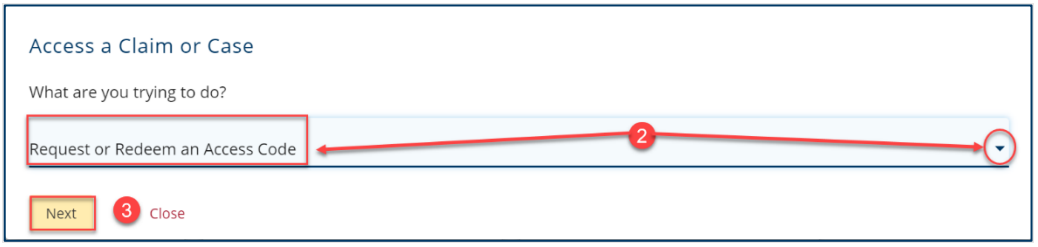
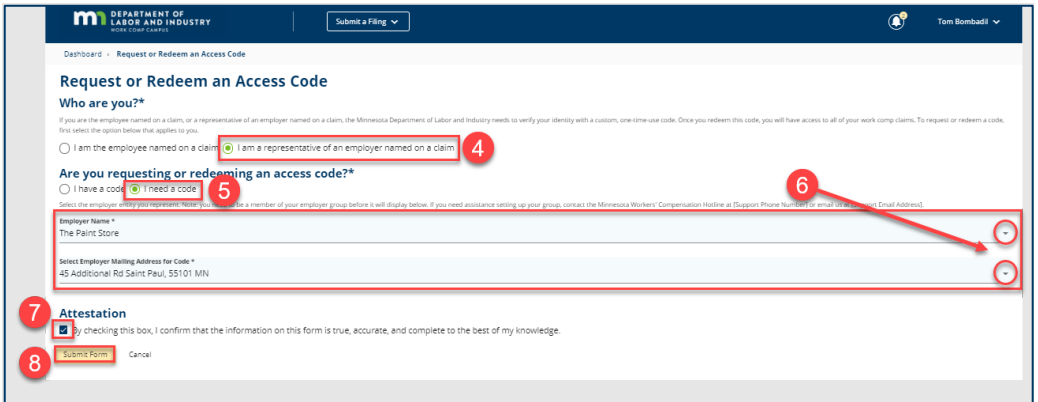
Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-03-4328-571	Carol Jeffries	The Brick Store		5/1/2020	Default Status Placeholder

At the bottom of the table, it says 'Showing (1-1) of 1' and 'Items per page 10'. To the right of the table, there is a 'My Events' calendar for May 2020, showing a grid of dates from Sunday to Saturday.

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. After 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 the employer group has been established. 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 (homepage), click on the Submit a Filing drop-down menu and select Access a Case or Claim from the menu.</p>	
<p>2. Click on the drop-down menu and select Request or Redeem an Access Code.</p> <p>3. Click Next to continue.</p>	
<p>4. Select the circle for I am a representative of an employer named on a claim.</p> <p>5. Select the circle for I need a code.</p> <p>6. Select the Employer Name and Mailing Address from the drop-down menu.</p> <p>7. Check the box to attest the information is accurate and complete.</p> <p>8. Click Submit Form to send the request.</p>	 <p>Note: A code will be sent in the mail. If you do not receive it, call the Help Desk at 651-284-5005, option 3, to request the access code.</p> <p>After receiving the code, log back into Campus and navigate to the same webform by following steps 1 through 3.</p>

Claim Access Authorization webform

Campus users who are not foundational parties to the claim (such as the spouse of an injured worker, QRCs, attorneys and representatives of the 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** months, beginning on the approval date. After your access expires, you will receive an automated email message informing you of your access removal. If at any point during a claim’s lifetime your access is removed, you will receive an email message indicating your removal.

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

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

Note: If you are unsure of the WID number, there are instructions in the [Locating a worker identification number](#) section.

8. Click the yellow **Submit** button after the information has been entered.

9. The third step is **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.

10. In the **Upload Document** pop-up window, select the files by dragging and dropping them in the box or by clicking to upload them.

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

12. Enter a brief **Description**.

13. Click **Upload** to continue.

14. Under the **Authorizing Individual Information** section, fill in the **Name of the Authorizing Individual** field.

15. Fill in the **Date Signed** field.

16. Select the reason why the signing individual is authorized to access the files.

17. Attach any additional supporting documentation by clicking the yellow **+ Upload Document** button.

Note: See steps 10 through 13 to upload documents.

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

19. Type your full name in the **Full Name of Signatory** field (this must match your Campus user profile name) to sign electronically and click the checkbox to attest you are legally signing and confirming the accuracy.

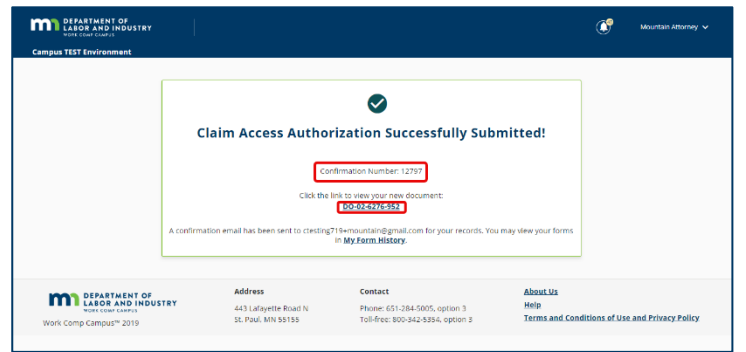
20. Click the **Submit Form** button to save and continue.

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

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

If **approved**, you will receive an email message to the account on file informing you of the access approval and you will now see the claim displayed on your **My Claims** tab.

If **denied**, you will receive an email message to the account on file informing you of the access denial and providing you with the Campus support contact information.

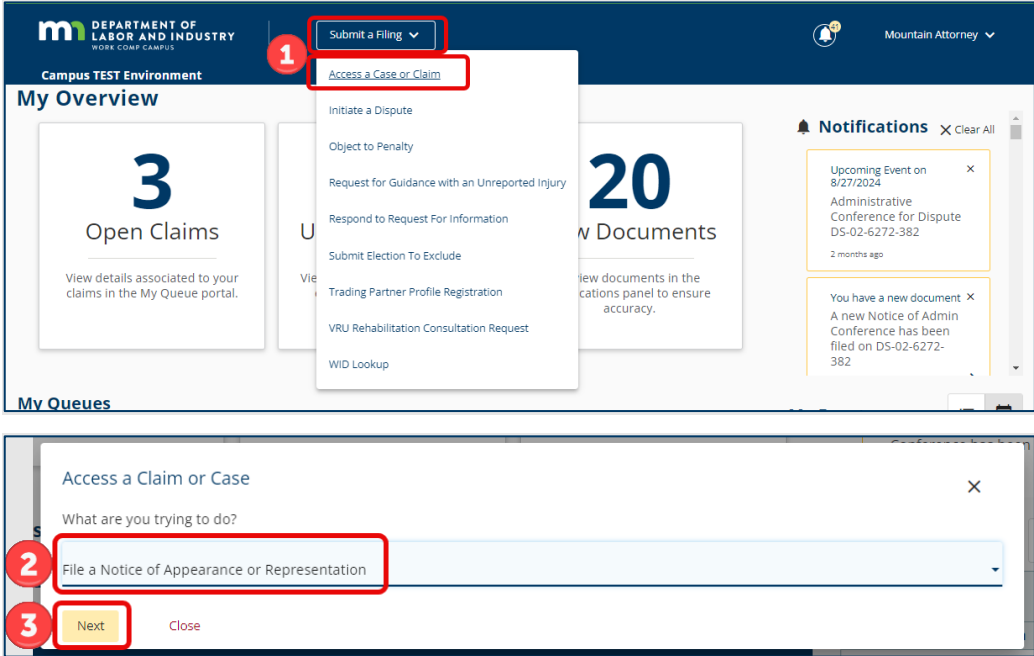
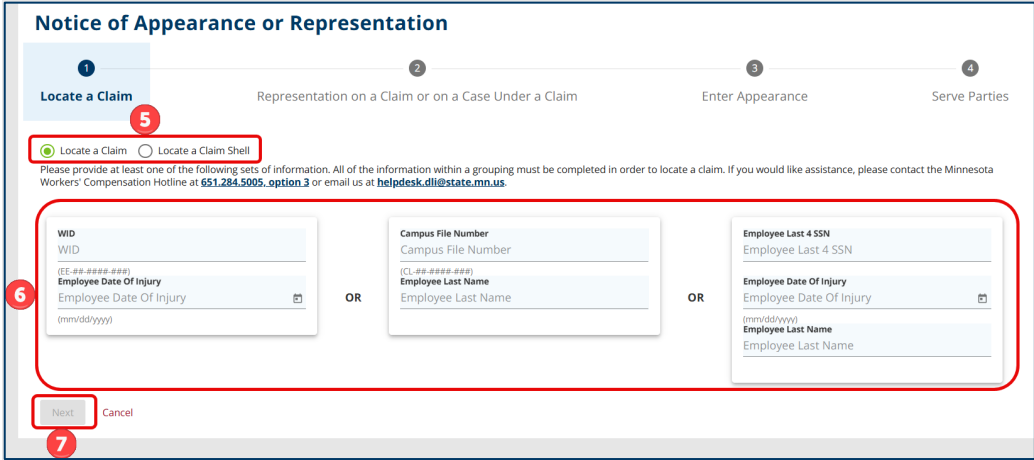


Law firm filing functions

Filing a Notice of Appearance or Notice of Representation

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

Note: You will need to be associated to a law firm group within Work Comp Campus to proceed.

Instructions	Visual aids
<ol style="list-style-type: none"> Click on the Submit a Filing drop-down menu and select Access a Case or Claim. In the Access a Claim or Case pop-up window, select File Notice of Appearance or Representation from the drop-down menu. Click Next to continue. 	
<ol style="list-style-type: none"> On the Notice of Appearance or Representation page, step 1 is to Locate a Claim. Select Locate a Claim. Pick one of the groups of information and enter it for the injured worker authorization that is being requested. <p>Note: If you are unsure of the WID number, you can find instructions on the DLI website section.</p> <ol style="list-style-type: none"> Click Next to proceed to the webform. 	

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

- a) Select **Claim** for all the information contained in the Workers' Compensation Division file.
- b) Select **Case** for access to a specific dispute, appeal or petition to vacate information for a claim.

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

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

The 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. Under the **Are there limitations regarding your representation** area select the option from the drop-down menu that best applies.

The options are:

- a) None;
- b) Yes, Duration – you will need to specify the date when representation will expire; and
- 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 files by dragging and dropping them in the box or by clicking to upload them.

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 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
+ Upload Document

Must upload a Retainer Agreement or Notice of Representation Document

Upload Document

Document is required

Document Category

Document Type
Retainer Agreement

Description
Description

Upload Cancel

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 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

Next Back Cancel Save as Draft

21. Step 4 is **Serve Parties**. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking on the applicable checkboxes.

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. [The button is gray in the image used.]

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**.

Notice of Appearance or Representation

Locate a Claim Representation on a Claim or on a Case Under a Claim Enter Appearance **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	ctesting719+snow@gmail.com	None	
<input checked="" type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctest719+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 *
Mountain Attorney

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

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Campus TEST Environment

Mountain Attorney

Notice of Appearance or Representation Successfully Submitted!

Confirmation Number: 12800

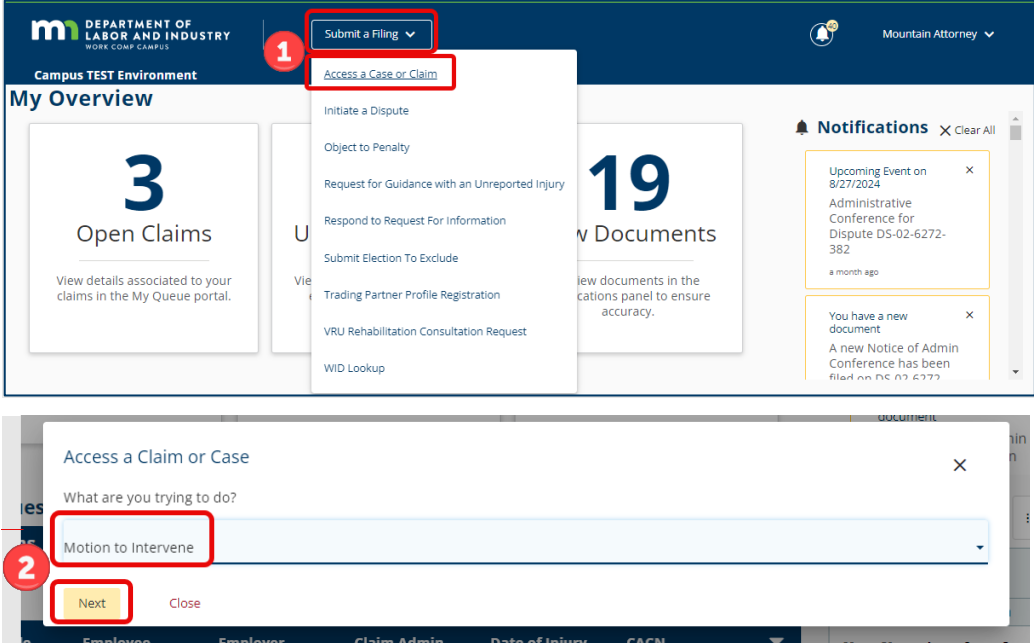
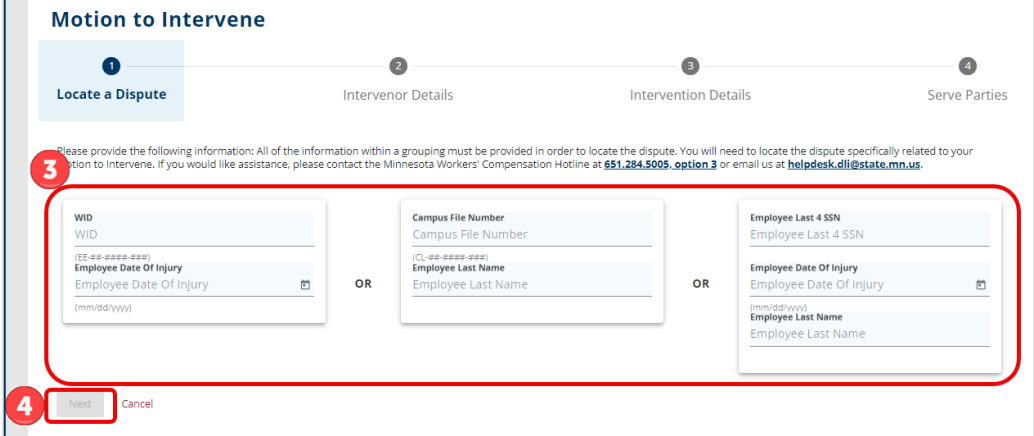
Associated ID: [CL-00-0903-836](#)

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"> Click on the Submit a Filing drop-down menu and select Access a Case or Claim. Select Motion to Intervene from the drop-down menu and then click the yellow Next button. 	
<ol style="list-style-type: none"> On the Motion to Intervene page, step 1 is Locate a Dispute. Pick one of the groups of information and enter it for the injured worker authorization that is being requested. Note: If you are unsure of the WID number, there are instructions on the DLI website. Click Next to proceed to the webform. 	
<ol style="list-style-type: none"> Select the applicable dispute. 	

6. Click **Next** to continue.

5. The 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 **Intervenor Details**. Under the **Organization** field, click on **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 provides 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 *

My organization is not listed

Lookup

8. Select the option that aligns with the type of intervenor.

The options are:

- a) Employer;
- b) Insurer;
- c) Rehab Provider Group;
- d) Health Care Provider; and
- e) Supplemental Entity.

Lookup

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

9. A pop-up window will display. Fill in the intervenor's information and click the yellow **Search** button.

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

10. After the information is selected, click the yellow **Next** button.

11. Step 3 is **Intervention Details**. Fill in the required fields.
12. Select the **Acknowledge Intervention** checkbox.

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

14. In the **Upload Document** pop-up window, select the files by dragging and dropping them in the box or by clicking to upload them.
15. Select the **Document Type** from the drop-down menu.
16. Enter a brief **Description**.
17. Click **Upload** to continue.

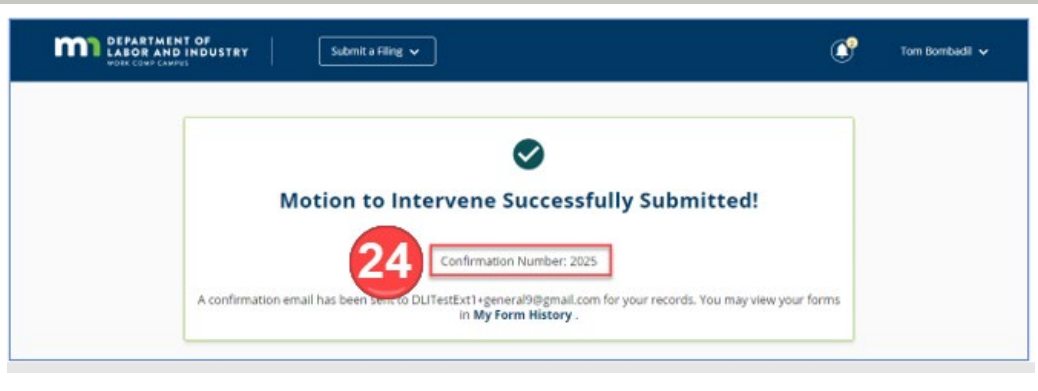
18. In the **Confirm Attorney Bar ID** field, enter the filing attorney's bar ID number.
19. Mark the checkbox to acknowledge attorney appearance and click the yellow **Next** button.

20. The final step is **Serve Parties**. Select the parties to serve by clicking on the applicable checkboxes.
21. Check the **Declaration** box.
22. Type your full name and click the checkbox to confirm your electronic signature.
23. Click **Submit Form**.

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 10/11/2024
<input type="checkbox"/>	Uat Attorney	Attorney	Uatstdli+atty@gmail.com	None
<input type="checkbox"/>	Casper Ghost	Attorney	Uatstdli+atty1@gmail.com	None
<input type="checkbox"/>	Suzy Assist	Other Representative	Uatstdli+assist1@gmail.com	None
<input type="checkbox"/>	Tammy General	Other Representative	Uatstdli+other@gmail.com	None
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None
<input type="checkbox"/>	Uat Attorney	Service of Process Designee for Uat Law Firm Inc	Uatstdli+atty@gmail.com	None N/A

24. The confirmation page appears indicating 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 address on file.

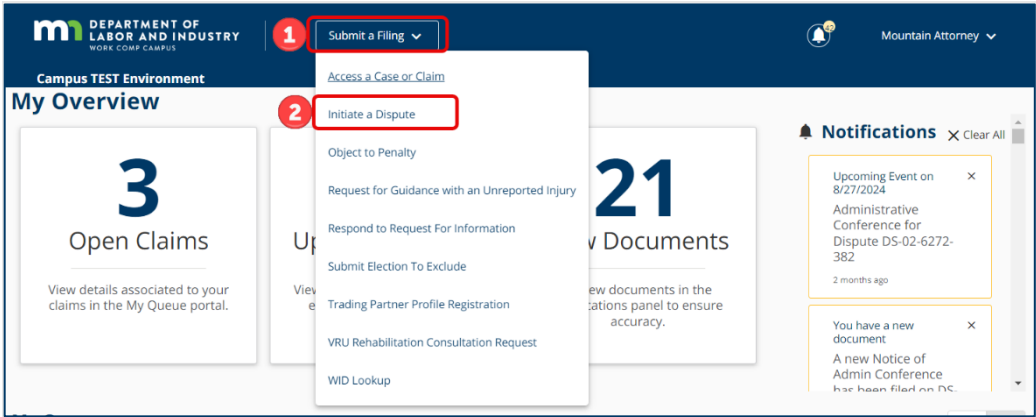
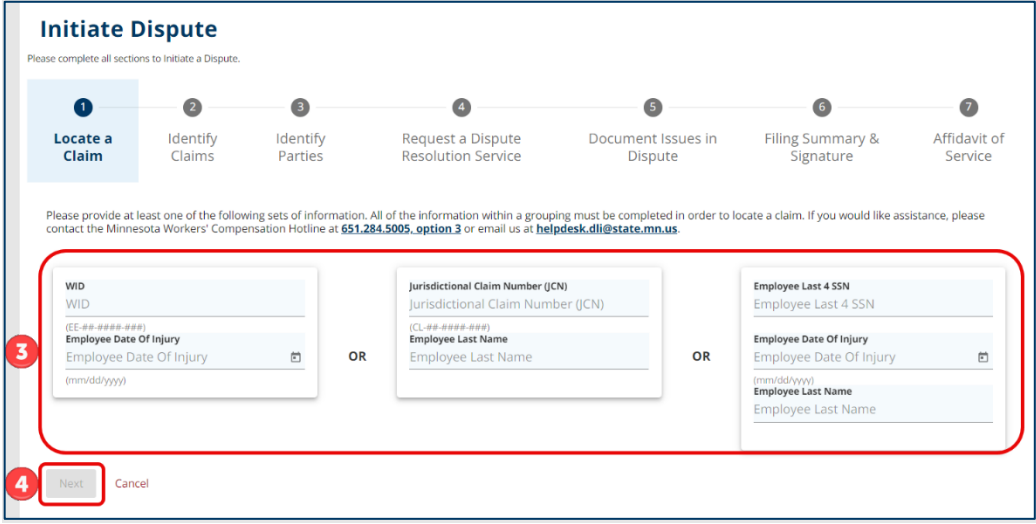
Once approved, the form will appear on your dashboard under the **My Disputes** tab.



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"> From the dashboard, click on Submit a Filing. In the drop-down menu, select Initiate a Dispute. 	
<ol style="list-style-type: none"> On the Initiate a Dispute page, Step 1 is Locate a Claim. Pick one of the groups of information and enter it for the injured worker claim that is being requested. <p>Note: If you are unsure of the WID number, there are instructions on the DLI website.</p> <ol style="list-style-type: none"> Click Next to proceed to the webform. 	

5. Step 2 is **Identify Claims**. The associated claim will already be selected.
6. 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
5 Selected Claim	CL-00-0903-836	2/27/1980	5654887588
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 3 is **Identify Parties**. Under the **Select Party** drop-down menu, 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 are not listed and need to be added, such as an employer or insurer, click the yellow **+ Add Party**.

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
8 <input type="checkbox"/>	ABC INSURANCE GROUP	Claim Admin	PO BOX 211260, EAGAN MN 551212660
<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"/>	Test Builder S/I	Insurer	None identified

9 **+ Add Party** **10** **Next** Back Save as Draft Preview Cancel

Do not add attorneys or intervenors here.

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

11. Step 4 is **Request a Dispute Resolution Service**. Select one of the following dispute actions from the drop-down menu:
 - a) Certify this Dispute;
 - b) Request a Mediation;
 - c) Request an Administrative Conference; or
 - d) Request no service now, only initiate the dispute – **not a valid choice**.
12. Click the yellow **Next** button.

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

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.

11 Dispute Action * **12** **Next** Back Save as Draft Preview Cancel

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

13. Step 5 is **Document Issues in a Dispute**. In the drop-down menu, select whether the dispute is medical or rehabilitation.

Note: For this example, **Medical** is selected.

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

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; or
 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;
 f) Treatment;
 g) Change of Rehab Provider;
 h) Plan Content;
 i) Plan Duration;
 j) Rehab Consultation/Eligibility;
 k) Retraining;
 l) Other;
 m) Other – Medical; or
 n) Other – Rehab.

17. In the **Specify any details about the issue** field, enter a description of the issue.

18. When completed, click the yellow **Save** button.

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

Examples include:

- a) itemized bills;
- b) medical reports; and
- 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. When completed, click the yellow **Next** button.

Supporting Attachments

19 + 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.

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 6 is **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.

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

22

Claims Associated to this Dispute

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
ABC INSURANCE GROUP	Requesting Party	PO BOX 211260, EAGAN MN 551212660
TIMMY TESTING	Employee	123 MAIN ST, ST PAUL MN 55101
T	Employer	R, ST PAUL MN 55101
Test Builder S/I	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 allows 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.

23

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

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this 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. When 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

Back **Next** Save as Draft Preview Cancel 26

27. Step 7 is **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.

Locate a Claim 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"/>	TIMMY TESTING	Employee	Other	None	N/A
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestest719+snow@gmail.com	None	
<input checked="" type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctestest719+snow@gmail.com	Electronic	10/22/2024
<input type="checkbox"/>	T	Employer	Other	None	N/A
<input type="checkbox"/>	ABC INSURANCE GROUP	Insurer	Other	None	N/A
<input type="checkbox"/>	Annual Tester	Adjuster	Uattestdl+acir2@gmail.com	None	
<input type="checkbox"/>	Test Builder S/I	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+acir2@gmail.com	None	N/A

27

29. Under the **Declaration** section, click the box to confirm the document is true and correct.
30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this 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.

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 29

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 * 30

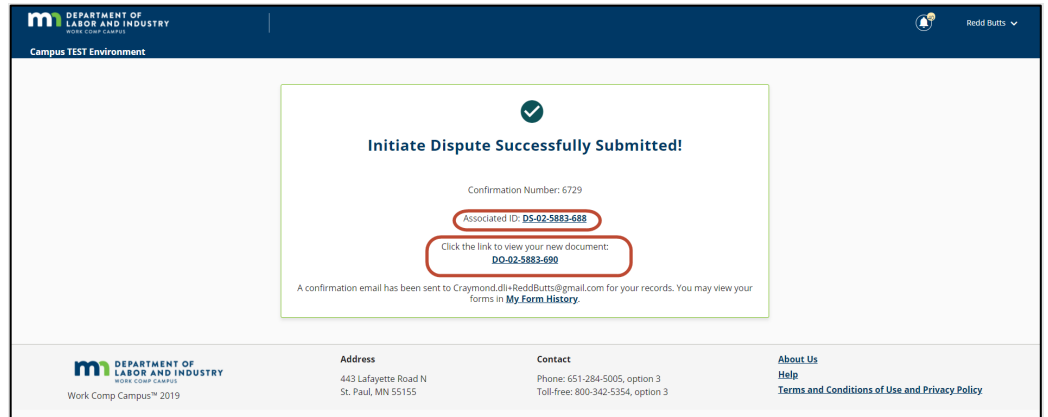
I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge. 31

Submit Form Back Cancel Preview Document 32

32. Once complete, click the yellow **Submit Form** button [this is gray in the image].

33. If the submission is successful, a confirmation page will display.

This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user's Campus dashboard.



From the Claims Details page

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

Instructions	Visual aids
<ol style="list-style-type: none"> From the dashboard, locate the My Claims tab and, under the Campus File Number column, select the claim number to file the RFA. 	
<ol style="list-style-type: none"> From the Claims Details page, click on the yellow + Submit Filing button. 	
<ol style="list-style-type: none"> In the Submit a Filing pop-up window, click on the Filing Name drop-down menu and select the Initiate a Dispute option. Click the yellow Save button. 	

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

6. Click the yellow **Next** button to proceed to the webform.

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 **Identify Parties**. Under the **Select Party** drop-down menu, 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 are not listed and need to be added, such as an employer or insurer, click the yellow **+ Add Party** option to add additional parties.

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
8 <input 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

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

10 Back Next Save as Draft Preview Cancel

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

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

12. 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

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.

11 Dispute Action *

12 Back Next Save as Draft Preview Cancel

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

13. Step 4 is **Document Issues in Dispute**. In the drop-down menu, select whether the dispute is medical or rehabilitation.

Note: For this example, medical will be selected.

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

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

17. In the **Specify any details about the issue** field, enter a description about the issue.

18. When completed, click the yellow **Save** button.

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

Examples include:

- a) itemized bills;
- b) medical reports; and
- 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. When completed, click the yellow **Next** button.

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

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 with the same employee		

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: Medical Document to be filed with DLI: Request for Assistance Date Processed: 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.

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this 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. When 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 *
Mountain Attorney

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

27. Step 6 is **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

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 ParaTest	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	Lokitester344+attorney@gmail.com	None	N/A
<input type="checkbox"/>	Test Attorney	Service of Process Designee for Uat Law Firm Inc	Lokitester344+attorney2@gmail.com	None	N/A

29. Under the **Declaration** section, click the box to confirm the document is true and correct.

30. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this 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. When 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
 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 *
Mountain Attorney

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

33. If the submission is successful, a confirmation page will display.

This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user's Campus dashboard.

m DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Campus TEST Environment

Redd Butts

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-ReddButts@gmail.com for your records. You may view your forms in **My Firm History**.

m DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS
Work Comp Campus™ 2019

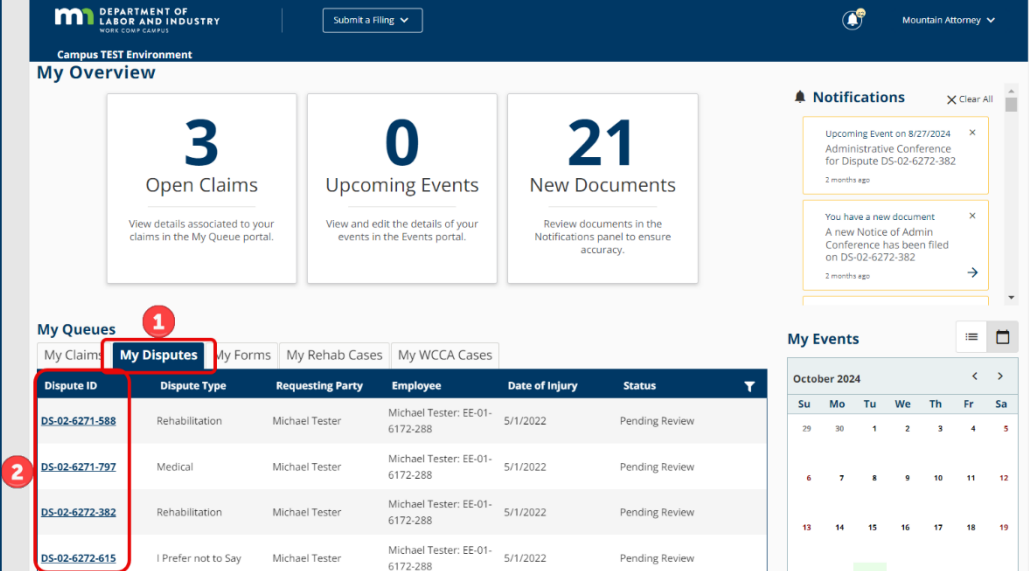
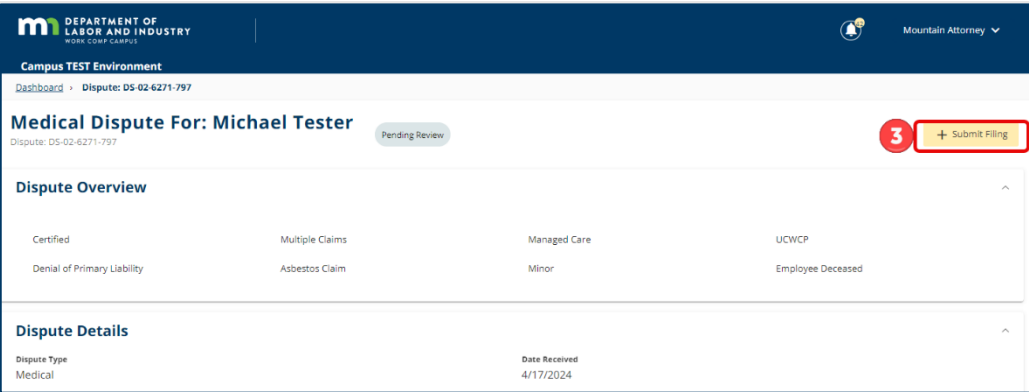
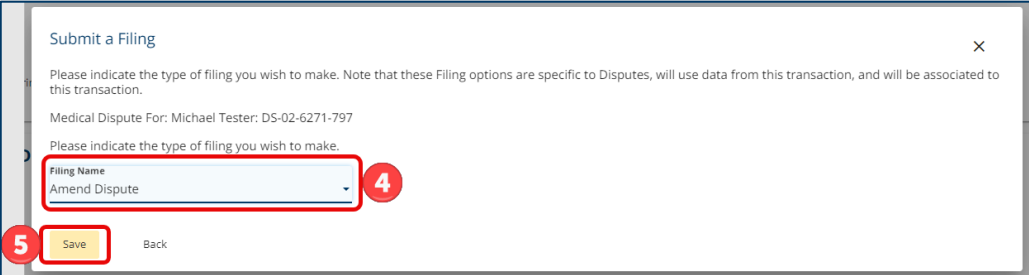
Address
443 Lafayette Road N
St. Paul, MN 55155

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

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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"> From the dashboard, click on the My Disputes tab. Under the Dispute ID column, click on the Dispute ID that requires edits. 	 <p>The screenshot shows the 'My Overview' page with three summary cards: 3 Open Claims, 0 Upcoming Events, and 21 New Documents. Below these is a 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', 'My Rehab Cases', and 'My WCCA Cases'. The 'My Disputes' tab is selected and circled in red with a '1'. Below the tabs is a table of disputes. The second row, with Dispute ID 'DS-02-6271-797', is highlighted with a red box and a '2'. To the right of the table is a 'My Events' calendar for October 2024.</p>
<ol style="list-style-type: none"> On the Claim Details page, click on the yellow + Submit Filing button. 	 <p>The screenshot shows the 'Medical Dispute For: Michael Tester' page. At the top right, there is a yellow button with a plus sign and the text '+ Submit Filing', which is circled in red with a '3'. Below this is a 'Dispute Overview' section with a grid of details: Certified, Multiple Claims, Managed Care, UCWCP, Denial of Primary Liability, Asbestos Claim, Minor, and Employee Deceased. A 'Dispute Details' section at the bottom shows 'Dispute Type: Medical' and 'Date Received: 4/17/2024'.</p>
<ol style="list-style-type: none"> In the Submit a Filing pop-up window, select Amend Dispute from the drop-down menu. Click the yellow Save button. 	 <p>The screenshot shows a 'Submit a Filing' pop-up window. It contains instructions and a form. The 'Filing Name' dropdown menu is open, showing 'Amend Dispute' selected, and is circled in red with a '4'. At the bottom left, there is a yellow 'Save' button circled in red with a '5', and a 'Back' link next to it.</p>

- On the **Amend a Dispute** page, Step 1 is **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 **Identify Parties**. Under the **Select Party** option the primary party being represented is populated.
 - 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, such as an employer or insurer, click the yellow **+ Add Party** to add additional parties.
- Do not** add attorneys or intervenors here.
- Click the yellow **Next** button.

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"/>	Intesting	Insurer	222 Main St, Saint Paul 551189858
<input type="checkbox"/>	UCWCP	UCWCP	123 UCWCP Ct., Viking MN 56760

10 **+ Add Party** Back **Next** Save as Draft Preview Cancel

11

12. Step 3 is **Document Issues in Dispute**. In the drop-down menu, change whether the dispute is medical or rehabilitation.

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

The screenshot shows the 'Amend Dispute' form with a progress bar at the top indicating five steps: 1. Identify Claims, 2. Identify Parties, 3. Document Issues in Dispute (current step), 4. Filing Summary & Signature, and 5. Affidavit of Service. A red circle with the number 12 highlights a dropdown menu labeled 'Select the type that most applies to the reason you are filing this dispute *' with 'Medical' selected. A red circle with the number 13 highlights a yellow '+ Add Issue' button. Below this, there is a table of issue types:

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:

- a) itemized bills;
- b) medical reports; and
- c) mileage or parking expenses.

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

16. When completed, click the yellow **Next** button.

The screenshot shows the 'Supporting Attachments' form. A red circle with the number 14 highlights a yellow '+ Upload Document' button. Below this is a table with columns for File Name, File Type, Description, and Remove. A red circle with the number 15 highlights a text area labeled 'Explain the details of your request' with the instruction 'Explain the details of your request.' Below this, a red circle with the number 16 highlights a yellow 'Next' button. At the bottom, there are buttons for 'Back', 'Next', 'Save as Draft', 'Preview', and 'Cancel'.

17. Step 4 is **Filing Summary and Signature**. This will provide a summary of all the information entered for 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
Selected Claim		
CL-02-6246-331	5/1/2022	AcquireClaimSummary411
Related Claims		
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 is **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	mtesting23+ee4@gmail.com	None	
<input type="checkbox"/>	Mike Test	Attorney	mtesting23+attym@gmail.com	None	
<input type="checkbox"/>	Mark Para	Paralegal	Uattestdl+para10@gmail.com	None	
<input type="checkbox"/>	Mike ParaTest	Paralegal	mtesting23+para@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None	
<input type="checkbox"/>	Uat Attorney	Service of Process Designee for Uat Law Firm Inc	Uattestdl+aty@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, click the box to confirm the document is true and correct.

24. Under the **Electronic Signature** section, enter the full name of the requesting user in the **Full Name of Signatory** field (this 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 *
Mountain Attorney

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.

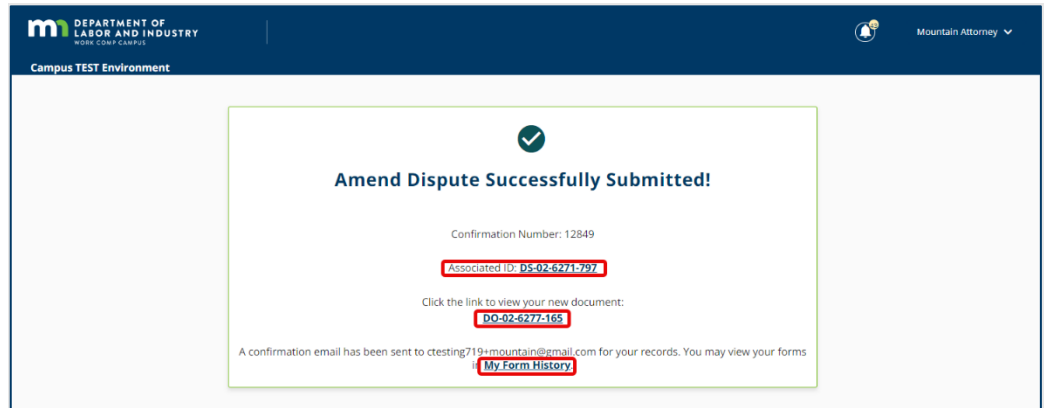
Submit Form Back Cancel Preview Document

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

26. When completed, click the yellow **Submit Form** button.

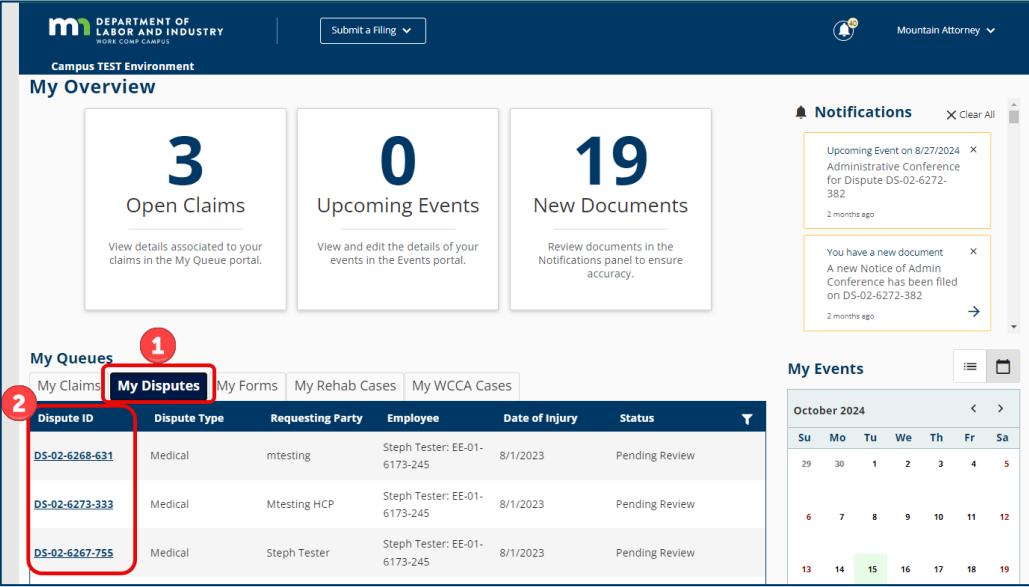
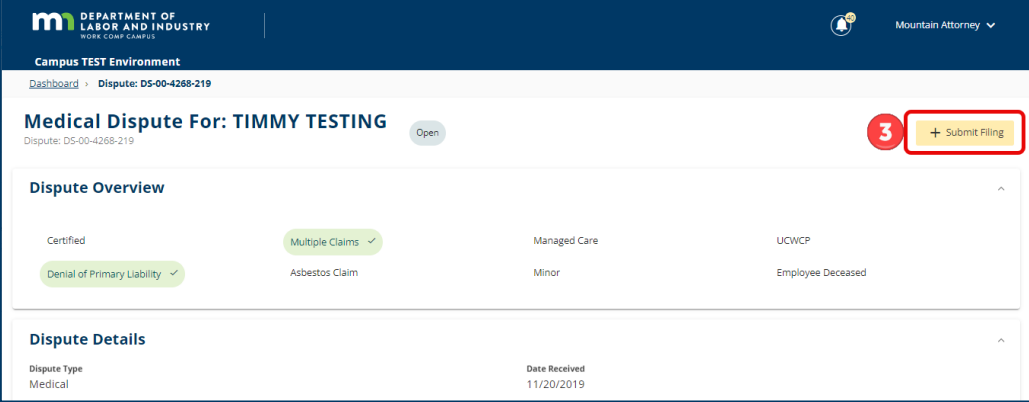
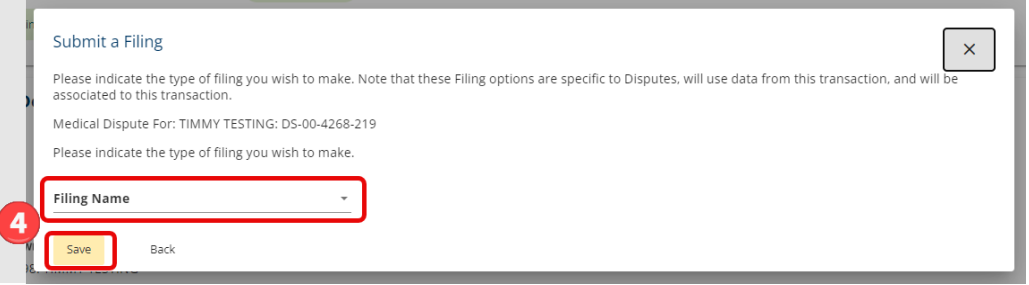
27. If the submission is successful, a confirmation page will display.

This includes links to the dispute (DS) and the document (DO) that were created within Campus. This will also be visible on the user's Campus dashboard.



Rehabilitation or Medical Response

The **Rehab/Medical Response** webform can only be filed after an RFA has been filed and an administrative conference is scheduled but has not yet taken place. The form cannot be submitted by the user who initiated the dispute.

Instructions	Visual aids																								
<ol style="list-style-type: none"> On the main dashboard, click on the My Disputes tab. Click on the Dispute ID that requires edits. 	 <p>My Overview</p> <p>3 Open Claims 0 Upcoming Events 19 New Documents</p> <p>My Queues</p> <ul style="list-style-type: none"> My Claims My Disputes My Forms My Rehab Cases My WCCA Cases <table border="1"> <thead> <tr> <th>Dispute ID</th> <th>Dispute Type</th> <th>Requesting Party</th> <th>Employee</th> <th>Date of Injury</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>DS-02-6268-631</td> <td>Medical</td> <td>mtesting</td> <td>Steph Tester: EE-01-6173-245</td> <td>8/1/2023</td> <td>Pending Review</td> </tr> <tr> <td>DS-02-6273-333</td> <td>Medical</td> <td>Mtesting HCP</td> <td>Steph Tester: EE-01-6173-245</td> <td>8/1/2023</td> <td>Pending Review</td> </tr> <tr> <td>DS-02-6267-755</td> <td>Medical</td> <td>Steph Tester</td> <td>Steph Tester: EE-01-6173-245</td> <td>8/1/2023</td> <td>Pending Review</td> </tr> </tbody> </table>	Dispute ID	Dispute Type	Requesting Party	Employee	Date of Injury	Status	DS-02-6268-631	Medical	mtesting	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review	DS-02-6273-333	Medical	Mtesting HCP	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review	DS-02-6267-755	Medical	Steph Tester	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review
Dispute ID	Dispute Type	Requesting Party	Employee	Date of Injury	Status																				
DS-02-6268-631	Medical	mtesting	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review																				
DS-02-6273-333	Medical	Mtesting HCP	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review																				
DS-02-6267-755	Medical	Steph Tester	Steph Tester: EE-01-6173-245	8/1/2023	Pending Review																				
<ol style="list-style-type: none"> On the dispute's page, click on the yellow + Submit Filing button. 	 <p>Medical Dispute For: TIMMY TESTING</p> <p>Dispute: DS-00-4268-219</p> <p>Dispute Overview</p> <ul style="list-style-type: none"> Certified Multiple Claims ✓ Managed Care UCWCP Denial of Primary Liability ✓ Asbestos Claim Minor Employee Deceased <p>Dispute Details</p> <p>Dispute Type: Medical Date Received: 11/20/2019</p>																								
<ol style="list-style-type: none"> In the Submit a Filing pop-up window, select Rehab/Medical Response from the drop-down menu and click the yellow Save button to continue. The options are: <ol style="list-style-type: none"> Motion to Intervene; Other Filing; and Rehab/Medical Response. 	 <p>Submit a Filing</p> <p>Please indicate the type of filing you wish to make. Note that these Filing options are specific to Disputes, will use data from this transaction, and will be associated to this transaction.</p> <p>Medical Dispute For: TIMMY TESTING: DS-00-4268-219</p> <p>Please indicate the type of filing you wish to make.</p> <p>Filing Name: [Dropdown]</p> <p>Save Back</p>																								

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

6. Step 2 is **Locate Additional Parties**. This is where intervenors or potential intervenors are added as parties on the dispute. To add one or more parties, click the yellow **+ Add Party** button.

7. In the **Name** field, click the **Lookup** tool to select the type of entity that needs to be added. The options are:
 a) Employer;
 b) Insurer;
 c) TPA; and
 d) Health Care Provider.

8. In the **Lookup** window, a search can be done with any of the following information:
 a) entity name;
 b) federal employer identification number (FEIN); or
 c) 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.

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: Essentia FEIN

Address 1

Address 2

City State ZIP Code

Search Clear Cancel

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.

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

11. The pop-up window will close and you will return to Step 2, **Locate Additional Parties**. Under the **Select Address** drop-down menu, select the correct address for the entity.

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

12. In the **Select Role** drop-down menu, select the role of the entity. The options are:
 a) Intervenor; and
 b) Potential Intervenor.

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

13. When complete, click the yellow **Next** button.

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

Add any additional parties which should be associated to this Dispute as Potential Intervenors or Intervenors.

+ Add Party

Name * HC-01-4573-248: Essentia Health - Duluth Clinic

Select address * 400 E. Third Street, DULUTH MN 55805

Address 1: 400 E. Third Street Address 2: City: DULUTH State: MN Zip Code: 55805

Select role * Intervenor

Next Save as Draft Cancel

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

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

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

16. Enter the information in the following fields:

- a) Managed Care Plan Contact Date;
- b) Managed Care Plan Contact Phone; and
- c) Name of Managed Care Plan.

17. When complete, click the yellow **Next** button.

18. Step 3 is **Response to Disputed Issues and Payments**. In the **Response to Issue** field, select the appropriate response.

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

Issue ID	Request Type	Benefit at Issue	Issue Type
IS-02-6268-632	Service	Equipment	Lifts (e.g. Hoyer Lift)

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

Dispute Response

Please complete all sections to file a Dispute Response.

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. When complete, click the yellow **Next** button.

Dispute Response

Please complete all sections to file a Dispute Response.

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 is **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.

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"/>	Men Insurer	Service of Process Designee for mtesting	mtesting223+ins@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"/>	QA 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, then 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.

22 Declaration
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 35B.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).

23 Full Name of Signatory *
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.


Submit Save as Draft Preview Cancel

- 25. If the submission is **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.

m DEPARTMENT OF LABOR AND INDUSTRY
Campus TEST Environment

Mountain Attorney


Dispute Response Successfully Submitted!

Confirmation Number: 12825

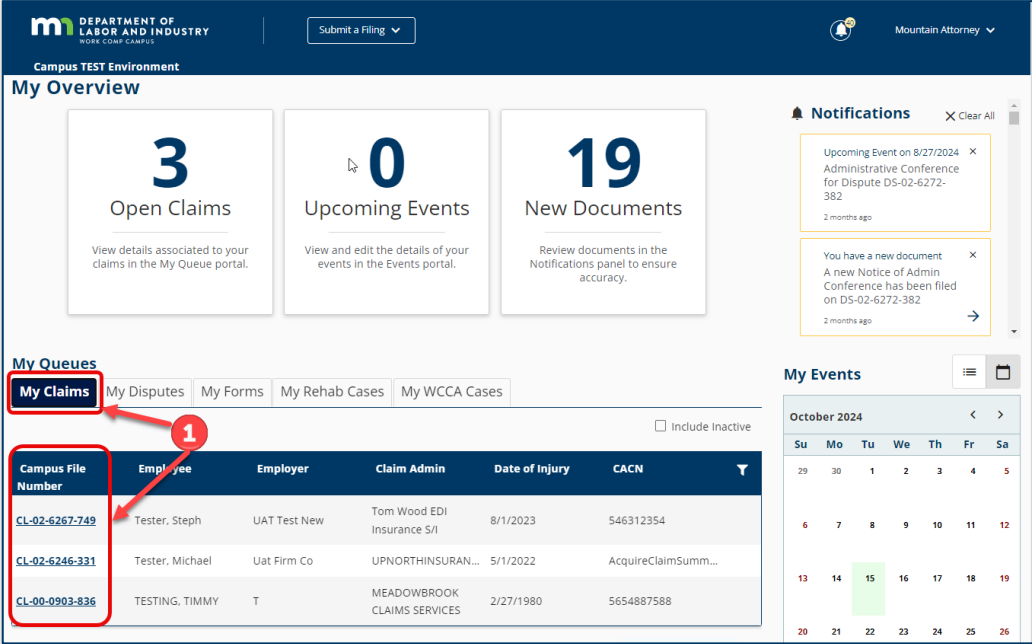
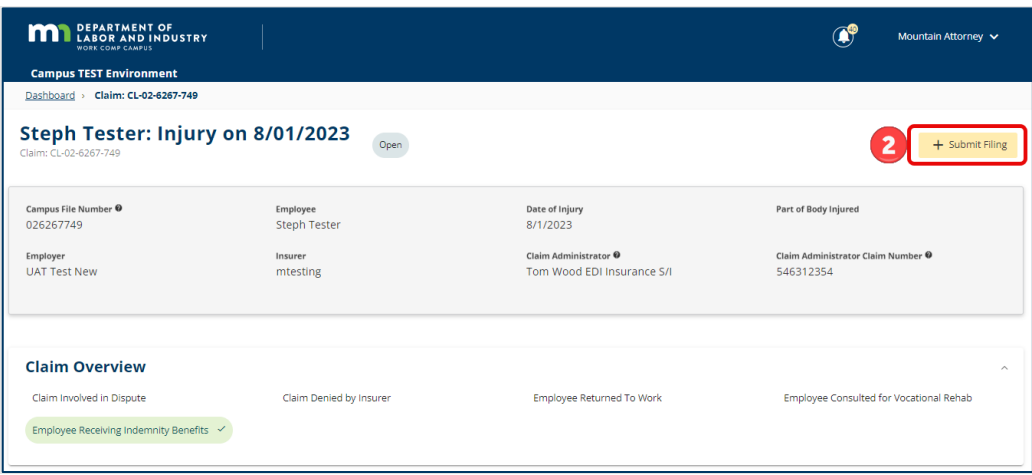
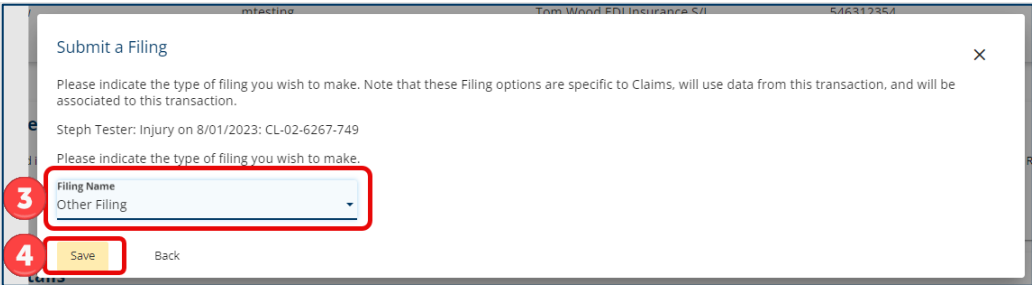
Associated ID: **DS-02-6273-333**

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

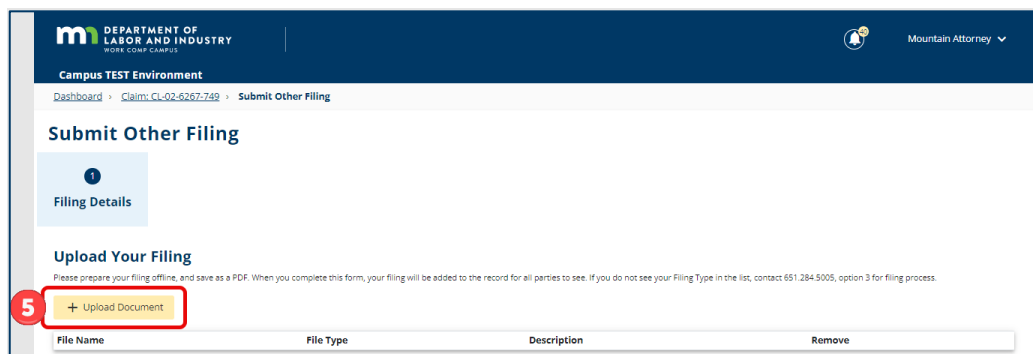
A confirmation email has been sent to ctesting710-mountain@gmail.com for your records. You may view your forms in [My Form History](#).

Other filing

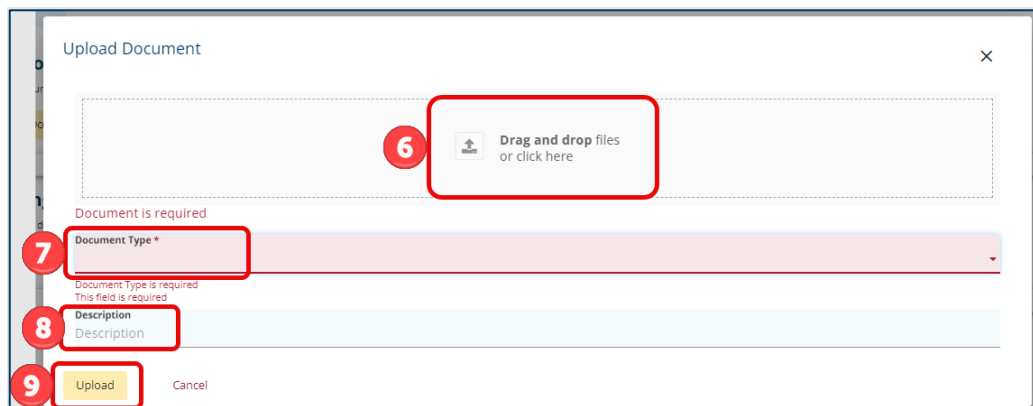
The **Other Filing** option should be chosen when you want to upload a document to the dispute that does not fit any of the filing options or when additional documents need to be uploaded.

Instructions	Visual aids																								
<p>1. From the main dashboard, under the My Claims tab, click on the needed file in the Campus File Number column.</p>	 <p>My Overview</p> <p>3 Open Claims 0 Upcoming Events 19 New Documents</p> <p>My Queues</p> <p>My Claims My Disputes My Forms My Rehab Cases My WCCA Cases</p> <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 Claim Details page, click on the yellow + Submit Filing button.</p>	 <p>Steph Tester: Injury on 8/01/2023</p> <p>Claim: CL-02-6267-749</p> <p>+ Submit Filing</p> <table border="1"> <thead> <tr> <th>Field</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Campus File Number</td> <td>026267749</td> </tr> <tr> <td>Employee</td> <td>Steph Tester</td> </tr> <tr> <td>Date of Injury</td> <td>8/1/2023</td> </tr> <tr> <td>Part of Body Injured</td> <td></td> </tr> <tr> <td>Employer</td> <td>UAT Test New</td> </tr> <tr> <td>Insurer</td> <td>mtesting</td> </tr> <tr> <td>Claim Administrator</td> <td>Tom Wood EDI Insurance S/I</td> </tr> <tr> <td>Claim Administrator Claim Number</td> <td>546312354</td> </tr> </tbody> </table> <p>Claim Overview</p> <p>Claim Involved in Dispute Claim Denied by Insurer Employee Returned To Work Employee Consulted for Vocational Rehab</p> <p>Employee Receiving Indemnity Benefits ✓</p>	Field	Value	Campus File Number	026267749	Employee	Steph Tester	Date of Injury	8/1/2023	Part of Body Injured		Employer	UAT Test New	Insurer	mtesting	Claim Administrator	Tom Wood EDI Insurance S/I	Claim Administrator Claim Number	546312354						
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<p>3. In the Submit a Filing pop-up window, under the Filing Name drop-down menu, select Other Filing.</p> <p>4. Click the yellow Save button.</p>	 <p>Submit a Filing</p> <p>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.</p> <p>Steph Tester: Injury on 8/01/2023; CL-02-6267-749</p> <p>Please indicate the type of filing you wish to make.</p> <p>Filing Name: Other Filing</p> <p>Save Back</p>																								

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



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 is not an option that fits, select any option, then go to step 8.

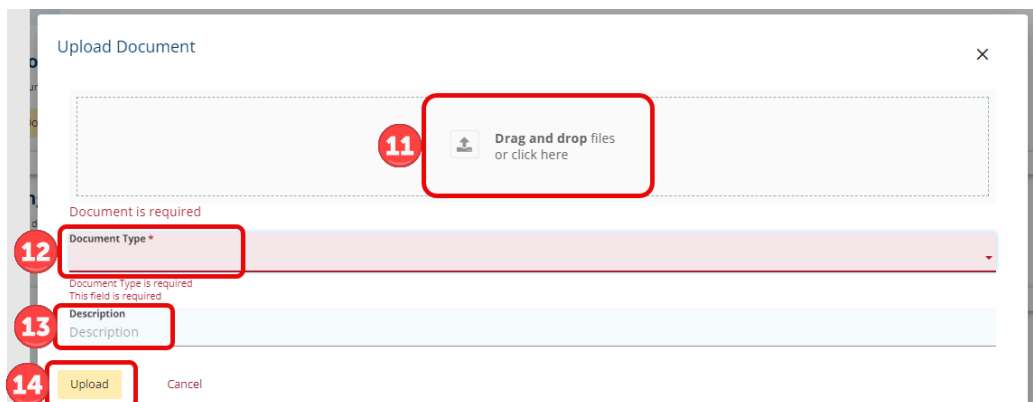
8. Enter a brief **Description**.

9. Click **Upload** to continue.

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



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 is not an option that fits, select any option, then go to step 8.

13. Enter a brief **Description**.

14. Click **Upload** to continue.

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

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

17. If the submission is **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.

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).

15

16 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.

DEPARTMENT OF LABOR AND INDUSTRY
WORK, GROW, CAREER

Campus TEST Environment

Marie Lund

Upload Document To Transaction Successfully Submitted!

Confirmation Number: 10941

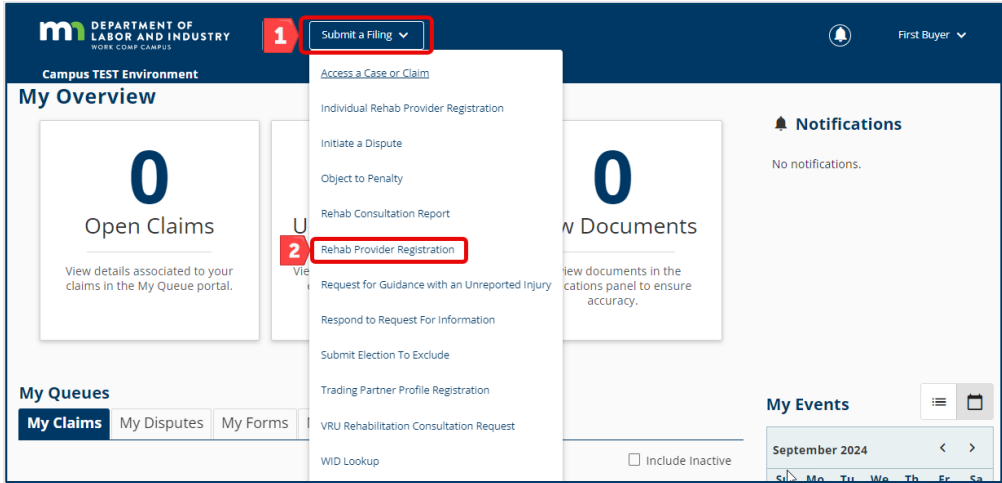
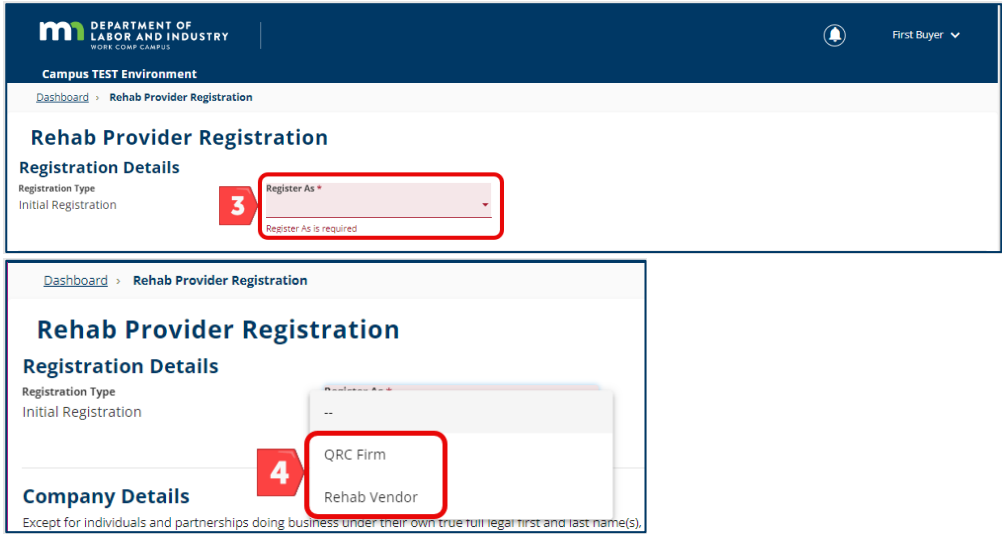
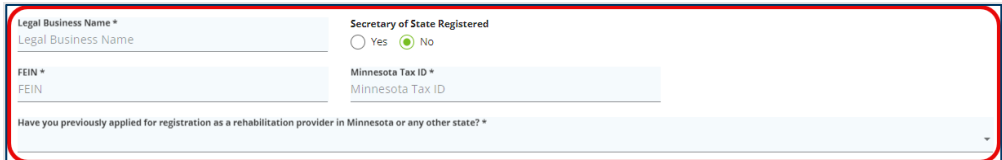
Click the link to view your new document:
[DO-02-6261-265](#)

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 filing functions

Rehabilitation firm and provider functions

Rehabilitation provider registration

Instructions	Visual aids
<ol style="list-style-type: none">1. Click Submit a Filing in the header of the dashboard.2. Select Rehab Provider Registration.	 <p>The screenshot shows the top navigation bar of the Department of Labor and Industry's 'Campus TEST Environment'. The 'Submit a Filing' dropdown menu is open, showing various options. The 'Rehab Provider Registration' option is highlighted with a red box and a '2' label. The 'Submit a Filing' dropdown itself is highlighted with a red box and a '1' label.</p>
<ol style="list-style-type: none">3. On the next screen, click on the Register As drop-down menu.4. Select the appropriate rehabilitation provider group type to register. The options are:<ol style="list-style-type: none">a) QRC Firm; andb) Rehab Vendor.	 <p>The top screenshot shows the 'Rehab Provider Registration' page with the 'Register As' dropdown menu highlighted by a red box and a '3' label. The bottom screenshot shows the 'Company Details' section with the 'QRC Firm' and 'Rehab Vendor' options highlighted by a red box and a '4' label.</p>
<ol style="list-style-type: none">5. Fill in the Company Details section for your rehabilitation provider.	 <p>The screenshot shows the 'Company Details' section of the registration form, enclosed in a red border. It includes fields for 'Legal Business Name', 'FEIN', 'Secretary of State Registered', and 'Minnesota Tax ID'.</p> <p>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.</p>

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

Insurance Details
 If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call the 651.284.5005, option 3

Workers' compensation insurance exemption

Insurer Policy Number *

Effective Date * Policy Expiration Date *
Effective Date is required (mm/dd/yyyy)

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

Office Address List 7

• There must be one primary address defined

Entity Address ID	Address Type	Address 1	Address 2	Is outside the US?	Zip Code	City	County	State	Country
No addresses currently added									

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

Office Address ✕

Address Type
Primary Address

Address 1 *
Address 1

Address 2
Address 2

Outside US

Postal Code * City * County
Postal Code

State Province Country

9

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 kebab menu (three vertical dots) in the upper right to **Edit** or **Delete**.

Office Address List + Add

Entity Address ID	Address Type	Address 1	Address 2	Is outside the US?	Zip Code	City	County	State	Country
	Primary Address	12345 Main Street		No	55115	Saint Paul	Washington	Minnesota	United States

Staff Details
 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).

10

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

Staff Details 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
No staff currently added									

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

Staff ✕

First Name * Last Name * Title * Staff Type *

Is Part Time Is Manager Is Primary Contact

Office Address * Staff Email * Staff Phone
Staff Email

13

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:

- a) a resume;
- b) a list of activities; or
- c) license or 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 menu, 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 (this must match your Campus user profile name) to sign electronically.

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

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

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

+ Upload Document **14**

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

Upload Document

15 Drag and drop files or click here

Document is required

16 Document Type *

17 Description
Description

18 Upload Cancel

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.

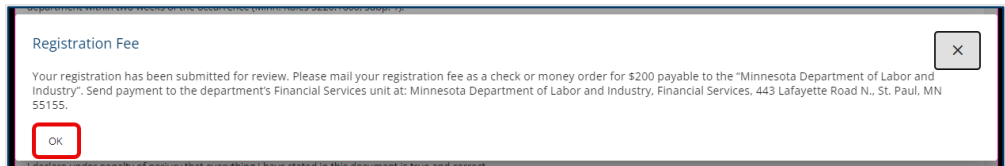
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation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

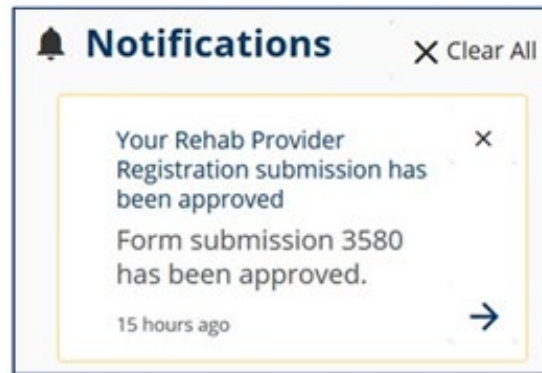
22. After the form is submitted, mail your registration fee payment to the address provided.



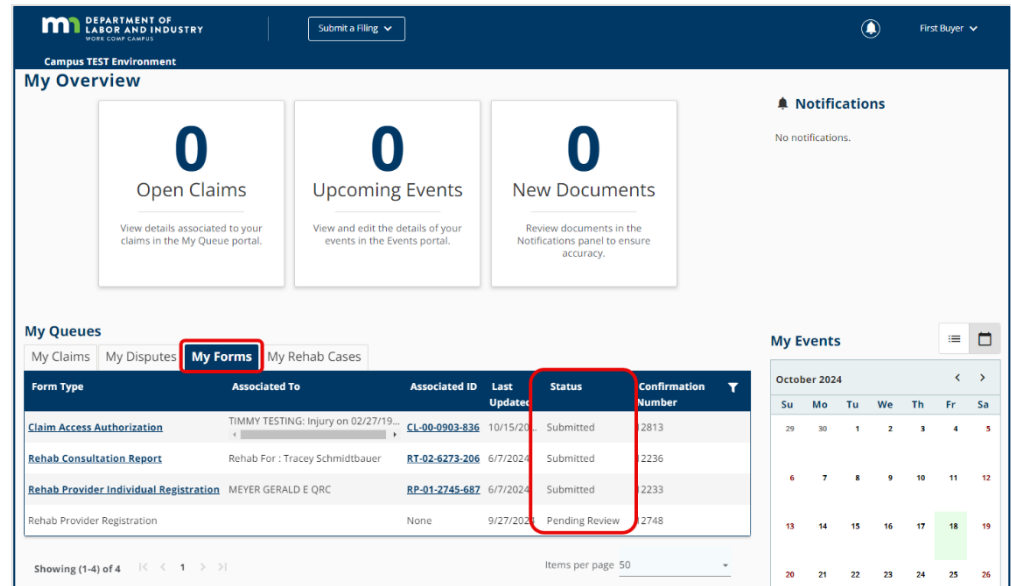
Send registration fees as a check or money order for \$200 payable to "Minnesota Department of Labor and Industry" at:

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

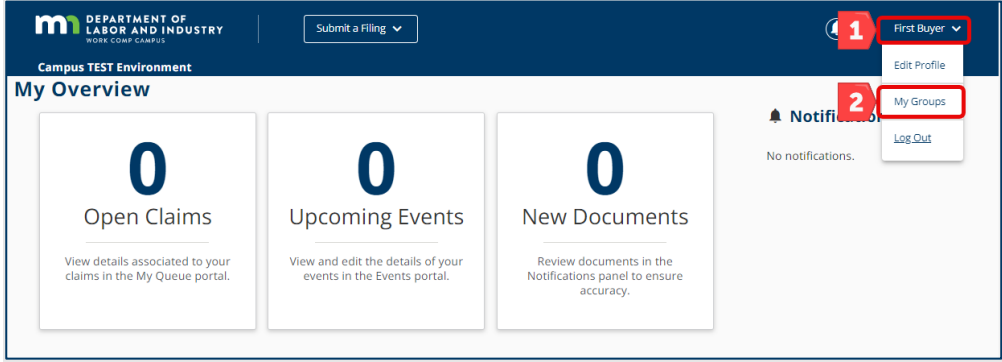
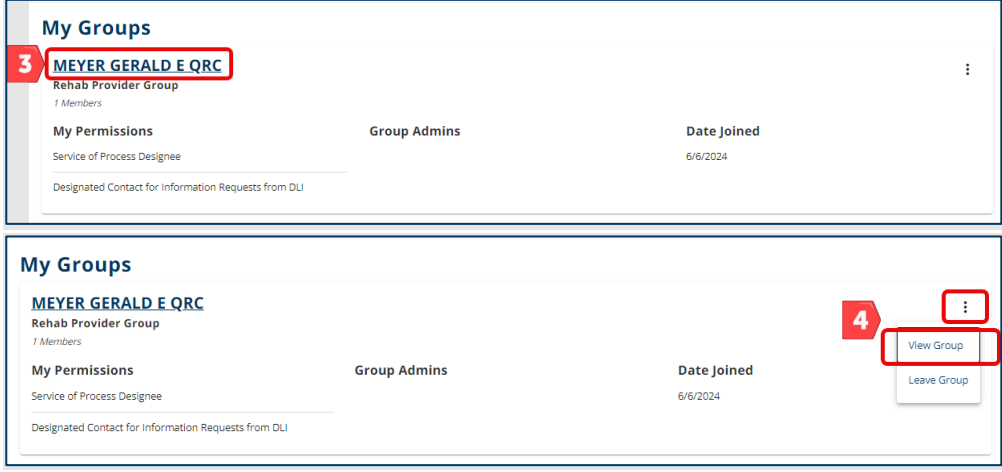
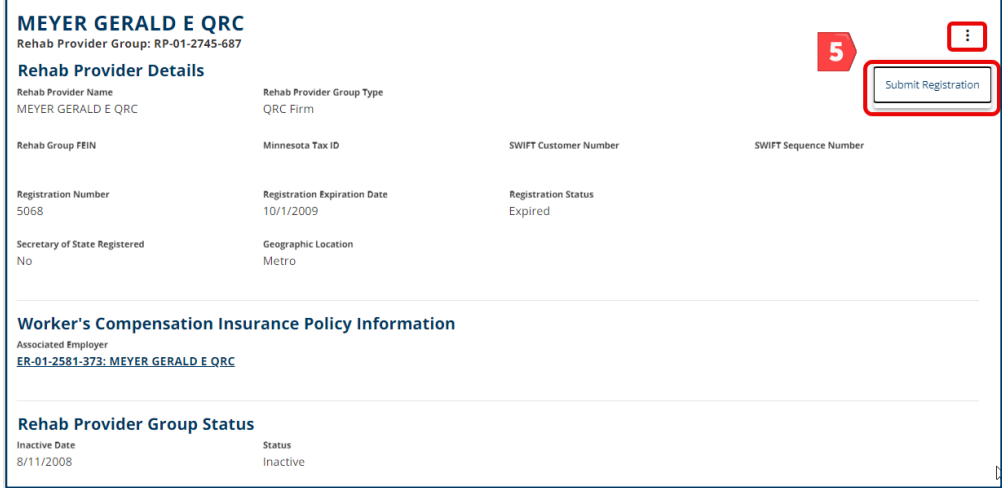
23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.



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



Rehabilitation provider registration renewal

Instructions	Visual aids
<ol style="list-style-type: none"> From the dashboard, click on the user's name in the top right. From the drop-down menu, select the My Groups option. 	 <p>The screenshot shows the top right of the dashboard. The user's name 'First Buyer' is highlighted with a red box and a red '1'. A dropdown menu is open, showing 'My Groups' with a red box and a red '2'. Other options in the menu include 'Edit Profile' and 'Log Out'.</p>
<p>There are two ways to access the rehabilitation provider group.</p> <ol style="list-style-type: none"> From the My Groups page, click on the name of the rehabilitation provider group. From the My Groups page, click on the kebab menu (three vertical dots) in the upper right and select View Group. 	 <p>The first screenshot shows the 'My Groups' page with the group name 'MEYER GERALD E QRC' highlighted by a red box and a red '3'. The second screenshot shows the same page with the kebab menu (three vertical dots) highlighted by a red box and a red '4', and the 'View Group' option selected.</p>
<ol style="list-style-type: none"> From the Rehabilitation Provider Group page, click on the kebab menu (three vertical dots) in the upper right and select Submit Registration. 	 <p>The screenshot shows the 'MEYER GERALD E QRC Rehab Provider Details' page. The 'Submit Registration' button is highlighted with a red box and a red '5'. The page displays various details about the group, including registration information and 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 that information is not editable.

7. Under the **Company Details** section, verify and ensure all the fields with an * have information entered.

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 kebab menu (three vertical dots) in the upper right and select **Edit** or **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 kebab menu (three vertical dots) in the upper right and select **Edit** or **Delete**.

14. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:

- a) a resume;
- b) a list of activities; or
- c) license or 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 menu, 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 (this must match your Campus user profile name) to sign electronically.

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

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

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
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Upload Document

15 Drag and drop files or click here

Document is required

16 Document Type *

17 Description
Description

18 Upload Cancel

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.

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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.

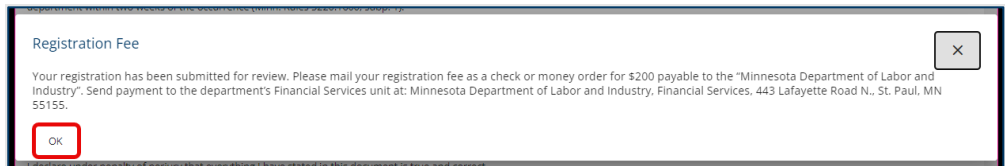
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation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

Full Name of Signatory * 19
Full Name of Signatory

20 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

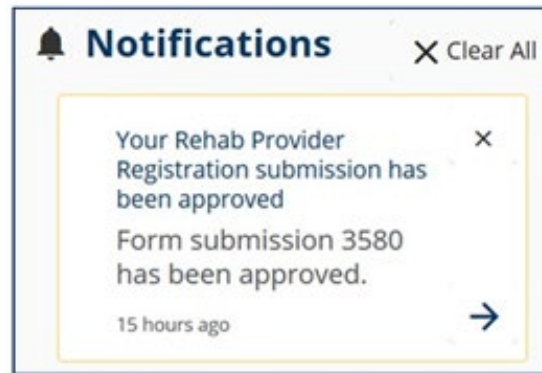
22. After the form is submitted, mail your registration fee payment to the address provided.



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

Minnesota Department of Labor and Industry
 Financial Services
 443 Lafayette Road N.
 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. After a form has been approved, its status will change from **Pending Review** to **Submitted**.

DEPARTMENT OF LABOR AND INDUSTRY
 WITH OUR CARE

Submit a Filing

Campus TEST Environment

My Overview

- 0 Open Claims
- 0 Upcoming Events
- 0 New Documents

Notifications

No notifications.

My Queues

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

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	9/27/2024	Pending Review	2748

Showing (1-4) of 4

Items per page: 50

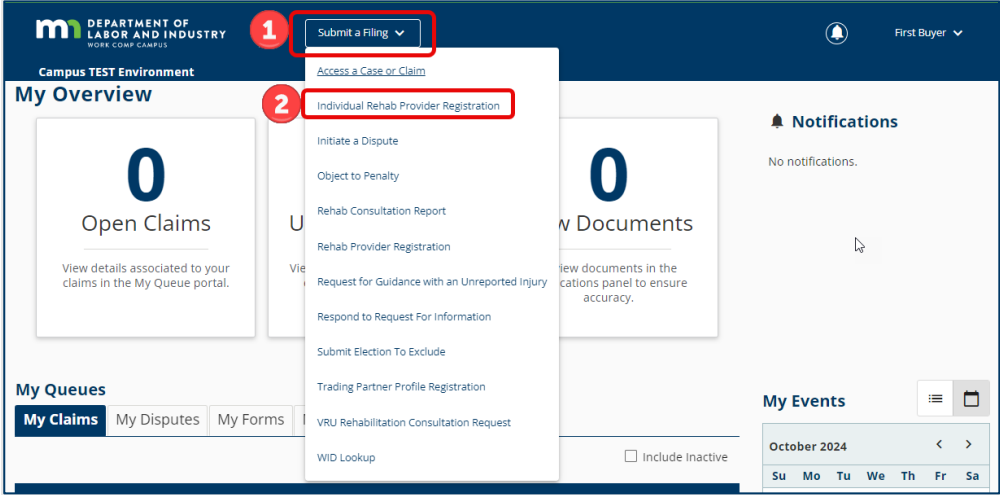
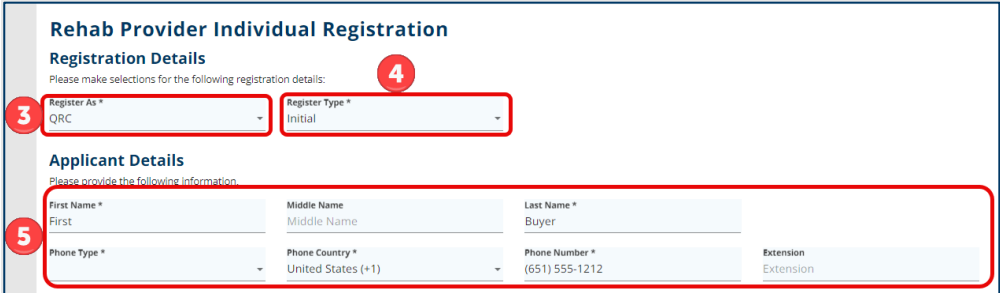
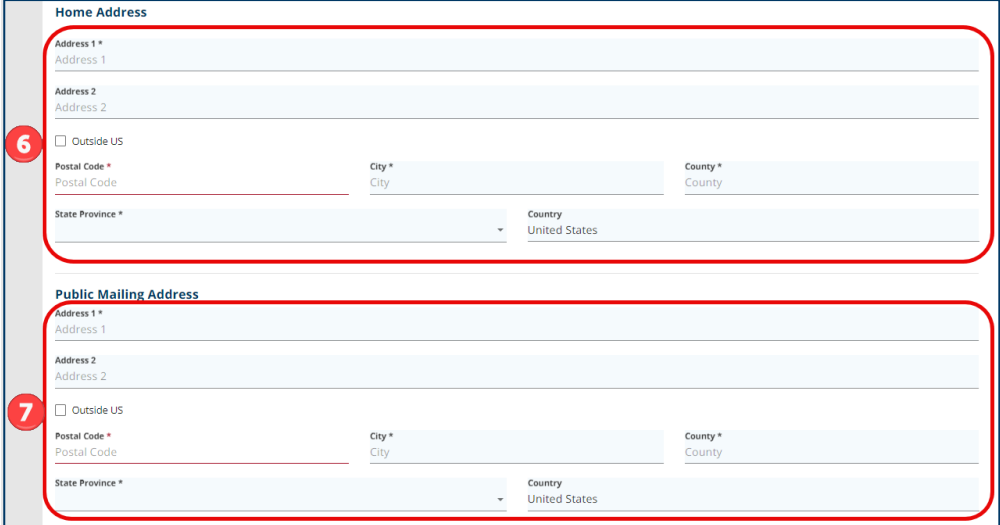
My Events

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 rehabilitation provider functions

QRC and QRC intern initial registration

Instructions	Visual aids
<ol style="list-style-type: none"> From the dashboard, click on Submit a Filing. In the drop-down menu, select Individual Rehab Provider Registration. 	
<ol style="list-style-type: none"> On the Rehab Provider Individual Registration page, in the Register As field, select the QRC or QRC Intern option. In the Register Type field, select the Initial option. Under the Applicant Details section, ensure all fields with an * have information entered. 	
<ol style="list-style-type: none"> Under the Home Address section, verify personal information and ensure all fields with an * have information entered. Under the Public Mailing Address section, enter the QRC firm's business address. 	

8. Verify the pre-filled information and ensure all fields with an * have information entered.

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**, the fields that can be searched are:

- a) **Rehab Provider Group Name;**
- b) **FEIN;** or
- c) **Address.**

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

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	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

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

13. The selected firm information will populate. Prior to moving forward, ensure all fields with an* have information entered.

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:

- a) a resume;
- b) a list of activities; or
- c) licenser certification information.

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 (this must match the Campus user profile name) to sign electronically. Click the checkbox attesting to the legal signature and confirming the accuracy of the document.

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

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

14 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 + Upload Document

File Name	File Type	Description	Remove
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Upload Document

16 Drag and drop files or click here

Document is required

17 Document Type *

18 Description

19 Upload Cancel

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).

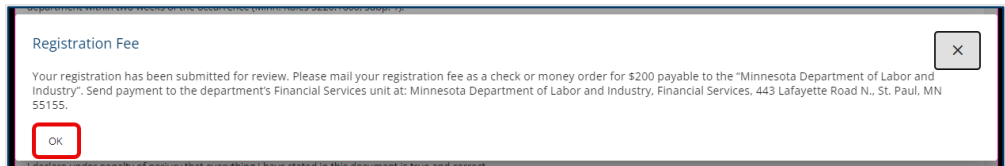
20 Full Name of Signatory *
Full Name of Signatory

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.

Signature Date
10/17/2024

21 Submit Form Save as Draft Download PDF Preview Cancel

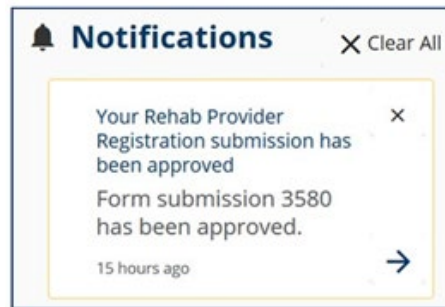
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23. After your application is approved, a notification will be generated by Campus and appear in **Notifications**.



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

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	9/27/202...	Pending Review	2748

QRC and QRC intern registration renewal

Instructions	Visual aids
<ol style="list-style-type: none"> From the dashboard, click on Submit a Filing. In the drop-down menu, select Individual Rehab Provider Registration. 	<p>The screenshot shows the 'My Overview' dashboard. At the top left, there is a 'Submit a Filing' button with a dropdown arrow, highlighted with a red box and the number 1. The dropdown menu is open, showing several options. The option 'Individual Rehab Provider Registration' is highlighted with a red box and the number 2. Other options include 'Initiate a Dispute', 'Object to Penalty', 'Rehab Consultation Report', 'Rehab Provider Registration', 'Request for Guidance with an Unreported Injury', 'Respond to Request For Information', 'Submit Election To Exclude', 'Trading Partner Profile Registration', 'VRU Rehabilitation Consultation Request', and 'WID Lookup'. The dashboard also features sections for 'Open Claims', 'My Documents', 'My Queues', 'Notifications', and 'My Events'.</p>
<ol style="list-style-type: none"> On the Rehab Provider Individual Registration page, in the Register As field, select the QRC or QRC Intern option. In the Register Type field, select the Renewal option. Under the Applicant Details, ensure all fields with an * have information entered. 	<p>The screenshot shows the 'Rehab Provider Individual Registration' form. Under the 'Registration Details' section, the 'Register As' field (3) is set to 'QRC' and the 'Register Type' field (4) is set to 'Renewal'. The 'Applicant Details' section (5) contains several required fields: First Name, Middle Name, Last Name, Phone Type, Phone Country, Phone Number, and Extension. The 'Applicant Details' section is highlighted with a red box.</p>
<ol style="list-style-type: none"> Under the Applicant Details section, verify personal information and ensure all fields with an * have information entered. Under the Public Mailing Address section, enter the QRC firm's business address. 	<p>The screenshot shows the 'Home Address' and 'Public Mailing Address' sections. Both sections are highlighted with red boxes and numbered 6 and 7 respectively. Each section contains fields for Address 1, Address 2, a checkbox for 'Outside US', Postal Code, City, State Province, and Country. The 'Home Address' section is highlighted with a red box and the number 6. The 'Public Mailing Address' section is highlighted with a red box and the number 7.</p>

8. Verify the pre-filled information and ensure all fields with an * have information entered.

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.

Firm Details

Rehab Provider Firm *
RP-01-2745-687: MEYER GERALD E QRC

Firm Number
5068

Firm Phone Type *
Firm Phone Country *
United States (+1)

Firm Phone Number *
Firm Phone Number

Firm Phone Extension
Firm Phone Extension

Employer's Address *
2814 ISLAND VIEW CT

City
ST CLOUD

State
MN

Zip Code
56301

10. Prior to moving forward, verify and ensure all fields with an * have information entered.

Firm Details

Rehab Provider Firm *
RP-01-2745-687: MEYER GERALD E QRC

Firm Number
5068

Firm Phone Type *
Firm Phone Country *
United States (+1)

Firm Phone Number *
Firm Phone Number

Firm Phone Extension
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.

Certifications

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.

File Name	File Type	Description	Remove
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12. Under the **Supporting Attachments** section, add any documentation to support your application for registration. Examples include:
a) a resume;
b) a list of activities; or
c) licenser 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.

Upload Document

Document is required

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 (this must match the Campus user profile name) to sign electronically. Click the checkbox to attest the legal signature and confirm the accuracy of the document.

18. Click the yellow **Submit** button.

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 *
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 Submit Form Save as Draft Download PDF Preview Cancel

19. After the form is submitted, mail your registration fee payment to the address provided.

Registration Fee

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.

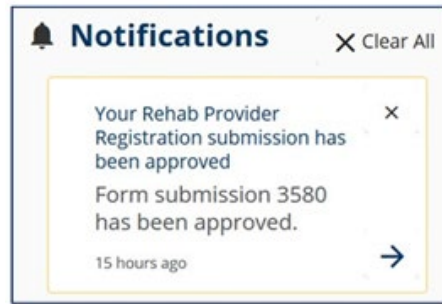
OK

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

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

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

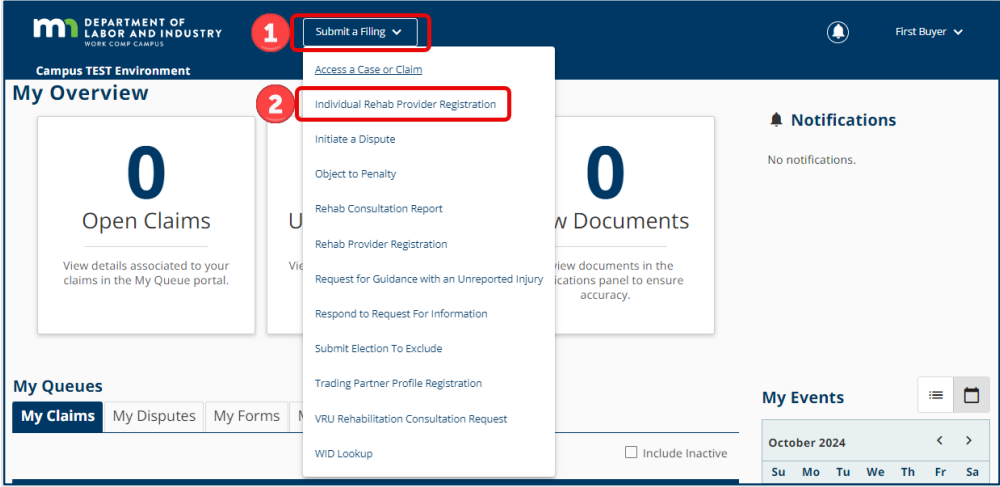
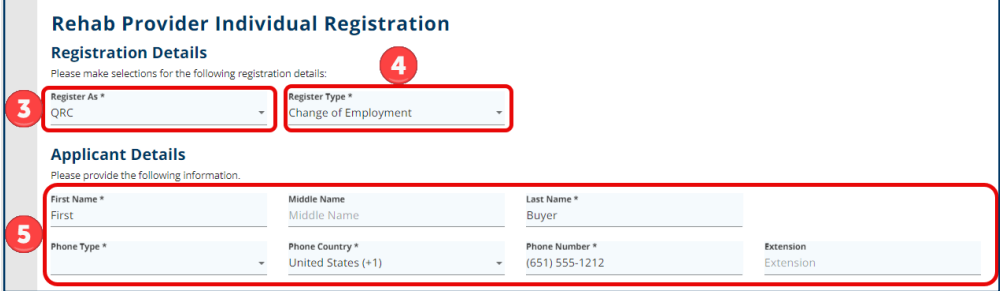
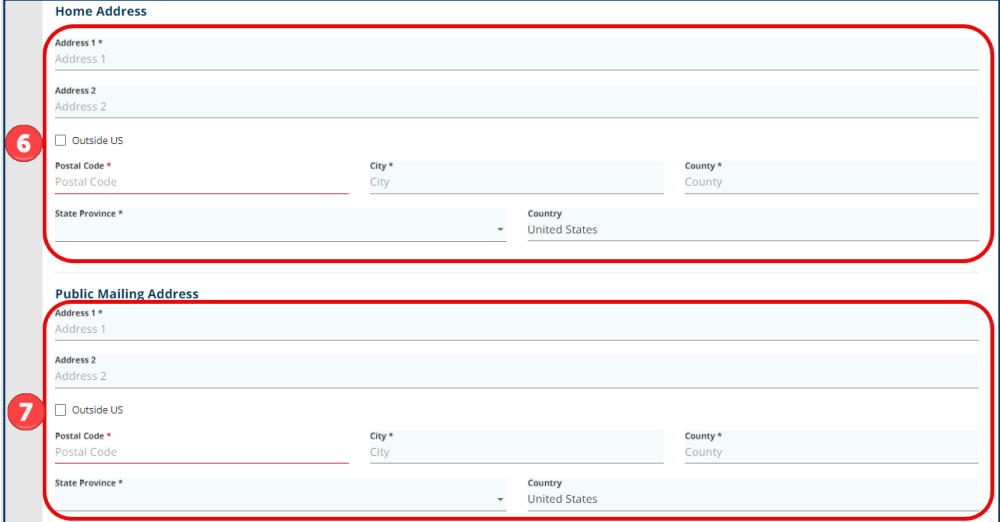
To view the status of the submission, go to the **My Forms** tab on the dashboard. After a form has been approved, its status will change from **Pending Review** to **Submitted**.



The screenshot shows the 'My Overview' dashboard for the Department of Labor and Industry. It includes a 'Submit a Filing' button, a 'Campus TEST Environment' label, and three summary cards: 'Open Claims' (0), 'Upcoming Events' (0), and 'New Documents' (0). A 'Notifications' panel shows 'No notifications.' Below is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Rehab Cases'. The 'My Forms' tab is active, displaying a table with columns: Form Type, Associated To, Associated ID, Last Updated, Status, and Confirmation Number. The 'Status' column is highlighted with a red box. 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 change of employment

Instructions	Visual aids
<ol style="list-style-type: none"> From the dashboard, click on Submit a Filing. In the drop-down menu, select Individual Rehab Provider Registration. 	 <p>The screenshot shows the 'My Overview' dashboard. A red box labeled '1' highlights the 'Submit a Filing' button in the top right. A second red box labeled '2' highlights the 'Individual Rehab Provider Registration' option in the dropdown menu that appears below the button. The dashboard also shows 'Open Claims' (0), 'My Documents' (0), and 'My Queues' (My Claims, My Disputes, My Forms).</p>
<ol style="list-style-type: none"> On the Rehab Provider Individual Registration page, in the Register As field, select the QRC or QRC Intern option. In the Register Type field, select the Change of Employment option. Under the Applicant Details, ensure all fields with an * have information entered. 	 <p>The screenshot shows the 'Rehab Provider Individual Registration' form. A red box labeled '3' highlights the 'Register As *' dropdown menu with 'QRC' selected. A red box labeled '4' highlights the 'Register Type *' dropdown menu with 'Change of Employment' selected. A red box labeled '5' highlights the 'Applicant Details' section, which includes fields for First Name, Middle Name, Last Name, Phone Type, Phone Country, Phone Number, and Extension.</p>
<ol style="list-style-type: none"> Under the Home Address section, verify personal information and ensure all fields with an * have information entered. Under the Public Mailing Address section, enter the QRC firm's business address. 	 <p>The screenshot shows the 'Home Address' and 'Public Mailing Address' sections. A red box labeled '6' highlights the 'Home Address' section, which includes fields for Address 1, Address 2, Postal Code, City, State Province, and Country. A red box labeled '7' highlights the 'Public Mailing Address' section, which has the same set of fields as the Home Address section.</p>

8. Verify the pre-filled information and ensure all fields with an * have information entered.

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**, the fields that can be searched are:

- a) **Rehab Provider Group Name;**
- b) **FEIN;** and
- c) **Address.**

11. After the information is entered, click the **Search** 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.

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

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

13. The selected firm information will populate. Prior to moving forward, ensure all fields with an * have information entered.

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:

- a) a resume;
- b) a list of activities;
- c) license or certification information; or
- d) change of employment documentation.

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

14 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.

Upload Document

16

Document is required

17 Document Type *

18 Description

19

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

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

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.

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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.

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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).

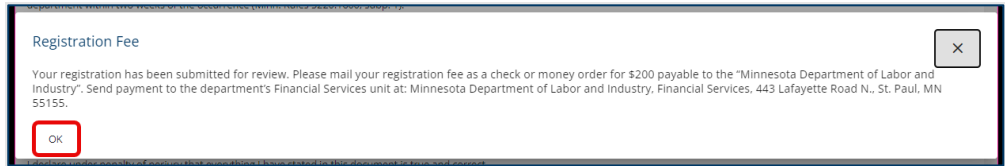
20 Full Name of Signatory

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

21

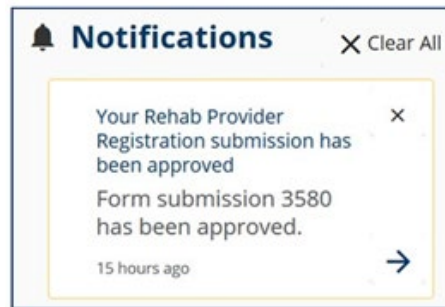
22. After the form is submitted, mail your registration fee payment to the address provided.



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

Minnesota Department of Labor and Industry
 Financial Services
 443 Lafayette Road N.
 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. After a form has been approved its status will change from **Pending Review** to **Submitted**.

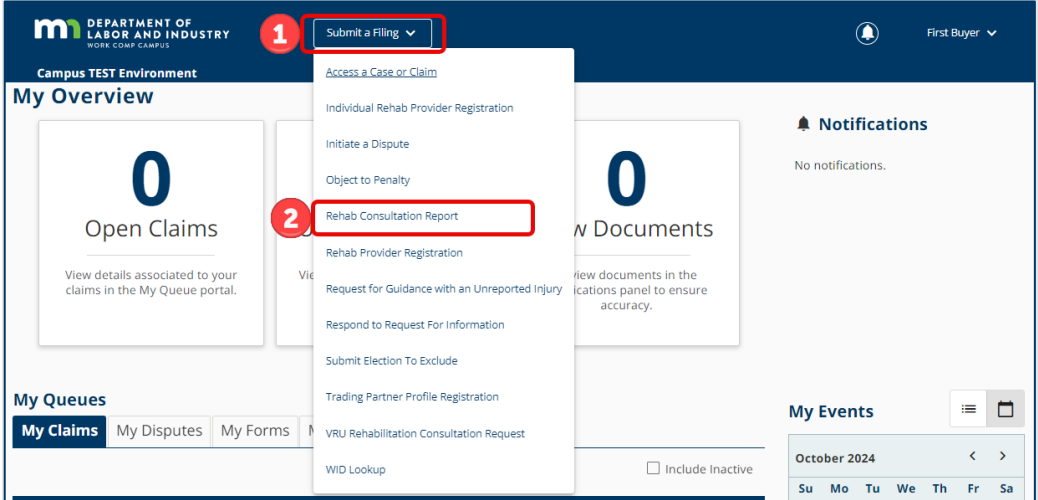
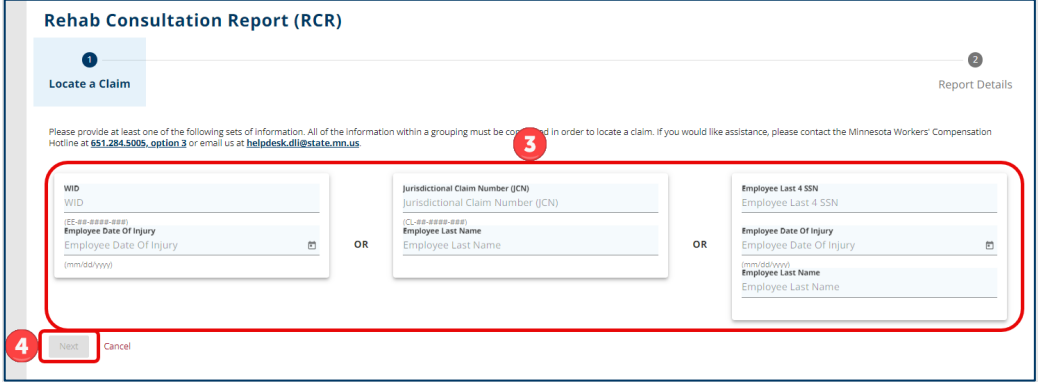
Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Number
Claim Access Authorization	TIMMY TESTING: Injury on 02/27/19...	CL-00-0903-836	10/15/20...	Submitted	2813
Rehab Consultation Report	Rehab For : Tracey Schmidtbauer	RT-02-6273-206	6/7/2024	Submitted	2236
Rehab Provider Individual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

Rehabilitation forms

Rehabilitation Consultation Reports

The purpose of 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 it to the parties within 14 days of the initial meeting.

Filing an RCR

Instructions	Visual aids
<ol style="list-style-type: none">From the dashboard, click Submit a Filing in the drop-down menu.In the drop-down menu, select Rehab Consultation Report.	 <p>The screenshot shows the 'My Overview' page of the Department of Labor and Industry. A dropdown menu is open under the 'Submit a Filing' button. The 'Rehab Consultation Report' option is highlighted with a red box and a red circle labeled '2'. A red circle labeled '1' points to the 'Submit a Filing' button itself. The dashboard also shows 'Open Claims' and 'My Documents' sections.</p>
<ol style="list-style-type: none">On the Rehab Consultation Report (RCR) page, step 1 is Locate a Claim. Pick one of the groups of information and enter it for the injured worker authorization being requested. <p>Note: If you are unsure of the WID number, there are instructions on the DLI website.</p> <ol style="list-style-type: none">Click Next to proceed to the webform. <i>(The button will highlight after information is entered.)</i> <p>If a matching claim is not found, you will be prompted to enter additional information about the claim to proceed with the RCR filing.</p>	 <p>The screenshot shows the 'Locate a Claim' form. It has three input groups separated by 'OR'. A red box and a red circle labeled '3' encompass the entire form area. A red circle labeled '4' points to the 'Next' button at the bottom left. The form fields include: WID (with a sub-field for Employee Date Of Injury), Jurisdictional Claim Number (JCN) (with a sub-field for Employee Last Name), and Employee Last 4 SSN (with a sub-field for Employee Date Of Injury). A 'Cancel' button is also visible.</p>

- Step 2 is **Report Details**. The associated claim information will automatically populate.
- Enter the information for the **Claim Representative**. Ensure all fields with an * have information entered.

Rehab Consultation Report (RCR)

Locate a Claim Report Details

Claim Details
Please provide the following information.

- Under the **Employee Details** section, enter the injured worker's phone number in the **Phone Number** field.

Employee Details

- 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

- In the **Add Employer Contact** pop-up window, a contact can be added by selecting a known contact in the drop-down menu field or by entering information in all the fields with an *.

Add Employer Contact

You can either select a known contact or add a contact by completing the fields below

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

- Under the **QRC Details** section, verify the information shown is correct.

QRC Details

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: A narrative report 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 a [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 (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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16. Under the **Affidavit of Service** section, select the **Parties** to serve by clicking the applicable checkboxes.

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"/>	TIMMY TESTING	Employee	Other	None	N/A
<input type="checkbox"/>	Mountain Attorney	Attorney	ctestng719+mountain@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Paralegal	ctestng719+snow@gmail.com	None	
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee for Mountain Law Firm	ctestng719+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+acir2@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+acir2@gmail.com	None	N/A

17. If any parties are missing, click the yellow + **Add Service Recipient** button to add parties.

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 (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

20. In the **Initial Rehab Consultation Date**, enter the date of the initial consultation.

21. When completed, click the yellow **Submit Form** button.

22. If the submission is **successful**, a confirmation page will display.

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.

The screenshot shows a web form titled "Notice" with the following sections and callouts:

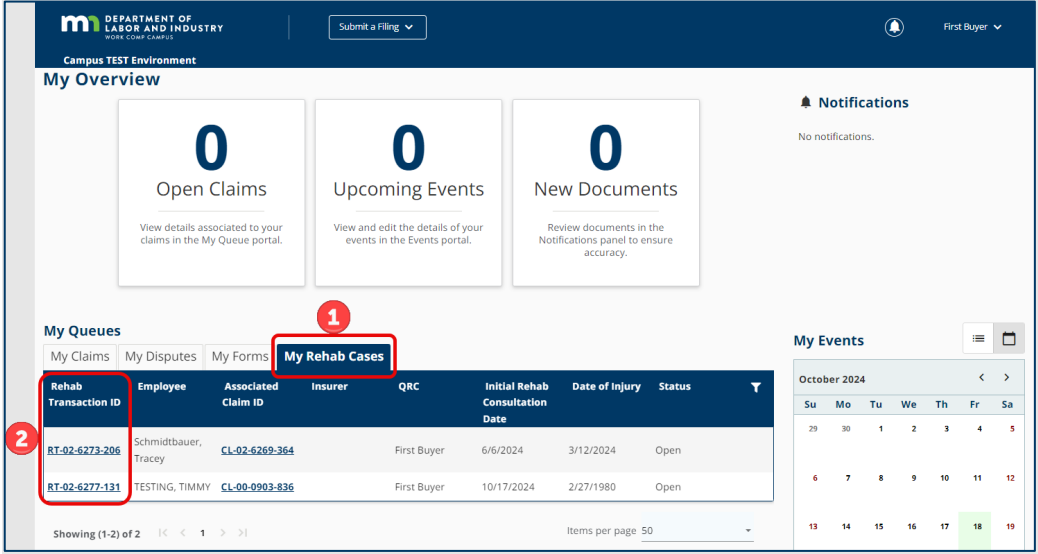
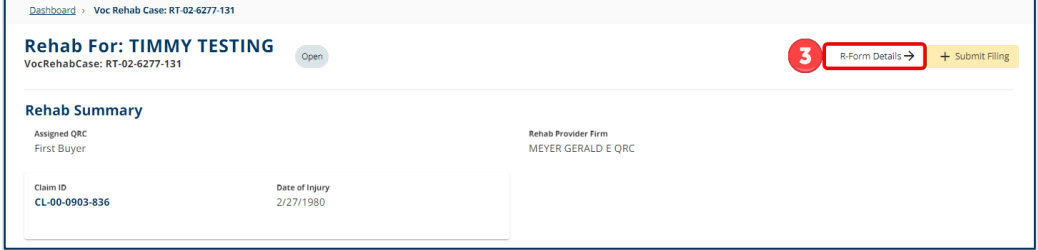

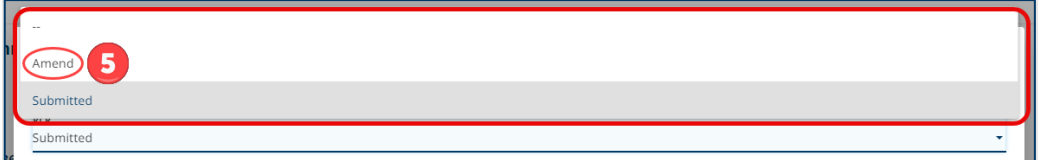
- 18**: A checkbox under the "Declaration" section with the text: "I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116."
- 19**: A text input field under the "Electronic Signature" section labeled "Full Name of Signatory *".
- 20**: A checkbox under the "Electronic Signature" section 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."
- 21**: A yellow "Submit Form" button at the bottom of the form.

Other visible text includes: "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.", "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).", and a date input field for "Initial Rehab Consultation Date *".

The screenshot shows a confirmation page with the following content:

- Logo for the Department of Labor and Industry (DOI) and the text "Campus TEST Environment".
- A green checkmark icon.
- The heading: "Rehab Consultation Report Successfully Submitted!".
- Confirmation Number: 12839.
- Text: "Click the link to view your new document:" followed by a red-bordered link "DO-02-6277-132".
- Text: "A confirmation email has been sent to ctesting719+QRC@gmail.com for your records. You may view your forms in" followed by a red-bordered link "My Form History".

Filing an amended RCR

Instructions	Visual aids																								
<ol style="list-style-type: none"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the originally filed RCR. 	 <p>The screenshot shows the 'My Overview' dashboard. At the top, there are three 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 below shows two cases:</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>The 'Rehab Transaction ID' for the second case is highlighted with a red box and a '2'. To the right is a 'My Events' calendar for October 2024.</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"> In the Rehab Summary page, click on R-Form Details→. 	 <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 box and a '3'. Below this is the '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"> In the R-Form Details pop-up window, click the RCR drop-down menu. 	 <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 currently set to 'Submitted', highlighted with a red box and a '4'. Below the dropdown are several other dropdown menus: 'R-2', 'Retraining Plan', 'PPR', 'R-3', and 'R8'. At the bottom right are 'Next' and 'Cancel' buttons.</p>																								
<ol style="list-style-type: none"> In the drop-down menu, select the Amend option. 	 <p>This is a close-up of the dropdown menu from the previous screenshot. The 'Amend' option is highlighted with a red box and a '5'. Other visible options include 'Submitted'.</p>																								

6. When 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	Aidean	(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
-----------	-----------	-------------	--------

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.

If this was previously uploaded, go to step 11.

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
-----------	-----------	-------------	--------

Do You Want to Distribute This Document?
 No Yes

12. In the **Do you want to distribute this document** field, select the answer that fits best.
a) If **Yes** – go to step 13.
b) If **No** – move to step 16.

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	ctest719+mountain@gmail.com
<input type="checkbox"/>	Snow Paralegal	Paralegal, TIMMY TESTING	ctest719+snow@gmail.com
<input type="checkbox"/>	Annual Tester	Service of Process Designee, Test Builder S/I	Uatsteddl+acir2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatsteddl+acir2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctest719+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.

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 the 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 (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

17. When completed, click the yellow **Submit Form** button.

18. If the submission is **successful**, a confirmation page will display.

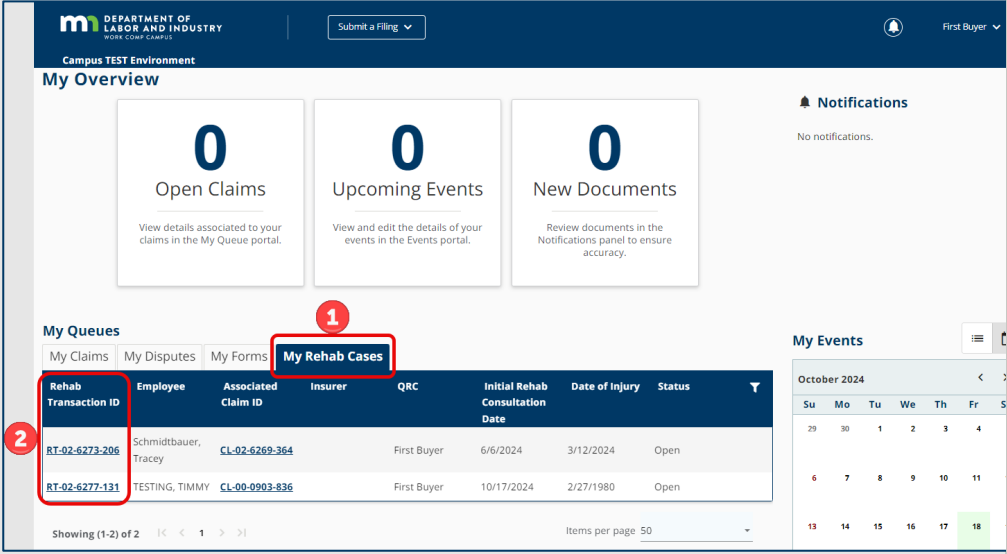
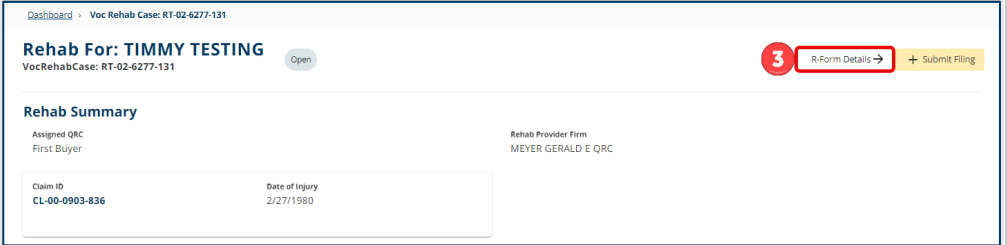
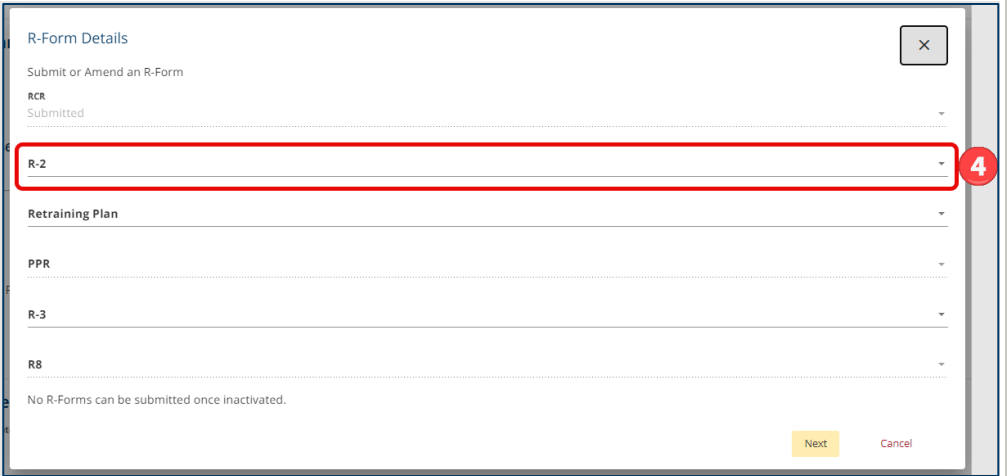
This includes links to the **Associated ID (RT)** and document number (DO) that were created within Campus. This will also be visible on the user's Campus dashboard under the **My Forms** tab and the new file will display under the **My Rehab Cases** tab.

The screenshot shows the 'Electronic Signature' section of a form. At the top, it says '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)'. Below this is a text input field for 'Full Name of Signatory *' with a red box around it and a red circle with the number '16' next to it. Underneath 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.' Below the checkbox is a field for 'Initial Rehab Consultation Date' with the value '10/17/2024'. At the bottom, there is a row of buttons: 'Submit Form' (highlighted with a red box and a red circle with '17'), 'Back', 'Save as Draft', 'Download PDF', 'Preview', and 'Cancel'.

The screenshot shows a confirmation page from the 'DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS' system. The page header includes the logo and 'Campus TEST Environment'. The main content area features a green checkmark icon and the text 'Amend Rehab Consultation Report Successfully Submitted!'. Below this, it displays 'Confirmation Number: 12840' and 'Associated ID: RT-02-6277-131' (highlighted with a red box). It then says 'Click the link to view your new document:' followed by 'DO-02-6277-135' (highlighted with a red box). At the bottom, it states 'A confirmation email has been sent to ctesting719+ORC@gmail.com for your records. You may view your forms in My Form History' (with 'My Form History' highlighted by a red box).

R-2 Rehabilitation Plan

After filing the Rehabilitation Consultation Report determining an employee is eligible for vocational rehabilitation services, the QRC will use the information obtained to develop the R-2 Rehabilitation Plan with the injured worker. The rehabilitation plan must be developed with the employee within 30 days and filed within 45 days of finding them eligible, as required by [Minnesota Rules part 5220.0410](#). The employee's signature is requested on this form.

Instructions	Visual aids																								
<ol style="list-style-type: none"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the RCR originally filed. 	 <p>The screenshot shows the 'My Overview' dashboard with three 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 box and a '1'). A table below shows rehab cases with columns: 'Rehab Transaction ID', 'Employee', 'Associated Claim ID', 'Insurer', 'QRC', 'Initial Rehab Consultation Date', 'Date of Injury', and 'Status'. Two rows are visible, with the first row's 'Rehab Transaction ID' (RT-02-6273-206) highlighted with a red box and a '2'.</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>Schmidbauer, 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	Schmidbauer, 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	Schmidbauer, 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"> On the Rehab Summary page, click on R-Form Details→. 	 <p>The screenshot shows the 'Rehab For: TIMMY TESTING' page. The 'Rehab Summary' section displays 'Assigned QRC: First Buyer' and 'Rehab Provider Firm: MEYER GERALD E QRC'. Below this, 'Claim ID: CL-00-0903-836' and 'Date of Injury: 2/27/1980' are shown. A red box highlights the 'R-Form Details' button with a '3'.</p>																								
<ol style="list-style-type: none"> In the R-Form Details pop-up window, click the R-2 drop-down menu. 	 <p>The screenshot shows the 'R-Form Details' pop-up window. It has a title bar with a close button. Below the title, it says 'Submit or Amend an R-Form'. A dropdown menu is open, showing 'RCR Submitted' and 'R-2' (highlighted with a red box and a '4'). Below the dropdown are sections for 'Retraining Plan', 'PPR', 'R-3', and 'R8', each with a dropdown arrow. At the bottom, it says 'No R-Forms can be submitted once inactivated.' and has '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

5 Submit

PPR

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

6. When selected, click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

R-2
Submit

Retraining Plan

PPR

R-3

R8

No R-Forms can be submitted once inactivated.

6 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 all fields with an * have information entered.

Rehabilitation Plan (R2)

Please provide the following information

1 Rehab Details 2 Services Provided 3 Attachments and Instructions

7 Claim Details

Campus File Number: CL-00-0903-836 Date Of Injury: 2/27/1980 Claim Admin Claim Number: 5654887588

8 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

9 Phone Number *: Phone Number

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 menu field or by entering information in all the fields with an *.

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

13. Under the **Occupation Details** section, ensure all fields with an * have information entered.

14. After all the information is entered, click the yellow **Next** button.

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: An initial evaluation report must be entered to submit the form.

16. Under the **Services Provided** section, ensure all fields with an * have information entered.

17. If needed, additional service categories can be added by clicking the yellow **+ Add**

button.

18. Lines can also be removed by clicking the red **Remove** button.

19. In the **Employee Comments** field, enter any comments by the injured worker.

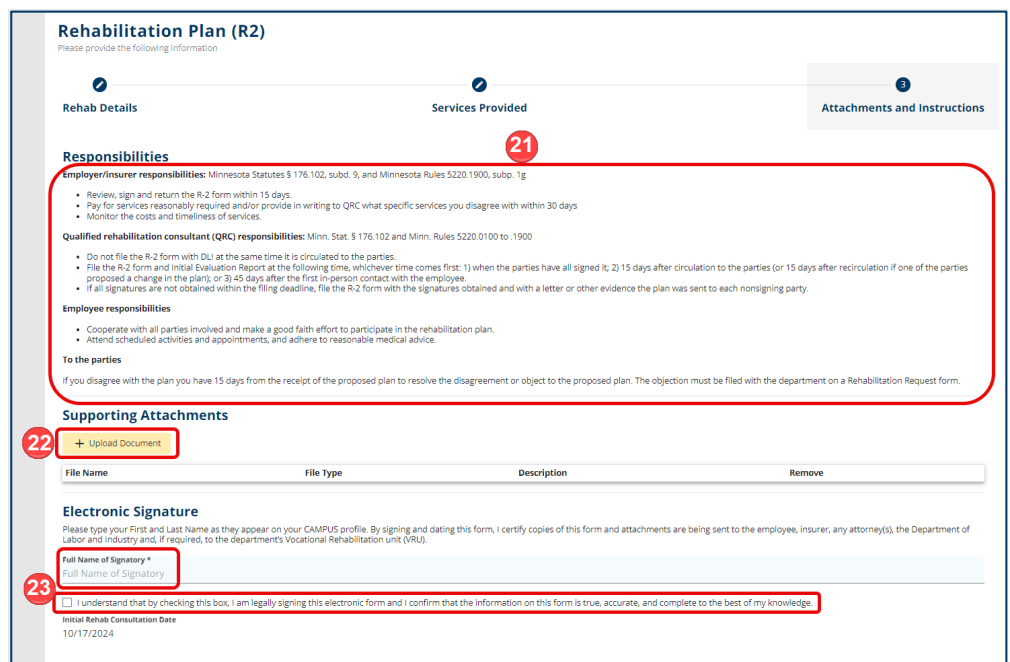
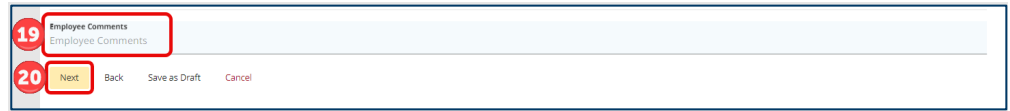
20. After all the information is entered, click the yellow **Next** button.

21. Step 3 is **Attachments and Instructions**. Under the **Responsibilities** section, review the information listed.

22. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.

23. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirm the accuracy of the document.

24. Read through the information under: **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.



25. Under the **Do you want to distribute this document field**, select the answer that fits best.

- a) If **Yes** – go to step 26.
- b) If **No** – move to step 29.

26. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

27. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

28. Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.

29. 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 be saved in the **My Forms** tab on the dashboard.

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/WCForms.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, misstating 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, subs. 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(8), 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 for additional information.)

25 Do You Want to Distribute This Document?
 No Yes

26 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 S/I	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

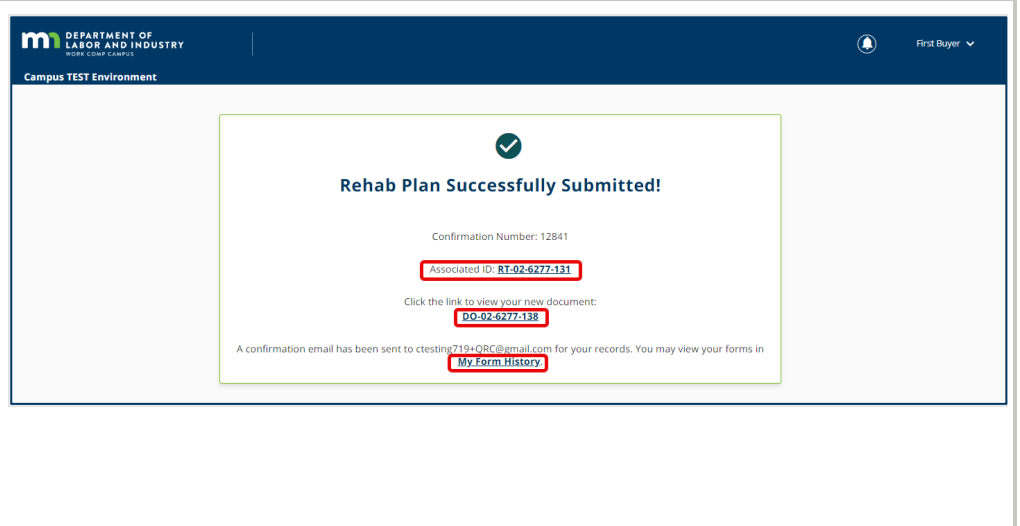
28 I attest that a copy of this form has been provided to all required parties.

29 Do You Want to Distribute This Document?
 No Yes

Submit Form Back Save as Draft Download PDF Preview Cancel

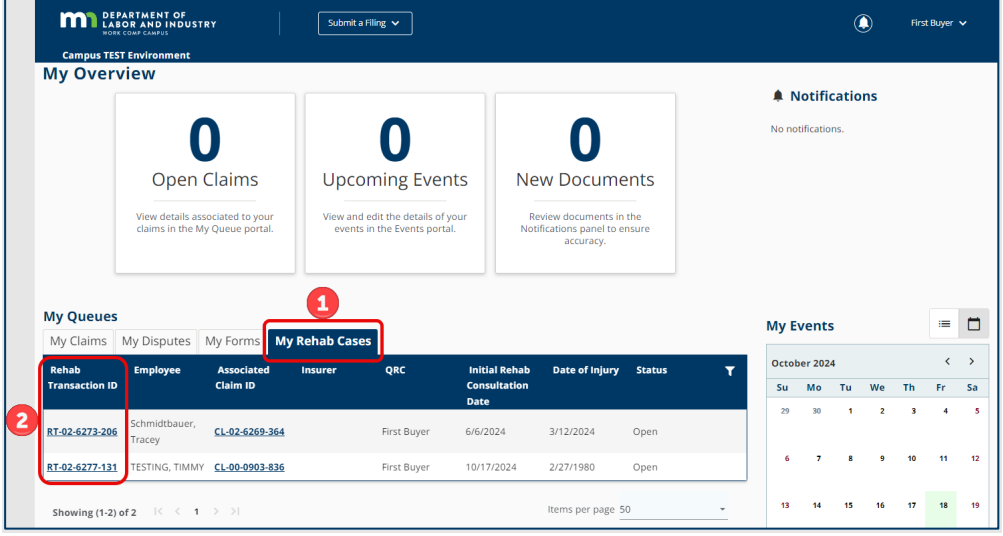

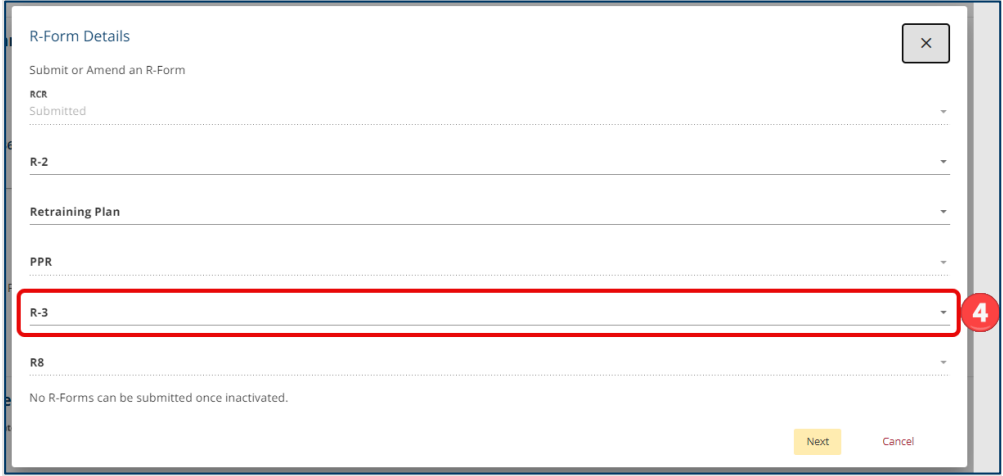
30. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)** and the document number (DO) that were 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-3 Rehabilitation Plan Amendment

QRCS develop an R-3 Rehabilitation Plan Amendment with injured workers. They file it with the Department of Labor and Industry and distribute it to parties to the claim to let them know of any changes to the plan, including if a new QRC is taking over the case. Multiple R3s can be filed over the lifetime of a case. The employee's signature is requested on this form.

Instructions	Visual aids																								
<ol style="list-style-type: none"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the RCR originally filed. 	 <p>The screenshot shows the 'My Overview' dashboard with three 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 box and a '1'). A table of 'My Rehab Cases' is shown below, with the first row highlighted by a red box and a '2':</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"> In the Rehab Summary page, click on R-Form Details→. 	 <p>The screenshot shows the 'Rehab For: TIMMY TESTING' page. The 'Rehab Summary' section includes details for the assigned QRC (First Buyer) and the rehab provider firm (MEYER GERALD E QRC). The 'R-Form Details' button is highlighted with a red box and a '3'.</p>																								
<ol style="list-style-type: none"> In the R-Form Details pop-up window, click the R-3 drop-down menu. 	 <p>The screenshot shows the 'R-Form Details' pop-up window. The 'R-3' option is selected in the drop-down menu, highlighted with a red box and a '4'. The window also shows options for 'R-2', 'Retraining Plan', 'PPR', and 'RB'. A 'Next' button is visible at the bottom right.</p>																								

5. In the drop-down menu, select the **Submit** option.

The screenshot shows the 'R-Form Details' form with a close button (X) in the top right. The form contains several sections: 'Submit or Amend an R-Form', 'RCR Submitted', 'R-2 Submitted', 'Retraining Plan', and 'PPR'. The 'R-3' dropdown menu is open, and the 'Submit' option is highlighted and circled in red. A red circle with the number '5' is placed to the left of the 'Submit' option. At the bottom right, there are 'Next' and 'Cancel' buttons. A note at the bottom states: 'No R-Forms can be submitted once inactivated.'

6. When selected, click the yellow **Next** button.

This screenshot is identical to the previous one, but the 'Next' button at the bottom right is highlighted with a red box. A red circle with the number '6' is placed to the left of the 'Next' button.

7. On the **Rehab Plan Amendment (R3)** page, step 1 is **Assigned QRC**. Under the **Assigned QRC** section, select the appropriate option.

- 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.

The screenshot shows the 'Rehab Plan Amendment (R3)' form with a close button (X) in the top right. It features a progress bar with three steps: 'Assigned QRC' (step 1), 'Amendments' (step 2), and 'Supporting Information' (step 3). The 'Assigned QRC' section is active. Below the section title, there is a note: 'Please select: if you are filing this R3 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.' Three radio button options are listed: 'Continue as Assigned QRC' (selected and circled in red), 'Change of QRC', and 'Withdrawal of QRC'. A red circle with the number '7' is placed to the left of the selected option.

8. If filing **Continue as Assigned QRC**, verify the 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

8 **Next** Save as Draft Cancel

9. Step 2 is **Amendments**. Under the **Proposed Amendment and Rational** section, enter a brief statement that covers the proposed amendments and rational in the **Proposed Amendment and Rational** field.

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.

9 **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 *	
00 - Rehab Consultation	Consultation to determine eligibility, Eligibility Determination	\$ 8500	10/18/2024 (mm/dd/yyyy)	Remove 12

11 **+ Add** Total Projected Cost: \$8,500.00

10. Under the **Services to be Provided** section, ensure all fields with an * have information entered.

11. If needed, additional service categories can be added by clicking the yellow **+ Add** button.

12. Lines can also be removed by clicking the red **Remove** button.

13. Under the **Projected Cost and Duration** section, verify the information for accuracy.

14. When 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	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

14 **Next** Back Save as Draft Cancel

15. 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

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

15 **Plan Barrier Narrative Report**
Plan Barrier Narrative Report

Plan Barrier Narrative Document Upload
+ Upload Document

File Name	File Type	Description	Remove
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Note: A plan barrier narrative report must be entered to submit the form.

16. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.

17. Review the information in the **R-3 Form Information** section.

18. Under the **E- Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.

19. Review the information under the **Instructions to QRC** section.

20. In the **Do you want to distribute this document** field, select the answer that fits best.
 a) If **Yes** – go to step 21.
 b) If **No** – move to step 24.

21. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

22. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

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
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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.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).

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. 7(A).

20 **Do You Want to Distribute This Document?**
 No Yes

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	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	ctestng719+snow@gmail.com

Distribute Manually
 The parties below cannot receive this document electronically through Campus.

22 **Send to Party**

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.

23 **Submit Form** Back Save as Draft Download PDF Preview Cancel

23. Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.

24. 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.

25. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)** and document number (DO) that were 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.

26. If filing a **Change of QRC**, verify the populated information, which includes the **New Assigned QRC Information** and **Previous QRC Information**, then click the yellow **Next** button.

27. Step 2 is **Amendments**. Under the **Proposed Amendment and Rational** section, enter a brief statement that covers the proposed amendments and rational in the **Proposed Amendment and Rational** field.

28. Under the **Services Provided** section, ensure all fields with an *have information entered.

29. If needed, additional service categories can be added by clicking the yellow **+ Add**

button.

- 30. Lines can also be removed by clicking the red **Remove** button.
- 31. Under the **Projected Cost and Duration** section, verify the information for accuracy.
- 32. When 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	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

32 Next Back Save as Draft Cancel

- 33. 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

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

33 + Upload Document

File Name	File Type	Description	Remove
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Note: A plan barrier narrative report must be entered to submit the form.

- 34. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form.
- 35. Review the information in the **R-3 Form Information** section.

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

34 + Upload Document

File Name	File Type	Description	Remove
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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.dlrm.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 1-800-342-9354.

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, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes § 609.52, subd. 3.

- 36. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the

document.

37. Review the information under the **Instructions to QRC** section.

38. In the **Do you want to distribute this document** field, select the answer that fits best.

- a) If **Yes** – go to step 39.
- b) If **No** – move to step 42.

39. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

40. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

41. Mark the box attesting that the form has been provided to all required parties and click the yellow **Submit Form** button.

42. 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 be saved in the **My Forms** tab on the dashboard.

43. If the submission is **successful**, a confirmation page will display.

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

36 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 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).

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 Designee, Test Builder S/I	Uatstedll+acir2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatstedll+acir2@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.

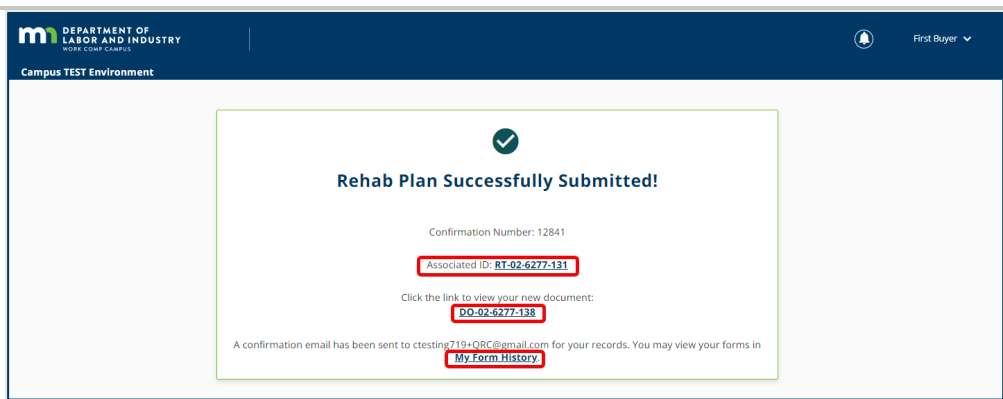
Send to Party	Name	Role	Address
<input type="checkbox"/>	MEYER GERALD E QRC	Rehab Provider	2814 ISLAND VIEW CT, ST CLOUD MIN 56301

40 I attest that a copy of this form has been provided to all required parties.

41

42 **Do You Want to Distribute This Document?**
 No Yes

This includes links to the **Associated ID (RT)** and document number (DO) that were 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.



44. If filing a **Withdrawal of QRC**, verify the populated information and click the yellow **Next** button.

45. Step 2 is **Supporting Information**. Under the **Plan Barrier Narrative Report** section, provide a narrative in the **Plan Barrier Narrative Report** field or by attaching a document in the attachment section.

Note: A plan barrier narrative report must be entered to submit the form.

46. Under the **Supporting Attachments** section, click the yellow **+ Upload Document** button to add any additional documentation to the form. Examples include:

- commentary from the employee; or
- proof this form was sent for signature.

Note: If you are a withdrawing QRC, you are **required** to attach documentation including services provided and associated costs to date.

47. Under the **R3 Form Information** section, click the yellow **+ Upload Document** button to add all incurred cost-

to-date information for the rehabilitation plan.

48. Review the information in this section.

49. Under the **E-Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document

50. Review the information in the **Instructions to QRC** section.

51. In the **Do you want to distribute this document** field, select the answer that fits best.

- a) If **Yes** – go to step 52.
- b) If **No** – move to step 55.

52. If **Yes**, the **Distribute Electronically** section will appear. Under the **Send to Party** column, select the parties that should be served electronically via email.

53. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

54. Mark the box attesting that the form has been provided to all required parties and click

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/NCW/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 1-800-342-5354.

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 departments 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.

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(8), 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. 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(A).

51 Do You Want to Distribute This Document?
 No Yes

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 checked="" 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 S/I	Uatbestdl+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatbestdl+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.

54 Submit Form Back Save as Draft Download PDF Preview Cancel

the yellow **Submit Form** button.

55. 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.

56. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)** and document number (DO) that were 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

55

Submit Form Back Save as Draft Download PDF Preview Cancel

DEPARTMENT OF LABOR AND INDUSTRY
WORK CAMPUS

Campus TEST Environment

First Buyer

✓

Rehab Plan Successfully Submitted!

Confirmation Number: 12841

Associated ID: **RT-02-6277-131**

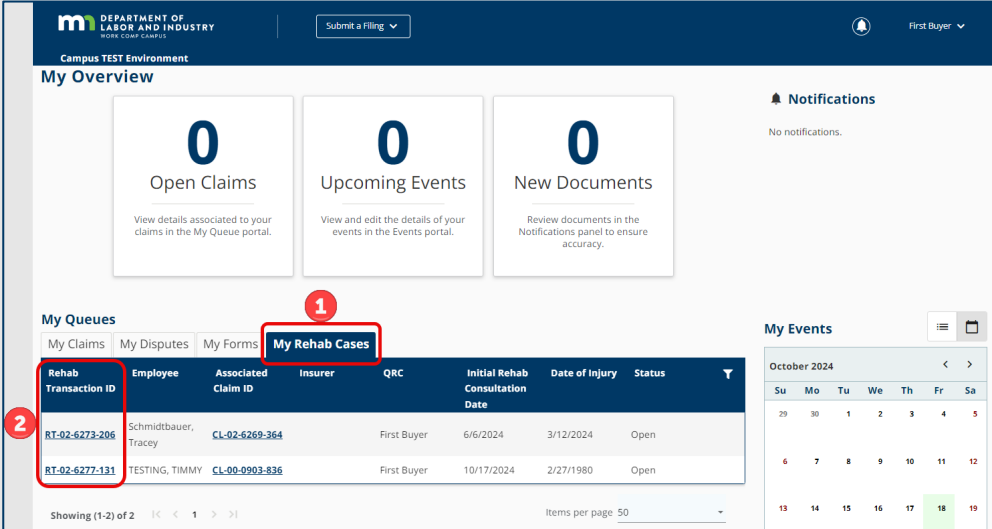

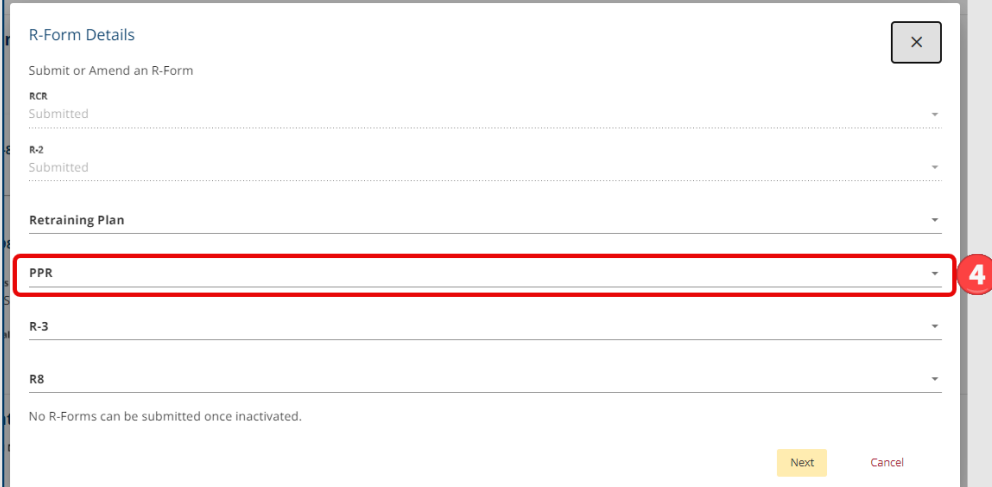
Click the link to view your new document:

DO-02-6277-138

A confirmation email has been sent to ctesting719+ORC@gmail.com for your records. You may view your forms in **My Form History**.

Plan Progress Report

A Plan Progress Report (PPR) must be filed with the Department of Labor and Industry and distributed to parties six months after the R-2 Rehabilitation Plan 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"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the RCR originally filed. 	 <p>The screenshot shows the 'My Overview' dashboard. The 'My Queues' section has 'My Rehab Cases' selected and highlighted with a red box and a '1'. Below it is a table of cases:</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> <p>The row for RT-02-6277-131 is highlighted with a red box and a '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	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"> In the Rehab Summary page, click on R-Form Details→. 	 <p>The screenshot shows the 'Rehab Summary' page for 'Voc Rehab Case: RT-02-6277-131'. The 'R-Form Details' button is highlighted with a red box and a '3'.</p>																								
<ol style="list-style-type: none"> In the R-Form Details pop-up window, click the PPR drop-down menu. 	 <p>The screenshot shows the 'R-Form Details' pop-up window. The 'PPR' option in the drop-down menu is highlighted with a red box and a '4'.</p>																								

5. In the drop-down menu, select the **Submit** option.

R-Form Details

Submit or Amend an R-Form

R-CR Submitted

R-2 Submitted

Retraining Plan

PPR

Submit

No R-Forms can be submitted once inactivated.

Next Cancel

6. When selected, click the yellow **Next** button.

R-Form Details

Submit or Amend an R-Form

R-CR Submitted

R-2 Submitted

Retraining Plan

PPR

Submit

R-3

R8

No R-Forms can be submitted once inactivated.

Next Cancel

7. On the **Plan Progress Report** page, under the **Claim Details** section, the associated claim information will automatically populate.

8. Enter the information for the **Claim Representative**. Ensure all fields with an * have information entered.

Plan Progress Report

Please provide the following information

Claim Details

Campus File Number	Date Of Injury	Claim Admin Claim Number
CL-00-0903-836	2/27/1980	5654887588

Claim Rep First Name *

Claim Rep Last Name *

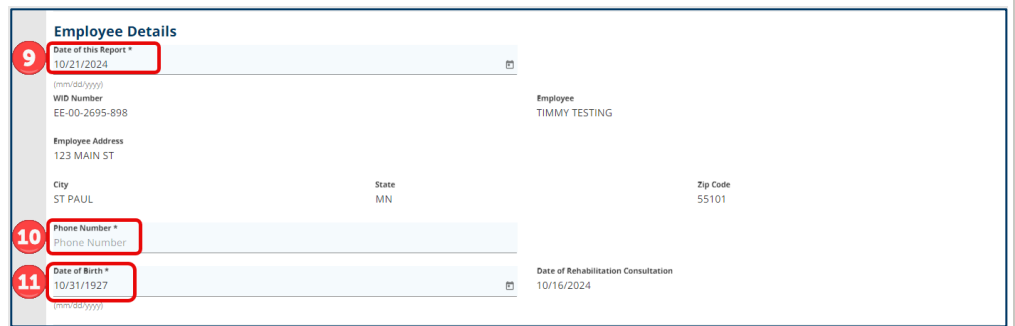
Phone Number *

N/A N/A (000) 000-0000

9. Under the **Employee Details** section, verify the date populated in the **Date of Report** field.

10. Enter the injured worker's phone number in the **Phone Number** field.

11. Verify the populated date of birth for the injured worker in the **Date of Birth** field.



Employee Details

9 Date of this Report * 10/21/2024

WID Number EE-00-2695-898 Employee TIMMY TESTING

Employee Address 123 MAIN ST

City ST PAUL State MN Zip Code 55101

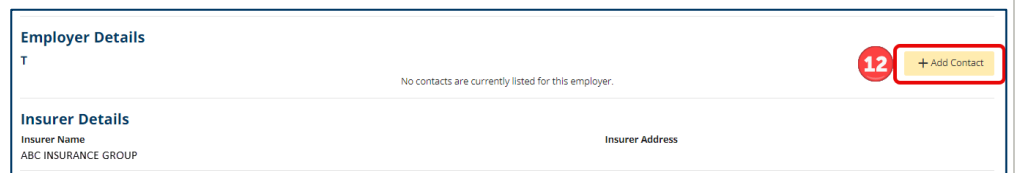
10 Phone Number * Phone Number

11 Date of Birth * 10/31/1927 Date of Rehabilitation Consultation 10/16/2024

12. Under the **Employer Details** section, click the yellow **+ Add Contact** button to add a contact person for the employer.

13. 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 an *.

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



Employer Details

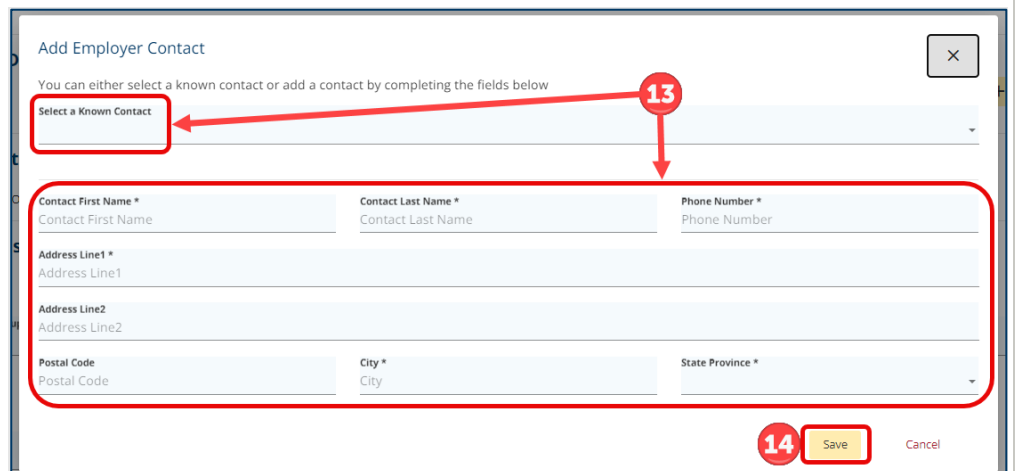
T

No contacts are currently listed for this employer.

12 + Add Contact

Insurer Details

Insurer Name ABC INSURANCE GROUP Insurer Address



Add Employer Contact

You can either select a known contact or add a contact by completing the fields below

Select a Known Contact 13

Contact First Name * Contact Last Name * Phone Number *

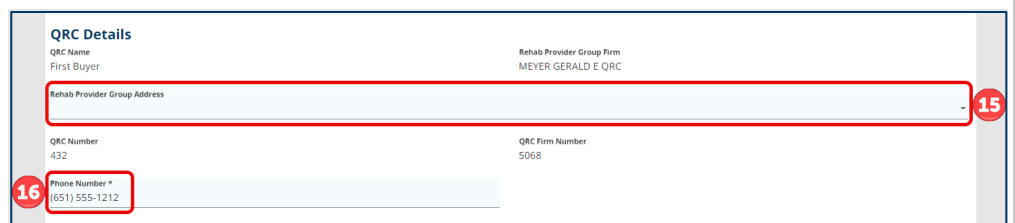
Address Line1 * Address Line2

Postal Code City * State Province *

14 Save Cancel

15. Under the **QRC Details** section, in the **Rehab Provider Group Address** field, click the drop-down menu and select the appropriate address for the QRC firm.

16. Verify the populated number in the **Phone Number** field.



QRC Details

QRC Name First Buyer Rehab Provider Group Firm MEYER GERALD E QRC

Rehab Provider Group Address 15

QRC Number 432 QRC Firm Number 5068

16 Phone Number * (651) 555-1212

17. Under the **Rehabilitation Plan Details** section, ensure all fields with an * have information entered and mark the appropriate boxes.

18. In the **PPR Instructions** section, review the information.

19. In the **Do you want to distribute this document** field, select the answer that fits best.
 a) If **Yes** – go to step 20.
 b) If **No** – move to step 23.

20. 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	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 S/I	Uattestdill+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uattestdill+acr2@gmail.com
<input type="checkbox"/>	Snow Paralegal	Service of Process Designee, Mountain Law Firm	ctestest719+snow@gmail.com

21. Under the **Distribute Manually** section, the parties that cannot receive the document electronically will be listed. Select the parties to be served by mail.

22. Mark the box attesting the form has been provided to all required parties and click the yellow **Submit Form** button.

23. 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 be saved in the **My Forms** tab on the dashboard.

24. 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
-----------	-----------	-------------	--------

25. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming 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

26. When 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 be saved in the **My Forms** tab on the dashboard.

27. If the submission is **successful**, a confirmation page will display.

m DEPARTMENT OF LABOR AND INDUSTRY
WORK LOOSE CAMPUS

Campus TEST Environment

First Buyer

✓

Plan Progress Report Successfully Submitted!

Confirmation Number: 12843

Associated ID: **RT-02-6277-131**

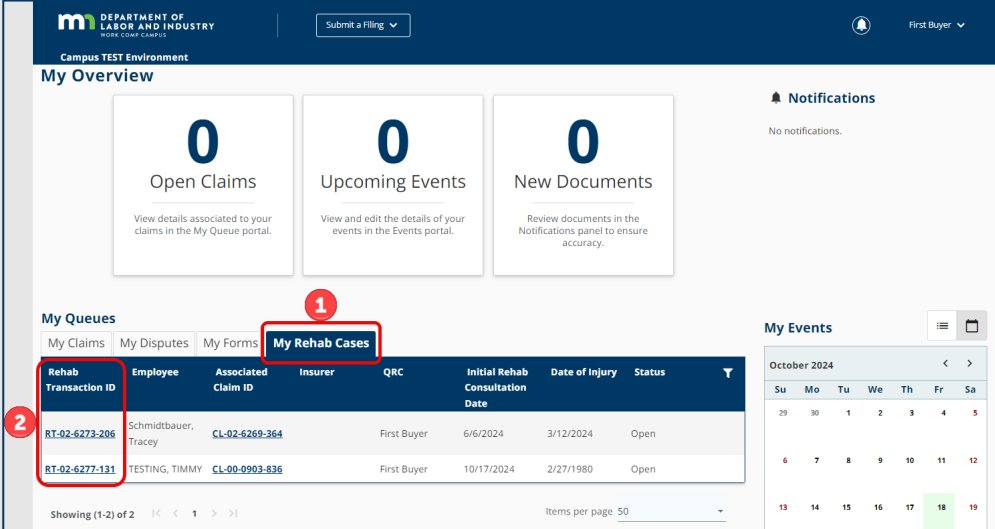
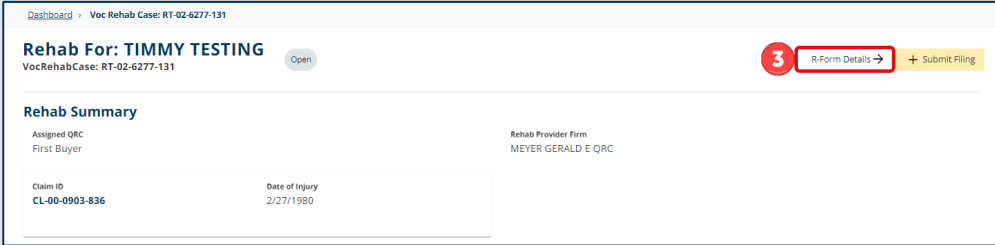

Click the link to view your new document:
DO-02-6277-144

A confirmation email has been sent to ctesting719+QRC@gmail.com for your records. You may view your forms in **My Form History**.

This includes links to the **Associated ID (RT)** and document number (**DO**) that were 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.

Retraining Plan

The Retraining Plan form is a request submitted to the Department of Labor and Industry 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 it.

Instructions	Visual aids																								
<ol style="list-style-type: none"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the RCR originally filed. 	 <p>My Overview</p> <p>0 Open Claims 0 Upcoming Events 0 New Documents</p> <p>My Queues</p> <ul style="list-style-type: none"> My Claims My Disputes My Forms My Rehab Cases (1) <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> <p>Showing (1-2) of 2 Items per page: 50</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	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"> In the Rehab Summary page, click on R-Form Details→. 	 <p>Rehab For: TIMMY TESTING (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"> In the R-Form Details pop-up window, click the Retraining Plan drop-down menu. 	 <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 (4)</p> <p>PPR</p> <p>R-3</p> <p>R8</p> <p>No R-Forms can be submitted once inactivated.</p> <p>Next Cancel</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. On 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 all fields with a * 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 * Phone Number

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 menu field or by entering information in all the all fields with an *.

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

13. Under the **Retraining Details** section, ensure all fields with an * have information entered.

14. Under the **Itemized Cost Details** section, if applicable, enter as much information as possible in each field.

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: A retraining rationale must be entered to submit the form.

16. In the **Instructions to QRC** section, review the information.
17. In the **Do you want to distribute this document** field, 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.
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 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.

16

Instructions to QRC

Note: Retraining is limited to 156 weeks.

Disputed plan: To resolve a disputed Retraining Plan, call the Department of Labor and Industry's Alternative Dispute Resolution unit at (651) 284-5032 and/or file a Rehabilitation Request form (see Minn. Rules 5220.0950). **Do not submit a disputed plan to the department without attaching it to a Rehabilitation Request form, unless a Rehabilitation Request form has been filed or will be filed by another party.**

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 Minn. Stat. § 609.52, subd. 3.

Rehabilitation form availability
This form and access to the electronic submission format is located at 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 1-800-942-5354.

17 Do You Want to Distribute This Document?
 No Yes

18 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	Uatteezdli+acr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uatteezdli+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.

19 **20** **Submit Form** Back Save as Draft Download PDF Preview Cancel

21 Do You Want to Distribute This Document?
 No Yes

Submit Form Back Save as Draft Download PDF Preview Cancel

22. Under the **Supporting Attachments** section, attach documentation to each section.

Supporting Attachments

Required attachments: Pursuant to Minnesota Rules 5220.0750, subp. 2(H), the following items must be attached:

Course Syllabus/Class Title Attachment

Physical requirements of the job for which the employee is being trained (on-site job analysis is preferred)

Medical information that the training and the occupational goals are within the employee's restrictions

Vocational evaluation test results that support course choice

Recent Labor Market Survey

22

23. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature

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 *

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.

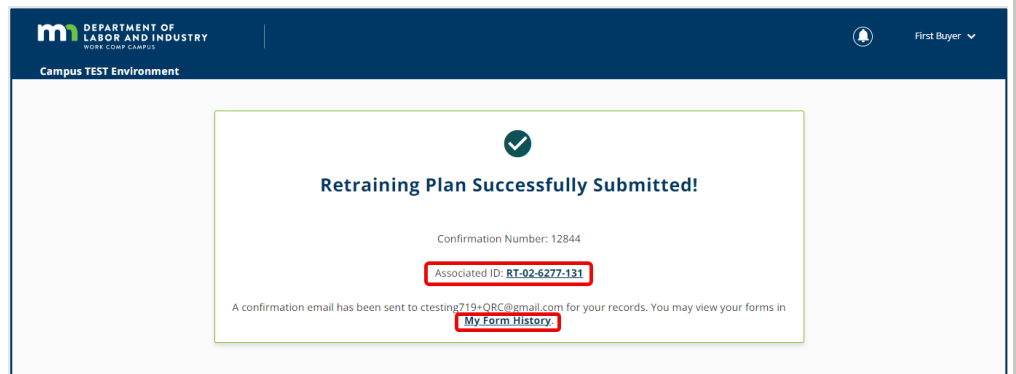
24 **Submit Form** Save as Draft Download PDF Preview Cancel

and confirming the accuracy of the document.

24. When complete, click the yellow **Submit Form** button.

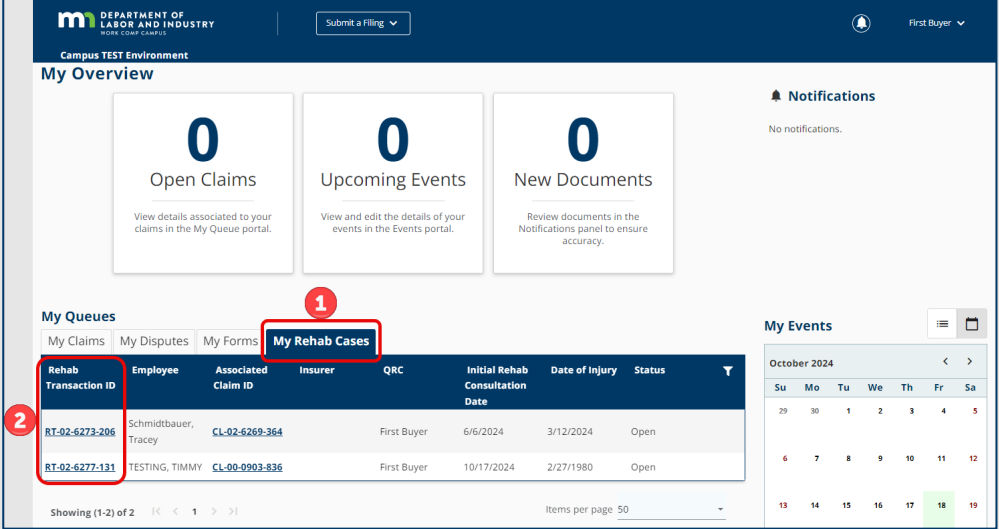
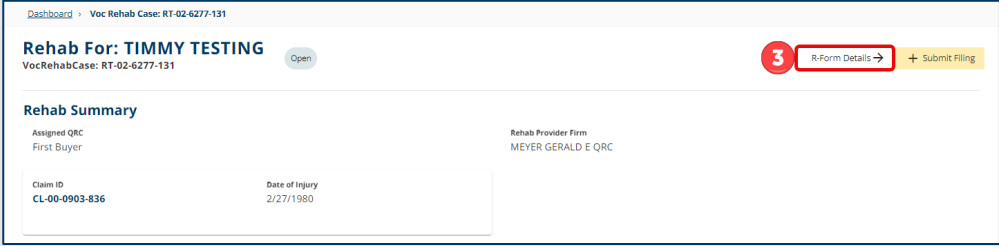
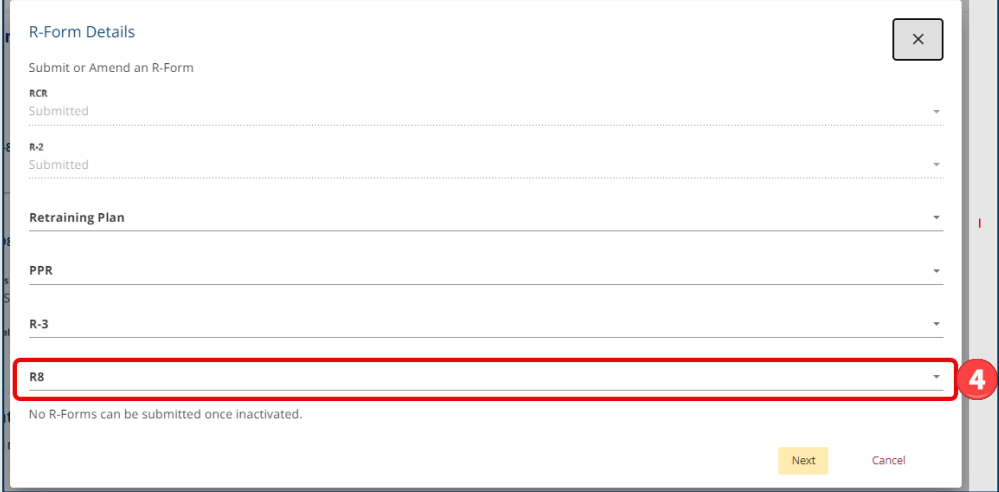
25. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)** and document number (DO) that were 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 Closure

QRCs develop, file and distribute an R-8 Notice of Rehabilitation Plan Closure to notify parties when vocational rehabilitation services are no longer being provided to an injured worker. This form will have all costs, from the beginning of the case to its closure, even if there were multiple QRCs who have worked with the injured worker during the case.

Instructions	Visual aids																								
<ol style="list-style-type: none"> From the dashboard, click on the My Rehab Cases tab. Under the Rehab Transaction ID column, locate and click on the RT file, which is the RCR originally filed. 	 <p>My Overview</p> <p>0 Open Claims 0 Upcoming Events 0 New Documents</p> <p>My Queues</p> <ul style="list-style-type: none"> My Claims My Disputes My Forms My Rehab Cases <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"> In the Rehab Summary page, click on R-Form Details→. 	 <p>Rehab For: TIMMY TESTING</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>																								
<ol style="list-style-type: none"> In the R-Form Details pop-up window, click the R8 drop-down menu. 	 <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>PPR</p> <p>R-3</p> <p>R8</p> <p>No R-Forms can be submitted once inactivated.</p> <p>Next Cancel</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

PPR
Submitted

R-3
--

5 Submit

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
--

R8
Submit

No R-Forms can be submitted once inactivated.

6 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.

Plan Closure Report (R8)

Please provide the following information

1 Rehab Details 2 Services Provided 3 Attachments and Information

7

8

Field	Value
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

8. Enter the information for the **Claim Representative**. Ensure all fields with an * have information entered.

9. Under the **Employee Details** section, verify the date in the **Rehab Consultation Date** field.

Employee Details

9

Rehab Consultation Date	10/17/2024	WD Number	EE-00-2695-898	Employee	TIMMY TESTING
Employee Address	123 MAIN ST	City	ST PAUL	State	MN
		Zip Code	55101		

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 menu field or by entering information in all the fields with an *.

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

13. Back on the **Employer Details** section, ensure the **Employer at Date of Injury** field has information entered.

14. Under the **Insurer Details** section, 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 information in the **Vendor Name** and **Vendor Number** fields.

Employer Details
T
No contacts are currently listed for this employer.
Employer At Date Of Injury *
Employer At Date Of Injury

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

Employer Details
T
Contact Name
Phone Number
Kelly Clarkson
(651) 555-5678
Remove
Employer At Date Of Injury *
Employer At Date Of Injury
+ Add Contact

Insurer Details
Insurer Name
Insurer Address
TEST BUILDER S/I

QRC Details
QRC Name
First Buyer
Rehab Provider Group Firm
MEYER GERALD E QRC
Rehab Provider Group Address
QRC Number
QRC Firm Number
Phone Number *
Vendor Name
Vendor Number
Vendor Number

18. Under the **Closure Details** section, ensure all fields with an *have information entered.

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

The screenshot shows a web form titled "Closure Details" with a red circle containing the number "18" in the top right corner. The form is enclosed in a red rounded rectangle. At the bottom left of the form, there is a red circle containing the number "19" and a yellow button labeled "Next". To the right of the "Next" button are the links "Save as Draft" and "Cancel".

Closure Details 18

Employment Status at Plan Closure *

Name of Employer at Plan Closure *	Job Title at Plan Closure *	Gross AWW at Plan Closure *
T	job Title at Plan Closure	\$ 0

RTW Date *	Return to Work Job *	Occupational Demands *
RTW Date (mm/dd/yyyy)		

Reason for Rehabilitation Plan Closure *

Did Employee Have an Attorney?
 No Yes

Number Of Weeks Suspended	Training Services	Total Number of Previous Assigned QRCs *
Number Of Weeks Suspended		Total Number of Previous Assigned QRCs

19 **Next** Save as Draft Cancel

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 2 3

Rehab Details Services Provided Attachments and Information

Total Cost Details

	Prior Placement Firm Costs	Current Placement Firm Costs	Prior QRC Firm Costs	Current QRC Firm Costs
00 - Rehab Consultation	N/A	N/A	\$ 500	\$
01 - Medical Management	N/A	N/A	\$	\$
02 - On-Site Job Analysis	\$	\$	\$	\$
03 - Coordinate RTW Same ER	N/A	N/A	\$	\$
04 - Job Modification	\$	\$	\$	\$
05 - Functional Capacity Eval	N/A	N/A	\$	\$
06 - Transferable Skills Analysis	\$	\$	\$	\$
07 - Work Evaluation	N/A	N/A	\$	\$
08 - Work Hardening/Adj.	N/A	N/A	\$	\$
09 - Job Seeking Skills Training	\$	\$	\$	\$

21. At the bottom, the amounts entered will be added up and a total will be displayed.
22. Click the yellow **Next** button to continue.

Note: There is a **Save as Draft** option if signatures or additional information is needed. This will allow for the form to be saved in the **My Forms** tab on the dashboard.

10A - Job Development	\$	\$	\$	\$
10B - Job Placement	\$	\$	\$	\$
11 - Post Placement Follow-up	\$	\$	\$	\$
12 - Tech/Academy Skills Imprv	N/A	N/A	\$	\$
13 - Vocational Counseling	N/A	N/A	\$	\$
14 - Vocational Testing	\$	\$	\$	\$
15 - On the Job Training	\$	\$	\$	\$
16 - Labor Market Survey	\$	\$	\$	\$
17 - Exploration of Retraining	N/A	N/A	\$	\$
18 - Administrative	\$	\$	\$	\$
19 - Prep/Attend Legal Proceeding	\$	\$	\$	\$
20 - Expenses/Other	\$	\$	\$	\$
Total Costs of Each Column	\$0.00	\$0.00	\$990.00	\$495.00
Sum of Total Costs				\$1,485.00

22 Next Back Save as Draft Cancel

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.

Plan Closure Report (R8)
Please provide the following information

1 2 3

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 *

+ Upload Document

File Name	File Type	Description	Remove
An attachment for the Summary Closure Report is required			

Note: A summary closure report must be entered to submit the form.

24. Under the **Supporting Attachments** section, add any additional documentation by clicking the yellow **+ Upload Document** button.

Supporting Attachments

24

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

25. In the **R-8 Notice of Rehabilitation Plan Closure Form Information** section, review the information.

26. In the **Do you want to distribute this document** field, select the answer that fits best.
 a) If **Yes** – go to step 27.
 b) 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 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	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	Uattestdilliacr2@gmail.com
<input type="checkbox"/>	Annual Tester	Adjuster, ABC INSURANCE GROUP	Uattestdilliacr2@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.

28 **Send to Party**

Name	Role	Address
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.

29

30 **Do You Want to Distribute This Document?**
 No Yes

31. Under the **Electronic Signature** section, enter the QRC's full name in the **Full Name of Signatory** field (this must match the Campus user profile name) to sign electronically. Mark the checkbox attesting to the legality of the signature and confirming the accuracy of the document.
32. When complete, click the yellow **Submit Form** button.

33. If the submission is **successful**, a confirmation page will display.

This includes links to the **Associated ID (RT)** and document number (DO) that were 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.

Document history

Version	Description	Date
1.0	Initial document	Oct. 22, 2024