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

# Work Comp Campus:

# **External technical manual**

Version 1.0

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## Welcome to Work Comp Campus

This technical manual provides technical step-by-step guidance with visual aids to help you understand how to perform job functions in the Department of Labor and Industry's (DLI's) new Work Comp Campus. The information shared in this document will help external users transition from the current paper-based system for submitting workers' compensation claim information to the future state of fully electronic submission in Campus.

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

## **Getting started**

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

## **Registering in Campus**

- Go to the Campus website at www.campus.dli.mn.gov.
- 2. Select Sign Up.



 Complete the required fields, marked with black asterisks (\*), in the About Me section of the screen.  Complete the required fields, marked with black asterisks (\*), in the Contact Information section of the screen.

- In the My Account section, enter a valid email address and create a password that matches the listed requirements.
- After reading and agreeing to the various terms listed, click the boxes to the left.
- Click the reCAPTCHA box signaling "I'm not a robot."
- 8. Click **Sign Up** to register your new Campus account.

\*A verification email message will be sent to the email address that was used during sign-up. You will need to access the email and confirm prior to logging into Campus. If you do not receive the email message, contact the help desk for further assistance.

| DEPARTMENT C<br>LABOR AND IN<br>WORK COMP CAMPUS                |   | Already have a CAMPUS account? Log | in here                    |
|---|---|------------------------------------|----------------------------|
| Register for Work Comp Camp                                     | us  |                                    |                            |
| l am Registering as a *   | <b>~</b>  |                                    |                            |
|   | iddle Name Last Name *                            | Suffix                             | •                          |
| Date of Birth<br>(mm/ddyyyy)                                    | Ë   |                                    |                            |
| Contact Information 4   |   |                                    |                            |
| Phone Type *  Phone Country                                     | * • Phone Number * Phone Number                   | Extension<br>Extension             |                            |
| Address 1 *<br>Address 1  |   |                                    |                            |
| Address 2<br>Address 2  |   |                                    |                            |
| Outside US  |   |                                    |                            |
|   | <b>ty*</b><br>ity                                 | County*<br>County                  |                            |
| State Province *  | Country   |                                    |                            |
| My Account<br>mail Address *<br>DLITestExt1+general15@gmail.cor | Confirm Email Address *<br>DLITestExt1+general15@ | gmail.cor<br><pre></pre>           | aracters<br>ercase<br>mber |
| Password *  | Confirm Password *                                |                                    |                            |
| have read and accept the <b>Terms c</b>                         | of Service & Privacy Polic                        |                                    | 1                          |
| have read and accept the <b>Access</b>                          | Requirements                                      | 6                                  |                            |
| agree to accept legal service, inclu                            | iding notifications and doo                       | uments, electronically via CAMPUS  |                            |
| I'm not a robot 7   |   |                                    | -                          |
| Sign Up   |   |                                    |                            |

## Logging into Campus

- 1. Enter your email address and password.
- 2. Click Login.

 Click I Agree in the pop-up window.

\*Your user dashboard (the Campus homepage) will open.

\*\*Note: The system will time-out after 30 minutes of inactivity. It is important you use the **Save as Draft** option for any forms you are working on if you are not able to finish within that timeframe.



## **Resetting your password**

1. Click Forgot Password.



- 2. Enter your email address.
- Click the reCAPTCHA box signaling "I'm not a robot."
- 4. Click Submit.

\*The email address you entered will then be sent an email message with directions about how to create a new password. If you do not receive the email message or experience any issues, contact the help desk for further assistance.

\*\*Campus passwords expire every 90 days; you will be prompted to reset your password at login.



## Dashboards

The **Dashboard** is the starting point for users to be able to navigate and perform all necessary job functions. Campus includes two dashboards: one for all **general users**; and one specific to **trading partners**.

#### General user dashboard

After logging in, the **Dashboard** (homepage) will appear for all users (other than registered trading partners), with a number of built-in tools and features to enable easy sorting and management of tasks.

| My Overvie  | TMENT OF<br>CAND INDUSTRY<br>In CANFUL<br>W                                       | Submit a Filing 🗸  |   | icon indicates how<br>tifications you have.              |                     |             | <b>→</b> (() |    | Darti | TTAC |
|---|---|--|---|--|---------------------|-------------|--------------|----|-------|------|
| y Overview<br>1 contains a<br>evel count<br>ding Open<br>, Upcoming<br>s and New<br>uments. | Dopen Claims<br>View details associated to your<br>claims in the My Queue portal. | Upcoming Events<br>View and edit the details of your<br>events in the Events portail.          | O<br>New Documents<br>Review documents in the<br>Notifications panel to ensure<br>accuracy. | Notifications can<br>also be found<br>here in list form. | 1                   | otification |              |    |       |      |
|   |   |  | uccourse,   |  |                     |             |              |    |       |      |
| My Queues<br>My Claims My   | Disputes My Forms   | The <b>MY Queues</b> area induct<br>tabs for Glarms, Disputes,<br>Appeals along with the assor | des common<br>Forms, and  |  | My E                |             | ;            |    | _     |      |
|   | Disputes My Forms   | tabs for Claims, Disputes,   | des common<br>Forms, and<br>oated details.  | Include Inserve  | My E<br>May 2<br>Su |             | Tu           | We | Th    | Fr   |
|   |   | tabs for Claims, Disputes,   | des common<br>Forms, and<br>oated details.  | Include Inguive  | May 2               | 2020        |              | We | Th    |      |

## **Trading partner dashboard**

If you register and login as a **trading partner**, the customized **Trading Partner dashboard** will appear, with a number of built-in tools and features to enable easy sorting and management of tasks.

#### **Dashboard header**



#### **Trading partner details**



#### **Account overview**



#### My queues

| surer<br>I Insurers     |                         |      | ٧o   |      | t which <b>Insurer</b> data yo<br>ke to view. | u    |      | /    |      |      |
|-------------------------|-------------------------|------|------|------|---|------|------|------|------|------|
|                         | Reporting Year <b>2</b> |      | 2019 |      | 2018  |      | 2017 |      | 2016 |      |
| Total Reportable Claims | 0                       |      | 0    |      | 0   |      | 0    |      | 0    |      |
| Timely Claims           | 0                       | 0.0% | 0    | 0.0% | 0   | 0.0% | 0    | 0.0% | 0    | 0.0  |
| Untimely Claims         | 0                       | 0.0% | 0    | 0.0% | 0   | 0.0% | 0    | 0.0% | 0    | 0.04 |
| Reporting Year          | Reporting Date          |      | JCN  |      | Time  | ly   |      | мтс  |      | T    |

## Notifications

Notifications are system-generated messages that can either be specific to tasks that need to be completed or simply an informational message.

### **Viewing notifications**

- Notifications are visible in the upper right area of the dashboard.
- 2. **Scroll** up and down to view all notifications.
- Some notifications will also include a down-arrow icon in the lower right corner. Clicking the down-arrow will take you through steps to export the documents. See the "Exporting documents" section for details.
- 4. Click the **X** to delete the notification.
- 5. Clicking **X Clear All** will delete all active notifications.
- You can also view notifications via the **Bell** icon next to your username. If you have any active notifications, the number will be visible. Clicking the bell icon will list all active notifications.



#### **Exporting documents**

 Some notifications will also include a down-arrow icon in the lower right corner. Clicking this button takes you to the Download documents window.



2. Make a selection between Download Documents Download All Documents or a select a subset of documents Select the documents to be downloaded. by clicking on the **down-arrow**. Download All Documents 3. Click the Download Employers **Documents** button to continue or **Cancel** to exit without Download Documents Cancel downloading and return to the previous screen. 4. A notification screen will appear if the submission was 4 successful and indicating you will receive a notification when Successfully initiated download. You will receive a the ZIP file is ready to notification when your zip is ready to download download.

## **User profile**

The User Profile contains personal information about your account and should be kept up to date.

## **Editing your profile**

|   |  |   |          |                     |                     | 1              | lick the drop-down arrow to<br>access the menu. |
|---|--|---|----------|---------------------|---------------------|----------------|---|
| DEPARTMENT O<br>LABOR AND IND<br>WORK COMP CAMPUS           | F<br>DUSTRY                                      | Submit a Filing 🗸   |          |                     |                     |                | € Sarah McCurdy →                               |
| Dashboard > User Profile                                    |  | Update any information contained                              |          | ntact               | 0                   | Select Edit    | Edit Profile                                    |
| Your Profile  |  | Information, and My Account<br>mandatory fields marked with a |          | e.                  | 2                   | Profile.       | My Groups                                       |
| About Me  |  |   |          | Contact Information |                     |                | Log Out   |
| First Name *  | Middle Name                                      | Last Name   |          | Phone Type *        | Phone Country *     | Phone Number * | Extension                                       |
| Sarah   | Middle Name                                      | McCurdy   | Suffix 👻 | Home 🔻              | United States (1) 👻 | (323) 123-1231 | Extension                                       |
| Date of Birth *   |  | QRC Number  |          | Address 1 *         |                     |                |   |
| 6/3/1990  | Ē  | 0987  |          | 443 Lafayette Rd    |                     |                |   |
| (mm/dd/yyyy)  |  |   |          | Address 2           |                     |                |   |
| My Account  |  |   |          | Address 2           |                     |                |   |
| Email Address *   | 4  | Confirm Email Address   |          | Attention           |                     |                |   |
| dlitestext1+qrc4@gmail.com                                  | Change your Password by<br>clicking on the Reset | dlitestext1+qrc4@gmail.com                                    |          | Attention           |                     |                |   |
| Reset Password  | Password link.                                   |   |          | Outside US          |                     |                |   |
|   |  |   |          | —                   |                     |                |   |
|   |  |   |          | Postal Code *       | City *              |                | County *  |
| Click the Save button to update<br>Cancel to exit without s |  | 5   |          | 55155               | Saint Paul          |                | Ramsey  |
|   | annig faar analigaar                             |   |          | State Province *    |                     | Country        |   |
|   |  |   |          | Minnesota           | •                   | United States  |   |
|   |  |   |          |                     |                     |                |   |
| Save X Cancel   |  |   |          |                     |                     |                |   |
|   |  |   |          |                     |                     |                |   |

Note: Some fields will have a drop-down menu listing available options of information for that line.

## Groups

Groups in Campus allow for users to be associated to claims and cases they need to access. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group and then your membership to that group will allow you to view the information you need.

#### Viewing group information

- At the top right of your dashboard, click the drop-down arrow
- To view group information, click on My Groups.
- The My Groups screen lists the groups you are associated with.
- Each group you are associated with shows the number of members, your permissions, Group Admins and Date joined.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS                                       |  |                         | ٥ | Spencer Wilson 🗸 |
|---|--|-------------------------|---|------------------|
| Dashboard > My Groups   |  |                         |   | Edit Profile     |
| ly Groups   |  |                         |   | My Groups        |
| Capital City Insurance 3  |  |                         |   |                  |
| 1 Members   |  |                         |   |                  |
| My Permissions  | Group Admins                           | Date Joined 4           |   |                  |
| Group Administrator   | Spencer Wilson ( minivikes@gmail.com ) | 6/17/2020               |   |                  |
| Designated Contact for Assessments  |  |                         |   |                  |
|   |  |                         |   |                  |
| Employer  |  |                         |   | :                |
| Employer<br>5 Members   | Group Admins                           | Date Joined             |   | :                |
| Employer<br>5 Members<br>My Permissions   | Group Admins                           | Date Joined<br>6/3/2020 |   | ÷                |
| Employer<br>5 Members<br>My Permissions<br>Member   | Group Admins                           | -                       |   | :                |
| Employer<br>5 Members<br>My Permissions<br>Member<br>MN Insurance Co<br>Insurer/ Self-Insurer | Group Admins                           | -                       |   |                  |
| Employer<br>5 Members<br>My Permissions<br>Member   | Group Admins<br>Group Admins           | -                       |   |                  |

#### Managing group information

- To the right of the group information, is a kebab menu (three vertical dots). Click the kebab to manage information for that particular group.
- 2. Select Manage Group.



3. The Group Management **Group Management** + Add Member screen displays Active Member Taylor Tools: ER-02-5696-950 information, including name, Active Members Open Invitations email address, user type and Email User Type Date Joined T Name date joined. 4. If you are a group പ്പ Darth Vader DLITestExt1+general15@gmail... General 4/14/2020 administrator, you can update Items per page 10 Showing (1-1) of 1  $|\langle 1 \rangle \rangle$ the address information by ஃ\_\_Darth Vader, General Edit Location Remove Membe clicking on the Edit Location HWY 11, INTL FALLS MN 56649 link. Relationships Permissions 5 / Edit 6 📝 Edit 5. Permissions are displayed for Group Administrator
 Service of Process Designee
 Designated Contact for Information Requests
 from DLI No relationships assigned the user. Click the Edit link to update Permissions. 6. Relationships are also displayed. Click the Edit link to

DEPARTMENT OF

- the Remove Member link.
  Adding members to a group
- To the right of the group information is a kebab menu. Click the kebab to manage information for that particula group.

update **Relationships**.7. If you need to delete a member associated to this group, click

2. Select Manage Group.

| My Groups   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| \$ DEPOT<br><u>Capital City Insurance</u>               |  |  | View Group   |
| <b>My Permissions</b><br>Group Administrator            | Group Admins Darth Vader ( DLITestExt1+general15@gmail.com )   | Date Joined  | 2 Manage Group   |
| Service of Process Designee                             |  |  | Manage Case/C<br>Leave Group   |
| Designated Contact for Information Requests from<br>DLI |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   | Capital City Insurance<br>My Permissions<br>Group Administrator<br>Service of Process Designee<br>Designated Contact for Information Requests from | My Permissions       Group Admins         Group Administrator       Darth Vader ( DLITestExt1+general15@gmail.com )         Service of Process Designee       Designated Contact for Information Requests from | My Permissions       Group Admins       Date Joined         Group Administrator       Darth Vader ( DLITestExt1+general15@gmail.com )       4/14/2020         Service of Process Designee       Designated Contact for Information Requests from |

1

3. Click the Add Member button.

Group Management Taylor Tools: ER-02-5696-950

Name

Darth Vader

മ

Active Members Open Invitations

Showing (1-1) of 1  $|\langle \cdot \rangle > 1$ 

Email

DLITestExt1+general15@gmail... General

User Type

- 4. Enter a valid **Email Address** for the new member and enter it again in the **Confirm Email** box.
- Assign the appropriate permissions by clicking the plus sign.
- Any permissions that are selected will show in the Selected Items column.
- Click the Add button to save this information or Cancel to exit without saving.

| A Darth Vader, General<br>HWY 11, INTL FALLS MN 56649   |   | 🖍 Edit Locati |
|---|---|---------------|
| Permissions 🖍 Edit  | Relationships 💉 Edit                                      |               |
| Group Administrator     Service of Process Designee     Designated Contact for Information Requests     from DLI  | No relationships assigned                                 |               |
|   |   |               |
| Add Member  | this second   |               |
| Enter the email address of the individual you wish to invite to Email Address *   | Confirm Email *   |               |
| Email Address   | Confirm Email   |               |
| Address   |   |               |
| (Optional) Assign permissions. These will be applied for the ir<br>permissions will apply.  | dividual when he/she joins the group. If none selected, d | efault        |
| Item Pool 多   | Selected Items 6  |               |
| Group Administrator<br>Members with this permission can add and remove group<br>members, change permissions to existing members, and change<br>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     claim, case, dispute, or appeal relating to your group. | a   |               |
| Designated Contact for Information Requests from<br>DLI<br>Members with this permission are contacted when DLI sends a<br>request to their associated entity and receive a notification to                                  |   |               |
| respond to the request.     Designated Contact for Penalties     The users in this Permission group will receive all     communications related to Penalties for the Group  |   |               |
| Claim Access Administrator     The Users in this Permission group will be able to administer     users' access to Claims and Cases within the group   |   |               |
| Add Cancel  |   |               |

#### Leaving a group

- To the right of the group information is a kebab menu. Click the kebab to manage information for that particular group.
- 2. Select Leave Group.

| Employer<br>3 Members      |  |             | View Group               |
|----------------------------|--|-------------|--------------------------|
| My Permissions             | Group Admins                                     | Date Joined | Manage Group             |
| Group Administrator        | Darth Vader ( DLITestExt1+general15@gmail.com )  | 2/19/2020   |                          |
| ervice of Process Designee | Iman Attorney ( dlitestext1+attorney@gmail.com ) |             | Manage Case/Claim Access |
|                            |  |             | 2 Leave Group            |

+ Add Member

-

Remove Member

Date Joined

4/14/2020

Items per page 10

| <ol> <li>A notification window will<br/>appear confirming your<br/>request. Click <b>Yes, Leave Group</b></li> </ol> | Taylor Tools<br>Employer<br>3 Members                                |  | i, |
|--|--|--|----|
| to confirm or <b>Cancel</b> to exit<br>without leaving that group.   | My Permissions<br>Group Administrator<br>Service of Process Designee | d<br>Are you sure you want to leave this Group?<br>Leaving the Group wil move your access to the Group's activity in Campus. |    |

#### Managing case/claim access

You can control your employer group members' claim and case access from the **Manage Case/Claim Access** page.

Submit a Filing 🗸

DEPARTMENT OF LABOR AND INDUSTRY

- Click the kebab menu to manage information for the particular group.
- Select Manage Case/Claim Access from the drop-down menu.

- 3. Use the **Claims** and **Cases** tabs to toggle between the list of claims and cases.
- All claims or cases associated with the group will display.
   Select the Claim Name or Case Name hyperlink to view further details.
- 5. Click the funnel icon to filter the list.
- The Bulk Edit button allows you to grant or remove member access to claims for multiple members at one time.

| iki & Shred, Inc.   |   |  |   |  |
|---|---|--|---|--|
| mployer<br>Members  |   |  |   | View Group                                     |
| Ay Permissions  |   | Group Admins   | Date Joined   |  |
| iroup Administrator   |   | Minnie Apples ( DLITestExt1+general@gmail.com )  | 4/29/2020   | Manage Group                                   |
|   |   | Sarah McCurdy ( dlitestext1+qrc4@gmail.com )   |   | 2 Manage Case/Claim Acc                        |
|   |   | , ·  |   | Leave Group                                    |
| PA<br>Members   |   |  |   |  |
| Ay Permissions  |   | Group Admins   | Date Joined   |  |
| iroup Administrator   |   | Minnie Apples ( DLITestExt1+general@gmail.com )  | 4/29/2020   |  |
|   |   | Sarah McCurdy ( dlitestext1+qrc4@gmail.com )   |   |  |
|   |   | <pre>baran moduruy ( diftestext1+qrc4@gmail.com )</pre>  |   |  |
|   |   |  |   |  |
| DEPARTMENT OF<br>LABOR AND INDUSTRY   | Submit a F  | iling v  |   | Minnie App                                     |
|   |   |  |   |  |
|   |   |  |   |  |
| roup Case and Claim /<br>& Shred, Inc.: ER-00-0000-057  | Access Manage   | ment   |   |  |
| Coup Case and Claim /<br>& Shred, Inc.: ER-00-0000-057<br>is can control your Employer Group Members' cl<br>The calms and cases on which your group is<br>- Control which group members have access<br>- Control which group members have access<br>- Control which group members have access<br>- Control which group members have access  | Access Manage<br>aim and case access from this pa<br>a party are listed in the table be<br>o an individual claim by clicking ti<br>a re on that claim.<br>o an individual case by clicking ti   |  | ears under the data table, click "Edit" next to the "I  |  |
| The claims and cases on which your group is     Control which group members have access t     claim level also grants access to any cases th     Control which group members have access t  | Access Manage<br>aim and case access from this pa<br>a party are listed in the table be<br>o an individual claim by clicking ti<br>a re on that claim.<br>o an individual case by clicking ti   | ment<br>ge. Below are some tips to help you get started:<br>low. Use the tab navigation to toggle between the list of cl<br>the daim row in the table. Then in the daim card that appe   | ears under the data table, click "Edit" next to the "I  |  |
| Coupt Case and Claim //     & Shred, Inc.: ER 00-0000-057     Coupt     | Access Manage<br>aim and case access from this pa<br>a party are listed in the table be<br>o an individual claim by clicking ti<br>a re on that claim.<br>o an individual case by clicking ti   | ment<br>ge. Below are some tips to help you get started:<br>low. Use the tab navigation to toggle between the list of cl<br>the daim row in the table. Then in the daim card that appe   | ears under the data table, click "Edit" next to the "I  |  |
| Coup Case and Claim // & shred, Inc.: ER00-0000-057 Can control your Employer Group Members' cl  The claims and cases on which your group is claim level also grants access to any cases is claim level also grants access to any cases is claim level also grants access to be claim acrease level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to the claim case level doen or grant access to be claim case level doen or grant access to be claim case level doen or grant access to be claim access in bulk by clicking "Bulk E  | Access Manage<br>aim and case access from this pa<br>a party are listed in the table be<br>o an individual claim by clicking ti<br>a re on that claim.<br>o an individual case by clicking ti   | ment<br>ge. Below are some tips to help you get started:<br>low. Use the tab navigation to toggle between the list of cl<br>the daim row in the table. Then in the daim card that appe   | ears under the data table, click "Edit" next to the "I  | embers with Access" list. Note: granting acces |
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| Corrol p Case and Claim // & Shred, Inc.: ER 00-000 0.97  an ontrol your Employer Group Menter of the corrol which group members have access to corrol which group members have access to care level does not grant access to the dain to dain to the dain to dain to the dain to dain to dain to the dain to dain to dain to the dain to dai | Access Manage<br>aim and case access from this pip<br>a party are listed in the table be<br>a use on that cause<br>or an individual case by clicking th<br>dit Claim Access".   | ment<br>age. Below are some tips to help you get started:<br>low. Use the tab navigation to toggle between the list of cl<br>in domin own in the list. Them in the dam can dra that appea<br>he claim row in the table. Then in the case cand that appea   | aars under the data table, click "Gill" next to the "A  | embers with Access" list. Note: granting acces |
| Control with group members have access to common with a shored. Inc.: ER 000-0000-057     San and a shored and a shore of the shore access to common which group members have access to common which group members have access to access any shore the shore access in bulk by clicking "Bulk E     Shred, Inc.     San access in bulk by clicking "Bulk E     Shred, Inc.     San access any access access access access a shore acces      | Access Manage<br>aim and case access from this part<br>a soft yas listed in the table be<br>as an order that the stable be<br>as an order that and the stable be<br>as an order that and the stable be<br>as an order that and the stable be<br>as an order that the stable b | enent use. Below are some tips to help you get started: low. Use the tab navigation to toggle between the list of cl the claim row in the table. Then in the case card that appear the cla | ears under the data table, click "Edit" next to the "M<br>rs under the data table, click "Edit" next to the "M<br>data table, click "Edit" next to the "M | embers with Access" list. Note: granting acces |
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- Select the option to either Grant Access or Remove Access.
- 8. Click on the box to Select All Claims.
- Click on the plus sign to select the group member(s) you wish to grant or remove access from. Any members selected will appear in the Selected Group Members area.

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

Bulk Grant or Remove Member Access to Claims Select one of the following: Grant Access Remove Access Select members and claims for which you wish to edit access. You may select multiple members and claims. Select All Claims 8 Claims Claims Claims Selected Group Members Selected Group Members Selected Group Members Selected Group Members selected Minnie Apples Sarah McCurdy Sarah McCurdy

#### Forms queue

The forms queue shows all forms you have submitted related to any of the claims or cases you have access to. Forms in Campus are used to request or take action on a claim or case. Hardcopy forms are no longer required in relation to a workers' compensation claim because you submit information and see the status in Campus electronically.

#### Accessing forms

- My Queues displays various tabs depending on your permission level in Campus. To access forms, click on the My Forms tab.
- The screen displays summary information including Form Type, Associated To, Associated ID, Last Updated, Status and Confirmation Number.
- Click on the Form Type or Associated ID hyperlinks to access the form and further details.
- 4. Click the funnel icon to filter your search.

| My Queues 🛩          | 1                   |                |                |                  |                 |
|----------------------|---------------------|----------------|----------------|------------------|-----------------|
| My Claims My [       | Disputes My Form    | ns My Rehab Ca | ases My SCF As | sessment Reports |                 |
| Form Type            | Associated To       | Associated ID  | Last Updated   | Status           | Confirmation Nu |
| Request For Mediatic | Rehabilitation Disp | DS-07-2055-899 | 7/23/2020      | Submitted        | 3462            |
| Initiate Dispute     | Medical Dispute Fo  | DS-07-2055-916 | 7/23/2020      | Submitted        | 3454            |
|                      | Rehabilitation Disp | DS-07-2055-912 | 7/23/2020      | Submitted        | 3453            |

- 5. Click the **Column** dropdown menu and select your search type.
- In the Value field, type the information to search.
- 7. Click the **Apply** button to complete the search.
- Use the Reset button to clear all fields to start over.
- The screen now displays only the forms matching the filter criteria that was applied. In this example, you could click on Motion to Intervene or Associated ID to access the form and further details.

| Form Type     5     Motion     Apply     7 | 6 | Reset |
|--|---|-------|
|  |   |       |

| My Queue      | s                 |            |            |           |           |              |       |
|---------------|-------------------|------------|------------|-----------|-----------|--------------|-------|
| My Claims     | My Disputes       | My Forms   | Му Арре    | als       |           |              |       |
| Filters       |                   |            |            |           |           | C F          | leset |
| Column        | Value             |            | Apply      | Form Type |           |              |       |
| Form Type     | Associated To     | Associated | ID Last    | Updated   | Status    | Confirmation | ⊗     |
| Motion to Int | en Rehabilitation | DS-01-7576 | -108 4/2/2 | 2020      | Submitted | 1557         |       |

- 10. The document is now displayed as a preview. Further action can be taken by using the icons in the top right corner of the preview window, including Print, Presentation View, Full Screen View and Download.
  11. You can also slick on the
- You can also click on the kebab menu at the top right corner of the screen to **Download** the document as a PDF file.
- Additional details about the form are in the Document Details section of the screen.
- If the document is associated to other forms, a link will be displayed within the **Related Links** section on the bottom right side of the screen.



#### Submitting an injury report as an injured worker

An employee is able to access Campus to submit an injury report and alert the Minnesota Department of Labor and Industry of a work-related injury. This functionality allows an injured worker to report they are injured in the event there is not a claim on file. That way, DLI can research to see if a claim needs to be filed. A First Report of Injury (FROI) is generated upon submission of this form **if** an insurer that exists in Campus is identified by the user. If the employee cannot find the insurer in the lookup tool, the FROI is **not** created.

| <ol> <li>Click the Submit a Filing drop-<br/>down menu.</li> </ol> | DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COM CARRIN                           | Submit a Filing  | 🚺 Minnie Apples 🗸 |
|--|--|--|-------------------|
| 2. Select <b>Injury Report</b> .                                   | Open Claims<br>View details associated to your<br>claims in the My Queue portail | VRU Rehabilisation Consultation Request<br>Trading Partner Profile Registration<br>Initiate a Dispute<br>Injury Report<br>Open Appeal/Petition<br>Submit Election To Exclude<br>Respond to Request For Information | Notifications     |

- 3. Select Submitting on my own behalf or Submitting on behalf of someone else.
- Enter all injury information in the fields for Date of Injury, Cause of Injury and Nature of Injury.
- 5. The **Employee** information will populate from your saved account information.
- Add the Employer information by either using the lookup function or clicking the Employer Not Found box and manually entering the required information noted with an asterisk (\*).
- Add the Insurer by either using the lookup function or clicking the Insurer Not Found or I don't know my employer's insurer or my employer is not insured box.
- Click Submit Form to save and submit the information to DLI or Cancel to exit without saving.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMPCAMPUS  | Submit a Filing 🗸   |  | () Minn  | ie Apples |
|---|---|--|--|-----------|
| Dashboard > Injury Report   |   |  |  |           |
| Injury Report<br>Please provide the following information   |   |  |  |           |
|   | lert the Minnesota Department of Labor and Indu           | ustry of a work-related injury. If you are an employer | and need to report a work-related injury, please contact | your wo   |
| Submitter Information <ul> <li>Submitting on my own behalf</li> <li>Submitting</li> </ul>   | ting on hehalf of someone else                            |  |  |           |
|   |   |  |  |           |
| Injury Information<br>Date of Injury*   | Cause of Injury @   | Nature of Injury 🛛                                     |  |           |
| 4/30/2020   | Objects or Substances                                     | <ul> <li>Physical Injury</li> </ul>                    | - 4  |           |
| (mm/dd/yyyy)  |   |  |  |           |
| Employee  |   |  |  |           |
| Social Security Number (SSN)  | Employee ID (WID)   | Employee Date Of Birth<br>11/1/1930                    |  |           |
| Employee First Name<br>Minnie   | Employee Middle Name                                      | Employee Last Name<br>Apples                           | Suffix   |           |
| Phone Type<br>Mobile  | Phone Country Code<br>United States (1)                   | Employee Phone Number<br>555555555                     | Employee Phone Extension                                 |           |
| Employee Email Address<br>DLITestExt1+general@gmail.com   |   |  |  |           |
| Employee Address Line1<br>1313 Cemetery Lane  | •   | 5  |  |           |
| is this address outside the United States?  |   |  |  |           |
| No  |   |  |  |           |
| Employee Postal Code<br>55155   | Employee City<br>Saint Paul                               |  | Employee County<br>Ramsey                                |           |
| State Province<br>Minnesota   |   | Country<br>United States                               |  |           |
| Employer  |   |  |  |           |
| Employer Not Found  |   |  |  |           |
| Employer Name *   | Employer Email Address                                    |  |  |           |
| Dunder Mifflin  | mapples@dundermifflin.com                                 |  |  |           |
| Phone Type *  | Phone Country Code *                                      | Employer Phone Number *                                | Employer Phone Extension                                 |           |
| Mobile  | <ul> <li>United States (1)</li> </ul>                     | <ul> <li>(555) 555-5555</li> </ul>                     | Employer Phone Extension                                 |           |
| Employer Address Line1 *  |   |  |  |           |
| 123 Mifflin Drive   | 6   | 5  |  |           |
| Employer Address Line2  |   | ô <b>)</b>   |  |           |
| Employer Address Line2<br>Employer Address Line2  | (   | 6)   |  |           |
| Employer Address Line2<br>Employer Address Line2<br>Is this address outside the United States?<br>Employer Postal Code *  | Employer City *<br>Dunder                                 | 6 <b>)</b>   | Employer County<br>Mifflin                               |           |
| Imployer Address Line2<br>Employer Address Line2<br>Is this address outside the United States?<br>Imployer Postal Code *<br>12345   | Employer City*  |  |  |           |
| 123 Mifflin Drive Imployer Address Line2 Diployer Address Line2 Is this address outside the United States? Iz345 State Involve: State Involve:  | Employer City*  | Country<br>United States                               |  |           |
| Imployer Address Line2<br>Employer Address Line2<br>Is this address outside the United States?<br>Imployer Personne *<br>Minnesota<br>Insurer   | Employer City *<br>Dunder                                 | Country  |  |           |
| Imployer Address Line2<br>Employer Address Line2<br>In this address outside the United States?<br>Employer Yestal Code *<br>12345<br>State Province *<br>Minnesota<br>Insurer<br>Please use the look up tool to locate your employers           | Employer City *<br>Dunder                                 | Country  |  |           |
| Imployer Address Line2<br>Employer Address Line2<br>Is this address outside the United States?<br>Imployer Yotal Code *<br>12345<br>State Province *  | Employer City *<br>Dunder                                 | Country  |  |           |
| tmployer Address Line2<br>Employer Address Line2<br>Is this address outside the United States?<br>tmployer Postal Code *<br>123-5<br>State Prevince *<br>Minnesota<br>Insurer<br>Phose use the look up tool to locate your employers'<br>mourer | Imployer City *<br>Dunder<br>workers compensation insurer | Country<br>United States                               |  |           |

## **Group management**

Groups in Campus allow for users to be associated to their firm or employer as necessary. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group as your group will be a party to the claim or case. Your membership to that group will allow you to view the information you need.

#### **Group administration**

Group administration tasks, such as adding members, changing permissions and updating addresses, can only be performed by a group administrator within Campus.

- At the top right of your dashboard, click the dropdown menu.
- 2. Select My Groups.
- The My Groups screen displays and lists the groups you are associated with. Click the kebab menu on the right.
- Select Manage Group. This option is only available to group administrators.
- The Group Management page displays showing all Active Members. Click the Open Invitations tab to show any pending members.
- Click the + Add Member button to add members to the group.
- Click the Edit button to change permissions and relationships.
- Click the Edit Location button to update the business address the member is associated to.
- Click the Remove Member button to remove the selected member from the group.



## Viewing and editing entity details

All entities (except for employees and employers) can view and edit entity details. You must also be a group administrator or a profile management designee to perform these functions.

- At the top right of your dashboard, click the dropdown menu.
- 2. Select My Groups.
- 3. The **My Groups** screen lists the groups you are associated with. Click on the hyperlink for the entity you wish to view or edit.

- The Entity Details page displays the name of the entity at the top of the page and relevant information regarding the entity below.
- Depending on your permissions, you may be able to make edits and take other actions through the kebab menu to the right.
- 6. Click the **Edit** button to revise the entity name.
- Click the + Add Address button to add addresses for the entity.



- Click on the drop-down menu to select the Address Type and fill in all required information marked with an asterisk (\*).
- Click Save to submit the new address request or Close to exit without saving.

\*Any edits made to the entity name or address information will be submitted to DLI and require approval prior to saving to the entity.

| Address 1      |        |                            |        |  |
|----------------|--------|----------------------------|--------|--|
|                |        |                            |        |  |
| Address 2      |        |                            |        |  |
| Address 2      |        |                            |        |  |
| Outside US     |        |                            |        |  |
| Postal Code *  | City * |                            | County |  |
| Postal Code    | City   |                            | County |  |
| State Province |        | Country<br>→ United States |        |  |
| 9              |        | • Officed States           |        |  |

## **Rehabilitation provider registration**

As a rehabilitation provider, you will need to register with the Minnesota Department of Labor and Industry to be a party to a claim and have access to claim information that will allow you to provide rehabilitation services on a workers' compensation case.

### **QRC** registration and renewal

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Individual Rehab Provider Registration.

\*This selection will only be available if you initially registered in Campus as a rehabilitation provider.

| 4                      | -•   | Access a Case or Claim                   |  |
|------------------------|--|--|--|
| /ly Overv              | lew  | Access a case of claim                   |  |
|                        |  | VRU Rehabilitation Consultation Request  |  |
|                        |  | 2 Individual Rehab Provider Registration | Ω  |
|                        | U  | Rehab Provider Registration              | U  |
|                        | Open Claims  | Trading Partner Profile Registration     | New Documents  |
|                        | View details associated to your claims in the My Queue portal. | Rehab Consultation Report                | Review documents in the<br>Notifications panel to ensure |
|                        | claints in the wy Queue portal.                                | Initiate a Dispute                       | accuracy.  |
|                        |  | Injury Report                            |  |
|                        |  | Open Appeal/Petition                     |  |
| ly Queues<br>My Claims | My Disputes My Forms   | Submit Election To Exclude               |  |
| ,                      | , , , , , , , , , , , , , , , , , , ,                          | Object to Penalty                        |  |
|                        |  | Respond to Request For Information       |  |

- Click on the Register As dropdown menu to select either QRC or QRC intern.
- Click on the Register Type drop-down menu and select the appropriate option: Change of Employment; Change of Supervision; Initial; Reinstatement; or Renewal.
- Click on Submit Form to proceed to the next screen or Cancel to exit.
- 6. Enter all required information for **Applicant Details**.
- 7. Enter all required information for **Home Address**.
- 8. Enter all required information for **Public Mailing Address**.
- Enter the informatin in the SSN, Work Email Address, QRC Number, QRC Expiration Date and Minnesota Tax ID Number fields.

State Province Minnesota

Nork Email Address DLITestExt1+QR

Public Mailing Address 3 Address \* P.O. Box 123 Address 2 Address 2 Constitute S Pesal Code \* 12345 State Province \* Minnesota

Edit

- Click the Lookup button to find the rehabilitation provider firm.
- 11. Enter the required phone and address information for the rehabilitation provider firm.



| Rehab Provider Firm X RP-02-5789-726: Test Rehab Provider Minnesota Tax ID |        | irm Number<br>282  |                      |
|--|--------|--------------------|----------------------|
|  | ,      | irm Phone Number * | Firm Phone Extension |
| Firm Phone Type * • Firm Phone Country *                                   | •<br>• | irm Phone Number   | ext.                 |
| Employer's Address *   | -      | 11                 |                      |
| Tity State   |        | _                  | Code                 |

- 12. Click the box next to the applicable **Certifications** you currently have.
- Click on the + Upload
   Document button to select and upload any information to support your application registration.
- 14. Type your first and last name as it appears on your Campus profile in the **Full Name of Signatory** field. Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
- 15. Select: Submit Form to save all information and submit it for review and approval; Save as Draft to save a copy to complete at a later date; or Cancel to exit without saving or submitting the form.
- 16. Saved drafts can be accessed in the My Forms tab on the dashboard by clicking on the Form Type or Associated ID hyperlinks. The draft form can be deleted by clicking on the trash can icon.

\*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

|  | Constraint of the second of th  | Certifications   |  |   |  |
|--|---|--|--|---|--|
|  | Constraint of the second of th  | Professional License, Certification, Regist  | ration (check all that apply)  |   |  |
|  | Support Suppor  |  | □ OTR  |   |  |
| you are applying for reinstancement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500. subp. 4::<br>. surrent entithation as required by Minn. Rules 5220.1500. subp. 3::<br>. applicability the feel of the applicability the feel of the applicability of the commissioner that registration rerewall was not being sought; and<br>. If the applicability the feel of the applicability the renew registration for more than two years. The applicant fluids to northy the commissioner that registration for more than two years. The applicant fluids to northy the commissioner that registration for more than two years. The applicant fluids to northy the commissioner that registration terewall was not being sought; and<br>. If the applicability the feel of the applicability the feel of the applicability of the applicability of the renew registration for more than two years. The applicant fluids to northy the commissioner and realize that violations may result in the detail of registration.<br>. If the applicability the feel of the applicability of t        | If you are applying for reinstatement of registration, you must provide verification of all of the following (Minn, Rules S220, 150, subp. 4):<br>A current certification as required by Minn. Rules S220, 150, subp. 32:<br>D. applicable late feel of the applicant fielded to renew registration for more than two years. The applicant must also complete an orientation training session before acceptance is final.<br>Provide Complete and the provide verification of Rules S200. 150, subp. 32:<br>D. applicable late feel of the applicant fielded to renew registration for more than two years. The applicant must also complete an orientation training session before acceptance is final.<br>Provide Complete Acceptance is for Acceptance is final.<br>Provide Complete Acceptance is for Acceptance is final.<br>Provide Complete Acceptance is for Acceptance   |  | _  |   |  |
| - arret certification as required by Minn. Rules 3220.1400.  - arret certification of certification requirements as provided by Minn. Rules 3220.1500.ubp. 32.  - Arret certification of certification requirements as provided by Minn. Rules 3220.1500.ubp. 32.  - Arret certification of certification of the application field to remove registration for more than two years. The application trust also complete an orientation training session before acceptance is final.  - • • • • • • • • • • • • • • • • • •  | A carea centification as required by Minn. Rules 5220.1400.<br>3. discussion of controlling discussion requirements as provided by Minn. Rules 5220.1500.subp. 32:<br>3. operiod of any applicable late feed if the applicant field to renow registration removal was not being sought: and<br>4. operiod by applicable late feed if the applicant field to renow registration for more than two years. The applicant must also complete an orientation training session before acceptance is final.<br><b>9. operiod of any charge setting of the applicant field to renow registration for more than two years. The applicant must also complete an orientation training session before acceptance is final.<br/><b>9. operiod of any charge setting of the applicant on the application and supporting documents.</b> Lunderstand that any omission or minrepresentation may result in the derial of resources of registration.<br/><b>9. Separatice</b><br/><b>9. Advected Control of application and undustry.</b> Its make any appropriate investigation of the application and supporting documents. Lunderstand that any omission or minrepresentation may result in the derial of resources of registration.<br/><b>1. advected to the application and supporting documents.</b> Lunderstand that any omission or minrepresentation may result in the derial of resources of registration.<br/><b>1. advected to the application and supporting documents.</b> Lunderstand that any omission or minrepresentation may result in the derial of resources of registration.<br/><b>1. advected to the application and ones as a setablished by the commissioner and registrate than billation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultan</b></b>   |  |  | rowing (Minn, Bules 5220, 1500, subn. 4):   |  |
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| rehabilitation consultant intern. Jardee to anothy the department interned likely 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 internal and there assignment will be made (Minn, Rules 5220, 1501, subp. 962). Lettly that I am a full-time readers of Minnesoda and i be not more than 100 miles by road from the Minnesota border (Minn, Rules 5220, 1400, subp. 5). Motion: The information you as an individual provide in this application will be used by Department of Labor and Indutry (departments staff members who require the information to determine if you meet the department's registration of your sequication to the department of the application and may be comparing the information may delay the processing of your application or result in the denial of the same. The application that the application data may become public except for your Social Security number, you are rogitered. In the application and may become public except for your Social Security number, or this application and a statistics. Lettly will intert to define and caceber workers' compensation beneficies on the application and may become public except for your Social Security number, you are rogitered. A Minnes Sotial SSCIA and a requirements. Minnesota and y become public except for your Social Security number, you are rogitered. A Minnesota the application data may become public except for your Social Security number, you are rogitered. A Minnesota to the Attorney General's Office the Department of Aevenue, the Office of Administrative Hearings, upon ocut or order, and/or for the purpose of verification, state investigations and statistics. Lettly will intert to define and excepts worker's compensation benefits to which the persons in oct entitled by knowingly misrepresenting, mistating or failing to disclose any material fact is guily or theft and shall be sentenced publication and statistics. Lettly have insta                 | rehabilitation consultant intern. Jayre to notify the department inmediately of any change in my employment status (Minn, Rules 5220, 1400, subp. 5). I certify that I am a full-sine resident of Minnesota or I live no more than 100 miles by road from the Minnesota border (Minn, Rules 5220, 1400, subp. 5). Motion the reassignment will be made (Minn, Rules 5220, 1801, subp. 94(2)). Lectify that I am a full-sine resident of Minnesota or I live no more than 100 miles by road from the Minnesota border (Minn, Rules 5220, 1400, subp. 5). Motion the reassignment will be made (Minn, Rules 5220, 1801, subp. 94(2)). Lectify that I am a full-sine resident of Minnesota or I live no more than 100 miles by road from the Minnesota and industry (department or last or negurite the information to determine If you meet the department's registration of your spinleation. The other information is being required for purposes of your application or result in the denial of the same. The application is performed to the spinle to the spinleation is and year composition of your application or result in the denial of the same. The application is performed for the spinleation is and year composition of your application or result in the denial of the same. The application is performed for the spinle or purpose of performation or purpose of your application or result in the denial of the same. The application is performed for the spinle or purpose of performation or purpose of your application or result in the denial of the same. The application is performed for the spinle or purpose of performation or purpose of your application or result in the denial of the spinle to the  |  |  |   |  |
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| requirements. Minnesola Statisties 5 270C.72. Studie 4, requirer 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 split and the application. The other information may delive the requested information may delive the requested on processing your application. The split and the solution is being requested for purposes of processing your application. The denix of the security number, you are not leagh requested information may delive the requested information may delive the requested information may delive the requested on formation may delive the requested on the department, the information you provide on this application. The weat the difference on the other of the purpose of verification, state investigations and statistics. The application of the purpose of verification is the application of the purpose of verification is the application of the purpose of the statistication of the purpose of verification and the application of the purpose of the statistication and statistication application application and statistication application applicat                 | requirements. Minnesold Statutes 5 270C-72, subit 4, requires you provide your Sold Scurity number on this application. The unpresent processing of your application. The main the denial of the same the application or well with the exception of your splication. The other information may dely the processing of your application. The other information is being requested for requires to subject the departments. The application or well with the exception of your application. The other information application is being requested for requires to subject the other information application application. The other information is being requested for requires the other processing of your application or your application or well with the denial of the segments. The application or well with the denial of the segments application is possible of the department. The information you provide on the application is possible of the depart of the department of default for the depart of the department of default for the depart of the department of department of department of default for the department of default for the depart of the department of default for the department of default for the department of default for the depart of the departm  | 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).  |  |
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| to Minn. Stat. § 609.52, subd. 3. Please bey 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 at industry and, if required, to the departments Vocational Rehabilitation unit (VRU). Full Name of Signatory *  Junderstand 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.  Name of Signatory *  Junderstand 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.  Name of Signatory *  Description:  Description: Desc                 | to Minn. Stat. 6 605.52, dubl. 3. Please hype 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 a<br>industry and. If required, to the departments Vocational Rehabilitation unit (RU). Full Name of Signatory *<br>Public 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.<br>Myadate Bate<br>Signatory<br>Signatory<br>Signatory<br>Myadate Bate<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signatory<br>Signat |  |  |   |  |
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#### Rehabilitation provider firm registration and renewal

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Rehab Provider Registration.
- Click on the Register As dropdown menu to select either QRC Firm or Rehab Vendor.
- Fill in the Legal Business
   Name and FEIN; select Yes or
   No to indicate if registered
   with the Secretary of State.
- Click on the drop-down menu to indicate (Yes or No) if you have previously applied as a rehabilitation provider in Minnesota or any other state.
- 6. Click on **Lookup** to search for the insurer.
- 7. Enter the **Policy Number**.
- 8. Enter the **Effective Date** or click on the calendar icon to select a date.
- Enter the Policy Expiration Date or click on the calendar icon to select a date.

- Click on the + Add button and select the applicable office address.
- Click on the + Add button to add all staff members and their information.





- Click on the + Upload
   Document button to select and upload any information to support your application registration.
- 13. Type your first and last name as they appear on your Campus profile in the Full Name of Signatory field.
  Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
- Select: Submit Form to save all information and submit for review/approval; Save as Draft to save a copy to complete at a later date; or Cancel to exit without saving or submitting the form.
- 15. Saved drafts can be accessed in the My Forms tab on the dashboard by clicking on the Form Type or Associated ID hyperlinks. The draft form can be deleted by clicking on the trash can icon.

\*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

| Supporting Attachment<br>Any data or information to support yo<br>+ Upload Document 12 |           | ultant (QRC) firm should be attached to this application. Examp | ales include your resume, list of activities or license/certification information. |
|--|-----------|---|--|
| File Name  | File Type | Description   | Remove   |
|  |           |   |  |

#### **Electronic Signature**

lerstand 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

rstand 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 interview.

ertify 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 busines

I declare under penalty of perjury that everything I have stated in this document is true and correct. Please type your lirit and Last Name as they appear on your CAANUS 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 industri and, if required to the department's vocational Rehabilistion unit (VRU).

#### Full Name of Signatory \*

Save a

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.

| My Queue              | 5  |               |              |        |                   |   |
|-----------------------|--|---------------|--------------|--------|-------------------|---|
| My Claims             | My Disputes My Form                      | IS            |              |        |                   |   |
| Form Type             | Associated To                            | Associated ID | Last Updated | Status | Confirmation Numb | T |
| Rehab Provid          | er Regist 15                             | None          | 5/5/2020     | Draft  |                   | Ō |
| Rehab Provid          | er Indivic                               | RP-01-        | 5/1/2020     | Draft  |                   | Ō |
| Showing (1-2          | ) of 2 I < < <u>1</u> > > I              |               |              |        | Items per page 10 | - |
| *After 21 Days, Draft | forms that have not been updated will be | removed.      |              |        |                   |   |

## **Trading partner portal**

#### **Trading partner dashboard**

After registering and logging in as a trading partner, your customized **Dashboard** (homepage) will display, which shows various information about your profile and submitted transactions.

#### Dashboard header

| Click on the Logo image at any<br>time to return to the<br>Dashboard (Home Page).   | The bell icon indicates<br>how many<br>Notifications you have.  |
|---|---|
| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS   | Mr. Electronic Interchange  |
| The <b>Submit a Filing</b> drop-down<br>contains a list of common tasks that<br>you can dick on depending on the<br>specific action you wish to take. | Your User Name is listed in the top right-hand corner<br>along with a drop- down menu with the following<br>options: Edit Profile, My Groups and Log Out. |

#### Trading partner details

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS    |  | Submit a Filing 🗸     |   |   | Ĩ   | Mr. Electronic Interchange 🗸 |
|--|--|-----------------------|---|---|---|------------------------------|
| Trading Partner Ryans Eform Trader Trading Partner Details |  |                       |   | The <b>Trading Partner</b> section includes a drop down that displays all the entities in which the logged in user is a member of |   | Submit eFORM or Webform      |
| Trading Partner ID<br>TP-02-0370-942                       | Trading Partner Name<br>Ryans Eform Trader | Account Name          | <b>FEIN</b><br>82-0093840   | Status<br>Active  | View Pr   | rofile                       |
|  |  | details related to th | Details area shows specific<br>he Trading Partner that is<br>ted above. |   | View Profile can be sele<br>about your account info<br>performing updates | ormation along with          |

#### Account overview



#### My Queues

| isurer<br>II Insurers   |                         | •    | You wi   | ll need to select wh<br>would like to | nich <b>Insurer</b> data you<br>o view. |      |      |      |   |      |
|-------------------------|-------------------------|------|----------|---------------------------------------|---|------|------|------|---|------|
|                         | Reporting Year <b>2</b> |      | 2019     |                                       | 2018                                    |      | 2017 |      | 2016  |      |
| Total Reportable Claims | 0                       |      | 0        |                                       | 0                                       |      | 0    |      | 0   |      |
| Timely Claims           | 0                       | 0.0% | 0        | 0.0%                                  | 0                                       | 0.0% | 0    | 0.0% | 0   | 0.09 |
| Untimely Claims         | 0                       | 0.0% | 0        | 0.0%                                  | 0                                       | 0.0% | 0    | 0.0% | 0   | 0.09 |
| Reporting Year          | Reporting Date          |      | JCN      |                                       | Ti                                      | nely |      | мтс  |   | T    |
| 2020                    | 4/30/2020               |      | 34328397 |                                       |   |      |      | PY   |   |      |
| 2020                    | 4/30/2020               |      | 34328393 |                                       |   |      |      | IP   |   |      |
| 2020                    | 4/30/2020               |      | 34328393 |                                       |   |      |      | IP   |   |      |
| 2020                    | 4/30/2020               |      | 34328393 |                                       |   |      |      |      | lata can be filtered by clicking o<br>Iter button (funnel shaped icon |      |
| 2020                    | 4/30/2020               |      | 34328393 |                                       |   |      |      | IP   |   |      |
| 2020                    | 4/30/2020               |      | 34328393 |                                       |   |      |      | IP   |   |      |
| 2020                    | 4/28/2020               |      | 34222383 |                                       |   |      |      |      |   |      |

#### Trading partner registration webform

A user can submit a trading partner registration webform to register as a trading partner and submit transactions.

- Click the Submit a Filing dropdown menu and select Trading Partner Profile Registration.
- DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS Submit a Filing 📀 Access a Case or Claim **Trading Partner** VRU Rehabilitation Consultation Request Ryans Eform Trader Trading Partner Profile Registration -Trading Partner Details Initiate a Dispute Trading Partner ID Trading Partner Name Request for Guidance with an Unreported Injury TP-02-0370-942 Ryans Eform Trader Open Appeal/Petition Account Overview Submit Election To Exclude Respond to Request For Information 26 Transactions Accepted Transactic transactions
- 2. Enter the required information, including Trading Partner Legal Name, FEIN and address.
- 3. Click Next.

|  |   | 100.0%  | 1 in eve   |
|--|---|---|--|
| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>noticear Jamasi<br>schoord > Trading Partner Profile Registration   | Submit a Filing 🗸   |   | Mr. Bectronic Interchange 🗸                                |
| rading Partner Profile Reg   | gistration  |   |  |
| 1<br>rading Partner Details  | Transmission Method   | Contact Information   | Company Information  |
|  |   |   |  |
| ims Trading Partner  | ostal code (ZIP+4), will be used to identify a unique trading partner. The sender ID FE | Trading Partner Type *<br>Insurer<br>N and physical address postal code should be the same as those that will be us   | ed by the partner as the Trading Partner ID in the header  |
| oms Trading Partner<br>ading Partner FEIN and the nine-digit physical address pi<br>cord of all EDI Transmissions<br>IN *  | ostal code (20°44), will be used to identify a unique trading partner. The sender ID FE | Insurer   | ed by the partner as the Trading Partner ID in the header  |
| cord of all EDI Transmissions<br>INF 6<br>6-S656565<br>Il is Licensed in Minnesota   |   | Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code * | ed by the partner as the Trading Partner ID in the header  |
| Ims Trading Partner<br>kilog Barner FIN and the nine-digit physical address pr<br>or of all DDI trannoission<br>N*<br>-56565555<br>  is Licensed in Minnesota<br>dense 1*  | cold code (29-4), will be used to identify a unique trading partner. The sender (3 H    | Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code * | ed by the partner as the Trading Plantner (D in the header |
| mm Trading Partner date Patrice TIN and the rine-digt physical address p of of all to Transmission w* 5555555 is Licensed in Minnesota is Licensed in Minnesota 23 Main ST |   | Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code * | ed by the partner as the Trading Partner (D in the header  |
| oms Trading Partner<br>ading Partner FBN and the nine-digit physical address pr<br>cord of all EDI Transmissions<br>av •<br>6-5656555                                      |   | Insurer N and physical address postal code should be the same as those that will be us Physical Address Postal Code * | ed by the partner as the Trading Partner (D in the header  |

 Select the Transaction Method the trading partner will use to submit transactions to DLI, either EDI or eFORM, and click Next.

|   |                     |                     | <u></u> | Mr. Electronic Interchange 🗸 |
|---|---------------------|---------------------|---------|------------------------------|
| Ashboard > Trading Partner Profile Registration |                     |                     |         |                              |
| rading Partner Profile Registration             |                     |                     |         |                              |
| rading Partner Details                          | Transmission Method | Contact Information |         | Company Information          |
| exampletion Mashad +                            |                     |                     |         |                              |
| DI<br>FORM                                      |                     |                     |         |                              |

5. Enter the required information for Business Contact, Technical Contact and Preparer Contact.

DEPARTMENT OF LABOR AND INDUSTRY

6. Click Next.

oard > Trading Partner Profile Registration **Trading Partner Profile Registration** 0 0 8 4 Trading Partner Details Transmission Method Contact Information Business Contact 5 Last Name \* Phone Number \* Phone Number Email Address \* Same as Primary Address Address Line1 \* ddress Line2 Postal Code \* Postal Code city\* City County Country United Sta State Province \* Technical Contact 5 Phone Number Email Address Same as Pri mary Address Address Line1 \* Address Line Address Line2 Postal Code \* city\* City County Country
 ▼ United States State Province \*

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Philip Gallagher

- 7. This step requires the user to list the insurers for which the trading partner will be submitting claims. Click
  + Add under Companies within Campus to lookup an existing record or add the required information and click + Add for Companies not within Campus.
- Click Submit Form to transmit the registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address in Campus.

\*DLI will review the request. If it is approved, you will be able to submit transactions to DLI.

| First Name *                   | Last Name *<br>Last Name |                  |  |
|--------------------------------|--------------------------|------------------|--|
| Phone Number *                 | Email Address *          |                  |  |
| Phone Number                   | Email Address            |                  |  |
| Same as Primary Address        |                          |                  |  |
| Address Line1 *                |                          |                  |  |
| Address Line1                  |                          |                  |  |
|                                |                          |                  |  |
| Address Line2                  |                          |                  |  |
| kddress Line2<br>Address Line2 |                          |                  |  |
| ddress Line2                   | City *                   | County           |  |
| uddress Line2<br>ostal Code *  | city *<br>City           | County<br>County |  |
|                                |                          |                  |  |

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>NOBE COMP CAMPES  | Submit a Filing 🗸  |   | <b>C</b> ? | Mr.Electronic Interchange 🗸     |
|--|--|---|------------|---------------------------------|
| Dashboard > Trading Partner Profile Registration   |  |   |            |                                 |
| Trading Partner Profile Reg  | istration  |   |            |                                 |
| Trading Partner Details  | Transmission Method  | Contact Information   |            | <b>d</b><br>Company Information |
| Insurer Information Provide all insurance companies for which you will be send Companies within Campus + Add | ing EDI claims. If you are unable to locate an insurer. Insert the insurer information i | in "Companies not within Campus" and one will be created upon approval. |            |                                 |
| Companies not within Campus  |  |   |            |                                 |
| Companies not within Campus Name * Toms Insurer + Add  | fein *<br>12-1212121   | Insurer Typa<br>Insurer   | Rem        | ove                             |

## Profile updates

A user can update their existing profile information at any time from the **Trading Partner Dashboard**.

| 1. | From the Trading Partner       | DEPARTMENT OF<br>LABOR AND INDUST   | RY                                     | Submit a                                 | riing 🗸                |                                 |   | <b>()</b> M  | .Electronic Interchange 🗸   |
|----|--------------------------------|---|--|--|------------------------|---------------------------------|---|--|-----------------------------|
|    | Dashboard, click the View      | Trading Partner   |  |  |                        |                                 |   |  |                             |
|    | Profile button.                | Ryans Eform Trader  |  |  |                        | •                               |   |  | Submit eFORM or Webform     |
|    |                                | Trading Partner Details   |  |  |                        |                                 |   |  |                             |
|    |                                | Trading Partner ID<br>TP-02-0370-942  | Trading Partner Nan<br>Ryans Eform Tra | ne<br>ider                               | Account Name           | FEIN<br>82-0093840              | Status<br>Active                              | 1 View Profil  | •                           |
|    |                                | Account Overview  |  |  |                        |                                 | View:<br>Last 30 days                         | - A Notifications  | 🗙 Clear All                 |
|    |                                | 26 Transaction  | 5                                      | 100.0%                                   | Accept<br>1 in every 1 | ed Transactions<br>transactions |   | Your Trading Partner Prof<br>Registration submission h<br>approved<br>Form submission 1342<br>approved.<br>25 oxys ago |                             |
|    |                                |   |  | N/A                                      | Rejecte<br>No rejected | d Transactions<br>transactions  |   | Your Trading Partner Prof<br>Registration submission h<br>approved<br>Form submission 1353<br>approved.<br>25 days app | le ×<br>as been<br>has been |
|    |                                | Average Da  | ys For Employer to No                  | otify Claim Admin 🛛                      |                        | New Claims 0                    | 0   | s and allo   |                             |
|    |                                | 0 days  | 0 days                                 |  | 14+ days               | Claims with Paid Benefits       | 0   |  |                             |
|    |                                | R dara  | erage Claim Submissi<br>0 days         | ion Time 🛛                               | 14+ dava               | Claims Awaiting Benefits        |   |  |                             |
|    |                                |   |  |  |                        | Claims Awaiting Benefits        | 0   |  |                             |
|    |                                |   |  |  |                        |                                 |   |  |                             |
| 2. | Your profile screen that shows |   |  | Submit a Filing 🗸                        |                        |                                 | (   | Mr. Electronic interchange 🗸   |                             |
|    | existing information is        | Ryans Eform Trader  | 942                                    |  |                        |                                 |   | 2 Update My Profile  |                             |
|    | -                              | Trading Partner: TP-02-0370-942<br>Trading Partner Details  |  |  |                        |                                 |   | 2 Update My Profile  |                             |
|    | displayed. Click the Update    | Trefing Partner Name<br>Ryans Eform Trader<br>FBN   |  | Physical                                 | Address Postal Code    |                                 |   |  |                             |
|    | My Profile button.             | 82-0093840<br>Licensed in Minnesota<br>No   | Trad                                   | 551011<br>Ling Partner Type<br>urer, TPA | 1234                   | inactive Date                   | Status<br>Active                              |  |                             |
|    |                                | Submission Method - Produ   | ction Connection                       |  |                        |                                 |   |  |                             |
|    |                                | Transmission Method   |  |  |                        |                                 |   |  |                             |
|    |                                | Direct Connect FTP Software Vendor  |  | Direct Co                                | onnect IP Address      |                                 |   |  |                             |
|    |                                | Submission Method - Test C  | onnection                              |  |                        |                                 |   |  |                             |
|    |                                | Direct Connect PTP Software Vendor  |  | Direct Co                                | onnect IP Address      |                                 |   |  |                             |
|    |                                |   |  |  |                        |                                 |   |  |                             |
| 3. | Update your profile as needed  |   | INT OF                                 |  |                        |                                 |   | 0  | ) Philip Gallagher 🗸        |
| 5. | and click Next.                | Dashboard > Trading Pa  | rtner Profile Upda                     | ate                                      |                        |                                 |   |  |                             |
|    |                                | Trading Part  | ner Profi                              | ile Upda                                 | te                     |                                 |   |  |                             |
|    |                                | 0   |  |  | 0                      |                                 | 3   |  | 0                           |
|    |                                | Trading Partner De  | tails                                  |  | Transmission M         | ethod                           | Contact Informatio                            | n  | 4<br>Company Informatio     |
|    |                                |   |  |  |                        |                                 |   |  |                             |
|    |                                | Trading Partner Legal Name<br>Philip Gallagher  |  |  |                        |                                 | g Partner Type *<br>Party Administrator (TPA) |  | ,                           |
|    |                                | Trading Partner FEIN and the nine-digit physical address postal code (ZIP-4), will be used to identify a unique trading partner. The sender ID FEIN and physical address postal code should be the same as the that will be used by the partner as the Trading Partner ID in the header record of all EDI Transmissions |  |  |                        |                                 |   |  |                             |
|    |                                | FEIN *<br>12-3456789  |  |  |                        | Physic                          | al Address Postal Code *<br>5-0000            |  |                             |
|    |                                | Is Licensed In Minneso  | ta                                     |  |                        |                                 |   |  |                             |
|    |                                | Address 1 *<br>Address 1  |  |  |                        | 3                               |   |  |                             |
|    |                                | Address 2   |  |  |                        |                                 |   |  |                             |
|    |                                | Address 2   |  |  |                        |                                 |   |  |                             |
|    |                                | Postal Code *<br>Postal Code  |  |  | city *<br>City         |                                 | Coun<br>Cou                                   |  |                             |
|    |                                | State Province *  |  |  |                        | Count<br>✓ Unite                | <b>y</b><br>d States                          |  |                             |
|    |                                | Next Save as Draft  | Cancel                                 |  |                        |                                 |   |  |                             |
|    |                                |   |  |  |                        |                                 |   |  |                             |
|    |                                |   |  |  |                        |                                 |   |  |                             |

4. Select EDI or eForm from the DEPARTMENT OF ٩ Philip Gallagher 🗸 Transmission Method dropoard > Trading Partner Profile Update down menu and click Next. **Trading Partner Profile Update** 0 2 3 4 Trading Partner Details Transmission Method Contact Information Company Information - 4 Vendor -Next Back Save as Draft Cancel 5. Update any information for DEPARTMENT OF LABOR AND INDUSTRY ٩ Philip Gallagher 🗸 **Business Contact, Technical** Contact and Preparer Contact **Trading Partner Profile Registration** 0 as needed. 0 0 6 Trading Partner Details Transmission Method Contact Information 6. Click Next. Business Contact 5 Last Name \* Last Name Phone Number \* Email Address \* Same as Primary Address Address Line1 \* Address Line1 Address Line2 Address Line Postal Code \* Postal Code city\* City County County Country United State State Province \* Technical Contact 5 First Name \* First Name Phone Number \* Email Address \* Same as Primary Address Address Line1 \* Address Line1 Address Line2 Address Line Postal Code \* Postal Code city\* City County Country United Sta State Province \* . Preparer Contact 5 Last Name \* Email Address \* Email Addre Phone Number \* Same as Primary Address Address Line1 \* Address Line\* Address Line2 city\* City Postal Code \* Postal Code County Country
 United State State Provi 6 Back Save as Draft Cancel Next

7. Update the information for DEPARTMENT OF <u>رم</u> the insurer for which the Trading Partner Profile Re **Trading Partner Profile Registration** trading partner will be 0 0 0 0 submitting claims. Click + Add **Trading Partner Details** Tran ssion Method Contact Information Com ny Informat under Companies within Insurer Information **Campus** to lookup an existing Companies within Campus record or add the required + Adr Companies not within Camp information and click the Insurer Type Insurer FEIN \* 12-1212121 + Add for Companies not + Add within Campus. 8 Back Save as Draft Cance 8. Click **Submit Form** to transmit the updated registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address

#### Signing up for EDI versus eForm

in Campus.

Trading partners will sign up for their submission method via the trading partner registration webform or the amended trading partner registration webform. If submitting via electronic data interchange (EDI), there are additional fields that are required.

| 1. | During the registration process,<br>under <b>Transmission Method</b> ,<br>select <b>EDI</b> . | Submit Tilling   | € Mr. Electratic Interchange ↓<br>mation Company Information |
|----|---|--|--|
| 2. | Complete all the required fields shown with an asterisk (*).                                  | DEPARTMENT OF STREET     MARKAN AND AND AND AND AND AND AND AND AND A      | Gallagher v dig Gallagher v                                  |
| 3. | Click <b>Next</b> to submit the information.  | Transing Partner Details Transmission Method Contact Information Company ( | oformation my information                                    |
## Transaction history, viewing transactions and viewing batch details

After navigating to a claim details page, you can see the transactions that have been submitted to the claim.

 Click the Reporting History tab.
 Information such as the transaction type and how the transaction was

submitted can be viewed on this

- Related Cases & Claims Contacts Issues Parties Benefits Depende Reporting History Emails History Notes Activity Documents Date Received Description Submitted By SU - Sync Up 5/2/2020 Ryans Eform Trader eForm 1 2 PY - Payment Report > 4/29/2020 Ryans Eform Trader eForm : > 4/29/2020 00 - New First Report of Injury Ryans Eform Trader eForm : Showing (1-3) of 3  $|\langle \langle \underline{1} \rangle \rangle$ Items per page 10
- Click on a description hyperlink of a transaction.

screen.

3. The transaction's Document Details page will display, where you can view the data submitted about that transaction.

\*Note: Not all transactions will have a transaction details page.

| ocument: DO-03-4328  |   |  |   |   |         | e a x e | Document Typ<br>Notice of Be                              | enefit Payment | <b>∕</b> Edit |
|--|---|--|---|---|---------|---------|---|----------------|---------------|
| gi (1) 14-<br>Ricci et al.<br>Ricci et al.<br>Ricc | laac frat, nidde name)<br>Py<br>Address<br>im Number:<br>420004 | IN STRUCTION 3 benefits have been pro- fits, contact the claim rep- estions after taking to the claim of the claim rep- structure and taking the second seco | perty pakit. You do not r<br>resentative whose takeph<br>dain representative, co<br>443 LL s<br>51 Pe<br>(dot) ;<br>er<br>2017 Cole<br>6000 1<br>000 00 | ne number is at the<br>taot ether Workers'<br>fsyette Road N.<br>J. Mr 55155<br>14-5020 or 1-800-3<br>e.DOI:<br>e.DOI:<br>et altiomey fees Indi | 42-5354 |         | Created Date<br>4/29/2020<br>Updated By                   |                | 3             |
|  |   |  | Send to Employee and the  | noivel Money (M   | 7       |         | Related<br>Related Transa<br>CL-03-4328<br>PY Payment: In | action         |               |
|  |   | — + Automa   |   | - population of the   | 0       |         |   |                |               |

- To view a batch details page, click on a hyperlinked batch ID, which is available in various places, such as in the **Reporting History** tab. To view this, click the dropdown menu on your username in the top right corner and select **My Groups**.
- Click the kebab menu on the applicable group and click View Group.



| DEPARTMENT OF<br>LABOR AND INDUSTRY                  | Submit a Filing 🗸  | C.          | Mr. Electronic Interchange 🗸 |
|--|--|-------------|------------------------------|
| Dashboard > My Groups                                |  |             |                              |
| My Groups  |  |             |                              |
| Ryans Eform Trader<br>Trading Partner<br>1 Members   |  |             | 5 View Group                 |
| My Permissions                                       | Group Admins   | Date Joined | Manage Group                 |
| Group Administrator                                  | Mr. Electronic Interchange (<br>DLITestExt1+tradingpartner@gmail.com ) | 4/27/2020   |                              |
| Service of Process Designee                          | Derrescert i tradingpartner@gnan.com/                                  |             | Leave Group                  |
| Designated Contact for Information Requests from DLI |  |             |                              |
| Profile Management Designee                          |  |             |                              |
| Toms Trading Partner<br>Trading Partner<br>1 Members |  |             | i                            |
| My Permissions                                       | Group Admins   | Date Joined |                              |
| Group Administrator                                  | Mr. Electronic Interchange (<br>DLITestExt1+tradingpartner@gmail.com ) | 5/22/2020   |                              |

- At the bottom of the screen, select the **Reporting History** tab.
- Click the Batch ID hyperlink to navigate to the batch details page.

| JCN         | Date Received         | Description              | Source | Status   | Batch ID  | Insurer | Т |
|-------------|-----------------------|--------------------------|--------|----------|-----------|---------|---|
| > 034328393 | 5/6/2020 3:57:47 PM   | SX - Full Suspension     | eForm  | Accepted | 1844067   |         | : |
| > 034328397 | 5/2/2020 7:57:06 PM   | SU - Sync Up             | eForm  | Accepted | 1843963   |         | : |
| > 034328393 | 5/1/2020 12:08:26 PM  | AB - Add Concurrent B    | eForm  | Accepted | 1843950   |         | : |
| > 034328550 | 4/30/2020 6:30:23 PM  | UI - Under Investigation | eForm  | Accepted | 1843931   |         | : |
| > 034328397 | 4/29/2020 9:48:34 PM  | PY - Payment Report      | eForm  | Accepted | 1843911   | _       | : |
| > 034328397 | 4/29/2020 9:45:51 PM  | 00 - New First Report    | eForm  | Accepted | 1843910   |         | : |
| > 034328393 | 4/29/2020 9:33:27 PM  | IP - Initial Payment     | eForm  | Accepted | 7 1843909 |         | : |
| > 034328393 | 4/29/2020 9:28:39 PM  | 00 - New First Report    | eForm  | Accepted | 1843908   |         | : |
| > 034328339 | 4/29/2020 12:29:06 PM | UI - Under Investigation | eForm  | Accepted | 1843863   |         | : |
| > 034222383 | 4/27/2020 6:24:09 PM  | 00 - New First Report    | eForm  | Accepted | 1843570   |         | : |

| 8. | The batch details | DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS                            | Q XX-00-0000-000                     |                                      | + Add Remina               | der 🗰 🌔 Advanced Search |
|----|-------------------|--|--------------------------------------|--------------------------------------|----------------------------|-------------------------|
|    | page displays     | Assignments/Workload External Use  | ers Status & Tasks Users & Teams Ter | nplates Admin Prepaid Cards          |                            |                         |
|    | showing Batch     | Dashboard > Batch: 1850808   |                                      |                                      |                            |                         |
|    | Summary           | Batch: 1850808<br>EDI Batch Submitted by RiskAdminServices 5/27/2<br>Batch Summary | 020                                  |                                      |                            | 1                       |
|    | information,      | Total Transactions<br>2  | Accepted/Rejected Count<br>0/2       | Trading Partner<br>RiskAdminServices | Date Received<br>5/27/2020 |                         |
|    | Acknowledgement   | Acknowledgement Details  |                                      |                                      |                            |                         |
|    | Details and       | 5/27/2020  | View                                 |                                      |                            |                         |
|    | Transactions.     | Transactions<br>JCN  | Date Received                        | Description                          | Status                     | т                       |
|    |                   | 034565815  | 5/27/2020 8:33:02 AM                 | PY - Payment Report                  | Rejected                   | :                       |
|    |                   | 002156830  | 5/27/2020 8:33:02 AM                 | IP - Initial Payment                 | Rejected                   | :                       |
|    |                   | Showing (1-2) of 2 $ \langle \langle \underline{1} \rangle \rangle$                |                                      |                                      | Item                       | s per page 10 👻         |

## **Reporting capabilities**

Reporting capabilities within Campus include exportable claim-level reports a user can perform.

- Navigate to the claim details page, scroll to the bottom and select the **Documents** tab. Click the **Download All Documents** button.
- The Download Documents window displays. Click the Include Claim Summary Report checkbox if you would like to download a printable version of the claim summary report.
- Click the Download Documents button and a ZIP file will be prepared. You will be notified when it is ready to download to your computer.

 Document Bit of Contents
 Document Chaines & Cases
 Reporting History
 Claim Payments

 Document ID
 Document Type
 Created By - Party
 Created By - User
 Tourised Al Document

 > Do3a4328-396
 Discontinuance
 Mr. Electronic Interchange
 5/6/2020 9:55 pm
 III

 > Do3a4328-395
 Claim Data
 Mr. Electronic Interchange
 4/30/2020 3:33 am
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| Managed Care Provider<br>Organization Type                           |  |                    |  |                                      |                  |
|--|--|--------------------|--|--------------------------------------|------------------|
| Organization Name  |  |                    |  |                                      |                  |
| Key Dates  |  |                    |  |                                      | Ŷ                |
| Injury Details   |  |                    |  |                                      | ~                |
| Accident Details   |  |                    |  |                                      | ~                |
| Employment I Download D  | ocuments   |                    |  |                                      | ~                |
| Benefits and I<br>The selected do<br>minutes.                        | nents to be downloaded.<br>cuments, and their related attachments asso<br>et Subset of Documents |                    | ill receive an email when your zip file is ready for d | ownload; this process can take a few | ×                |
| Parties Claim Su   | RC Subset of Documents   |                    | ude Claim Summary Report                               | ownload Documents Cancel             | ad All Documents |
| Document ID  | Document Type  | Created By - Party | Created By - User                                      | Created On                           |                  |
| > DO-03-4328-400   | Notice of Benefit Payment  |                    | Mr. Electronic Interchange                             | 4/30/2020 3:48 am                    | :                |
| > DO-03-4328-399   | Claim Data   |                    | Mr. Electronic Interchange                             | 4/30/2020 3:46 am                    | :                |
| Showing (1-2) of 2 $ \langle \underline{1} \rangle \rangle  \rangle$ |  |                    |  | items per page 10                    | -                |
|  |  |                    |  |                                      |                  |

# **Claim access**

## **Requesting and redeeming a unique access code – employee**

To gain access to a claim as an employee (injured worker) or a representative of an employer, you will first need to generate a unique claim access code.

| 1. | From the <b>Dashboard</b><br>(homepage), click on the<br><b>Submit a Filing</b> drop-down<br>menu and select <b>Access a</b><br><b>Case or Claim</b> . | DEPARTMENT OF<br>WARC CAN DE NADUSTRY<br>WARC CAN DE NADUSTRY<br>Submit a Filing C<br>Access a Case or Claim<br>Access a Case or Claim<br>VRU Rehabilitation Consultation<br>Trading Partner Profile Registrat<br>Initiate a Dispute<br>Up<br>Request for Guidance with an U<br>View details associated to your<br>claims in the My Queue portal.<br>Up<br>View et ails associated to your<br>claims in the My Queue portal.<br>Up<br>Submit Election To Exclude<br>Respond to Request For Information | tion No notifications.   |
|----|--|--|--|
| 2. | Click on the drop-down menu<br>and select <b>Request or</b>  | Access a Claim or Case   |  |
|    | Redeem an Access Code.   |  |  |
| 3. | Click <b>Next</b> to continue or   | What are you trying to do?   |  |
|    | Close to exit.   | Request or Redeem an Access Code   |  |
|    |  | Next 3 Close   |  |
| 4. | Select I am the employee   | Request or Redeem an Access Code   |  |
|    | named on a claim.  | Who are you?*  |  |
| 5. | Select I need a code.  | If you are the employee named on a claim, or a representative of an employer named on a claim, the l<br>Once you redeem this code, you will have access to all of 4 work comp claims. To request or redeem   | Minnesota Department of Labor and Industry needs to verify your identity with a custom, one-time-use code.<br>m a code, first select the option below that applies to you. |
| 6. | Fill in the required   | I am the employee named on a claim     I am a representative of an em  | ployer named on a claim  |
|    | information.   | Are you requesting or redeeming an access code?*   |  |
| 7. | Check the box to attest the  |  | he zip code should be that which your employer has on file for you. If you need assistance, contact the Minnesota  |
|    | information is accurate and  | Social Security Number   | Department-provided PIN<br>123-45-6789   |
| 8. | complete.<br>Click <b>Submit Form</b> to send the  | Date of Birth *  | Preferred Zip Code *   |
| о. | request.   | 1/1/2000<br>(mm/dd/yyy)  |  |
|    |  | Confirm  |  |
|    | code will be sent via email.   | Attestation  |  |
|    | er receiving the code, log back  | <b>7</b> By checking this box, I confirm that the information on this form is true, a  | ccurate, and complete to the best of my knowledge.   |
|    | and navigate to the same   | Submit Form Cancel   |  |
|    | bform (Submit a Filing>Access a  |  |  |
|    | e or Claim>Request or Redeem<br>Access Code).  |  |  |

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

\*If submitted successfully, you will see a confirmation message and receive a confirmation email message. You should now be able to access the claim on your **Dashboard** under the **Claims** tab.

 You can now see and access the claim on your Dashboard under the My Queues, My Claims tab.

|    | Carolydfines      Carolydfines      Carolydfines      Carolydfines   |
|----|--|
|    | Pathbard - Request or Redeem an Access Code  |
|    | Request or Redeem an Access Code   |
|    | Who are you?*  |
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|    | I am the employee named on a daim O I am a representative of an employer named on a daim   |
|    | Are you requesting or redeeming an access code?*   |
|    | There the configure and by mail in the field below. Once you have redeemed your code, you will have access to all of your work comp claims and cases and will be able to find them on your home page. If you need assistance, contact the Minnesota Workers' Compensation Holdine at (Support Phone Number) or email us at (Support Third Address)   |
|    | 12345  |
| 11 | Attestation  |
|    | By checking this box, I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.   |
|    | Submic Form Cancel 12  |
|    |  |

| My Overview                   |                                |                             |                |  |                              |                  |        | otificatio | ons |                 |          |         |  |
|-------------------------------|--------------------------------|-----------------------------|----------------|--|------------------------------|------------------|--------|------------|-----|-----------------|----------|---------|--|
|                               | Open Claims                    | your View                   | pcoming Events | New Docum<br>Review documents<br>Notifications panel to<br>accuracy. | in the                       |                  |        |            |     |                 |          |         |  |
|                               |                                | 1                           | 3              |  |                              |                  |        |            |     |                 |          |         |  |
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|                               | Employee E                     | Employer<br>The Brick Store | Claim Admin    | Date of Injury   | Status<br>Default Status Pik | ۲                | May 20 | 020        |     | <b>We</b><br>29 | Th<br>20 | <       |  |
| My Claims My Dis              | Employee E<br>Carol Jeffries 1 | Employer                    |                | 5/1/2020   | Status                       | ۲                | May 20 | 020<br>Mo  |     |                 |          | ۲<br>Fr |  |

# Requesting and redeeming a unique access code – employer

A member of an employer group must generate an access code to enable anyone in the employer group to get access to claims the employer is on (see the *Group management* section within this manual for instructions for setting this up). After redeeming the unique access code, the **Claim and Case Management** page will be unlocked (see the *Claim and case management* section). \*When your employer group is established, a member of the group must generate the access code.

 From the Dashboard, click on the Submit a Filing dropdown menu and select Access a Case or Claim.

- Click on the drop-down menu and select Request or Redeem an Access Code.
- 3. Click **Next** to continue.
- 4. Select I am a representative of an employer named on a claim.
- 5. Select I need a code.
- Select the Employer Name and Mailing Address from the drop-down menu.
- 7. Check the box to attest the information is accurate and complete.
- 8. Click **Submit Form** to send the request.

\*A code will be mailed to the address that was submitted. After receiving the Code, log back in and navigate to the same webform (Submit a Filing>Access a Case or Claim>Request or Redeem an Access Code).

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS  | ,               | Submit a Filing   |   | 🚺 🛛 Tony Kerr 🗸  |
|--|-----------------|---|---|--|
| My Overview  |                 | Access a Case or Claim<br>VRU Rehabilitation Consultation Request |   | A Notifications  |
| 0  |                 | Trading Partner Profile Registration                              | 0   | No notifications.  |
| Open Claims  | Up              |   | Documents   |  |
| View details associated to your claims in the My Queue portal.   | View<br>ev      | Open Appeal/Petition<br>Submit Election To Exclude                | w documents in the<br>ations panel to ensure<br>accuracy.                   |  |
|  | -               | Respond to Request For Information                                | ]   |  |
| Request or Redeem an Access (  | Code            |   | 4   | →(·)   |
| DEPARTMENT OF<br>LODG AND HOUSTRY<br>Lot Code Carvis<br>Dashboard - Request or Redeem an Access Code<br>Request or Redeem an Acce<br>Who are you?*   | ess Code        | Submit a Filing v   |   | 🚺 Tom Bombadil 🗸   |
| If you are the employee named on a daim, or a representative of an<br>first select the option below that applies to you.<br>I am the employee named on a claim () I am an<br>Are you requesting or redeeming a   | representative  |   | custom, one-time-use code. Once you redeem this code, $\boldsymbol{\gamma}$ | you will have access to all of your work comp claims. To request or redeem a code, |
| He your detecting of redetecting a     In have a code of the gradient of |                 | <b>UNE :</b> -  | Minnesota Worker' Compensation Hotline at Dapport P                         |  |
| Attestation     Sychecking this box, I confirm that the informati  | on on this form | is true, accurate, and complete to the best of my knowledge.      |   |  |

\*\*Your group administrator will then be able to access the case/claim management page to assign case and claim access permissions (see the section below).

## Claim and case management page

Employer, insurer and third-party administrator (TPA) groups will have a **Group Case and Claim Management** page where access can be granted or removed for members (users) of that group. For employer groups, the access PIN process needs to be completed to enable access to this page (see the *Requesting and redeeming a unique access code – employer* section).

The **Claim and Case Management** page is accessible only by users who have group administrator or claim access permissions (see the *Group management* section).

Click on the drop-down 1. DEPARTMENT OF LABOR AND INDUSTRY (L) Submit a Filing 🗸 menu next to your account Edit Profil **My Overview** name in the Dashboard and Notificatic 1 My Groups select My Groups. Log Out Request for Access to Access request approved from form submission 1436 **Open Claims Upcoming Events** New Documents → View and edit the details of your events in the Events portal. View details associated to your claims in the My Queue portal. Review documents in the Notifications panel to ensure Request for Access to 34222402 × has been denied accuracy Access request denied from form submission 1437 Contact the Department of Labor and Industry at DEPARTMENT OF LABOR AND INDUSTRY <u>n</u> Locate the group for which Tom Bombadil 2. you have the appropriate Dashboard > My Groups claim access or group **My Groups** The Brick Store management permissions Employe and expand the kebab menu View Group **Group Admins** Date Joined My Permissions on the right. Manage Group Group Administrator Tom Bombadil ( DLITestExt1+general9@gmail.com ) 5/1/2020 Manage Case/Claim Acces Select Manage Case/Claim 3. Leave Group Access. Address Contact 

4. The Group Case and Claim Access Management page displays showing the associated Claims, Members with Access and Cases.

\*If you are associated to an employer group that has not yet been verified, you will see a page instructing you to complete the access code process (see the *Requesting and redeeming a unique access code – employer* section).

- On this page, you can grant or remove claim access to members of your group on an individual claim basis by clicking on the Edit button.
- The Edit Claim Access window displays allowing you to select from the Available Group Members list by clicking on the plus sign.
- 7. Click the **Save** button.
- You can also grant or remove access to all claims in bulk by clicking **Bulk Edit** above the claims list.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>HORK COMP CAMPUS                      | Submit a Filing 🗸   |   | ©  | Tom Bombadil |
|--|---|---|--|--------------|
| Dashboard + Employer: ER-00-0000-009 + Group Case and                        | Claim Access Management   |   |  |              |
| Group Case and Claim Access<br>he Brick Store: ER-00-0000-009                | Management  |   |  |              |
| ou can control your Employer Group Members' claim and case                   | access from this page. Below are some tips to help you get started:       |   |  |              |
| <ul> <li>Control which group members have access to an individual</li> </ul> | I case by clicking the claim row in the table. Then in the case card that | t appears under the data table, click "Edit" next to the "Members with Access | a" list. Note: granting access at the claim level also grants access to any cases that are on that claim.<br>list. Note: granting access at the case level does not grant access to the claim. |              |
| e Brick Store  |   |   |  |              |
| aims Cases   |   |   |  | 🖋 Bul        |
| Jaim Name  | Campus File Number  | Group Role  | Status   |              |
| arol Jeffries: Injury on 05/01/2020  | CL-03-4328-571  | Employer  | Default Status Placeholder   |              |
| red Flintstone: Injury on 03/07/2020   | CL-03-4328-586  | Employer  | Default Status Placeholder   |              |
| eorge Jetson: Injury on 04/06/2020   | CL-03-4328-585  | Employer  | Default Status Placeholder   |              |
| Showing (1-3) of 3 $ \langle \langle \underline{1} \rangle \rangle$          |   | •   | Items per page 10  |              |
| arol Jeffries: Injury on 05/01   | /2020   | 4   |  |              |
| laim : CL-03-4328-571  |   |   |  |              |
| Members with Access <sup>e</sup> > Edit                                      | Cases on<br>No related cases  | this Claim <sup>e</sup>   |  |              |
|  |   |   |  |              |
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| The Brick Store   |                    |                               |                            |           |
|---|--------------------|-------------------------------|----------------------------|-----------|
| Claims Cases  |                    |                               |                            |           |
|   |                    |                               | 8 🔽                        | Bulk Edit |
| Claim Name  | Campus File Number | Group Role                    | Status                     | т         |
| Carol Jeffries: Injury on 05/01/2020                                | CL-03-4328-571     | Employer                      | Default Status Placeholder |           |
| Fred Flintstone: Injury on 03/07/2020                               | CL-03-4328-586     | Employer                      | Default Status Placeholder |           |
| George Jetson: Injury on 04/06/2020                                 | CL-03-4328-585     | Employer                      | Default Status Placeholder |           |
| Showing (1-3) of 3 $ \langle \langle \underline{1} \rangle \rangle$ |                    |                               | Items per page 10          | ÷         |
| Carol Jeffries: Injury on 05/01/2                                   | 2020               |                               |                            |           |
| Claim : CL-03-4328-571  |                    |                               |                            |           |
| Members with Access <sup>e</sup> > Edit<br>• Tom Bombadii           |                    | es on this Claim <sup>e</sup> |                            |           |
|   |                    |                               |                            |           |
|   |                    |                               |                            |           |

- 9. Click on Grant Access or Remove Access, check the box for Select All Claims and select the plus sign to add Group Members.
- 10. Click Save to continue.
- 11. Members given access to a claim will automatically receive access to any case on that claim. You can see the cases associated to your group by toggling the **Cases** tab.

\*This will display disputes, appeals and rehabilitation transactions your group is a party to.

- 12. When assigning access at the case level, you will see all members inheriting access from the claim. If you wish to assign case-only access to a member, you can do so on this screen.
- After assigning access, members will be able to see the newly accessible claims and cases under the My Queues section of their Dashboard.





### **Claim access authorization webform**

Campus users who are not foundational parties to the claim (for example the spouse of an injured worker, qualified rehabilitation consultants and representative of employee's estate) must submit the

claim access authorization webform to DLI. DLI will then review the submission and determine whether claim access will be granted.

If the user has been authorized by the employee or other appropriate individual to access the claim, he or she must attach the authorization to the webform submission.

- Click on the Submit a Filing drop-down menu and select Access a Case or Claim.
- 2. Click on Submit an Authorization.
- 3. Click **Next** to continue.

 Carefully read the webform and select the options that apply to your submission.

| y Overview  | My Overview   |  | Submit a Filing 🗸   |   |   | Tom Bombadil 🗸   |
|---|---|--|---|---|---|--|
| A Queues   by Queues   control   control <tr< th=""><th></th><th></th><th>View and edit the details of your</th><th>Review documents in the<br/>Notifications panel to ensure</th><th>Reques<br/>been a<br/>Access<br/>form a<br/>Today<br/>Reques</th><th>In for Access to 34328571 has ×<br/>porroved<br/>s request approved from<br/>submission 1436 →<br/>st for Access to 34222402 has ×</th></tr<>  |   |  | View and edit the details of your   | Review documents in the<br>Notifications panel to ensure  | Reques<br>been a<br>Access<br>form a<br>Today<br>Reques | In for Access to 34328571 has ×<br>porroved<br>s request approved from<br>submission 1436 →<br>st for Access to 34222402 has × |
| My Disputs My Disputs My Porms     Autorizing Individual Information     Claim or incapation for the same syncer and with the same there is the despined burner.  | Av Queues   |  |   |   | the De<br>Indust  | epartment of Labor and<br>try at [Support Phone 👻  |
| Deschoord - Claim Access Authorization   Claim Access Authorization   Claim Access Authorization   Image: Claim Access Authorization   Imag   | Campus File Number<br>o data found  | cess a Claim or Case<br>at are you trying to do?   |   |   | My Events   | <<br>Th Fr _S<br>1   |
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| Claim Information  Locate a Claim  Locate a C | Dashboard > Claim Acc   | cess Authorization   |   |   |   |  |
| Identification       Locate a Claim       Submit Authorization         Claim Information       Endentification request and for some of the submit authorization request and notify you with the sense (Figure 1)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization request and notify you with the sense (Figure 2)       Image: Submit Authorization RUW (Submit Authorization RUW (Submit Result and request action sets to the online worker): compensation claim file that would not otherwise be accessible to the public.       Image: Submit Authorization RUW (Submit Result and request action request and notify you with the sense (Figure 2)       Image: Submit Authorization RUW (Submit Result and request action request and request action request and notify you with the sense (Figure 2)       Image: Submit Result and R  | Claim Acces   | s Authorization  |   |   |   |  |
| Claim Information  The form authorizes Tom Bombadil to access all parts of the Minnesota workers' compensation claim file maintained by the Department of Labor and Industry (DLI) for the employee and claim record you have interesting to the import of this property completed authorization. DLI will review the requise and may grant access to the online workers' compensation claim file that would not otherwise be accessible to the public.  A copy of this authorization may be used in the same marine and adve the same access to the online workers' compensation claim file that would not otherwise be accessible to the public.  A copy of this authorization may be used in the same marine and adve that the same (adve the exist.  A copy of this authorization may be used in the same marine and with the same effect as the original document.  A copy of this authorization that would not otherwise be accessible to the public.  A copy of this authorization that the same effect as the original document.  A copy of this authorization the date signed, or until this concert is withdrawn by notifying DLI in writing at the following address: Department of Labor and Industry Workers' Compensation File Review PO  accesses at a minnor or incapaditated employee (attach proof of relation)  A copy of this form because larm the:  A copy of this form because larm the:  A copy of this form because and the document engravalitation and the document engravalitation and industry address: Department of Labor and Industry Workers' Compensation File Review PO  A composition of a minnor or incapaditated employee (attach proof of relation)  A copy of this document engravalitated employee (attach proof of relation)  A copy of this document engravalitated employee (attach proof of dependent)  A copy of the document ing guardianship  A copy of the document engraved attack employee (attach proof of dependent)  A copy of the document engraved attack employee (attach proof of dependent)  A copy of the document engraved attack employee (attach proof of depe |   |  | Loc   | ate a Claim   |   | •  |
| a ma authorized to sign this form because I am the:  Parent of a minor or incapacitated employee (attach proof of relation) Guardian of a minor or incapacitated employee (attach a court order documenting guardianship) Dependent of a deceased employee (attach proof of dependency)   | Claim Informat  | tion   |   |   |   | Sublint Authorization  |
| Guardian of a minor or incapacitated employee (attach a court order documenting guardianship)     Dependent of a deceased employee (attach proof of dependency)   | This form authorizes To<br>identified. Upon submis<br>• Following receipt of<br>• Once access to this<br>• A copy of this author<br>• This authorization i  | m Bombadil to access all parts of ti<br>ssion of this webform, DLI will revie<br>f this properly completed authorization<br>information is granted, DLI does not co<br>rization may be used in the same mai<br>s valid for six months from the date si   | w your authorization request and no<br>n, DLI will review the request and may gr<br>ontrol how it is used or further distribut<br>oner and with the same effect as the orig   | ify you with the result.<br>ant access to the online workers' compensation<br>with by the recipient.<br>in al document.   | on claim file that would not otherwise be a             | ployee and claim record you have   |
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- Upload the required supporting attachments and, if applicable, the physical authorization form by clicking on the + Upload Document button.
- Select the file(s) using the upload button.
- 7. Select the **Document Type** from the drop-down menu.
- 8. Enter a brief **Description**.
- 9. Click **Upload** to continue.
- Type your full name in the Full Name of Signatory field (this must match your Campus user-profile name) to sign electronically.
- 11. Click the checkbox to attest you are legally signing and confirming the accuracy.
- 12. Click the **Submit Form** button to save and continue.
- Upon submission you will see a confirmation screen showing the Confirmation Number and Associated ID. You will also receive a confirmation email message to the email address you have on file.

| Supporting  | Attachments  |   |  |
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|   |  |   | ormation may not be released over the telephone without this authorization in  |
| the departments h                                     | e. The department will only copy or permit review of claim file inform   | nation for the dates of injury indicated on the authorization.      |  |
| If you have question                                  | ns. the workers' compensation file review office can be reached at [6  | 51) 284-5200; toll-free: (800) 342-5354; and TTY: (651) 297-4198    | ç.   |
| Submit Form B   | ack Save as Draft Preview Cancel   |   |  |
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|   | st and Last Name as they appear on your CAMPUS profile. By signing<br>and, if required, to the department's Vocational Rehabilitation unit (V    |   | nts are being sent to the employee, insurer, any attorney(s), the Department of  |
| Full Name of Signator                                 | nu *   |   |  |
| Tom Bombadi   | · 10   |   |  |
| understand the  | at by checking this box, I am legally signing this electronic form and I o   | confirm that the information on this form is true, accurate, and c  | complete to the best of my knowledge.  |
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|   | n concerning disability may not be used to make a job decision unless<br>ized by the subject of this data is prohibited. Questions concerning us |   | horized by state or federal law, any use or distribution of this information<br>partment of Human Rights at (651) 296-5663 or 1-800-657-3704.          |
| Minnesota Statutos                                    | 5.176-321 subdivision 0 requires that information in a workers' com-   | execution claim file maintained by the Department of Labor and      | Industry (department) may not be released without the authorization of the   |
|   | r, insurer, or dependent of the deceased employee. Minnesota Rules,  |   | a masary (areper amend) may not be released without the authorization of the   |
| <ul> <li>be in writing</li> </ul>                     |  |   |  |
| <ul> <li>be signed and</li> </ul>                     | I dated within the last six months by the employee or legal guardian,<br>authorized to review the file.  | employer, insurer, special compensation fund, or dependent of       | a deceased employee for the specified date of injury; and  |
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| additional informat                                   | ion to verify the identity of the person authorizing the release or the r  | elationship of the person to a party to the claim. Claim file infor | whether your request was approved or denied. The department may ask for<br>mation may not be released over the telephone without this authorization in |
| the department's fil                                  | e. The department will only copy or permit review of claim file inform   | ation for the dates of injury indicated on the authorization.       |  |



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|--------|---------|-------------------|----------|----------------|
|        | NDUSTRY | Submit a Filing 🗸 | 0        | Tom Bombadil 🗸 |



- 14. A DLI representative will then review your submission, and either accept or reject it.
- 15. If approved, you will receive an email message to the account on file informing you of access approval and you will now see the claim displayed on your **My Claims** tab.
- 16. 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 help desk information.

\*Access will be granted for a sixmonth period beginning on the approval date. When 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.



## Filing a notice of representation

As an attorney trying to gain access to a claim, you will need to file a notice of representation.

- Click on the Submit a Filing drop-down menu and select Access a Case or Claim
- 2. Select File Notice of Appeal or Representation from the drop-down menu.
- 3. Click Next to continue.

\*You will need to be associated to a law firm group to proceed (see the *Group management* section).

- 4. Enter claim-identifying information to access the claim.
- 5. Click **Next** to proceed to the webform.

- Select the party
   Representation information.
- Attach either a Retainer Agreement or Notice of Representation signed by the employee.
- Click both checkboxes to acknowledge and confirm representation.







9. Enter the required **Attorney** Information. Attorney Information

ne Saint Paul, Minnesota 55155

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- 10. Click Next.
- Select the parties to serve by clicking on the applicable checkboxes in the Serve Party column.
- 12. Check the **Declaration** to confirm the accuracy.
- 13. Type your full name in the **Full Name of Signatory** field.
- 14. Click the checkbox to legally sign electronically and click **Submit Form**.
- The parties selected will be served and you will see a submission confirmation page showing the Confirmation Number and Associated ID.

\*If you answered "Yes/other" to the question "Are there limitations regarding your representation," you will need to wait for access approval or denial from DLI.

\*\*If approved, you will now have access to the claim and can access it from your
 Dashboard>My Queues>My Claims.

|                                      | opearance or Representation |                      |           |                              |                          |    |
|--------------------------------------|-----------------------------|----------------------|-----------|------------------------------|--------------------------|----|
| Notice of App                        | pearance or Representation  |                      | 0         |                              |                          |    |
| Locate a Claim                       |                             |                      | ppearance |                              |                          | Se |
| Serve Party                          | Name<br>Carol leffries      | Role                 | Address   | Service Method               | Service Date<br>5/1/2020 |    |
| Serve Party                          | Name<br>Carol Jeffries      | Role<br>Employee     | Address   | Service Method<br>Electronic | Service Date<br>5/1/2020 |    |
|                                      | The Brick Store             | Employer             |           | Electronic                   | 5/1/2020                 |    |
|                                      | Ron Weasley                 | Other Representative | N/A       | None                         |                          |    |
|                                      | Meriadoc Brandybuck         | Other Representative | N/A       | None                         |                          |    |
|                                      | 1A Insurer Test             | Insurer              |           | Electronic                   | 5/1/2020                 |    |
| Notice<br>Upon clicking Submit, Camp | of sole                     |                      |           |                              |                          |    |



## Filing a motion to intervene

As a potential intervenor needing to gain access to a dispute, you will need to file a motion to intervene.

| 1. | Click on the Submit a Filing |
|----|------------------------------|
|    | drop-down menu and select    |
|    | Access a Case or Claim.      |

2. Select **Motion to Intervene** from the drop-down menu.

- To locate a dispute, enter dispute-identifying information.
- 4. Select the applicable dispute.
- 5. Click **Next** to continue.

- 6. Under Intervenor Details select a Party Name in the drop-down menu.
- 7. Click **Next** to continue.

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| dotion to intervene. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at [Support Phone Number] or email us at [Support Email Address].         WD       Campas File Number         Employee Date of Injury       OR         Employee Date of Injury       OR         Immiddelyyy)       OR         Autor 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         Intervent of 1       (C 1 > >)         Use Select       (D 1 > >)         Items per page       10         Showing cars) of 1       (C 1 > >)         Store of Select To for the Intervente       Use Notion to Intervente         Motion to Intervente       Submit a Filing          Desthoard > Motion to Intervente       Interventor Details   | rve Pa  |
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| Intervenor Details         Intervention Details         Serve Parties  |         |
| Locate a Dispute Intervenor Details Intervention Details Serve Parties   |         |
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| Complete the following information related to the organization filing this Motion to Intervene. Intervenors provide services or pay benefits to or on behalf of the employee and have a statutory right to intervene under Minnesota Statutes 5 176.361.   |         |
| Are you one of the following potential intervenors? Party Name* Best Health Care Clinic 6  | 7       |
|  | 2       |

- 8. Under Intervention Details, fill in the required fields.
- 9. Select the Acknowledge Intervention checkbox.
- 10. Click the **+ Upload Document** button to attach supporting documentation.
- 11. Click Next to continue.

- 12. Under **Serve Parties**, select the parties to serve by clicking on the applicable checkboxes.
- 13. Check the **Declaration** box.
- 14. Type your full name and click the checkbox to confirm your electronic signature.
- 15. Click Submit Form.

| Medical Request De<br>5/27/2020<br>(mm/dd/yyyy)<br>The applicant, API<br>Attached to this N<br>Total Claim Amou<br>\$<br>Upon request of a<br>acknowledge<br>A de 9 nation ii<br>attac exhibit(s  | Iling this Motion to inter<br>ate *<br>PLICANT, has provided s<br>Motion to intervene is an<br><b>unt to Date *</b><br>a party or to present evi<br>intervention<br>in this case may affect th<br>s),<br>presentative, who has a   | vene in the following d<br>services or paid benefit<br>n exhibit(s) itemizing the<br>500<br>dence of the intervention<br>he ability of the application   | sto or on behalf of the employee at e charges for services provided or p surfaces to be a by the services to be a | ayments made to or on behalf of  | ene under Minnesota S<br>f the employee by the<br>End Date *<br>S/25/2020<br>(mm/dd/yyyr)<br>ional documentation, r           | ne applicant for the  | he dates below.   | Ð   |
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| (mm/dd/yyyy)<br>The applicant, API<br>Attached to this M<br>Total Claim Amou<br>\$<br>Upon request of a<br>acknowledge<br>Arde 9 nation in<br>acknowledge<br>Arde 9 nation in<br>acknowledge<br>The applicant's re<br>First Name *<br>Tom   | Motion to Intervene is an<br>unit to Date *<br>a party or to present evi<br>intervention<br>in this case may affect th<br>.).<br>presentative, who has a   | services or paid benefit<br>n exhibit(s) itemizing the<br>500<br>dence of the interventi<br>ne ability of the applicat   | e charges for services provided or p<br>Surt Date *<br>5/14/2020<br>(mm/dd/yyy)<br>on claim at hearing, the applicant ai<br>nt to obtain payment from any sour<br>chalf of the applicant can be contact<br>Last Name *<br>Bombadil<br>Email *   | ayments made to or on behalf of  | f the employee by the<br>End Date *<br>5/25/2020<br>(mm/dd/yyy)<br>fonal documentation, r<br>ayments made to or or<br>Title * | ne applicant for the  | he dates below.<br>E<br>ports as required by law.   |     |
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| \$ Upon request of a Acknowledge Acknowledge Acknowledge Acknowledge Acknowledge FristName* Tom Phone*  | a party or to present evi<br>intervention<br>in this case may affect th<br>s).<br>presentative, who has a  | dence of the intervention in the application of the | 5/14/2020<br>(mm/ddyyyy)<br>on claim at hearing: the applicant ai<br>ht to obtain payment from any sour<br>thalf of the applicant can be contact<br>half of the applicant can be contact<br>Last Name Bombadil<br>Email *   | cki sviedges it will provide addition<br>ce for the auces provided or pa<br>ed us is the information below.      | 5/25/2020<br>(mm/dd/yyyy)<br>ional documentation, r<br>ayments made to or or<br>Title *                                       |   | ports as required by law.   |     |
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| Acknowledge<br>A de 9 nation i<br>attac 9 exhibit(s<br>The applicant's re<br>First Name *<br>Tom<br>Phone *   | Intervention<br>in this case may affect th<br>s).<br>presentative, who has a   | ne ability of the applica  | nt to obtain payment from any sour<br>chalf of the applicant can be contact<br>Last Name *<br>Bombadil<br>Email *   | 8<br>ce for the serices provided or pa<br>red using the information below.                                       | ayments made to or o<br>Title *   |   |   | the |
| First Name *<br>Tom<br>Phone *  |  | authority to settle on be  | Last Name *<br>Bombadil<br>Email *  |  |   |   |   |     |
| Tom<br>Phone *  |  |  | Bombadil<br>Email *   | ill.com  |   |   |   |     |
|   |  |  |   | ill.com  |   |   |   |     |
| (101) 111-1111  |  |  |   | ill.com  |   |   |   |     |
|   |  |  | DLITestExt1+general9@gma  |  |   |   |   |     |
| Therefore, the ap<br>statutory interest.  | plicant requests it be all   | lowed to intervene as a  | party in the above-captioned proce  | eeding and that payment for servi  | rices provided or benef   | nefits paid be made   | de, plus appropriate  |     |
| + Upload Do   | icument 10   |  | File Type   | Description  |   | Remo  | nove  |     |
| Intervention_Doc  | ç.docx   |  | Other   | Other  |   | Î   | ī   |     |
| 1   |  |  |   |  |   |   |   | _   |
| 101000  | PARTMENT OF<br>OR AND INDUSTRY<br>(COMP CAMPUS<br>Dition to Intervene  | r Subrr  | iita Filing 🗸   |  |   | ¢   | Tom Bombadil 🗸  |     |
| ashboard > Mo   | 2010010-000-000100   |  |   |  |   | ٢   | Tom Bombadil 🗸  |     |
| Dashboard > Mo<br>Aotion to   | o Intervene  | 2  | iit a Filing 🗸  | O<br>Intervention  | Details   | ٢   | Tom Bombadil 🗸  | 5   |
| Affidavit of<br>Parties   | ation to Intervene o Intervene uute f Service to serve below. You may  | 2<br>Interv  | 0   | Intervention   |   |   | 0   | 5   |
| Affidavit of<br>Varties<br>elect the parties t<br>+ Add Service   | ation to Intervene o Intervene uute f Service to serve below. You may  | 2<br>Interv  | enor Details  | Intervention   | to add parties to the se  |   | O<br>Serve Parties  | 5   |
| Affidavit of<br>Affidavit of<br>arties<br>elect the parties t<br>+ Add Servic<br>Serve Party  | ation to Intervene o Intervene ute f Service to serve below. You may ke Recipient  | e<br>Interv  | enor Details  | Intervention   | to add parties to the se  | service list.   | O<br>Serve Parties  | 5   |
| Affidavit ol<br>Affidavit ol<br>Affid                         | ation to Intervene o Intervene uute f Service to serve below. You may re Recipient Name usc Office Lifton Employer   |  | venor Details   | Intervention the Add Service Recipient button to Address wcmptester+employer                                     | to add parties to the se<br>er@gmail.com  | service list.<br>Service Method<br>None<br>Electronic                               | Service Date N/A 5/28/2020  | 5   |
| Affidavit ol<br>Affidavit ol<br>Affid                         | ation to Intervene o Intervene ute f Service f Service use Recipient use Coffice use Coffice use Doffice use Doffi |  | enor Details  | Intervention the Add Service Recipient button to Address wcmptester+employe wcmptester+employe                   | to add parties to the se<br>sr@gmail.com<br>sr@gmail.com  | service list.<br>Service Method<br>None<br>Electronic<br>Electronic                 | od         Service Date           N/A         5/28/2020           5/28/2020         5/28/2020                     | 5   |
| Affidavit ol<br>Affidavit ol<br>Affid                         | ation to Intervene o Intervene ute f Service f Service use Recipient use Coffice Union Employer Coffice Coffic | Role Role Role Petitioner Other Representatt Service of Process II Employee  | ve<br>Designee for ABC Office   | Intervention the Add Service Recipient button to Address wcmptester+employer                                     | to add parties to the se<br>rr@gmail.com<br>rr@gmail.com  | service list.<br>Service Method<br>None<br>Electronic<br>Electronic<br>None         | Image: service parties           Service Date           N/A           5/28/2020           5/28/2020           N/A | 5   |
| Affidavit ol<br>Action to<br>cocate a Disp<br>Affidavit ol<br>Parties<br>elect the parties t<br>+ Add Servic<br>Serve Party A<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G<br>G  | ation to Intervene o Intervene ute f Service f Service use Recipient use Coffice use Coffice use Doffice use Doffi | Role Role Role Petitioner Other Representatt Service of Process II Employee Potential Interveno  | ve<br>Designee for ABC Office   | Intervention the Add Service Recipient button to Address womptester+employee womptester+employee 321 Sonw Street | to add parties to the se<br>er@gmail.com<br>er@gmail.com  | service list.<br>Service Method<br>None<br>Electronic<br>Electronic<br>None<br>None | Image: Service Date           N/A           5/28/2020           5/28/2020           N/A           N/A             | 5   |
| Affidavit ol<br>Affidavit ol<br>Affidavit ol<br>Parties<br>elect the parties t<br>+ Add Servic<br>Serve Party N<br>A<br>G<br>C<br>Serve Party N<br>A<br>B<br>B<br>B<br>B<br>B<br>B<br>B   | ation to Intervene o Intervene ute f Service f Service use Recipient use Coffice Union Employer Coffice Coffic | Role Role Role Petitioner Other Representatt Service of Process II Employee Potential Interveno Insurer  | ve<br>Designee for ABC Office   | Intervention the Add Service Recipient button to Address womptester+employee womptester+employee 321 Sonw Street | to add parties to the se<br>rr@gmail.com<br>sr@gmail.com  | service list.<br>Service Method<br>None<br>Electronic<br>Electronic<br>None         | Image: service parties           Service Date           N/A           5/28/2020           5/28/2020           N/A | 5   |



## Exporting documents to a ZIP file

Documents relating to a claim or other case in Campus can be downloaded as a ZIP file that will contain all of the files.

1. Navigate to a claim (or case) details page for which you have access (Dashboard>My Queues>My Claims>Claim Details Page). 2. Select the **Documents** tab at Parties Batch Table of Contents Bene ted Claims & Cases Reporting History Claim Payments the bottom of the page. 3 3. Click the **Download All** DO-03-4328-60 Documents button. DO-03-4328-574 5/1/2020 2:11 pm Tom Bombac Items per page 10 wing (1-2) of 2 < 4. You can download All or Select Subset of Documents, and include the Claim Key Dates Injury Detail Summary Report. 5. Click the Download Documents button to continue. 6. Next, you will see a notification that your DEPARTMENT OF Submit a Filing 🗸 documents are being nt Export for CL-03-4328-57 Document Export Claim: CL-03-4328-571 prepared. Click the lick the button below to Download button to Download 6 continue. 53

 You will receive an email message from Campus when they are ready. Open the email message and select the Download Documents hyperlink.



\*The ZIP file will begin downloading to your browser.

# **R-form submission**

R-forms are submitted by qualified rehabilitation consultants (QRCs), QRC interns and their staff members at various stages throughout the rehabilitation process. They are used to both initiate rehabilitation plans and change various aspects of the rehabilitation plan. For example, these forms could be used to change the assigned QRC, adjust the rehabilitation timeline, change the rehabilitation activities, or indicate rehabilitation has been completed or is no longer needed. Each form has its own purpose and is submitted at different points in the rehabilitation process.

## **Navigating to R-forms**

 Access the rehabilitation case you would like to submit an Rform for by clicking the Submit a Filing drop-down menu and selecting Access a Case or Claim, then use the search parameters. You can also access these via the My Queues section of the dashboard by clicking on the My Rehab Cases tab and selecting from that list of cases.

\*This step is only necessary if you don't already have access to the case or claim. If you do have access, there is no need to do this step because R-forms can either be submitted from the **Details** page or from the **Submit a Filing** drop-down menu.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS | Submit a Filin                                 |  | 🚺 🛛 Sarah McCurdy 🗸  |
|---|--|--|--|
| My Overview   | Access a Case or Claim                         |  |  |
|   | VRU Rehabilitation Consultation Request        |  | Notifications X Clear All  |
|   | Individual Rehab Provider Registration         | 0  | Your Annual Claim for X  |
| <b>U</b>  | Rehab Provider Registration                    | U  | Reimbursement from the Second<br>Injury Fund and Supplementary<br>Benefits submission has been |
| Open Claims   | Trading Partner Profile Registration           | ew Documents                             | approved<br>Form submission 1425 has   |
| View details associated to your                         | Rehab Consultation Report                      | teview documents in the                  | been approved.<br>15 days ago  |
| claims in the My Queue portal.                          | Initiate a Dispute                             | tifications panel to ensure<br>accuracy. |  |
|   | Request for Guidance with an Unreported Injury |  |  |
|   | Open Appeal/Petition                           |  |  |
| My Queues<br>My Claims My Disputes My Forms My F        | Submit Election To Exclude                     |  | My Events 🔲 🗖  |
| My claims my bispaces my romis my r                     | Respond to Request For Information             | Include Inactive                         | May 2020 < >   |

 The Vocational Rehab Details page displays for the case you selected. Click on the R-form Details button to access the menu of R-forms.

- To submit, select the applicable **R-form** from the list and click **Submit**.
- Clicking the Next button will take you into the steps for your selected form.

\*Depending on the status of the rehabilitation case, different Rforms will be available for filing. Only those R-forms that can be filed at this time will present the option for submitting.

| Rehab For: Carol Jeffries<br>VocRehabCase: RT-03-4328-923 | Investigation Needed Assignee:<br>Owner:            |   | 2 R-Form Details                    |
|---|---|---|-------------------------------------|
| Rehab Summary   |   |   |                                     |
| Assigned QRC<br>Sarah McCurdy                             | Associated Claim<br>CL-03-4328-571                  | Rehab Provider Firm                     |                                     |
| Employee Name<br>Carol Jeffries                           | Employee Address<br>139 Main St, Mendota, MN, 55150 | Employee Phone Number<br>(908) 292-8903 | Injury Date<br>4/30/2020            |
| Is QRC Withdrawal<br>No                                   | <b>is Eligible</b><br>Yes                           | Projected Rehab Cost                    | Right And Responsibility Filed Date |
| Rehab Dates   |   |   |                                     |
| Rehab Requested Date                                      | Initial Rehab Consultation Date<br>5/2/2020         | RCR Filed Date<br>5/3/2020              | RCR Due Date<br>5/17/2020           |
| R2 Filed Date   | R2 Development Due Date<br>6/2/2020                 | R2 Filing Due Date<br>6/17/2020         |                                     |
| <b>RCR</b><br>Submitted                                   |   | •                                       |                                     |
|   |   | •                                       |                                     |
| Submitted Submit PPR                                      | 3   |   |                                     |
| Submitted   | 3   |   |                                     |
| Submitted Submit PPR                                      | 3   | Cancel                                  |                                     |

## Vocational rehabilitation details page

The vocational rehabilitation details page shows the **Rehab Summary**, **Rehab Dates**, **Parties** and **Related Cases and Claims** for the specific case selected. From here, you can navigate to R-forms and contact parties that are attached to the case.

| → C   | nn.us/vocrehab/34328315                                 |   | 아 ☆ 🖸                               |
|---|---|---|-------------------------------------|
| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS | Submit a Filing 🗸                                       |   | Reed Hab 🗸                          |
| Dashboard > Voc Rehab Case: RT-03-432                   | 28-315  |   |                                     |
| Rehab For: Fred Flin<br>'ocRehabCase: RT-03-4328-315    | tstone Investigation Needed Assi<br>Own                 | ignee:<br>ner:                          | R-Form Details <del>- ว</del>       |
| Rehab Summary   |   |   |                                     |
| Assigned QRC<br>Reed Hab                                | Associated Claim<br>CL-01-7178-068                      | Rehab Provider Firm                     |                                     |
| Employee Name<br>Fred Flintstone                        | Employee Address<br>123 Bedrock Blvd Salt Lake City, UT | Employee Phone Number<br>(555) 555-4444 | <b>Injury Date</b><br>1/1/2020      |
| Is QRC Withdrawal<br>No                                 | Is Eligible<br>Yes                                      | Projected Rehab Cost                    | Right And Responsibility Filed Date |
| Rehab Dates   |   |   |                                     |
| Rehab Requested Date                                    | Initial Rehab Consultation Date 4/29/2020               | RCR Filed Date<br>4/29/2020             | RCR Due Date<br>5/13/2020           |
| R2 Filed Date   | R2 Development Due Date<br>5/29/2020                    | R2 Filing Due Date<br>6/13/2020         |                                     |
| Progress Report Filed Date (PPR/R3)                     | Progress Report Due Date (PPR/R3)<br>Invalid date       | Projected Rehab Completion Date         |                                     |
| arties Related Cases & Clain                            | ns  |   |                                     |
|   |   |   |                                     |

## **Claim shell webform step**

The claim shell webform step allows you to create a claim shell based on the information entered. For example, if you are trying to submit a Rehabilitation Consultation Report and you are unable to locate a claim, this will allow you to file against the claim shell that was created by this step. It is important to note this is a step in the webform, not the webform itself.

| 1. | After attempting to locate the claim, you will see the | DEPARTMENT OF<br>ALADOR AND INDUSTRY<br>VORE COMPCANDS   | Sarah McCurdy 🗸 |
|----|--|--|-----------------|
|    | statement Tell us more                                 | Dashboard > Rehab Consultation Report (RCR)  |                 |
|    | about the claim you are                                | Rehab Consultation Report (RCR)  |                 |
|    | filing to, with additional                             | 0  | 0               |
|    | fields to fill in.                                     | Locate a Claim   | Report Details  |
|    |  | Tell us more about the claim you are filing to.         We're having trouble locating this daim. This may be because.         • The information you provided does not exactly match a daim.         • Our unathorized a cases this information         • We were unable to narrow down the results with the information you provided.         We need a few details about the claim. Fill out the information below to proceed to your filing. |                 |

 Fill in all required fields marked with an asterisk (\*) and other known information for Claim details and Employee.

- 3. Enter the **Employer** and **Insurer** using the **Lookup** function.
- If you are unable to find the employer or insurer, click on the I can't find a matching employer/insurer checkboxes and fill in the required information.
- Click Next to continue or Cancel to exit without saving.

| Date of Injury *             | ė | Cause of Injury    | - | Nature of Injury  | -     | Type of Loss    | - |
|------------------------------|---|--------------------|---|-------------------|-------|-----------------|---|
| (mm/dd/yyyy)                 |   |                    |   |                   |       |                 |   |
| Employee 2                   |   |                    |   |                   |       |                 |   |
| Social Security Number (SSN) |   | PIN                |   | Employee ID (WID) |       |                 |   |
| Social Security Number (SSN) |   | PIN                |   | Employee ID (WID) |       | Date of Birth * | É |
|                              |   |                    |   |                   |       | (mm/dd/yyyy)    |   |
| First Name *                 |   | Middle Name        |   | Last Name *       |       |                 |   |
| First Name                   |   | Middle Name        |   | Last Name         |       | Suffix          | * |
|                              |   |                    |   | Phone Number      |       | Phone Extension |   |
| Phone Type                   | ~ | Phone Country Code | Ŧ | Phone Number      |       | Phone Extension |   |
|                              |   |                    |   |                   |       |                 |   |
| Email Address                |   |                    |   |                   |       |                 |   |
| Email Address                |   |                    |   |                   |       |                 |   |
| Address 1                    |   |                    |   |                   |       |                 |   |
| Address 1                    |   |                    |   |                   |       |                 |   |
| Address 2                    |   |                    |   |                   |       |                 |   |
| Address 2                    |   |                    |   |                   |       |                 |   |
| Outside US                   |   |                    |   |                   |       |                 |   |
| Postal Code                  |   | City               |   | c                 | ounty |                 |   |
| Postal Code                  |   | City               |   | 0                 | ounty |                 |   |

| Employer Lookup  | 3 QLOOK  | up van't find a matching employer   |                                   |
|--|--|---|-----------------------------------|
| Employer Name *  |  |   | Employer Phone Number             |
| Employer Name  | Employer Phone Type                              | <ul> <li>Employer Phone Country Code</li> </ul>                                     |                                   |
| Employer Phone Extension<br>Employer Phone Extension   | Employer Email Address<br>Employer Email Address |   |                                   |
| Address 1<br>Address 1   |  |   |                                   |
| Address 2<br>Address 2   |  |   |                                   |
| Outside US   |  |   |                                   |
| Postal Code<br>Postal Code   | City<br>City                                     | County  |                                   |
|  |  |   |                                   |
|  |  | Country   |                                   |
| State Province<br>Insurer<br>If you are unable to find the relat<br>Insurer Lookup   | ted Insurer via the look-up please select        |   | ide the insurer details you know. |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup<br>Imurer Name  | 3 (100   | United States     I can't find a matching insure     Tooh't find a matching insurer | Insurer Phone Number              |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup   |  | United States   |                                   |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup<br>Insurer Name<br>Insurer Name   | 3 Ctool  | United States     I can't find a matching insure     Tooh't find a matching insurer | Insurer Phone Number              |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup<br>Insurer Name<br>Insurer Mame<br>Insurer Phone Extension<br>Insurer Phone Extension                                     | 3 Ctool  | United States     I can't find a matching insure     Tooh't find a matching insurer | Insurer Phone Number              |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup<br>Insurer Name<br>Insurer Mone Extension<br>Insurer Phone Extension<br>Address 1<br>Address 2                            | 3 Ctool  | United States     I can't find a matching insure     Tooh't find a matching insurer | Insurer Phone Number              |
| Insurer<br>If you are unable to find the relat<br>Insurer Lookup<br>Insurer Name<br>Insurer Phone Extension<br>Insurer Phone Extension<br>Address 1<br>Address 1<br>Address 2<br>Address 2 | 3 Ctool  | United States     I can't find a matching insure     Tooh't find a matching insurer | Insurer Phone Number              |

## **Rehabilitation Consultation Report (RCR)**

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Rehabilitation Consultation Report.

3. The Rehabilitation

Consultation Report (RCR) page shows two steps that need to be completed. Under Locate a Claim, enter search information in one of the three boxes to find the claim. Click Next to continue or Cancel to exit.

 On the Claim Details page, some of the claim information will already be populated; however, you can also add new claim representative information.

| DEPARTMENT OF<br>LABOR AND INDUSTRY  | Submit a Filing 👽 🚹  |   | 🚺 Sarah McCurdy 🗸  |               |
|--|--|---|--|---------------|
| ly Overview  | Access a Case or Claim   |   |  |               |
|  | VRU Rehabilitation Consultation Request  |   | Notifications X Clear Al   |               |
|  | Individual Rehab Provider Registration   |   | Your Annual Claim for ×  |               |
| U  | Rehab Provider Registration  | U   | Reimbursement from the Second<br>Injury Fund and Supplementary<br>Benefits submission has been<br>approved |               |
| Open Claims  | Trading Partner Profile Registration   | ew Documents  | Form submission 1425 has   |               |
| View details associated to your<br>claims in the My Queue portal.  | 2 Rehab Consultation Report  | eview documents in the<br>tifications panel to ensure                           | been approved.<br>15 days ago  |               |
|  | Initiate a Dispute   | accuracy.   |  |               |
|  | Request for Guidance with an Unreported I  | Injury  |  |               |
| y Queues   | Open Appeal/Petition   |   |  |               |
| Iy Claims My Disputes My Forms   |  |   | My Events 😑 🗖  |               |
|  | Respond to Request For Information   | Include Inactive  | May 2020 < >   |               |
| WID<br>EE-88-9787-876<br>(((テキタオポテスポ)<br>Employee Date Of Injury   | ation. All of the information within a grouping must be commall us at (Support Email Address). |   | ate Of Injury  |               |
| Nex Cancel<br>Rehab Consultation R   | Report (RCR)   |   |  | a             |
| Rehab Consultation R  Claim Details Please provide the following information. Campus FIle Number Date of Ir  | njury Claim Admin Claim  |   | 4<br>me* Claim Representative Last Name* Cla   | Report Detail |
| Rehab Consultation R  Claim Details  Please provide the following information.  Campus File Number  CL  Employee Details  WID Number EE                  | njury Claim Admin Claim  | Number Claim Representative First Nat   | 4<br>me* Claim Representative Last Name* Cla   | Report Detail |
| Rehab Consultation R  Claim Details  Please provide the following information.  Campus File Number  Date of Ir  Av20/20  Employee Details  WID Number    | njury Claim Admin Claim  | Number Claim Representative First Nat<br>Claim Representative First<br>Employee | 4<br>me* Claim Representative Last Name* Cla   | Report Detail |
| Rehab Consultation R  Claim Details  Please provide the following information.  Campus File Number CL  Employee Details  WID Number EE  Employee Address | njury Claim Admin Claim  | Number Claim Representative First Nat<br>Claim Representative First<br>Employee | 4<br>me* Claim Representative Last Name* Cla   | Report Detail |

- Further down the page is the Qualification Details section. Answer the questions by clicking on the appropriate response.
- Provide a narrative by either typing in the Narrative Report field or uploading an electronic version of the report.
- Click the + Upload Document button to attach the *Rights* and responsibilities document. Note: This is optional and must be submitted prior to closing the rehabilitation case.
- Click the + Upload Document button to attach the required supporting attachments.
- Enter your first and last names in the Full Name of Signatory field, check the box to confirm and legally sign electronically, and enter the Initial Rehab Consultation Date in the mm/dd/yyyy format.
- Click Submit Form. You can also use other buttons: Back to go back one screen; Save as Draft to save a copy to return to; Download PDF to download a copy; Preview to view it on screen; or Cancel to exit without saving.

| -                   | fication Details 5  |
|---------------------|---|
|                     | inion, 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 hell ne of injury. |
| O No                | O Yes   |
| In my op            | inion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.   |
| O No                | ○ Yes   |
| In my op<br>work ab | inion, 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 lity.    |
| O No                | O Yes   |
| I have co           | nsulted with the date-of-injury employer regarding the above issues.  |
| O No                | ○ Yes   |
| Eligibilit          | / Statement   |
| O In m              | y opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22  |
| O In m              | 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   |
| O The               | parties have informed me that they wish to initiate statutory rehabilitation services at this time  |
| Narra               | ntive Report  |
|                     | •   |
| Please pr           | ovide a Narrative either by filling out the field below or attaching a document in the provided attachment section  |
| Narrative           | Report *  |
|                     |   |

#### **Rights and Responsibilities**

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

File Type

| + Upload Document |           |             |        |
|-------------------|-----------|-------------|--------|
| File Name         | File Type | Description | Remove |

#### 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 i 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 falling to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52. SUBDIVISION 3.

| cum | CIT | 8 |
|-----|-----|---|
| _   | _   |   |
|     |     |   |

#### **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).

Description

| Full Name of Signatory *        | 9  |
|---------------------------------|--|
| Initial Rehab Consultation Date | , Fam legally signing this electroeted command confirm that the information on this form is true, accurate, and complete to the best of my knowledge |
| 4/28/2020                       |  |
| 10                              | 1  |
| Submit Form Save as Draft       | Download PDF Preview Cancel  |

Remove

## **R-2 submission**

 On the rehabilitation case details page, click on the Rform Details button to begin the R-2 form submission process.

 In the new window, select which type of R-form you wish to submit or amend.
 Select R-2, Submit and Next to continue.

- The R-2 Rehabilitation Plan page opens showing three main steps, Rehab Details, Services Provided, and Attachments and Instructions, that will need to be completed.
- Fill in all required information denoted with an asterisk (\*) for the Claim Details and Occupation Details.
- Click the Next button at the bottom of the screen. You can also choose Save as Draft to save a copy to return to or Cancel to exit without saving the information.

| Claim Details 4<br>ampus File Number<br>1L:00:21       Date of Injury<br>4/19/2020       Claim Admin Claim Number<br>WC:20       Claim Rep First Name       Claim Rep Last Name*<br>Claim Rep Last Name       Phone Number*<br>Phone Number         Cocupation Details 4<br>bccupation At Time of Injury*       Pre-injury AWW       Occupational Demands *       ~         ob at Date of Injury*       Employee's Current Work Status *       Vocational Goal *       ~         tighest Grade Completed *       Employee May Require an Interpreter *       4/30/2020   | r: Carol Jeffries                              | Assignee:<br>Owner:   |   |                       | 1 R-Form Details             |
|--|--|---|---|-----------------------|------------------------------|
| Sandh Kufury CL39.2571<br>teng John S. Karlow        | nary   |   |   |                       |                              |
| Card J Mines in 19. Main Su, Marciada, MA, 53150 0619. 202. 8933 4.002029<br>No Yes Projected Main Card<br>No Yes Projected Main Card<br>No Yes Projected Main Card<br>SU20200 19.00 1 |  |   | Rehab Provider Firm   |                       |                              |
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| Canned Completed *   | ls   |   |   |                       |                              |
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| sa   |  |   |   |                       |                              |
| 8       •  |  | M   |   |                       |                              |
| 8       •  |  |   |   |                       |                              |
| Next Cancel  | \  |   |   |                       |                              |
| 2 Rehabilitation Plan   two provide the following information  |  | *   |   |                       |                              |
| 2 Rehabilitation Plan   two provide the following information  | -  | •<br>•  |   |                       |                              |
| see provide the following information          Image: Sprovide the following information       Image: Sprovide the following information       Image: Sprovide the following information         Itain Details       Image: Sprovide of Injury       Date of Injury       Image: Claim Admin Claim Number       Image: Claim Rep First Name*       Image: Phone Number*         -00-21       Date of Injury       MC-20-       Image: Claim Rep First Name*       Image: Claim Rep Last Name*       Phone Number*         coupation Details       Image: Claim Admin Claim Number       Image: Claim Rep First Name*       Image: Claim Rep Last Name*       Phone Number*         coupation Details       Image: Claim Rep First Name       Image: Claim Rep Last Name*       Phone Number         coupation At Time of Injury*       Employee's Current Work Status*       Vocational Goal *       •         b at Date of Injury*       Employee May Require an Interpreter*       Image: Image: Strade Completed *       •         comments       Image: Strade Completed *       Employee May Require an Interpreter *       •       Image: Strade Completed *       •   |  | •<br>•  |   |                       |                              |
| Image: Services Provided       Image: Services Provided Provided Provided Provided Pro   | Nex  | Cancel  |   |                       |                              |
| ehab Details Services Provided Attachments and Instruction     Impuss File Number     roo-21     Date of Injury     Claim Admin Claim Number     VC-20     Claim Rep First Name     Claim Rep Last Name     Claim Rep First Name     Claim Rep First Name     Claim Rep Last Name     Pre-Injury AWW     Cocupation Details     Cocupation At Time of Injury     Pre-Injury AWW     Cocupation At Time of Injury     Pre-Injury AWW     Cocupation At Time of Injury     Pre-Injury AWW     Services Current Work Status *        Services Current Work Status *        Services Current Work Status *   <   |  | •<br>•<br>Cancel  |   |                       |                              |
| Laim Details (4)       Date of Injury       Claim Admin Claim Number       Claim Rep First Name*       Claim Rep Last Name*       Phone Number*         -00-21       4/19/2020       WC-20-       Claim Rep First Name       Claim Rep Last Name*       Phone Number*         coupation Details (4)       cupation Interview       Pre-injury AWW*       Occupational Demands *       ~         coupation At Time Of Injury *       Employee's Current Work Status *       Vocational Goal *       ~         ghest Grade Completed *       Employee May Require an Interpreter *       Initial Rehab Consultation Date       Initial Rehab Consultation Date         ccomments       Comments       Comments       Comments       Comments       Comments  | litation Plan                                  | Cancel  | 3   |                       |                              |
| Image: Splic Number     Date of Injury     Claim Admin Claim Number     Claim Rep First Name     Claim Rep Last Name     Phone Number       -00-21     4/19/2020     WC-20-     Claim Rep First Name     Claim Rep Last Name     Phone Number       coupation Details            coupation At Time Of Injury     Pre-injury AWW*     Occupational Demands *        b at Date of Injury*      Employee's Current Work Status *      Vocational Goal *        ghest Grade Completed *      Employee May Require an Interpreter *      Initial Rehab Consultation Date  | litation Plan                                  |   | 8   |                       | 0                            |
| Image: Still Number     Date of Injury     Claim Admin Claim Number     Claim Rep First Name     Claim Rep Last Name     Phone Number       -00-21     4/19/2020     WC-20-     Claim Rep First Name     Claim Rep Last Name     Phone Number       ccupation Details     4     -     -     -     -       ccupation In time of Injury     Pre-injury AWW     Occupational Demands *     -       b at Date of Injury *     Employee's Current Work Status *     Vocational Goal *     -       ghest Grade Completed *     Employee May Require an Interpreter *     4/30/2020   | litation Plan                                  | 0   | •   |                       | Attachments and Instructions |
| 4/19/2020     WC-20     Claim Rep First Name     Claim Rep Last Name     Phone Number  | litation Plan<br>owing information             | 0   | •   |                       |                              |
| copation At Time Of Injury*     Pre-injury AWW*       pre-injury AWW     Occupational Demands *       b at Date of Injury *     Employee's Current Work Status *       ghest Grade Completed *     Employee May Require an Interpreter *       c Comments  | litation Plan<br>www.mg.information            | 2<br>Services Provi   | ded   | Claim Rep Last Name * | Attachments and Instructions |
| ccupation At Time Of Injury*     Pre-injury AWW*       pccupation At Time Of Injury     Ccupation At Time Of Injury       b at Date of Injury*     Employee's Current Work Status *     Vocational Goal *       ighest Grade Completed *     Employee May Require an Interpreter *     Initial Rehab Consultation Date       ic Comments     Initial Rehab Consultation Date     Initial Rehab Consultation Date   | S Contraction Plan                             | 2<br>Services Provi   | ded<br>Claim Rep First Name *   |                       | Attachments and Instructions |
| copation At Time Of Injury*     Pre-injury AWW*       pre-injury AWW     Occupational Demands *       b at Date of Injury *     Employee's Current Work Status *       ghest Grade Completed *     Employee May Require an Interpreter *       c Comments  | S Contraction Plan                             | 2<br>Services Provi   | ded<br>Claim Rep First Name *   |                       | Attachments and Instructions |
| b at Date of Injury *   Employee's Current Work Status *  Vocational Goal *  | Date Of Injury<br>4/19/2020                    | 2<br>Services Provi   | ded<br>Claim Rep First Name *   |                       | Attachments and Instructions |
| ghest Grade Completed *  | bate of Injury<br>4/19/2020                    | 2<br>Services Provi<br>Claim Admin Claim Number<br>WC-20-<br>Preingury AWW*   | ded<br>Claim Rep First Name *<br>Claim Rep First Name   | Claim Rep Last Name   | Attachments and Instructions |
| ghest Grade Completed *   Employee May Require an Interpreter *  4/30/2020  C comments   | bate of Injury<br>4/19/2020                    | 2<br>Services Provi<br>Claim Admin Claim Number<br>WC-20-<br>Preingury AWW*   | ded<br>Claim Rep First Name *<br>Claim Rep First Name   | Claim Rep Last Name   | Attachments and Instructions |
| IC Comments  | bate of Injury<br>4/19/2020                    | 2<br>Services Provi<br>Claim Admin Claim Number<br>WC-20-<br>Pre-injury AWW*<br>Pre-injury AWW                                    | ded<br>Claim Rep First Name *<br>Claim Rep First Name   | Claim Rep Last Name   | Attachments and Instructions |
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| Next Save as Draft Cancel  | Date of Injury<br>4/19/2020<br>etails 4<br>wy* | 2<br>Services Provi<br>Claim Admin Claim Number<br>WC-20-<br>Pre-injury AWW<br>Pre-injury AWW<br>Employee's Current Work Status * | ded Claim Rep First Name * Claim Rep First Name Claim Rep First Name Occupa Vocatio Initial Reb | Claim Rep Last Name   | Attachments and Instructions |

Complete the Initial
 Evaluation Report by either

typing in the provided field or by using the **+ Upload Document** to upload a previously created report.

- Fill in all Services Provided required fields marked with an asterisk (\*). Use the + Add button for additional lines or Next to continue.
- Upload Supporting Attachments by using the + Upload Document button.
- Enter your first and last names in the Full Name of Signatory field and check the box to confirm and legally sign electronically. Click the Submit Form button.

# **R-3 submission**

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-3 form submission process.
- In the new window, select which type of R-form you wish to submit or amend. Select R-3, Submit and Next to continue.

| Service Category *<br>00 - Rehab Consultation 🛛 👻                               | Description *<br>Consultation to determine eligibility. Eligibility Determinatio |        | ed Cost *<br>Projected Cost | Projected Completion Date<br>4/30/2020 | · . | Remove |
|---|--|--------|-----------------------------|--|-----|--------|
| Services Provided<br>List only the services to be provide<br>Service Category * |  | Projec | ed Cost *                   | Projected Completion Date              | .*  | Damova |

|                                 | -   |  |   |
|---------------------------------|---|--|---|
| ile Name                        | File Type   | Description  | Remove  |
|                                 |   |  |   |
| lectronic Signatur              | e   |  |   |
| ease type your First and Last N | lame as they appear on your CAMPUS profile. By signir     | g and dating this form. I certify copies of this form and atta | chments are being sent to the employee, insurer, any attorney(s), the |
| epartment of Labor and Indust   | ry and, if required, to the department's Vocational Reh   | abilitation unit (VRU).  | 0 191 19  |
|                                 |   |  |   |
|                                 |   |  |   |
| ull Name of Signatory *         |   |  |   |
| ull Name of Signatory *         |   |  |   |
|                                 | g this have Law logaly signing this electronic form and   | I confirm that the information on this form is true assumption | and complete to the heat of multipulledge                             |
| Hunderstand that by checkin     | g this box, I am legaly signing this electronic form and  | l confirm that the information on this form is true, accurate  | , and complete to the best of my knowledge.                           |
| Honderstand that by checkin     | g this box, I am legaly signing this electronic form and  | l confirm that the information on this form is true, accurate  | , and complete to the best of my knowledge.                           |
| Hunderstand that by checkin     | g this box. I am legal y signing this electronic form and | i confirm that the information on this form is true, accurate  | , and complete to the best of my knowledge.                           |

| Rehab For: Carol Jeffries<br>VocRehabCase: RT-03-4328-923 | Investigation Needed Assignee:<br>Owner:            |   |                          | R-Form Details → |  |
|---|---|---|--------------------------|------------------|--|
| Rehab Summary   |   |   |                          |                  |  |
| Assigned QRC<br>Sarah McCurdy                             | Associated Claim<br>CL-03-4328-571                  | Rehab Provider Firm                     |                          |                  |  |
| Employee Name<br>Carol Jeffries                           | Employee Address<br>139 Main St, Mendota, MN, 55150 | Employee Phone Number<br>(908) 292-8903 | Injury Date<br>4/30/2020 |                  |  |
| R-Form Details  |   |   |                          |                  |  |
| Submit or Amend an R-Form                                 |   |   |                          |                  |  |
| RCR   |   |   |                          |                  |  |
| Submitted   |   | ·                                       |                          |                  |  |
| 2   |   |   |                          |                  |  |
|   |   |   |                          |                  |  |
| Submit  |   |   |                          |                  |  |
| ů   |   |   |                          |                  |  |
| PPR   | $\mathbf{N}$  | ×                                       |                          |                  |  |
|   |   |   |                          |                  |  |
| R-3   |   | <b>•</b>                                |                          |                  |  |
|   |   |   |                          |                  |  |
| R8  |   | -                                       |                          |                  |  |
|   |   |   |                          |                  |  |

- 3. The Rehab Plan Amendment (R-3) page opens showing three main steps, Assigned QRC, Amendments and Supporting Information, that will need to be completed.
- Select the appropriate bubble for the Assigned QRC: Continue as Assigned QRC, if there is no change; Change of QRC, if a new QRC is taking over this case; or Withdrawal of QRC, if the QRC is withdrawing on this case.
- Fill in the Proposed Amendment and Rationale field with a brief explanatory statement.
- Fill in all of the Services to be Provided required fields marked with an asterisk (\*). Use the + Add button to add additional lines or Next to continue.
- Now, you may upload
   Supporting Information.
   Provide a narrative (if applicable) by typing in the
   Plan Barrier Narrative
   Report field or using the
   + Upload Document button
   to upload a completed
   report.
- Attach any other supporting documents to the R-3 using the + Upload Document button.

| 0            | 0          | 3                 |
|--------------|------------|-------------------|
| Assigned QRC | Amendments | Supporting Inform |
| ssigned QRC  | Amendments | Supporting Inf    |
|              |            |                   |
|              |            |                   |

| Rehab Plan Amendment<br>Please provide the following information                  | (R3)   |                   |                                |  |                                 |
|---|--|-------------------|--------------------------------|--|---------------------------------|
| rease provide the following information   |  |                   |                                |  |                                 |
| 0   |  | 2                 |                                |  | 8                               |
| Assigned QRC  | Amen   | dments            |                                |  | Supporting Information          |
|   |  |                   |                                |  |                                 |
| Proposed Amendment & Ration<br>Please provide a brief statement that covers the p | onale<br>roposed amendments and the rationale for these am | endments.         |                                |  |                                 |
| Proposed Amendment And Rationale *  |  |                   |                                |  |                                 |
|   |  |                   |                                |  |                                 |
| Services to be Provided<br>Below are the currently provided services. Please r    | make any adjustments as necessary to the description       | n, projected cost | , and projected completion     | date. If a service is no longer needed, clic | k the delete button next to it. |
| Description *   |  | Proje<br>S        | ected Cost *<br>Projected Cost | Projected Completion 🖻                       | Remove                          |
| Service Category * -  |  | >                 | Projected Cost                 | (mm/dd/yyyy)                                 |                                 |
| + Add   | 6  |                   |                                |  | Total Projected Cost: \$0.00    |
| Projected Cost and Duration   |  |                   |                                |  | Total Projected Cost. \$0.00    |
|   | on the plan-to-date plus any amendments you have r         | made thus far or  | n this form. Please verify tha | t the updated cost and duration look cor     | rect, and proceed to the next   |
| Costs   |  |                   |                                |  |                                 |
| Plan costs to date<br>\$0.00  | Projected additional costs to co<br>\$0.00                 | ompletion         |                                | Estimated total cost<br>\$0.00               |                                 |
|   |  |                   |                                |  |                                 |
| 0   |  | 0                 |                                |  | 3                               |
| Assigned QRC  |  | dments            |                                |  | Supporting Information          |
| Plan Barrier Narrative Report   |  |                   |                                |  |                                 |
|   | filling out the field below or attaching a document in     | the provided at   | tachment section               |  |                                 |
| Plan Barrier Narrative Report   |  |                   |                                |  |                                 |
| Plan Barrier Narrative Document Up  | alanad 🔪   |                   |                                |  |                                 |
| + Upload Document   | Jioau  | 7                 |                                |  |                                 |
|   |  | -                 |                                |  |                                 |
| Supporting Attachments<br>Attach any other supporting documentation to thi        | s R3. Examples might include commentary from the           | Employee or pr    | oof that this form was sent    | for signatures. NOTE: If you are a Withd     | rawing QRC, you are required to |
|   |  |                   |                                |  |                                 |
| attach documentation including services provided                                  | and associated costs to date                               |                   |                                |  |                                 |
| attach documentation including services provided + Upload Document 8              | and associated costs to date                               |                   |                                |  |                                 |
| attach documentation including services provided                                  | and associated costs to date                               |                   |                                |  |                                 |
| attach documentation including services provided                                  | and associated costs to date                               |                   |                                |  |                                 |
| attach documentation including services provided                                  | ano associateo costi to date                               |                   |                                |  |                                 |

| 9. | Enter your first and last     | Electronic Signature   |
|----|-------------------------------|--|
|    | names in the Full Name of     | 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). |
|    | Signatory field and check the | Full Name of Signatory *   |
|    | box to confirm and legally    | Initial Rehab Consultation Date  |
|    | sign electronically, then and | 4/30/2020  |
|    | click the Submit Form         |  |
|    | button.                       |  |

## **R-8 submission**

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-8 form submission process.
- In the new window, select which type of R-form you wish to submit or amend.
   Select R-8, Submit and Next to continue.

 The Plan Closure Report page opens showing three steps, listed at the top of the screen – Rehab Details,
 Services Provided and Attachments and Information – that will need to be completed. On the first page, provide Closure Details by filling in all required fields marked with an asterisk (\*). Click Next to continue.

| Sarah McCurdy Cl   | ussociated Claim  |   |  |             |
|--|---|---|--|-------------|
| Sarah McCurdy Cl   |   |   |  |             |
| Employee Name  | CL-03-4328-571  | Rehab Provider Firm                     |  |             |
|  | <b>mployee Address</b><br>39 Main St, Mendota, MN, 55150          | Employee Phone Number<br>(908) 292-8903 | Injury Date<br>4/30/2020                 |             |
| Is QRC Withdrawal Is   | s Eligible  | Projected Rehab Cost                    | Right And Responsibility Filed Date      |             |
| R-Form Details<br>Submit or Amend an R-Form<br>Submitted<br>Submitted<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit<br>Submit of Amend an R-Form<br>Submit of A |   |   |  |             |
| OSUTE DETAILS<br>nployment Status at Plan Closure *<br>me of Employer at Plan Closure *  | Next Cancel Job Title at Plan Closure * Job Title at Plan Closure |   | Gross AWW at Plan Closure *<br>S         | ¥<br>1279.6 |
| W Date *   | 🗉 Return to Work Job *  | v                                       | Occupational Demands *                   |             |
| n/dd/wyy)  |   |   |  |             |
| ason for Rehabilitation Plan Closure *   |   | Mo O Yes                                |  |             |
| umber Of Weeks Suspended   | Training Services *   |   | Total Number of Previous Assigned QRCs * |             |
|  |   |   |  |             |

- Next, fill in all numerical amounts for the Total Cost Details. Click the Next button at the bottom of the screen to continue.
- Next, you may provide additional information for the Plan Closure Report by using the Summary Closure Report field to type in information summarizing the services provided or by clicking the + Upload Document button to attach a previously completed report.
- Attach any other Supporting Attachments to the R-8 using the + Upload Document button.

+ Upload Docu

File Type

File Name

- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- Click the Submit Form button to finalize. You can also use the other buttons: Back to go back one screen; Save as Draft to save a copy to return to; Download PDF to download a copy; Preview to view it on the screen; or Cancel to exit without saving.

\*Save as Draft forms will be in the My Forms tab and will automatically be removed after 21 days if not updated or submitted.

| Rehab Details  | Services Provid  | ded   | A   | ttachments and Information                          |           |
|--|--|---|---|---|-----------|
| Total Cost Details   |  |   |   |   |           |
| 00 - Rehab Consultation  | N/A  | N/A   | Prior QRC Firm Costs<br>Prior QRC Firm Costs    | Current QRC Firm Costs<br>\$ Current QRC Firm Costs |           |
| 01 - Medical Management  | N/A  | N/A 4   | Prior QRC Firm Costs Prior QRC Firm Costs       | Current QRC Firm Costs<br>\$ Current QRC Firm Costs |           |
| 02 - On-Site Job Analysis  | Prior Placement Firm Costs<br>\$ Prior Placement Firm Co     | Current Placement Firm Costs<br>\$ Current Placement Firm | Prior QRC Firm Costs Prior QRC Firm Costs       | Current QRC Firm Costs<br>\$ Current QRC Firm Costs |           |
| 03 - Coordinate RTW Same ER  | N/A  | N/A   | Prior QRC Firm Costs<br>\$ Prior QRC Firm Costs | Current QRC Firm Costs<br>\$ Current QRC Firm Costs |           |
| Ian Closure Report ase provide the following information             |  |   |   |   |           |
|  |  | 0   |   | 3   |           |
|  | Service  | • Provided  |   | 3<br>Attachments and                                | i Informa |
| Rehab Details  |  |   |   | •   | l Informa |
| Rehab Details  | Service<br>g services from beginning to end of rehabilitatic |   | Jbp. 7 F (4))                                   | •   | d Informa |
| Rehab Details Summary Closure Report Attach a Summary Closure Report |  |   | ubp. 7 F (4))                                   | •   | l Informa |

| Please type your first and Last there as level 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 indistry and, if required, to the department's Vocational Rehabilitation unit (VRU).<br>Full Name of Signatory<br>D 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.<br>By signing and dating the full control of the approximation of the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU). | Electronic Signature 🕜   |   |
|--|--|---|
| Full Name an Signatory +   | Please type your First and Last Name as the<br>Department of Labor and Industry and if | y 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<br>emired to the department's Vocational Behabilitation unit (VBII) |
| 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.<br>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, I required, to the department's   | Separation of Casos and Padod y and, in  | igen og to are deparamente i fordationer renderingation and (integr   |
| 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  | Full Name or Signatory *   |   |
| 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  |  |   |
|  | Understand that by checking this box   | am legally signing this electronic form and L confirm that the information on this form is true, accurate, and complete to the best of my knowledge   |
|  |  |   |
|  | By signing and dating this form, I certify cop   |   |
|  | By signing and dating this form, I certify cop   |   |
| Submit Form Back Save as Draft Download PDF Preview Cancel   | By signing and dating this form, I certify cop   |   |

Description

Remove

# **Electronic service**

Standard practices of workers' compensation require a variety of documents to be served to different parties, both within and outside of DLI. Situations that require legal servicing of documents are outlined in Minnesota Statutes; Campus allows documents to be served both via paper and electronically.

External users will submit webforms that will require proof of service. Depending on the user profile, they will have the ability to submit filings from the dashboard, as well as from cases, claims, disputes and penalties. While not all filings will require legal service, this section shows an example of a submitted webform that requires legal service.

## Filing a form with an affidavit of service

The following example shows an external user submitting a motion to intervene on a dispute, which requires legal service.



- On the dispute details page, click the Submit a Filing dropdown menu to choose which type of filing you would like to submit.
- 4. Select **Motion to Intervene** from the drop-down menu.

- You will now go through the steps of filing the motion. Choose the intervening Organization.
- 6. Click Next to continue.

 Fill in all of the Intervenor Details; anything with an asterisk (\*) is required. My orgeneration is not listed
Next Back Cancel Save as Draft

- Add any Supporting Attachments by clicking the + Upload Document button.
- 9. Click Next to continue to the Serve Parties step.

|  | 28-391   | n Spencer Pending Review             | Owner:                     |   | + Submit Filing  |
|--|--|--------------------------------------|----------------------------|---|------------------|
| Jispute, D3-03-30.   |  |                                      |                            |   |                  |
| Dispute O  | verview  |                                      |                            |   | ^                |
|  |  |                                      |                            |   |                  |
| Certified  | Culturality of Filling   | a a data da seta tura                |                            |   |                  |
| Denial of Prir   | Submit a Filing  |                                      |                            |   |                  |
|  | Please indicate the type of filing   | you wish to make.                    |                            |   |                  |
| Dispute D  | Motion to Intervene  | - 4                                  |                            |   | ^                |
| Dispute Type<br>Medical  | Save Back  |                                      |                            |   |                  |
| Requested By<br>Spencer Wilsor   |  |                                      | Requester Type<br>Employee |   |                  |
|  |  |                                      | Employee                   |   |                  |
|  | ID.  | Detitioner                           | Deependent Party           |   |                  |
| Claim Employee Wi  | ib<br>D: Spencer, Shawn  | Petitioner<br>EE-02-3157-510: Spence | Respondent Party           |   |                  |
|  |  |                                      |                            |   |                  |
| EE-02-3157-510   | ): Spencer, Shawn<br>PARTMENT OF   | EE-02-3157-510: Spence               |                            |   | Snencer Wilkon   |
| EE-02-3157-510   | ): Spencer, Shawn  |                                      |                            | ٢ | Spencer Wilson 🗸 |
| EE-02-3157-510   | D: Spencer, Shawn<br>PARTMENT OF<br>BOR AND INDUSTRY   | EE-02-3157-510: Spence               |                            | ۲ | Spencer Wilson 🗸 |
| EE-02-3157-510<br>Performed by Market State<br>Dashboard > Market State<br>Dashboard St | D: Spencer, Shawn PARTMENT OF BOR AND INDUSTRY K COMPCAMPUS  | EE-02-3157-510: Spence               |                            | ٢ | Spencer Wilson 🗸 |
| Dashboard > M  | 2: Spencer, Shawn PARTMENT OF BOR AND INDUSTRY IN COMPCANNOS INDUSTRY Intervene                    | EE-02-3157-510: Spence               | r, Shawn                   | ٢ | Spencer Wilson 🗸 |
| EE-02-3157-510<br>Performed by Market State<br>Dashboard > Market State<br>Dashboard St | 2: Spencer, Shawn<br>PARTMENT OF<br>SOR AND INDUSTRY<br>4: COMP SWAVE<br>Intervene<br>Co Intervene | EE-02-3157-510: Spence               |                            | ٢ | Spencer Wilson 🗸 |

| 5/28/2020                                      | É   |   |                                       |  |  |
|--|---|---|---------------------------------------|--|--|
| (mm/dd/yyyy)                                   |   |   |                                       |  |  |
|  |   | or on behalf of the employee and has a  |                                       |  |  |
| Attached to this Motion to Inter               | rvene is an exhibit(s) itemizing the cha  | rges for services provided or payments  | made to or on behalf of the employe   | ee by the applicant for the dates below.                         |  |
| Total Claim Amount to Date *                   |   |   |                                       |  |  |
| ş  | Total Claim Amount to Date                | Start Date *                            |                                       | End Date *   |  |
|  |   | (mm/dd/yyyy)                            |                                       | (mm/dd/yyyy)   |  |
| Upon request of a party or to p                | resent evidence of the intervention cl    | aim at hearing, the applicant acknowled | ges it will provide additional docume | ntation, records and reports as required by law.                 |  |
| Acknowledge Intervention                       |   |   |                                       |  |  |
| A determination in this case ma<br>exhibit(s). | ay affect the ability of the applicant to | obtain payment from any source for th   | e services provided or payments mad   | le to or on behalf of the employee as itemized in the attached   |  |
| The applicant's representative,                | who has authority to settle on behalf     | of the applicant can be contacted using | the information below.                |  |  |
| First Name *                                   |   | Last Name *                             |                                       | Title *  |  |
| Spencer  |   | Wilson                                  |                                       | Title  |  |
| Phone *  |   | Email *                                 |                                       |  |  |
| (703) 481-9944                                 |   | minivikes@gmail.com                     |                                       |  |  |
| Therefore, the applicant reques                | its                                       | y in the above-captioned proceeding ar  | id that payment for services provided | l or benefits paid be made, plus appropriate statutory interest. |  |
| + Upload Document                              |   |   | Description                           |  |  |

## Affidavit of service

The next step in the process is to serve the intervention. Serving documents allows you to serve the intervention to select parties on the dispute.

- In the Serve Parties step, all parties on the dispute will be displayed. Click the checkbox in the Serve Party column to select who gets served.
- Each party will set their own preferred Service Method, which is how the motion will be served. In this example, the party has chosen to be served via U.S. mail and their mailing address is displayed. (If the user has chosen electronic service, their email address will show in the address field.)
- You can also manually add service recipients by clicking on the + Add Service Recipient button.
- 4. Enter all required information indicated with an asterisk (\*).
- 5. Click **Save** to add the recipient.

| Parties   |  |  |   |   |   |  |
|---|--|--|---|---|---|--|
| entrantic and the   |  |  |   |   |   |  |
| Select the parties  | to serve below. You may u                                  | update service addres                          | sses for parties served via mail. C                                   | lick the Add Service Recipient                  | button to add parties to the service list.        |  |
|   |  |  |   |   |   |  |
| + Add Servi   | ice Recipient  |  |   |   |   |  |
| Serve Party   | Name   | Role   | Address   | Service Method                                  | Service Date                                      |  |
|   |  |  | 123 Main Street   |   | Choose a date *                                   |  |
|   | Shawn Spencer  | Employee                                       | 123 Main Street<br>Lone Tree, CO 80124                                | US Mail   | 6/2/2020  | Edit Address                             |
|   |  |  |   |   |   |  |
| Notice  |  |  |   |   |   |  |
| Upon clicking Sub   | omit, Campus will:   |  |   |   |   |  |
| Create and  | merge an Affidavit of Serv                                 | ice with your filed do                         | cument  |   |   |  |
| <ul> <li>Send an en</li> </ul>  | nail to all parties who recei                              | ve service via Campu                           | ŝ   |   |   |  |
| To serve parties t  | y mail you must print a co                                 | py of the filed docum                          | nent and your Affidavit of Service.                                   |   |   |  |
| Declaration   |  |  |   |   |   |  |
| □ I declare unde  | er penalty of periury that e                               | verything that I have                          | stated in this document is true a                                     | nd correct. Minn. Stat. § 358.1                 | 16  |  |
|   |  |  |   |   |   |  |
|   |  |  |   |   |   |  |
| Electronic Si   | 0  | v appear on your CA                            |   |   |   |  |
| Electronic Si   | First and Last Name as the                                 | y appear on your CA<br>quired, to the depart   | MPUS profile. By signing and dati<br>ment's Vocational Rehabilitation | ng this form, I certify copies o<br>unit (VRU). | if this form and attachments are being sent to tr | ie employee, insurer, any accorney(s), c |
| Electronic Si   | First and Last Name as the                                 | ey appear on your CA<br>equired, to the depart | MPUS profile. By signing and dati<br>ment's Vocational Rehabilitation | ng this form, I certify copies o<br>unit (VRU). | r this form and attachments are being sent to tr  | re employee, insurer, any accorney(s), c |
| Electronic Si   | First and Last Name as the<br>abor and Industry and, if re | y appear on your CA<br>quired, to the depart   | MPUS profile. By signing and dati<br>ment's Vocational Rehabilitation | ng this form, I certify copies o<br>unit (VRU). | r this form and attachments are being sent to tr  | re employee, insurer, any accorney(s), t |
| Electronic Si<br>Please type your<br>Department of La<br>Full Name of S | First and Last Name as the<br>abor and Industry and, if re | quired, to the depart                          | ment's Vocational Rehabilitation                                      | unit (VRU).                                     |   |  |
| Electronic Si<br>Please type your<br>Department of La<br>Full Name of S | First and Last Name as the<br>abor and Industry and, if re | quired, to the depart                          | ment's Vocational Rehabilitation                                      | unit (VRU).                                     | r this form and attachments are being sent to tr  |  |

#### Add Service Recipient

| lame *                         |                |   |                          |                  |  |
|--------------------------------|----------------|---|--------------------------|------------------|--|
| ole *                          |                |   |                          |                  |  |
| <b>ddress 1 *</b><br>.ddress 1 |                |   |                          |                  |  |
| ddress 2<br>ddress 2           |                | 4 |                          |                  |  |
| ] Outside US                   |                |   |                          |                  |  |
| ostal Code *<br>lostal Code    | City *<br>City |   |                          | County<br>County |  |
| tate Province                  |                | Ť | Country<br>United States |                  |  |
| Save 5 Cancel                  |                |   |                          |                  |  |

- All boxes must then be checked to declare and confirm, and your Electronic Signature must be entered exactly as it is in your Campus profile.
- 7. Click Submit Form.

 After the filing is submitted, you can find a record of it by going to the My Forms queue on the dashboard and clicking on the hyperlink under Form Type.

\*Filings that do not result in documents do not have a hyperlink.

- This will take you to a page to view a PDF version of the filing you submitted.
- If you scroll to the last page of the document, you will see the Affidavit of Service included.
- 11. For any parties being served by U.S. mail, you can print this document and **Address Labels**, which can be found directly beneath the document.

| Affidavit  | of Service   |   |  |   |                            |                          |                                 |         |
|--|--|---|--|---|----------------------------|--------------------------|---------------------------------|---------|
| Parties  |  |   |  |   |                            |                          |                                 |         |
| Select the parti   | ies to serve below. You may upo  | late service addresse   | es for parties served via mail. Click  | the Add Service Recipient butto   | n to add parties to the se | ervice list.             |                                 |         |
| + Add Se   | rvice Recipient  |   |  |   |                            |                          |                                 |         |
| Serve Party  | Name   | Role  | Address  | Service Method  | Service Date               |                          |                                 |         |
| _  |  |   | 123 Main Street  |   | Choose a date *            |                          |                                 |         |
| ~  | Shawn Spencer  | Employee  | Lone Tree, CO 80124  | US Mail   | 6/2/2020                   |                          | Edit Address                    |         |
|  |  |   |  |   | Choose a date *            |                          |                                 |         |
| $\checkmark$   | Burton Guster  | Claim Admin   | 124 Main Street<br>Denver, CO 80205  | US Mail   | 6/2/2020                   |                          | Edit Address                    |         |
|  |  |   |  |   |                            |                          |                                 | _       |
| Notice   |  |   |  |   |                            |                          |                                 |         |
| Upon clicking S  | Submit, Campus will:   |   |  |   |                            |                          |                                 |         |
| <ul> <li>Create an</li> <li>Send an</li> </ul>   | nd merge an Affidavit of Service<br>email to all parties who receive   | with your filed docu<br>service via Campus  | ment   |   |                            |                          |                                 |         |
|  | s by mail you must print a copy  |   | ot and your Affidavit of Service   |   |                            |                          |                                 |         |
| To serve partie  |  |   | it and your Amount of Service.   |   |                            |                          |                                 |         |
|  |  |   |  |   |                            |                          |                                 |         |
| Declaratio   | n  |   |  |   |                            |                          |                                 |         |
| Declaration  | <b>n</b><br>nder penalty of perjury that eve   | ything that I have sta  | ated in this document is true and o  | orrect. Minn. Stat. § 358.116   |                            |                          |                                 |         |
| Declaration  | n<br>nder penalty of perjury that eve<br>Signature   |   |  |   |                            |                          |                                 |         |
| Declaration  | n<br>nder penalty of perjury that eve<br>Signature<br>ur First and Last wange as they a  | ppear on your CAMF  | ated in this document is true and d<br>PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni   | his form, I certify copies of this I  | orm and attachments ar     | re being sent to the     | employee, insurer, any attorney | y(s), t |
| Declaration  | n<br>nder penalty of perjury that eve<br>Sign ature<br>ur First and Last Norse as they a<br>Labor and Industry and, in requ  | ppear on your CAMF  | PUS profile. By signing and dating t   | his form, I certify copies of this I  | orm and attachments ar     | re being sent to the     | employee, insurer, any attorney | y(s), t |
| Declaration  | n<br>nder penalty of perjury that eve<br>Sign ature<br>ur First and Last nonze as they a<br>Labor and industry and, in cer<br>natory *   | ppear on your CAMF  | PUS profile. By signing and dating t   | his form, I certify copies of this I  | orm and attachments ar     | re being sent to the     | employee, insurer, any attorney | y(s), t |
| Declaration<br>i declare un<br>Electronic<br>Please type you<br>Department of<br>Full Name of Sig<br>Spencer Wilso   | n<br>nder penalty of perjury that eve<br>Sige a ture<br>ur First and Last ware as they a<br>Labor and Industry and, in eau<br>matory *<br>on                                   | ppear on your CAMF<br>ired, to the departme   | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Electronic Please type you Department of Full Name of Sig Spencer Wills U nunderstan  | n<br>nder penalty of perjury that eve<br>Signature<br>Labor and Industry and, in- signature<br>patery<br>on<br>id that by checking this box, I an                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating t   | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration<br>i declare un<br>Electronic<br>Please type you<br>Department of<br>Full Name of Sig<br>Spencer Wilso   | n<br>nder penalty of perjury that eve<br>Signature<br>Labor and Industry and, in- signature<br>patery<br>on<br>id that by checking this box, I an                              | ppear on your CAMF<br>ired, to the departme   | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Electronic Please type you Department of Full Name of Sig Spencer Wills U nunderstan  | n<br>nder penalty of perjury that eve<br>Signature<br>Labor and Industry and, in- signature<br>patery<br>on<br>id that by checking this box, I an                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Electronic Please type you Department of Full Name of Sig Spencer Wills U nunderstan  | n<br>nder penalty of perjury that eve<br>Signature<br>Labor and Industry and, in- signature<br>patery<br>on<br>id that by checking this box, I an                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Electronic Please type you Department of Full Name of Sig Spencer Wills U nunderstan  | n<br>nder penalty of perjury that eve<br>Signature<br>Labor and Industry and, in- signature<br>patery<br>on<br>id that by checking this box, I an                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Decare un D | n<br>der penalty of perjury that eve<br>Stenature<br>Labor and industry and these<br>matery*<br>Id that by checking this box, I ar<br>Back Cancel                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | _                        |                                 | y(s), t |
| Declaration U declare un Electronic Please type you Department of Full Name of Sig Spencer Wills U nunderstan  | n<br>der penalty of perjury that eve<br>Stenature<br>Labor and industry and these<br>matery*<br>Id that by checking this box, I ar<br>Back Cancel                              | ppear on your CAMF<br>ired, to the department<br>of<br>n legally signing this of                        | PUS profile. By signing and dating<br>ent's Vocational Rehabilitation uni  | his form, I certify copies of this I<br>(VRU).  |                            | - viete to the best of m |                                 | y(s), t |
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| Declaration<br>electronic<br>Please type you<br>Department of<br>Full Name of sig<br>Spencer Wills<br>Understan<br>Submit Form<br>y Over   | n<br>nder penalty of perjury that eve<br>Stenature<br>Labor and industry and hore<br>natory<br>is that by checking this box, I ar<br>Box Cancel<br>view<br>View<br>Open Claims | ppear on your CAMF<br>red, to the departum<br>of<br>n legally signing this<br>Preview Document          | PUS profile. By signing and dating<br>ent's vocational Rehabilitation uni<br>electronic form and I confirm that<br>electronic form and I confirm that<br>units of the second second second second second<br>the second second second second second second second second second<br>the second s | his form, Leertify copies of this I<br>(VRU).<br>the information on this form is I<br>New Docum | rue, accurate, and comp    | plete to the best of m   | ny knowledge.                   | y(s), t |
| Declaration Declaration Declaration Department of Full Name of Sig Spencer Wills Understan Submit Form  y Over:  | n<br>nder penalty of perjury that eve<br>Stenature<br>Labor and industry and here<br>natory<br>Back Cancel<br>view   | ppear on your CAMF<br>red. to the departum<br>of<br>n legally signing this of<br>Preview Document<br>Up | PUS profile. By signing and dating<br>ents Vocational Rehabilitation uni-<br>electronic form and I confirm that  | his form, L certify copies of this I<br>(VRU).<br>the information on this form is 1             | rue, accurate, and comp    | plete to the best of m   | ny knowledge.                   | y(s), t |





## **Receiving service email**

When you are served a document electronically, you will receive an email message indicating there is a document available for you to view. This email message will only contain basic information about the document and associated transaction.



## Setting up service of process designees

External users will also be served documents. Each external entity will have an assigned group administrator; the group administrator can assign another user or themselves as the service of process designee.



2. You will then see the groups you are associated with. To assign a service of process designee, click the kebab menu and choose **Manage Group**.

DEPARTMENT OF LABOR AND INDUSTRY

Permissions

Group Administrator

3 🖍 Edit

Relationships

No relationships assigned

Submit a Filing 🗸

 This page shows all Active Members and their roles. To assign a role to a user, click the Edit option in the Permissions box under their name.

4. Click the plus sign next to the role you would like to assign.



🎤 Edit



5. The item you selected will DEPARTMENT OF LABOR AND INDUSTRY Submit a Filing 🗸 ۹ display in the Selected Items Dashboard > My Groups > Group Management column. + Add Member **Group Management** Click the **Save** button. 6. R-02-3157-554 Doug Judy's Chop Shop Active Mem Manage permissions for Spencer Wilson, Insurance Carrier, Self-Insured Employer, and/or Claim Administrator 🛎 \*After this is done, if a document Adjust the information below to add or remove permissions for the selected user, and click save to make any changes. T needs to be served on the entity, Selected Items 6 Item Pool □ ≗ the user assigned to this role will Designated Contact for Information Requests from DLI Group Admin + Members with the permissions to ex Members with this permission are contacted when DLI sends a request associated entity and receive a notification to respond to the request. Î ve group memi bers, change ong members if receive that document. owing (1-Designated Contact for Penalties Service of Process Designee + The users in this Permission group will Penalties for the Group Members with this permission are included in the list of servi to be served anytime a filing is added to a claim, case, disput to your group. Î ి Spencer able participants or appeal relating Wilson Claim Access Administrator + The Users in this Permission group will be able to administer users' access to Claims and Cases within the group Permissi 6 Save Cance Address Contact DEPARTMENT OF LABOR AND INDUSTRY 443 Lafayette Road N St. Paul, MN 55155 Phone: [[Direct DLI Phone Number]] Toll-free: [[Support Phone Number]] Minnesota Workers Compensation © [[copyright year]]

## **Document details page**

The document details page shows additional information about a document, with related links to associated transactions that can be viewed.

| 1. | From the dashboard, click the <b>My Forms</b> tab and click the hyperlink under <b>Form Type</b> . | My Overview                                | l to your View ar | d<br>oming Events<br>and edit the details of your<br>ts in the Events portal. | Review    | <b>O</b><br>Documents<br>or documents in the<br>fors panel to ensure<br>accuracy. | nents in the<br>nel to ensure |       |       |     |       |    |      |                |  |  |
|----|--|--|-------------------|---|-----------|---|-------------------------------|-------|-------|-----|-------|----|------|----------------|--|--|
|    |  | My Queues<br>My Claims My Dispu 1 My Forms |                   |   |           | My Events   |                               |       |       | :=  |       | 3  |      |                |  |  |
|    |  | Form Type Associated Te                    | o Associated ID   | Last Updated  | Status    | Confirmation Nu <b>T</b>  |                               | ie 20 |       |     |       |    | ```  | _              |  |  |
|    |  | Motion to Interven                         | None              | 6/2/2020  | Submitted | 2048  | Su<br>31                      |       | 10 Tu |     | /e Th |    | s e  |                |  |  |
|    |  | Request for Informa                        | None              | 5/28/2020   | Submitted | 2024  |                               |       |       |     |       |    |      |                |  |  |
|    |  | Initiate Dispute                           | None              | 5/28/2020   | Submitted | 2023  | 7                             |       | 8 !   | ) 1 | 10 11 | 12 | 2 13 | 4              |  |  |
|    |  | Initiate Dispute                           | None              | 5/28/2020   | Submitted | 2022  |                               |       |       |     |       |    |      |                |  |  |
|    |  | Initiate Dispute                           | None              | 5/28/2020   | Submitted | 2017  | 14                            |       | 15 10 | 5 1 | 17 18 | 19 | 20   | •              |  |  |
|    |  | Initiate Dispute                           | None              | 5/28/2020   | Submitted | 2016  | 21                            |       | 2 2   |     | 24 25 | 20 | 5 2' | ,              |  |  |
|    |  | Request for Informa                        | None              | 5/27/2020   | Submitted | 1936  |                               |       |       |     |       | -  | -    |                |  |  |
|    |  | Initiate Dispute                           | None              | 5/28/2020   | Submitted | 2016  | 21                            |       | 15 11 |     | 17 18 |    |      | 19 20<br>26 27 |  |  |

- 2. A document preview window will open with the **Document Details**.
- The Related Links section will show any additional transactions associated to the document and can be viewed by clicking on the hyperlink.



## **Disputes**

## **Reviewing a dispute**

When an external user is a party on a dispute or an associated user to a party on a dispute the **My Disputes** tab will show on the external dashboard.
1. Click on the **Dispute ID** to view any relevant disputes.

\*The **Dispute Details** page will display.

**My Overview** ▲ Notifications × Clear All Respond to Scheduling × Poil A scheduling poll is available for your response. This scheduling poll will be available for 7 days after initiation. **Open Claims Upcoming Events** New Documents View details associated to your claims in the My Queue portal. View and edit the details of your Review documents in the events in the Events portal. Notifications panel to ensure accuracy. → 2 days ago Response Recorded × **My Queues** := **My Events** My Claims My Disputes My Forms My Rehab Cases My SCF Assessment Reports  $\langle \rangle$ June 2020 Dispute ID Dispute Type Requesting Pa... Employee Date of Injury Status ۲ Su Mo Tu We Th Fr Sa 1 DS-05-9192-798 Craig Robinson Craig Robinson... 06/01/2020 Medical Closed 6 1 2 3 4 5 DS-05-9706-265 Medical Taylor Tools Greg Maddox: ... 06/04/2020 Open 9 10 11 12 <mark>13</mark> DS-06-9843-265 Rehabilitation loe Harris Joe Harris: Invalid date Open 7 8 DS-06-9843-269 Rehabilitation loe Harris Joe Harris: Invalid date Open 16 17 18 19 <mark>20</mark> 14 15 DS-06-9843-273 Rehabilitation Joe Harris Joe Harris: Invalid date Open 21 22 23 24 25 26 27 DS-06-9843-277 Rehabilitation loe Harris loe Harris: Invalid date Open **Rehabilitation Dispute For: Joe Harris** Open + Submit Filing **Dispute Overview** UCWCP Certified Multiple Claims Managed Care Denial of Primary Liability Asbestos Claim Minor Employee Deceased **Dispute Details** Dispute Type Rehabilitation Date Received 6/26/2020 Requester Type Employee ested By Spencer Wilson Claim Employee WID Respondent Party ing Parts SE-02-5789-933: Joe Harris Certification De ute lur Pending DLI ADR Interpreter Services Requested Mediation Reque Online Forms No Medical Details - Summary naged Care Plan Total Medical Issues **Total Unresolved Medical Issues** Total Unpaid Balances 0 \$0.00

## Initiating a dispute from the dashboard

External users will have the ability to initiate a dispute in Campus.

- 1. Click on the **Submit a Filing** drop-down menu.
- 2. Select Initiate a Dispute.

- 3. Enter the information for the related claim in one of the three boxes to activate the **Next** button to move forward.
- Click Next. (The button will highlight after information is provided.)
- If the information does not match a claim on file, enter the relevant claim information to create a claim shell.



- 6. Choose the party you represent.
- 7. Select the other parties in the dispute.

\*This step will automatically pull in the parties from the related claim and will give you the option to add others.

- Click Next. (The button will highlight after information is provided.)
- 9. Choose a dispute action, for example, **Certify this Dispute**.

- In the drop-down menu, select whether the dispute is medical or rehabilitation related.
- 11. Add any disputed issues.



12. Add any support attachments.
 13. Click Next.
 Disputed Payments

 Add any unpaid bills you are seeking reimbursement for. All unpaid bills should be related to the issues you added above.
 + Add Disputed Payment
 Health Care Bill Payors Section

Add Payor

+ Add Health Care Payor

Proof of Attempt to Resolve Managed Care Plan

+ Upload Document File Name File Type Description Remove **Supporting Attachments** + 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, erother 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. Explain the details of your request 13 on can be rea ts provided below and the explanation provided here. Back Next Save as Draft Preview Cancel

Add any people or organizations other than the Workers' Compensation insurer that have paid health care bills related to this dispute. Attach any supporting documentation below.

If medical services are being provided or managed by a certified managed care plan, please attach information showing that the dispute resolution process of the certified managed care plan has already been exhausted.

- 14. Provide an Electronic Signature.
- 15. Check the box.
- 16. Click **Next**. (The button will highlight after information is provided.)

| Name  |  | Role  | Address   |
|---|--|---|---|
| Joe Harris  |  | Requesting Party  | None identified   |
| Taylor Tools  |  | Employer  | None identified   |
| New Brighton Insurance  |  | Insurer   | None identified   |
| )ispute Issue and I   | Document Summary   |   |   |
| ispute Type   | Number of Issues   | Document to be filed with DL  | Date Processed  |
| ehabilitation   | 2  | Request for Certification   | n 6/26/2020   |
| Electronic Signatur   |  |   |   |
| Please type your First and Last N   | lame as they appear on your CAMPL  |   | opies of this form and attachments are being sent to the                                  |
| lease type your First and Last N<br>mployee, insurer, any attorney  | lame as they appear on your CAMPL  | US profile. By signing and dating this form, I certify co   | opies of this form and attachments are being sent to the                                  |
| lease type your First and Last N<br>mployee, insurer, any attorney  | lame as they appear on your CAMPL  | US profile. By signing and dating this form, I certify co   | opies of this form and attachments are being sent to the                                  |
| lease type your First and Last N<br>mployee, insurer, any attorney<br>ull Name of Signatory *<br>he name provided does not match th                               | lame as they appear on your CAMPL<br>(s), the Department of Labor and Ind<br>hat of your CAMPUS profile.   | US profile. By signing and dating this form. I certify co<br>dustry and, if required, to the department's Vocation. | oples of this form and attachments are being sent to the<br>al Rehabilitation unit (VRU). |
| lease type your First and Last N<br>mployee, insurer, any attorney<br>ull Name of Signatory *<br>he name provided does not match th<br>understand that by checkin | lame as they appear on your CAMPL<br>(s), the Department of Labor and Ind<br>hat of your CAMPUS profile.   | US profile. By signing and dating this form. I certify co<br>dustry and, if required, to the department's Vocation. | opies of this form and attachments are being sent to the                                  |
| lease type your First and Last N<br>mployee, insurer, any attorney<br>Full Name of Signatory *  | lame as they appear on your CAMPL<br>(s), the Department of Labor and Ind<br>hat of your CAMPUS profile.   | US profile. By signing and dating this form. I certify co<br>dustry and, if required, to the department's Vocation. | oples of this form and attachments are being sent to the<br>al Rehabilitation unit (VRU). |
| lease type your First and Last N<br>mployee, insurer, any attorney<br>ull Name of Signatory *<br>he name provided does not match th<br>understand that by checkin | lame as they appear on your CAMPL<br>(s), the Department of Labor and Ind<br>hat of your CAMPUS profile.<br>g this box, I am legally signing this el | US profile. By signing and dating this form. I certify co<br>dustry and, if required, to the department's Vocation. | oples of this form and attachments are being sent to the<br>al Rehabilitation unit (VRU). |

- 17. Add Service Recipients.
- 18. Select any parties who require service.
- 19. Click the **Declaration** box.
- 20. Provide an Electronic Signature.
- 21. Check the box.
- 22. Click Submit Form.

\*The webform is now completed and the dispute has been created. If you did not previously have any disputes, the **My Disputes** queue will now show on the dashboard. If you already had this, then a new dispute will be added to the queue.



## Initiating a dispute webform from the claim details page

Τ

| 1.         | Select the <b>Submit Filing</b><br>button.   | Rehabilitation Dis<br>Dispute: DS-06-9843-265<br>Dispute Overview   | pute For: Harr   | is <sub>Open</sub>    | 1 + sut                            | omit Filing   |
|------------|--|---|--|-----------------------|------------------------------------|---------------|
|            |  | Certified<br>Denial of Primary Liability  | Multiple Claims<br>Asbestos Claim                      | Managed Care<br>Minor | UCWCP<br>Employee Deceased         |               |
|            |  | Dispute Details   |  |                       |                                    | ^             |
| 2.<br>3.   | Select the option <b>Initiate</b><br><b>Dispute</b> from the drop-down<br>menu.<br>Click <b>Save</b> . | Submit a Filing<br>Please indicate the type of<br>transaction, and will be as<br>Greg Maddox: Injury on 6/<br>Please indicate the type of | sociated to this transactio<br>04/2020: CL-05-9705-715 |                       | are specific to Claims, will use c | lata from thi |
| cla<br>aut | ne webform will open. The<br>im you navigated from will<br>comatically be linked to the<br>pute.       | Filing Name<br>Initiate Dispute   |  |                       |                                    |               |

# **Editing a dispute**

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.

#### Amending a dispute

| <ol> <li>Select Amend D<br/>the process.</li> </ol> | f Submit a<br>Please indice<br>transaction,<br>Medical Disp | the the type of filing you wish to make<br>and will be associated to this transa<br>sute For: Greg Maddox: DS-05-9706-<br>ate the type of filing you wish to make<br>ute Action<br>cal Response | ction.<br>265         | are specific to Disputes, will us          | e data from this                           |   |
|---|---|---|-----------------------|--|--|---|
| 2. Add or remove                                    | / I   | Dispute<br>ctions to Amend this Dispute.  |                       |  |  | ] |
| the claim as neo                                    | essary.   | ctions to Amend this Dispute.   |                       |  |  |   |
| 3. Click Next.                                      | Identify Cla  | 2<br>aims Identify Parties  | Document Issues in Di | •  | 4 5<br>ry & Signature Affidavit of Service |   |
|   | -   | Other Parties in Dispute<br>parties and intervenors on this dispute<br>Name<br>Greg Maddox  |                       | My party is not in this list Role Employee | Address<br>None identified                 |   |
|   | 2   | Greg Maddox<br>New Brighton Insurance   |                       | Insurer                                    | None identified                            |   |
|   | + Add Part<br>Back N  | - 3   | Cancel                | Insurer                                    | None laentitied                            |   |

- 3. [Use of 3 repeated] Change the reason type for filing the dispute.
- 4. Add Disputed Issues.
- 5. Add Supporting Attachments.
- 6. Click Next.

- [Use of 6 repeated] Provide your full name for the Electronic Signature.
- 7. Check the box.
- Click Next. (The button will highlight after information is provided.)



| 9.  | Issue the Affidavit of Service |    | Affidavi       | t of Service   |   |  |                       |                  |
|-----|--------------------------------|----|----------------|--|---|--|-----------------------|------------------|
|     | to required parties.           |    | Parties        | No. 4  |   |  |                       |                  |
| 10. | Click <b>Declaration</b> box.  |    | Select the par | ties to serve below. You may                                   | y update service addresses for parties served via mail. Click the | Add Service Recipient button to add p    | arties to the service | list.            |
| 11  | Provide your full name for the |    | + Add S        | ervice Recipient   |   |  |                       |                  |
| 11. |                                |    | Serve Party    |  | Role  | Address                                  | Service Method        | Service Date     |
|     | Electronic Signature.          |    |                | Greg Maddox  | Employee  |  | Electronic            | 6/26/2020        |
| 12. | Check the box.                 | 9  |                | Taylor Tools   | Employer  |  | Electronic            | 6/26/2020        |
| 13. | Click Submit Form.             |    |                | Spencer Wilson   | Service of Process Designee for Taylor Tools                      | minivikes@gmail.com                      | Electronic            | 6/26/2020        |
|     |                                |    |                | New Brighton Insurance   | Insurer   |  | Electronic            | 6/26/2020        |
|     |                                |    |                | Spencer Wilson   | Service of Process Designee for New Brighton Insurance            | minivikes@gmail.com                      | Electronic            | 6/26/2020        |
|     |                                |    |                | Tom Bombadil   | Service of Process Designee for New Brighton Insurance            | DLITestExt1+general9@gmail.com           | Electronic            | 6/26/2020        |
|     |                                |    | Notice         |  |   |  |                       |                  |
|     |                                |    |                | Submit, Campus will:   |   |  |                       |                  |
|     |                                |    |                | and merge an Affidavit of Se<br>i email to all parties who rec | rvice with your filed document<br>eive service via Campus         |  |                       |                  |
|     |                                |    | To serve parti | es by mail you must print a                                    | copy of the filed document and your Affidavit of Service.         |  |                       |                  |
|     |                                | 10 | Declaratio     |  |   |  |                       |                  |
|     |                                |    |                | nder penalty of perjury that<br>Signature                      | everything that I have stated in this document is true and corr   | ect. Minn. Stat. § 358.116               |                       |                  |
|     |                                | 11 | Please type yo | ur First and Last Name as th                                   | ney appear on your CAMPUS profile. By signing and dating this     |  |                       | ng sent to the   |
|     |                                |    | employee, ins  | urer, any attorney(s), the De                                  | partment of Labor and Industry and, if required, to the departr   | ment's Vocational Rehabilitation unit (V | RU).                  |                  |
|     |                                |    | Full Name o    | of Signatory *   |   |  |                       |                  |
|     |                                | 12 | Lundareta      | nd that by checking t  | am legally signing this electronic form and I confirm that the    | information on this form is true accur   | ate and complete to   | the best of my   |
|     |                                |    | knowledge      | 1 1 2  | am legally signing this electronic form and i confirm that the    | information on this form is true, accur  | ate, and complete to  | o the best of my |
|     |                                |    | Back           | Submit Form Save as D  | Draft Preview Cancel  |  |                       |                  |
|     |                                |    | L              |  |   |  |                       |                  |
|     |                                |    |                |  |   |  |                       |                  |

#### Choosing a dispute action

Through this process, you can request a mediation or an administrative conference, or simply request certification of your dispute. Note that to request an administrative conference or certification, there must be at least one issue in dispute.

| set a Darahitian Camira wan wanid lika ta hala rarakua wanr Dira         | ute. If you want to request an Adm    | ninistrative Conference, tr | ere must be documented issues on this Dispute      |
|--|---------------------------------------|-----------------------------|--|
| lequest a Mediation  |                                       |                             |  |
| equest an Administrative Conference                                      |                                       |                             |  |
| r selected request will generate a Document to be distributed t<br>pute. | o all parties, it also may request an | Event. Please see below     | for details on what your submission will create fo |
| laims Associated to this Dispute   |                                       |                             |  |
| Claim Name Employee ID (WID)   | Employer                              | Insurer                     | ТРА  |
| Joe Harris: Injury on Joe Harris<br>06/01/2020                           | Taylor Tools                          | New Bright                  | on Insurance                                       |
| arties in Dispute  |                                       |                             |  |
| Name   | Role                                  |                             | Address  |
| Joe Harris   | Requesting Party                      |                             | None identified                                    |
|  | Employer                              |                             | None identified                                    |
| Taylor Tools   | ap.ofe.                               |                             |  |

After this is submitted, and only if the user requested a mediation, a poll can be initiated or assigned to someone else to initiate. The poll will be used to see what days and times identified other parties for the event are available. \*See the *External scheduling* section for more details about this process.

#### Rehabilitation, medical response

The **Rehab/Medical Response** 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.



- 5. Address each disputed issue.
- 6. If you disagree, enter a reason for disagreeing.
- 7. Click Next.



#### Upload any supporting attachments.

- 9. Sign the webform.
- 10. Check the box.
- 11. Click Submit.

#### 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. There is no information to fill in other than to upload the necessary documents, provide an **Electronic Signature**, check the required boxes and click **Submit**.

# Scheduling

#### Scheduling an event in Campus

External users will be able to use Campus to organize and request the scheduling of events related to workers' compensation.

On the dashboard, there is a card that shows how many coming events you have. There is also a calendar in the bottom right that will show a colored dot to indicate you have an event that day.

|  |  |  |         | Noti  | ficat   | ions   | ×  | lear A         | JI      |
|--|--|--|---------|---|---|--|--|----------------|---------|
| Open Claims<br>View details associated to your<br>claims in the My Queue portal. | <b>3</b><br>Upcoming Events<br>View and edit the details of your<br>events in the Events portal. | <b>D</b><br>New Documents<br>Review documents in the<br>Notifications panel to ensure<br>accuracy. |         | Poll<br>A se<br>ava<br>res<br>sch<br>be<br>day<br>7 day | chedu<br>ilable<br>ponse<br>edulir<br>availa<br>rs afte<br>rs ago | o Sche<br>ling p<br>for yc<br>. This<br>ng pol<br>ble fo<br>r initia<br>o Sche | oll is<br>our<br>I will<br>r 7<br>ation. | <i>→</i>       |         |
| My Queues<br>My Claims My Disputes M   | y Forms My SCF Assessment Rep  | ports  | My      | Poll  | nts   |  |  | =              |         |
|  |  | Include Inactive   | June    | e 202   | 0<br>Tu   | We   | Th                                       | <<br>Fr        | ><br>Sa |
|  | Employer Claim Admin Date  | e of Injury Status <b>T</b>  | 31      | 1   | 2   | 3  | 4  | 5              | 6       |
| No data found Items per  | page   | ^  |         |   |   |  |  |                |         |
| Showing<br>(0-0) of IC < > >1<br>0   |  | · · ·  | 7       | 8   | 9   | 10   | 11                                       | 12             | 13      |
| Showing<br>(0-0) of I ≤ < > >1 <sub>10</sub>                                     |  | •<br>×   | 7       | 8<br>15   | 9<br>16   | 10<br>17   | 11<br>18                                 | 12<br>19       | 13      |
| Showing<br>(0-0) of I ≤ < > >1 <sub>10</sub>                                     |  |  | 7 14 21 | 8<br>15<br>22   | 9<br>16<br>23   | 10<br>17<br>24   | 11<br>18<br>25                           | 12<br>19<br>26 |         |

The dashboard calendar can be toggled to a daily view by clicking the list icon (three bulleted items) next to **My Events**. To open the full calendar, click on any day when you are in the calendar view or click the **Open Calendar** link in the bottom right.

|           | 0                                     |                   | 3  |                                 | 0   |        | No notific                     | fications<br>ations.             |                            |   |
|-----------|---------------------------------------|-------------------|--|---------------------------------|---|--------|--------------------------------|----------------------------------|----------------------------|---|
| Open      | Claims                                | Up                | coming Even  | ts Ne                           | w Documer   | nts    |                                |                                  |                            |   |
|           | ssociated to your<br>My Queue portal. |                   | and edit the details of y<br>ents in the Events portal |                                 | view documents in th<br>fications panel to ens<br>accuracy. |        |                                |                                  |                            |   |
| ly Queues |                                       |                   |  |                                 |   |        |                                |                                  |                            |   |
|           | My Disputes                           | My Forms          | My Rehab Cases   | My SCF Assess                   | sment Reports   | active | My Even<br>Thursday<br>June 25 |                                  | <                          | > |
| My Claims | My Disputes                           | My Forms Employer | My Rehab Cases   | My SCF Assess<br>Date of Injury |   | active | Thursday                       | 6, 2020<br>Mediatio<br>DS-05-919 | <<br>n<br>2-798 :          | > |
| My Claims | Employee                              |                   |  |                                 | Include In  | active | Thursday<br>June 25            | , 2020<br>Mediatio               | n<br>2-798 :<br>ispute For | > |

In the opened calendar, there is a legend that shows which types of events are scheduled each day.

|   |        | <       | Month Week | >        |        |          |
|---|--------|---------|------------|----------|--------|----------|
| Sunday  | Monday | Tuesday | Wednesday  | Thursday | Friday | Saturday |
|   | 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     | 27       |
|   |        |         |            | 0 0      |        |          |
| 28  | 29     | 30      |            |          |        |          |
| egend<br>Mediation<br>Administrative Confere<br>Employee Meeting<br>Hearing<br>Unavailability | ence   |         |            |          |        |          |

Monday Sunday Wednesday Tuesday Thursday Friday Saturday Selected date 0 0 Mediation 10:00 AM - 1:00 PM at Bemidji DS-05-9192-798 : Medical Dispute For Craig Robinson Created by Spencer Wilson DLI Staff: Spencer Wilson, Spencer Wilson Summary details Administrative Conference 12:00 PM - 5:00 PM at Rochester DS-05-9192-798 : Medical Dispute For Craig Robinson Created by Spencer Wilson DLI Staff: Spencer Wilson, Spencer Wilson, test person, Spencer Wilson, Spencer Wilson, test person 

External users are only able to view events from the calendar, not schedule them. If you click on a day with an event scheduled, it will show you the summary details of the event.

To view more information, click on one of the events to be taken to the event details page, which lists all relevant information for the scheduled event.

| Event: EV-05-9705-81<br>For Case: Medical Dispute For Craig |              |                             |          |                 | Export Event Details |
|---|--------------|-----------------------------|----------|-----------------|----------------------|
| Event Details   |              |                             |          |                 |                      |
| Event Type  | Event Status | Related Claim(s)            |          | Related Case(s) |                      |
| Mediation   | Scheduled    | CL                          |          | undefined       |                      |
| Unit Responsible for Event                                  | Date         | Start Time                  |          | End Time        |                      |
| SCF   | 6/25/2020    | 10:00 am                    |          | 01:00 pm        |                      |
| Location Type   |              | Physical Location Name      |          |                 |                      |
| Physical Location   |              | В                           |          |                 |                      |
| Address 1   |              |                             |          |                 |                      |
| 6   |              |                             |          |                 |                      |
| Address 2   |              |                             |          |                 |                      |
|   |              |                             |          |                 |                      |
| City  | State        |                             | ZIP Code |                 |                      |
| В   | MN           |                             | 5        |                 |                      |
| Source  |              | Number Of Times Rescheduled |          |                 |                      |
| Campus  |              | 0                           |          |                 |                      |

To add an event to a calendar outside of Campus, click the **Export Event Details** button in the top right. This will allow you to download an .ics file, which can be added to most other online calendars, including Microsoft Outlook, Google Calendar and Apple Calendar. **An external user cannot schedule events in Campus**. Events can be requested by the user and a poll can be sent to see what days and times work for people to attend an event. To do this for a dispute, click on the **Dispute ID** on the **My Disputes** queue on the external dashboard. Then, on the **Dispute Details** page, click the **Submit Filing** button in the top right.

| Medical Dispute Fo          | or: Will Hunting <sub>👳</sub>         | en             | + Subn            | nit Filing |
|-----------------------------|---------------------------------------|----------------|-------------------|------------|
| Dispute Overview            |                                       |                |                   | ^          |
| Certified                   | Multiple Claims                       | Managed Care   | UCWCP             |            |
| Denial of Primary Liability | Asbestos Claim                        | Minor          | Employee Deceased |            |
| Dispute Details             |                                       |                |                   | ^          |
| Dispute Type                |                                       | Date Received  |                   |            |
| Medical                     |                                       | 6/15/2020      |                   |            |
| Requested By                |                                       | Requester Type |                   |            |
| Spencer Wilson              |                                       | Employee       |                   |            |
| Claim Employee WID          | Requesting Party<br>SE-02-5696-947: V | Vill Hunting   | Respondent Party  |            |

The **Submit a Filing** pop-up will display with several filing options. Select **Choose Dispute Action** to request a mediation.

| Submit a Filing  |                           |   |
|--|---------------------------|---|
| Please indicate the type of filing you wis<br>transaction, and will be associated to thi |                           | ons are specific to Disputes, will use data from this |
| Medical Dispute For: Will Hunting: DS-05   | 5-9191-199                |   |
| Please indicate the type of filing you wis   | h to make.                |   |
| Pitter Mana  |                           |   |
| Amend Dispute  |                           |   |
| Choose Dispute Action  |                           |   |
| Rehab/Medical Response   |                           |   |
|  | esting Party              | Respondent Party                                      |
| Other Filing   | 12-5696-947: Will Hunting |   |
| Motion to Intervene  | Dispute Juris             | diction   |
|  |                           |   |

A page will display where you can select the dispute action and attendees.

| ect a Resolution Service you would<br>ues to a Dispute, choose 'Amend to | d like to help resolve your Dispute. If you wa<br>his Dispute' from the Dispute details page. | nt to request an Administrative Confere | nce, there must be document                           | ed issues on this Dispute. To add |
|--|---|---|---|-----------------------------------|
| Dispute Action *   |   |   |   |                                   |
| Request a Mediation  |   | -                                       |   |                                   |
| ummary & Signature   | 2   |   |   |                                   |
| ur selected request will generate a<br>pute.                             | Document to be distributed to all parties, it   | also may request an Event. Please see   | below for details on what your                        | submission will create for your   |
| Claims Associated to   | o this Dispute  |   |   | ^                                 |
| Cleim Neme<br>Will Hunting: Injury on<br>06/01/2020                      | Employee ID (WID) Emp<br>Will Hunting   | loyer Insurer                           | т   | A                                 |
|  |   |   |   |                                   |
| Parties in Dispute   |   |   |   |                                   |
| Parties in Dispute   | Role  |   | Address   | ,                                 |
|  | Role<br>Requesting Party  |   | Address<br>None identified                            | ,                                 |
| Name   |   |   |   | ~                                 |
| Name<br>Will Hunting   | Requesting Party  |   | None identified                                       | ~                                 |
| Name<br>Will Hunting<br>Will Hunting                                     | Requesting Party<br>Employer  |   | None identified                                       |                                   |
| Name<br>Will Hunting<br>Will Hunting                                     | Requesting Party<br>Employer<br>Insurer   |   | None identified                                       |                                   |
| Name<br>Will Hunting<br>Will Hunting<br>Will Hunting                     | Requesting Party<br>Employer<br>Insurer   | Document to be filed with D             | None identified<br>None identified<br>None identified |                                   |

After submitting a request, a page will display to initiate a poll. If you would like someone else to initiate the poll, choose **Yes**; if you would like to initiate the poll, choose **No**. Then click **Next**.

| itiate Scheduling P<br>se fill out the sections below, choosing up  |  | ates, and 6 potential time blocks, to allow attendees to vote on th         | e best time to hold your event. |
|---|--|---|---------------------------------|
| 0   | 0  | 0   | 0                               |
| et Another Poll Initiator   | Basic Information                          | Potential Mediators, Dates, and Times                                       | Confirm and Submit              |
| elect if you would like to continue as the<br>ass this responsibility to the Alternative l<br>Yould you like to set another Poll Initia | Dispute Resolution unit of DLI to initiate | would like to pass this to another person in this Dispute, choose the poll. | nat person below. You may also  |

Choose the poll responders and note any special accommodations for the event. If the event time and location has already been agreed to, you can select **Yes** for the final question. If not, select **No**. Click **Next** when finished.

| Set Poll Responders                |   |                      |   |
|------------------------------------|---|----------------------|---|
|                                    | m the list below. Note that you do not need to invite all me<br>Associated Users to select below, please continue to fill out |                      |   |
| Party Name                         | Associated User   | Title                | Set as Poll Responder                     |
| Will Hunting                       | Spencer Wilson  | Other Representative |   |
| Will Hunting                       | There are no associated users for this Party  |                      |   |
| New Brighton Insurance             | Tom Bombadil  | Administrator        |   |
| Will Hunting                       | There are no associated users for this Party  |                      |   |
| Los Pollos Hermanos                | Richard Hendricks   | Other Representative |   |
| Enter Event Special Accommodation  | 5   |                      |   |
| Enter Event Special Accommodation  | 5   |                      |   |
|                                    | ndy agreed upon event date, time, and pref  |                      | ter this information below to ensure that |
| the desired Mediator is free to ru | n your event.   |                      |   |
| Have all attendees already agree   | eed upon event parameters?  |                      |   |
|                                    |   |                      |   |
| Back Next                          |   |                      |   |
|                                    |   |                      |   |

Select up to three potential mediators and up to three potential dates and times. Click **Next** when finished.

| Potential Media                      | ators                 |                   |                           |                 |                                      |                    |
|--------------------------------------|-----------------------|-------------------|---------------------------|-----------------|--------------------------------------|--------------------|
| Parth AAA                            | Corinne Abele         | Christie Ahern    | Saleh Ahmed               | Angie Andresen  | Angle Andrese                        | n 🔲 Sandra Barnes  |
| David Bateson                        | Mason Bender          | Todd Bosch        | U Walter Bowser           | Troy Brekke     | Dave Brown                           | Jason Burkholder   |
| Pam Carlson                          | Brandon Carter        | Richard Davis     | 🗌 Karen Durbin            | Emily Fath      | Berkeley Ferguss                     | on                 |
| Aaron Fredericks                     | on 🗌 Maggie Gar       | ratt 🛛 Steven Gil | more 🗌 Tom Gla            | vin 🗌 Krista Go | odyear 🗌 Jiteno                      | der Goswami        |
| Laura Grimes                         | William Hauck         | Debra Heisick     | Mike Ireland              | Mike Ireland    | Lee Keller                           | □ Victoria Kettler |
| Victoria Kettler                     | Nicolette Lerch       | Tyler Leskanic    | 🛛 Brian Mak               | 🔲 jack mallahan | Keith Maurer                         | Caitlyn Mayers     |
| 🗌 Kyle McLean                        | Owen McMillan         | □ Mark Mellinger  | Stacey Moone              | Roy Neuman      | Michael New                          | vman               |
| Brenda Niemann                       | Derrick O'Brie        | n 🗌 Donna Olso    | n 🗌 Mary Peper            | Mary Peper      | Christina Pier                       | no                 |
| Theresa Rangel                       | Chris Raymond         | Trey Schmohl      | Angel Severso             | n 🗌 Tyler Shepl | herd 🗌 Robby S                       | Stigler            |
| Steven Sullivan                      | Dorothy Wang          | 🗌 Tonka Wayne     | Rick Willimott            | Spencer Wilso   | n                                    |                    |
| Potential Dates                      | 5                     |                   |                           |                 |                                      |                    |
| Select Potential Date 1<br>7/31/2020 | •                     | Select Pote       | ential Date 2             | E.              | Select Potential Date 3<br>7/29/2020 | 1                  |
| (mm/dd/yyyy)                         |                       | (mm/dd/yy         | w)                        |                 | (mm/dd/yyyy)                         |                    |
| Potential Times                      | s                     |                   |                           |                 |                                      |                    |
| Select Potential Times               |                       |                   | ential Times for Date 2 * |                 | Select Potential Times               |                    |
| Morning (9:00am t                    | to 12:00pm), Afternoo | n (1: Y           | (9:00am to 12:00pm)       | Ť               | Afternoon (1:00pn                    | n to 4:00pm        |
| Back Next                            | 1                     |                   |                           |                 |                                      |                    |
|                                      |                       |                   |                           |                 |                                      |                    |

The Initiate Scheduling Poll page will display. After confirming the information, click Submit.



If you are sent a scheduling poll, you will receive both an email message and a Campus notification.

| ion comp campus. I   | espond to  | b Event Schedul  | ing Poll D 🔤               | ox x  |  |           | ē |
|--|--|--|----------------------------|---|--|-----------|---|
| innesota Department of Labor an<br>me 👻  | d Industry <wor< th=""><th>npsystem@mn.gov&gt;</th><th>1</th><th>Email</th><th>3:52 PM (0 minutes ago)</th><th>☆</th><th>*</th></wor<> | npsystem@mn.gov>   | 1                          | Email   | 3:52 PM (0 minutes ago)  | ☆         | * |
| 1  |  |  |                            |   |  |           |   |
| bencer -   |  |  |                            |   |  |           |   |
| event scheduling poll associated wit   | h has been crea  | ted to assist event attender   | es in identifying a mut    | ually agreeable time, date, an  | d location.  |           |   |
| ick here to respond to the poll.   |  |  |                            |   |  |           |   |
| is poll will be open for your response<br>pport Email Address].  | for 7 days. If you   | u need further assistance o  | r have questions rega      | rding this poll, please call (AD  | IR Support Phone Number] or email u  | is at (AD | R |
| innesota Department of Labor and<br>3 Lafayette Road N., St. Paul, MN 55<br>ob: www.dil.mn.gov                                   |  |  |                            |   |  |           |   |
| 1090   |  |  |                            |   |  |           |   |
| Twitter Loop   |  |  |                            |   |  |           |   |
| rson responsible for delivering it to the email and the attachments.   | e intended recip   | ent, please notify the Depa  | artment of Labor and I     | idubil y miniodalory by omain   | a al apparter participanter and con  |           |   |
|  | e intended recipi  | ent, please notify the Depa  | artment of Labor and I     | Campus  |  | Clear A   |   |
| is email and the attachments.  |  | 3  |                            | Campus  |  | Clear A   |   |
| s email and the attachments.   | Up   | 3<br>coming Even   | ts Nev                     | Campus<br>notification<br>0<br>w Documents  | Notifications     Respond to Scheduling     Poil     A scheduling poll is     available for your   | ( Clear A |   |
| is email and the attachments.  | Up   | 3  | ts Nev                     | Campus<br>notification  | Notifications     Respond to Scheduling     Poli     A scheduling poli Is     available for your     response. This     scheduling poli will   | ( Clear A |   |
| is email and the attachments.<br>19 Overview<br>Open Claims<br>View details associated to your<br>claims in the My Queue portal. | Up   | 3<br>coming Even   | ts Nev                     | Campus<br>notification<br>O<br>W Documents<br>riew documents in the<br>ications panel to ensure           | Notifications     Respond to Scheduling<br>Poli A scheduling poli si<br>available for your<br>response. This<br>scheduling poli will<br>available for 7 days<br>arter initiation.<br>Today     | ( Clear A |   |
| is email and the attachments.  | Up   | <b>3</b><br>coming Even<br>and edit the details of yc<br>ents in the Events portal | ts Nev<br>our Rev<br>Notif | Campus<br>notification<br>O<br>DOCUMENTS<br>New documents in the<br>lcations panel to ensure<br>accuracy. | Notifications     Respond to Scheduling<br>Poll     A scheduling poll is<br>available for your<br>response. This<br>scheduling poll will<br>available for 7 days<br>arter initiation.<br>Today | ( Clear A |   |

# **Responding to a poll**

- Select the dates and times in Campus that work for you.
- 2. Click Confirm.

\*The **Confirm** button will highlight after the dates and times are selected.

\*The **Events Details** page will display.

 [Use of 2 repeated] Click the Currently Polling link under Date, Start Time and End Time to view the response to the poll.

|  |  | Spencer Wilson   |   |         |
|--|--|--|---|---------|
| Wednesday, July 29, 2020   |  |  |   |         |
| Morning (9 am to 12 pm)  | 1  |  |   |         |
| Afternoon (1 pm to 4 pm)   | -  |  |   |         |
| Thursday, July 30, 2020  |  |  |   |         |
| Morning (9 am to 12 pm)  |  |  |   |         |
| Afternoon (1 pm to 4 pm)   |  |  |   |         |
|  |  |  |   |         |
| Friday, July 31, 2020  |  |  |   |         |
| Morning (9 am to 12 pm)  |  |  |   |         |
| Afternoon (1 pm to 4 pm)   |  |  |   |         |
| elow are the Special Accommodations a<br>loughts on location, please add them in<br>vent Special Accommodations<br>espond to Special Accommodations<br>Confirm<br>Cancel   | and Notes that the Poll initiator wrote when ini<br>the field below. | lating this poll. If you have any additional ac                | commodations needed or would like to add your o               | win     |
| Events EV 06 021   | 7 440  |  |   |         |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type  | Event Status   | Related Claim(s)   | Export Ev   | vent De |
| Event: EV-06-0217<br>For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation  |  | Related Claim(s)   | 2 <b>—</b> .  | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type  | Event Status<br>Polling<br>Date                                      | Start Time   | Related Case(s)<br>undefined<br>End Time                      | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event   | Event Status<br>Polling  | Start Time<br>Currently Polling                                | Related Case(s)<br>undefined                                  | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation   | Event Status<br>Polling<br>Date                                      | Start Time   | Related Case(s)<br>undefined<br>End Time                      | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event<br>Location Type  | Event Status<br>Polling<br>Date                                      | Start Time<br>Currently Polling                                | Related Case(s)<br>undefined<br>End Time                      | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event<br>Location Type<br>Physical Location                                   | Event Status<br>Polling<br>Date                                      | Start Time<br>Currently Polling                                | Related Case(s)<br>undefined<br>End Time                      | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event<br>Location Type<br>Physical Location<br>Address 1<br>Address 2         | Event Status<br>Polling<br>Date                                      | Start Time<br>Currently Polling                                | Related Case(s)<br>undefined<br>End Time                      | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event<br>Location Type<br>Physical Location<br>Address 1                      | Event Status<br>Polling<br>Date<br>Currently Polling                 | Start Time<br>Currently Polling<br>Physical Dication Name<br>2 | Related Case(s)<br>undefined<br>End Time<br>Currently Polling | vent De |
| For Case: DS-05-9191-199<br>Event Details<br>Event Type<br>Mediation<br>Unit Responsible for Event<br>Location Type<br>Physical Location<br>Address 1<br>Address 2<br>City | Event Status<br>Polling<br>Date<br>Currently Polling                 | Start Time<br>Currently Polling<br>Physical Location Name<br>2 | Related Case(s)<br>undefined<br>End Time<br>Currently Polling | vent De |

## **PPR submission**

 On the Rehab Case Details page, click on the R-form Details button to begin the PPR submission process.

 A new window allows you to select which type of R-form to submit or amend. Select PPR, Submit and Next to continue.

3. The Plan Progress Report page opens. You will need to complete all required fields marked with an asterisk (\*) for the Claim Details and Employee Details.

| Rehab For: Carol Jeffrie   | Assignee:<br>Owner:                                 |  | 1 R-Form Details →   |
|--|---|--|--|
| Rehab Summary  |   |  |  |
| Assigned QRC<br>Sarah McCurdy  | Associated Claim<br>CL-03-4328-571                  | Rehab Provider Firm                            |  |
| Employee Name<br>Carol Jeffries  | Employee Address<br>139 Main St, Mendota, MN, 55150 | Employee Phone Number<br>(908) 292-8903        | Injury Date<br>4/30/2020   |
| <b>Is QRC Withdrawal</b><br>No   | Is Eligible<br>Yes                                  | Projected Rehab Cost                           | Right And Responsibility Filed Date                                      |
| Rehab Dates  |   |  |  |
| Rehab Requested Date   | Initial Rehab Consultation Date 5/2/2020            | RCR Filed Date<br>5/3/2020                     | RCR Due Date<br>5/17/2020  |
| R2 Filed Date  | R2 Development Due Date<br>6/2/2020                 | R2 Filing Due Date<br>6/17/2020                |  |
| R-Form Details   |   |  |  |
| Submit or Amend an R-Form  |   |  |  |
| <b>RCR</b><br>Submitted  |   | <b>.</b>                                       |  |
| 2  |   |  |  |
|  |   |  |  |
| Submit g,  | <b>\</b>  |  |  |
| PPR  | $\mathbf{A}$  | <b>.</b>                                       |  |
|  |   |  |  |
| R-3  | - \   | · · · · · · · · · · · · · · · · · · ·          |  |
| R8   |   | •  |  |
|  | Next Canc   | el   |  |
| Plan Progress Report   |   |  |  |
| Please provide the following information   |   |  |  |
| Impus File Number         Date Of Injury           L-00-2157-324         4/19/2020 | Claim Admin Claim Number<br>WC-20-00846             | Claim Rep First Name *<br>Claim Rep First Name | Claim Rep Last Name * Phone Number *<br>Claim Rep Last Name Phone Number |
| mployee Details  |   | _  |  |
| /7/2020<br>mm/dd/yyyy)   |   |  |  |
| ID Number<br>E-01-2401-378   |   | Employee<br>CHRISSY GAMST                      | <b>3</b>   |
| nployee Address<br>3563 PINE TREE LN   |   |  |  |
| <b>ty</b><br>Turgeon lake  | State<br>MN   |  | Zip Code<br>55783  |
| none Number *  |   |  |  |
| hone Number  |   |  |  |

- Attach any other Supporting Attachments to the Plan Progress Report using the + Upload Document button.
- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- Click the Submit Form button to finalize. You can also use the Back button to go back one screen, Save as Draft to save a copy to return to, Download PDF to download a copy, Preview to view on the screen or Cancel to exit without saving.

\*Save as Draft forms will appear in your My Forms tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

## **Retraining plan**

 On the Rehab Case Details page, click on the R-form Details button to begin the retraining plan submission process.

| Supporting Attachmer                 | nts   |  |  |
|--------------------------------------|---|--|--|
| + Upload Document                    |   |  |  |
| File Name                            | File Type   | Description  | Remove   |
| Electronic Signature                 | 5   |  |  |
| Please type your First and Last Name |   | and dating this form, I certify copies of this form and attach | ments are being sent to the employee, insurer, any attorney(s), the Department |
|                                      | to a support menter vocational nendomatic               |  |  |
| Full Name of Signatory *             |   |  |  |
| Understand that by checking this     | box, I am legally signing this electronic form and I co | onfirm that the information on this form is true, accurate, a  |  |
|                                      |   |  | id complete to the best of my knowledge.                                       |
|                                      |   |  | ia complete to the best of my knowledge.                                       |

| Rehab For: Carol Jeffries | Investigation Needed Assignee:<br>Owner: |                       | R-Form Details -                    |
|---------------------------|--|-----------------------|-------------------------------------|
| Rehab Summary             |  |                       |                                     |
| Assigned QRC              | Associated Claim                         | Rehab Provider Firm   |                                     |
| Sarah McCurdy             | CL-03-4328-571                           |                       |                                     |
| Employee Name             | Employee Address                         | Employee Phone Number | Injury Date                         |
| Carol Jeffries            | 139 Main St, Mendota, MN, 55150          | (908) 292-8903        | 4/30/2020                           |
| Is QRC Withdrawal         | Is Eligible                              | Projected Rehab Cost  | Right And Responsibility Filed Date |
| No                        | Yes                                      |                       |                                     |
| Rehab Dates               |  |                       |                                     |
| Rehab Requested Date      | Initial Rehab Consultation Date          | RCR Filed Date        | RCR Due Date                        |
|                           | 5/2/2020                                 | 5/3/2020              | 5/17/2020                           |
| R2 Filed Date             | R2 Development Due Date                  | R2 Filing Due Date    |                                     |
|                           | 6/2/2020                                 | 6/17/2020             |                                     |

 A new window allows you to select which type of R-form you wish to submit or amend. Select Retraining Plan, Submit and Next to continue.

- 3. The **Retraining Plan** page opens. You will need to complete all required fields marked with an asterisk (\*) for the **Claim Details** and **Employee Details**.
- Use the + Upload Document button to attach all required items according to Minnesota Rules.

| WID Number<br>EE-01-2401-378             | Employee First Name<br>CHRISSY        |           | Employee Last Name<br>GAMST |   |
|--|---------------------------------------|-----------|-----------------------------|---|
| Employee Details                         |                                       | 3         |                             |   |
| Claim Rep First Name                     | Claim Rep                             | Last Name |                             |   |
| Claim Rep First Name *                   | Claim Rep Las                         |           |                             | _ |
| Claim Representative                     |                                       |           |                             |   |
| 4/19/2020                                |                                       |           | WC-20-00846                 |   |
| Associated Claim<br>Date Of Injury       |                                       |           | Claim Admin Claim Number    |   |
| Claim Details                            |                                       |           |                             |   |
| Please provide the following information |                                       |           |                             |   |
| Retraining Plan                          |                                       |           |                             |   |
|  |                                       |           | ]                           |   |
|  | Next                                  | Cancel    |                             |   |
|  | · · · · · · · · · · · · · · · · · · · |           |                             |   |
| R8                                       | \                                     |           | -                           |   |
|  | - \                                   |           |                             |   |
| R-3                                      | \                                     |           | -                           |   |
|  | 1                                     |           |                             |   |
| PPR                                      | \                                     |           | -                           |   |
|  |                                       |           |                             |   |
| Submit                                   |                                       |           |                             |   |
|  | 1                                     |           |                             |   |
|  | < l>                                  |           |                             |   |
|  | 2                                     |           |                             |   |
| Submitted                                |                                       |           | -                           |   |
| RCR                                      |                                       |           |                             |   |
| Submit or Amend an R-Forr                | n                                     |           |                             |   |

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

 Course Syllabus/Class Title Attachment

 + Upload Document

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

 + Upload Document

 4

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

 + Upload Document

 Vocational evaluation test results that support course choice

 + Upload Document

 + Upload Document

- Enter your first and last names in the Full Name of Signatory field and click the checkbox to confirm and legally sign electronically.
- You will need to Print, Sign and Scan the form because it requires additional signatures. After you have the signed form scanned electronically, use the + Upload Document button to upload to Campus.
- Finally, click the checkbox to attest the document has been signed by all parties and click the Submit Form button. You can also use the Back button to go back one screen, Save as Draft to save a copy to return to, Download PDF to download a copy, Preview to view on the screen or Cancel to exit without saving.

\*Save as Draft forms will appear in your My Forms tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

| Electronic Signature 👩   |
|--|
| Please type your First and Last Nagers (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, argument to the department's Vocational Rehabilitation unit (VRU). |
|  |
| Full Name of signatory *   |
| 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.   |
| Accepted plan: If all parties are in agreement with (and have signed) this Retraining Plan form, submit it to the department with the required attachments for approval or denial (see Minn. Rules 5220.0750, subp. 5).  |
| Print, Sign, & Scan  |
| This form requires additional signatures. To finish your submission, you will need to obtain a signed copy of the document. You may save this form as a draft. Please print this document and get all signatures prior to scanning, attaching, and submitting this form.   |
| 1. <u>Download</u> document<br>2. Oktain the necessary signatures<br>3. Jupiod signed document   |
| + Upload Document 6  |
| I attest that the attached document is signed by all required parties.   |
| Submit Form Save as Draft Download PDF Preview Cancel  |

## WCCA cases

The Workers' Compensation Court of Appeals (WCCA) has statewide authority to review workers' compensation cases ruled or decided upon by judges within the Office of Administrative Hearings (OAH). The mission of WCCA is to provide high quality and consistent decisions in a timely manner to ensure efficient, expeditious delivery of workers' compensation benefits to injured workers at a reasonable cost to employers.

There are two type of WCCA cases – appeals and petitions to vacate – but both are contained on the same page in Campus.

#### WCCA case details page

When you are logged into Campus, you can view a WCCA case that you are involved with.

- Click on the My Appeals tab on the dashboard to view your appeals or petition to vacate cases.
- 2. Click the WCCA Case ID hyperlink to view the WCCA case details page.

\*WCCA cases have ID numbers that are shorter than others in Campus. They follow a different ID convention than every other transaction in Campus. This is to help integrate with other statewide systems.

# \*This details page shows the **Petition to Vacate**.

 Select the Parties tab and click on the Contact Parties button to email selected contacts.

| DEPARTA<br>LABOR A<br>WORK COMP | AENT OF<br>ND INDUSTRY                | _s  | ubmit a Filing 🗸   |               |  |                     |   |         |              | (       | ٩       | Erin B | rockovich | ~  |
|---------------------------------|---------------------------------------|---|--|---------------|--|---------------------|---|---------|--------------|---------|---------|--------|-----------|--|
| My Overview                     | Open<br>View details as               | Claims<br>ssociated to your<br>dy Queue portal. | Upcoming E<br>View and edit the det<br>view and edit the det | ails of your  | O<br>New Docur<br>Review docurren<br>Notifications panel | ts in the to ensure |   | A No    | tifications. | ons     |         |        |           |  |
| My Queues                       | sputes My Forms                       | My Appeals                                      |  |               |  |                     |   | My Ev   | ents         |         |         |        | :=        |  |
| WCCA Case ID                    | WCCA Case Type                        | Appellant/Petitioner                            | Cross-Appellant  | Claim Employe | e Date Filed   | Status              | т | June 20 | 20           |         |         |        | <         | >  |
| WC20-0294 2                     | Petition to Vacate                    |   |  | Rory Gilmore  | 6/15/2020  | Open                |   | Su      | Mo           | Tu<br>2 | We<br>3 | Th     | Fr        | Sa<br>6  |
| WC20-0295                       | Appeal                                | Luke Danes                                      |  | Luke Danes    | 6/15/2020  | Open                |   |         |              | -       | ,       |        | ,         | , in the second se |
| Showing (1-2) of 2              | $ \langle \langle 1 \rangle \rangle $ |   |  |               |  | Items per page 10   | • | 7       | 8            | 9       | 10      | 11     | 12        | 13   |

| Dashboard > WCCA Case: WC20-0294             |                    |                              |                               |                                     |              |
|--|--------------------|------------------------------|-------------------------------|-------------------------------------|--------------|
| Petition to Vacate fo                        | r Rory Gilmore     | •                            |                               |                                     | + Submit Fil |
| Case Details                                 |                    |                              |                               |                                     |              |
| ase Type<br>Petition to Vacate               | Date A<br>6/15/    | ppeal/Petition Filed<br>2020 | filer<br>Corinne Abele        | Claim Employee Name<br>Rory Gilmore |              |
| ppellant/Petitioner<br>Rory Gilmore          |                    |                              |                               |                                     |              |
| Iral or Non-Oral Argument                    | Argum              | ent Date                     |                               |                                     |              |
| ase Decision                                 | Case D<br>6/15/    | ecision Date<br>2020         | Source<br>Manual Entry        |                                     |              |
| Petition to Vacate Details<br>ward No.       |                    | Date Award Issued            |                               | Basis To Vacate Award               |              |
| teasons for Basis                            |                    |                              |                               |                                     |              |
| Case Dates<br>Request Oral Argument Due Date | Appell             | int Brief Due Date           | Appellant Drief Received Date | Response Brief Due Date             |              |
| /25/2020                                     |                    |                              |                               | 7/30/2020                           |              |
| response Brief Received Date                 | Reply1             | irief Due Date               | Reply Brief Received Date     | Voting Memo Due Date                |              |
| recision Due Date                            |                    |                              |                               |                                     |              |
| Associated Claims Summar                     | ry                 |                              |                               |                                     |              |
| Claim Name I                                 | Employee W1D       | Employer                     | Insurer                       | тра                                 |              |
|  | 12-02-5056-867     | The Brick Store              | UPNORTHINSURANCE              | 15th Insurer UPDATE                 |              |
| 3  |                    |                              |                               |                                     |              |
| arties Events Related Case                   | s & Claims Documer | ts                           |                               |                                     |              |
|  |                    |                              |                               |                                     | Contact Part |
| equesting Party Intervenor                   | Responding Party   |                              |                               |                                     |              |
| ory Gilmore                                  |                    |                              |                               |                                     |              |
| 0<br>5-02-5696-867                           | Addre              | 15                           | Service Method<br>Electronic  |                                     |              |
|  |                    |                              |                               |                                     |              |

4. Click the **Email All Parties** button to email the parties listed on the WCCA case.

| Decision Due Date  |  |   |                  |                 |
|--|--|---|------------------|-----------------|
| Associated Claims Summary<br>Claim Name Employ<br>Cortact Parties<br>Rory Gilmore<br>Requesting Party<br>No contact informatic   | n available                                |   | -                | _               |
| Parties         Events         Related Cases & C         Corinne Abele           Requesting Party         Intervenor         Other Representation         Other Representation           Requesting Party         Intervenor         Ref         Corinne Abele |  |   |                  | Contact Parties |
| Rory Gilmore<br>10<br>EE-02-5696-867<br>No contact information   | n available                                |   |                  |                 |
| 15th Insurer UPD<br>Intervenor<br>Attoney<br>Ein Brodovich<br>단 ID23 344444  |  |   |                  |                 |
|  | mail All Parties                           | Contact   |                  |                 |
| DEPARTMENT OF<br>LEADER AND INDUSTRY<br>work coar cannus<br>Minnesota Workers Compensation © [[copyright year]]  | 443 Lafayette Road N<br>St. Paul, MN 55155 | Phone: [[Direct DLI Phone Number]]<br>Toll-free: [[Support Phone Number]] | Terms of Service | About Us        |

5. If you return to the **My Appeals** tab, you can click on the **WCCA Case ID** for Luke Danes (in this example), to see the appeals details page.

 The appeals details page shows the Case Details, Appeal Details and Case Dates.

|                                    | 2   | •   | 0   |                 |              | otification | ns      |         |         |         |   |
|------------------------------------|---|---|---|-----------------|--------------|-------------|---------|---------|---------|---------|---|
|                                    | Open Claims   | Upcoming Events   | New Documents   |                 |              |             |         |         |         |         |   |
|                                    | View details associated to your<br>claims in the My Queue portal. | View and edit the details of your<br>events in the Events portal.   | Review documents in the<br>Notifications panel to ensure<br>accuracy. |                 |              |             |         |         |         |         |   |
|                                    |   |   |   |                 |              |             |         |         |         |         |   |
|                                    |   |   |   |                 |              |             |         |         |         |         | 2 |
|                                    | isputes My Forms My Appeals                                       | 5   |   |                 | My Ev        | rents       |         |         |         | =       |   |
| Claims My D                        |   | 5<br>her Cross-Appellant Claim Employ   | ree Date Filed  | Status <b>Y</b> | My Ev        |             |         |         |         |         |   |
| Claims My D<br>A Case ID           |   | The second se |   | Status T        | June 2<br>Su | 020<br>Mo   |         | We      | Th      | <<br>Fr |   |
| Claims My D<br>A Case ID<br>0-0294 | WCCA Case Type Appellant/Petition                                 | er Cross-Appellant Claim Employ   | 6/15/2020   | Juitus          | June 2       | 020         | Tu<br>2 | We<br>3 | Th<br>4 | <       |   |
| 20-0294                            | WCCA Case Type Appellant/Petition Petition contacte               | er Cross-Appellant Claim Employ<br>Rory Gilmore   | 6/15/2020   | Open<br>Open    | June 2<br>Su | 020<br>Mo   |         |         |         | <<br>Fr |   |

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS  |   |                               | ٢                                 | Erin Brockovich 🗸 |
|--|---|-------------------------------|-----------------------------------|-------------------|
| Dashboard > WCCA Case: WC20-0295   |   |                               |                                   |                   |
| Appeal for Luke Danes 6<br>WCCA Case: WC20-0295<br>Case Details<br>Case Type<br>Appeal<br>Appeal | Date Appeal/Petition Filed<br>6/15/2020 | Filer<br>Corinne Abele        | Claim Employee Name<br>Luke Danes | + Submit Filing   |
| Luke Danes Oral or Non-Oral Argument   | Argument Date                           |                               |                                   |                   |
| Case Decision  | Case Decision Date<br>6/14/2020         | Source<br>Manual Entry        |                                   |                   |
| Appeal Details<br>Remanded<br>No   | Date of OAH Order                       | Date Transcript Received      |                                   |                   |
| Case Dates<br>Request Oral Argument Due Date   | Appellant Brief Due Date                | Appellant Brief Received Date | Response Brief Due Date           |                   |
| Response Brief Received Date   | Reply Brief Due Date                    | Reply Brief Received Date     | Voting Memo Due Date              |                   |
| Decision Due Date  |   |                               |                                   |                   |
|  |   |                               |                                   |                   |

## Petition to vacate webform

т

Within the WCCA case details page is the option to submit a filing. You can choose to open a petition to vacate a case or submit an other filing.

- Click the + Submit Filing button on the top right of the page.
- Select Open Petition to Vacate from the drop-down menu.
- Click the Save button to continue and access the open petition to vacate webform.

- The first step of the webform is to Locate a Claim. Enter any known information about the claim.
- 5. Click **Next** to continue.

| Nature Control   | Dashboard > WCCA Ca   | ase: WC20-0294  |                               |               |   |                                     |                 |   |                  |  |
|--|---|---|-------------------------------|---------------|---|-------------------------------------|-----------------|---|------------------|--|
| Torm Torm Bit Angree Andrea   Refere Note Note Note Note Note Note Note Not  | WCCA Case: WC20-02  | Vacate for Rory (   | Gilmore                       |               |   |                                     |                 |   | 1                | + Submit Filing  |
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|  | Oral or Non-Oral Argument   |   | Argument Date                 |               |   |                                     |                 |   |                  |  |
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| Locate a Claim     Interview Barling     Avard to Vacate     Summary & Signature     Affidavit of Signature  | Dashboard > Open Pe   | etition to Vacate   |                               |               |   |                                     |                 |   | ٢                | Erin Brockovich  |
| Locate a Claim     Interview Barling     Avard to Vacate     Summary & Signature     Affidavit of Signature  | Dashboard > Open Pe   | etition to Vacate   | fice of Administrative Hearin | ings and car  | nnot be filed in Campus. To open an appeal, pl  | ase contact the Office of Administr | rative Hearings | s. If you are filing a Petition to Vacate, pl   |                  |  |
| Pasar provide at last one of the following sets of information. All of the information within a proving must be completed in order to locate a claim. If you would use writeway, glease contact the Monesota Worker's Compensation Hotine at [Support Phone Number]           WID  | Dashboard > Open Pe<br>Open Petiti<br>Appeals are currently req   | etition to Vacate   |                               | ings and car  |   | ase contact the Office of Administr | rative Hearings |   |                  | all sections in this webfo   |
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- Next, fill in the information to **Identify Parties** on the claim you represent.
- You can also click the + Add Party button if a contact is not listed.
- 8. Click **Next** to continue.
- Add the Award to Vacate information marked with an asterisk (\*).
- 10. Click Next to continue.

- 11. Add additional **Supporting** Attachments, if needed.
- 12. Add your **Electronic Signature** and click the checkbox to confirm accuracy.
- 13. Click Next to continue.

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|   | en he office of Administrative Hearing and cance<br>(C)<br>Identify Parties<br>Identify Parties<br>Responder:<br>Responder:<br>Bere An<br>ST72<br>CCCA  | Advance<br>Advance<br>Manne identified<br>132 Yellow Brick Rd, Saint Paul MN 55101<br>2020  | Current & Signature   | issue complete all sections in this webform.     |              |
|   | Identify Parties Identi    | Advance<br>Advance<br>Manne identified<br>132 Yellow Brick Rd, Saint Paul MN 55101<br>2020  | Summary & Signature Summary & Signature   | issue complete all sections in this webform.     |              |
|   | Identify Parties Ident     | Award to Vacate Adves None isentified 132 Yellow Brick Rid, Saint Paul MN 55101 132 Yellow Brick Rid, Saint Paul MN 55101 020 Description Not form, I certify copies of this form and attachments are being   | Summary & Signature Summary & Signature   | issue complete all sections in this webform.     |              |

- 14. Add the **Affidavit of Service** information.
- Click the checkbox to confirm the information and the Submit Form button to complete the steps.

 If you choose Other Filing and click the Save button, the Submit Other Filing webform opens.

| Dashboard > Open Petition to Vac  | ate  |  |  |   |
|---|--|--|--|---|
| Open Petition to V  |  |  |  |   |
| ppeals are currently required to be file  | ed directly with the Office of Administrative Hearings and ca  | nnot be filed in Campus. To open an appeal, please contact the                           | Office of Administrative Hearings. If you are filing a Petition to Vacate, | please complete all sections in this webform. |
| 0   | 0  | 0  | 0  | 6   |
| Locate a Claim  | Identify Parties   | Award to Vacate  | Summary & Signature  | Affidavit of Service                          |
|   |  |  |  |   |
| Affidavit of Service  |  |  |  |   |
| Parties   |  |  |  |   |
|   |  |  |  |   |
|   | may update service addresses for parties served via mail. Cl   | ick the Add Service Recipient button to add parties to the servic                        | e list.  |   |
|   | may update service addresses for parties served via mail. Cl   | ick the Add Service Recipient button to add parties to the servi                         | e list.  |   |
|   | may update service addresses for parties served via mail. Cl   | ick the Add Service Recipient button to add parties to the servi                         | e list.  |   |
| Select the parties to serve below. You + Add Service Recipient  | may update service addresses for parties served via mail. Cl   | ick the Add Service Recipient button to add parties to the service Address Service Methe |  |   |
| Select the parties to serve below. You + Add Service Recipient Serve Party  |  |  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Notice  |  |  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Notice<br>Upon clicking Submit, Campus will:  | Name Role  |  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Notice  | Name Role  |  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Notice<br>Upon clicking Submit, Campus will:<br>• Create and merge an Affidiato o<br>- Send an email to all parties who   | Name Role  | Address Service Metho  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Notice<br>Upon clicking Submit, Campus will:<br>- Create and mergin an Alfanit o<br>Send an email to an Alfanite<br>To serve parties by mail you must prir  | Name Role Service with your filed document receive service via Campus  | Address Service Metho  |  |   |
| Select the parties to serve below. You<br>+ Add Service Recipient<br>Serve Party<br>Upon citcking Submit, Campus will:<br>- Create and merge an Affidavit o<br>- Send an email to all parties whill<br>Do serve parties by mail you must prin<br>Declaration                                      | Name Role Service with your filed document receive service via Campus  | Address Service Methe  |  |   |
| Select the parties to serve below. You  Add Service Recipient Serve Party Ubort Gelong Submit, Campus Will:  Outsee and merge an Affaits Serve parties by mailyou must pir Declaration  I declare under penalty of perlary.  Electronic Signature   | Name Role 'Service with your filed document receive entry our filed document as a copy of the filed document and your Affidavit of Service. that everything that Have stated in this document is true an | Address Service Metho  | d Service Date   |   |
| Add Service Requires to serve below. You Add Service Requires Serve Pary Hotice Outcomodeling Submit, Campus will: Campare and Tange an Affliators Campare particle by mail your must prir Declaration Di clockes under persity of perjury Electronic Signature Pare hypowork inter and cam Name. | Name Bole  | Address Service Metho  |  | Labor and Industry and, if required, to the   |
| Select the parties to serve below. You  Add Service Recipient Serve Party Ubort Gelong Submit, Campus Will:  Outsee and merge an Affaits Serve parties by mailyou must pir Declaration  I declare under penalty of perlary.  Electronic Signature   | Name Bole  | Address Service Metho  | d Service Date   | Labor and Industry and, if required, to the   |
| Add Service Requires to serve below. You Add Service Requires Serve Pary Hotice Outcomodeling Submit, Campus will: Campare and Tange an Affliators Campare particle by mail your must prir Declaration Di clockes under persity of perjury Electronic Signature Pare hypowork inter and cam Name. | Name Bole  | Address Service Metho  | d Service Date   | Labor and industry and, if required, to the   |

| DEPARTA<br>LABOR A<br>VORK COMP   | NENT OF<br>ND INDUSTRY   |   |  | ۲                                    |                 |
|---|--|---|--|--------------------------------------|-----------------|
| Dashboard → WCCA Ca   | se: WC20-0294  |   |  |                                      |                 |
| Petition to WCCA Case: WC20-02  | /acate for Rory Gil  | more  |  |                                      | + Submit Filing |
| Case Details<br>Case Type<br>Petition to Vacate<br>Appellant/Petitioner |  | Date Appeal/Petition Filed<br>6/15/2020                         | Filer<br>Corinne Abele   | Claim Employee Name<br>Rory Gilmore  |                 |
| Rory Gilmore  |  |   |  |                                      |                 |
| Oral or Non-Oral Argument   |  | Argument Date   |  |                                      |                 |
| Case Decision   | Submit a Filing Please indicate the type of filing ye                      | ou wish to make. Note that these Filing options are specific to | WCCA Cases, will use data from this transaction, and will be a | ssociated to this transaction.       |                 |
| Petition to Van<br>Award No.  | Petition to Vacate for Rory Gilmon<br>Please indicate the type of filing y |   |  |                                      |                 |
| Reasons for Basis   | Filing Name<br>Other Filing<br>Save  | C   |  |                                      |                 |
| Case Dates  |  |   |  |                                      |                 |
| Request Oral Argument Due<br>6/25/2020                                  | Date   | Appellant Brief Due Date  | Appellant Brief Received Date                                  | Response Brief Due Date<br>7/30/2020 |                 |
| Response Brief Received Dat   | e  | Reply Brief Due Date  | Reply Brief Received Date                                      | Voting Memo Due Date                 |                 |
| Decision Due Date   |  |   |  |                                      |                 |

| 17. | Use the + Upload                    |  | RTMENT OF<br>R AND INDUSTRY  |   |   | 🌒 Erín Brackovich 🗸   |
|-----|-------------------------------------|--|--|---|---|---|
|     | Document button to                  | Dashboard                                | and Law FUS  |   |   |   |
|     | upload a document to                | Submit Ot                                |  | minimum in transform and concern by find to Concern To  | and a second plane contact the Office of t                | dministrative Hearings. If you are filing a Petition to Vacate, please complete all sections in this webform. |
|     | submit as a filing and add          | Appeals are currently                    | equired to be filed directly with the office of Au                                       | ministrative rearings and cannot be neo in campos. To r   | open an appear, please contact the onice of a             | ummistrative meanings in you are using a relation to victure, prease complete as sections in this region in:  |
|     | Supporting Attachments to           | Filing Details                           |  |   |   |   |
|     | the parent document.                | Upload Your                              | Filing   |   |   |   |
| 18. | Enter your full name as             | Please prepare your film                 | g offline, and save as a PDF. When you complete this for                                 | m, your filing will be added to the record for all parties to see. If yo  | u do not see your Filing Type in the list, contact (Place | holder Phone Number] for filing process.  |
|     | your Electronic Signature           | File Name                                | -  | File Type   | Description   | Remove  |
|     | and click the checkbox to           | Supporting A<br>Please upload any docur  | Attachments 17   |   |   |   |
|     | confirm.                            | + Upload Docum                           | hent   |   |   |   |
| 19. | Click the <b>Submit</b> button to   | File Name<br>Attorney Inf                | ormation   | File Type   | Description   | Remove  |
|     | finalize.                           | Attorney Name<br>Erin Brockovich         |  |   |   |   |
|     |                                     | Full Name of Sign                        | and Last Name as they appear on your CAMPU:<br>nal Rehabilitation unit (VRU).<br>atory * | Sprofile. By signing and dating this form. I certify copies a contract of the sprofile of the |   | o the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the       |
| 20. | On the dashboard, you can           |  |  |   |   |   |
|     | also open the webform by            | DEPARTMEN<br>LABOR AND<br>WORK CONP CAME |  | Submit a Filing V 20  |   | 🚺 Erin Brockovich 🗸   |
|     | selecting <b>Submit a Filing</b> at | My Overview                              |  | Initiate a Dispute  |   | Notifications   |
|     | the top of the screen and           |  | 0  | Open Appeal/Petition  | 0   | No notifications.   |
|     | choosing <b>Open</b>                |  | Open Claims  | Request for Guidance with an Unreported Injury  | New Documents   |   |
|     | Appeal/petition from the            |  | View details associated to your  | Respond to Request For Information<br>Submit Election To Exclude  | Review documents in the                                   |   |
|     | drop-down menu.                     |  | claims in the My Queue portal.   | Trading Partner Profile Registration  | Notifications panel to ensure<br>accuracy.                |   |

# **Request for information**

"Request for information" covers a broad number of topics, but is used by DLI to formalize the process when it requires information or documentation from any individual or entity who is a part of the workers' compensation ecosystem.

## Requesting information by email or webform

When an internal user sends a request for information to an external user, they will receive an email message with instructions about how to respond, as well as the number of days they are expected to respond within.



Navigation to the response is possible in two ways:

- 1. do not navigate from the email link and use the PIN, which was sent in the email message; or
- 2. navigate via the Submit a Filing drop-down menu in the dashboard (see screenshot below).

| DEPARTMENT OF<br>LABOR AND INDU  | STRY             | Submit a Filing 🗸         |                             |  | Spen              | icer Wilson | ~  |
|--|------------------|---------------------------|-----------------------------|--|-------------------|-------------|----|
| My Overview  |                  | Access a Case or Claim    |                             |  |                   |             |    |
|  |                  | VRU Rehabilitation Consul | ltation Request             |  | Notifications     | i .         |    |
| Open Claims<br>View details associated to your<br>claims in the My Queue portal. | Up<br>View<br>ev |                           | n an Unreported Injury<br>e | Documents<br>v documents in the<br>ptions panel to ensure<br>accuracy. | No notifications. |             |    |
| My Queues<br>My Claims My Disputes   | My Forms         |                           |                             |  | My Events         | :=          |    |
|  |                  |                           |                             | Include Inactive   | May 2020          | <           | >  |
|  | 100-200-000-0    |                           |                             |  | Su Mo Tu We       | Th Fr       | Sa |
| Campus File Employee No data found   | Employer         | Claim Admin               | Date of Injury              | Status <b>T</b>  |                   | 30.1        | 2  |

This will prompt you to enter a PIN, which will link responses to the correct request for information.

| DEPART<br>LABOR<br>WORK COM | MENT OF<br>AND INDUSTRY Submit a Filing V   | ٩ | Spencer Wilson 🗸 |
|-----------------------------|---|---|------------------|
| Dashboard > Reques          | t For Information   |   |                  |
| Request Fo                  | r Information   |   |                  |
| 0                           |   |   | 2                |
| <b>PIN Validation</b>       |   |   | Response Details |
| A one time PIN has bee      | n provided via email or US Mail. Enter the PIN below to respond to the Request for Information. |   |                  |
| Enter Cancel                |   |   |                  |

Clicking the link in the email message, will not require you to enter a PIN. The login page will display and, from there, the user will go directly to the webform submission. (If you are already logged into Campus, the webform will display.)

There are two buttons on the next page: **Download** and **View Document**. The **Download** button allows the download of the actual request for information; the **View Document** button allows you to view the document in the browser. To respond to the request for information, click **Upload Document**.

| 0                  |   |                             | 2           |
|--------------------|---|-----------------------------|-------------|
| IN Validation      | 1   | Res                         | ponse Detai |
| ead the details of | the request in the document below and attach all requested informatio | n and supporting documents. |             |
| RFI Test           |   |                             |             |
| Dowr               | Iload (1) View Document   |                             |             |
| _                  | tachments   |                             |             |
| Supporting A       | tachments   | Description                 | Remove      |

The response cannot be submitted without an uploaded document. After a document or multiple documents have been uploaded, click **Submit** to complete the response.

| File Name         | File Type   | Description   | Remove |
|-------------------|---|---|--------|
| RFI Response.docx | Supporting Attachment for Response to Request for Information | Supporting Attachment for Response to Request for Information |        |

After a response has been submitted, the process is complete. The user who submitted the response can view it on the **My Forms** queue on their dashboard.

| My Overview  |                |                                       |                |  |   | <b>A</b> N | lotif  | ficat  | ions |    |         |         |
|--|----------------|---------------------------------------|----------------|--|---|------------|--------|--------|------|----|---------|---------|
| 0  |                | 0                                     |                | 0  |   | No no      | tifica | ations | 5.   |    |         |         |
| Open Claims<br>View details associated to your<br>claims in the My Queue portal. | View and ed    | the details of you the Events portal. | ur R           | ew Documents<br>eview documents in the<br>ifications panel to ensur<br>accuracy. |   |            |        |        |      |    |         |         |
| My Queues<br>My Claims My Disputes M   | y Forms        |                                       |                |  |   | My E       | vei    | nts    |      | 1  | =       |         |
| Form Type Associated To  | Associated ID  | Last Updated                          | Status         | Confirmation   | т | May        |        |        |      |    | <       | >       |
| Request for Info Complaint Inve  | CS-03-4329-220 | 5/27/2020                             | Submitted      | 1936   |   |            | Мо     | Tu     | We   | Th | Fr<br>1 | Sa<br>2 |
| Showing (1-1) of 1 1 2   |                |                                       | ltems per page | 2 10   | - | 3          | 4      | 5      | 6    | 7  | 8       | 9       |

# Specific requests

DLI may also request specific information, which may follow a different process than the standard requests for information. Several examples are laid-out below.

#### **Prompt action**

DLI can send alerts to claim administrators when their first action is past due. The claim administrator will receive an email message indicating what is needed and with a link that will take them to the associated claim. In the claim, the claim administrator can view the details of the request and take the necessary action. Any filing can be done by using the **Submit a Filing** button and choosing the appropriate submission.



#### Missing benefits webform

Campus can be used by external parties to submit missing benefits. To file, go to the **External Claim Details** page and click the **Submit a Filing** button.

| Craig Robinson: Injury<br>Claim: CL-05-9191-531                    | y on 6/01/2020 Default Status    | Placeholder                                    | + Submit Filing                                  |
|--|----------------------------------|--|--|
| Campus File Number Ø<br>059191531                                  | Employee<br>Craig Robinson       | Date of Injury<br>6/1/2020                     | Part of Body Injured<br>10: Multiple Head Injury |
| Employer<br>Taylor Tools   | Insurer<br>New Brighton Insurace | Claim Administrator 🖲<br>New Brighton Insurace |  |
| Claim Overview   |                                  |  | ^  |
| Claim Involved in Dispute<br>Employee Receiving Indemnity Benefits | Claim Denied by Insurer          | Employee Returned To Work                      | Employee Consulted for Vocational Rehab          |
| Claim Details  |                                  |  | ^  |
| Campus File Number   O59191531                                     | Claim Type 🔍                     |  |  |
| Date of Injury<br>6/1/2020   | Time of Injury<br>12:00 am       |  |  |
| Employee *   |                                  | Employer *                                     |  |
| EE-02-5696-957: Robinson, Craig                                    |                                  | ER-02-5696-950: Tavlor Tools                   |  |

In the Filing Name drop-down menu, select Missing Benefits. Click Save when complete.

| Submit a Filing  |
|--|
| Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction. |
| Craig Robinson: Injury on 6/01/2020: CL-05-9191-531  |
| Please indicate the type of filing you wish to make.   |
| Ming Name<br>Missing Benefits  |
| Save Back  |

Select the **Benefit Period** for where to file missing benefits. Click **Next**.

| 0  | 0  | 0   |
|--|--|---|
| enefit Period Selection                          | Benefit Addendum   | Additional Deta                                       |
| ssociated Claim                                  | enefit information upon request by the Department. The information submitted will not overri | an pennen monimulari parenatera menopi di surch.      |
|  | nann annan ainm a gan r sglacar a'r nis a sglaeananar rra maernaean raennaega na nac o serr  | on pending movemention advertised and Epiton (Epiton) |
| sociated Claim<br>L-05-9191-531: Robinson, Craig | the selected claim that you would like to submit this benefit addendum for.                  | ve venenis montaison pouristeur na sor or earch.      |

After the benefits and benefits period are selected, input the changes that should be made by editing existing benefits or adding new benefits, and click **Next**.

| Benefits Addendum              |                  |                    |
|--------------------------------|------------------|--------------------|
| 0                              | 0                | 0                  |
| Benefit Period Selection       | Benefit Addendum | Additional Details |
| Benefits                       |                  |                    |
| Next Back Cancel Save as Draft |                  |                    |

Provide any attachments or additional details and click **Submit Form**.

| 0                                    |  | 0                |        | 3           |
|--------------------------------------|--|------------------|--------|-------------|
| Benefit Period Selection             |  | Benefit Addendum | Additi | onal Detail |
| ovide any additional explanation for | the reason behind submitting this Benefit Addendum.                                |                  |        |             |
| Explanation                          |  |                  |        |             |
| Supporting Attachment                | s  |                  |        |             |
|                                      | <ul> <li>that you believe will assist in the review of this submission.</li> </ul> |                  |        |             |
| + Upload Document                    |  |                  |        |             |
| File Name                            | File Type  | Description      | Remove |             |
|                                      |  |                  |        |             |

#### Penalties

In some ways penalties are similar to requests for information because users are able to object to penalties and can provide information to DLI to support why they believe they should not be penalized.

When a penalty is issued on a user with an email address in Campus, they will be sent an email message.



In the email message, clicking the penalty number hyperlink (PN-##-####) will open the **Penalty Details** page.

| Insurance Coverage Ga<br>Penalty: PN-05-9191-433 | ap Penalty on Taylor Tools | + Submit Filing | + Object to Penalty |
|--|----------------------------|-----------------|---------------------|
| Penalty Details                                  |                            |                 |                     |
| Penalty Type                                     |                            |                 |                     |
| Insurance Coverage Gap                           |                            |                 |                     |
| Due Date   |                            |                 |                     |
| 6/30/2020  |                            |                 |                     |
| Balance Due                                      |                            |                 |                     |
| \$500.00 due as of 07/01/2020                    |                            |                 |                     |
| Penalty Status                                   | Days to Object             |                 |                     |
| 1  | 9                          |                 |                     |
| Responsible Party                                |                            |                 |                     |
| Responsible Party                                |                            |                 |                     |
| ER-02-5696-950: Taylor Tools                     |                            |                 |                     |
| Penalty Amounts                                  |                            |                 |                     |
| Warning  |                            |                 |                     |
| No   |                            |                 |                     |
| Total Amount                                     |                            |                 |                     |
| \$1,100.00                                       |                            |                 |                     |
| Additional Details                               |                            |                 |                     |

The actual document, which serves as the official penalty notice, will be in the **Documents** tab at the bottom of the page.

|                |                             |                    |                   | Download All Doc   | umer |
|----------------|-----------------------------|--------------------|-------------------|--------------------|------|
| Document ID    | Document Type               | Created By - Party | Created By - User | Created On         |      |
| DO-06-9888-104 | Default Demand Letter       |                    | Spencer Wilson    | 7/1/2020 9:22 AM   |      |
| DO-05-9930-088 | Objection to Penalty Assess | ment               | Spencer Wilson    | 6/22/2020 11:26 AM |      |
| DO-05-9929-894 | Objection to Penalty Assess | ment               | Spencer Wilson    | 6/22/2020 8:31 AM  |      |
| DO-05-9191-608 | Placeholder Doc for Penalty |                    | Parth AAA         | 6/15/2020 3:37 PM  |      |
| DO-05-9191-439 | Placeholder Doc for Penalty |                    | Spencer Wilson    | 6/15/2020 1:49 PM  |      |

From the details page, you can either object to the penalty or submit an "other" filing. Depending on the penalty type, you must file the penalty objection within either 10 or 30 calendar days of being issued the penalty notice. If you hover over the **?** next to **Object to Penalty**, you will see how many more days you are able to object to the penalty. After this period passes, you are unable to object and the penalty becomes final.



When objecting to the penalty, the first part of the form will populate with information from the penalty page you navigated from.

| 0   | 0                                       |
|---|---|
| Objection Information                       | Filing Party Inform                     |
|   |   |
|   |   |
| Penalty Type Name<br>Insurance Coverage Gap |   |
|   |   |
|   | Objection Information Penalty Type Name |
Filing penalty objections from the **Submit a Filing** drop-down menu on the dashboard is also available. When navigating from the dashboard, the penalty information will not populate, so you will have to know the penalty number.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>NORK COMP CAMPS            | Submit a Filing 🗸                              |   |        | 0           | )       | Tom  |    | ~  |
|---|--|---|--------|-------------|---------|------|----|----|
| My Overview   | Access a Case or Claim                         |   |        |             |         |      |    |    |
|   | Initiate a Dispute                             |   | 🜲 N    | lotificat   | tions   |      |    |    |
| 1   | Object to Penalty                              | 0   | No no  | otification | 15.     |      |    |    |
|   | Open Appeal/Petition                           | V   |        |             |         |      |    |    |
| Open Claims   | Request for Guidance with an Unreported Injury | w Documents   |        |             |         |      |    |    |
| View details associated to your<br>claims in the My Queue portal. | Respond to Request For Information             | view documents in the<br>fications panel to ensure<br>accuracy. |        |             |         |      |    |    |
|   | Submit Election To Exclude                     | accuracy.   |        |             |         |      |    |    |
|   | Trading Partner Profile Registration           |   |        |             |         |      |    |    |
| My Queues   | VRU Rehabilitation Consultation Request        |   |        | vents       |         |      | -  |    |
| My Claims My Disputes My Forms                                    | My SCF Assessment Reports                      | _   | My E   | vents       |         |      |    | U  |
|   |  | Include Inactive  | July 2 | 2020        |         |      | <  | >  |
|   |  | es medde moerre   | Su     | Mo 1        | ru W    | e Th | Fr | Sa |
| Campus File Nu Employee Emp                                       | loyer Claim Admin Date of                      | Injury Status <b>T</b>  | 1.0    |             | 29 . 13 | 2    | 3  | 4  |
| CL-05-9191-531 Craig Robinson Minn                                | esota Fried C New Brighton Insu 6/1/2020       | Default Status Plac   |        |             |         |      |    |    |
| Showing   |  |   | 5      | 6           | 7       | , ,  | 10 | 11 |
| (1-1) of 1 1 1 10   |  | •   |        |             |         |      |    |    |

The next step of the penalty objection webform is to provide the reason for why you are objecting. If you choose **Other** as the objection reason, you must enter an explanation. To submit the objection, you also must either attach documents or provide additional information in the narrative section and click **Next**.

|   | 0                              |  | 0   | 0   |
|---|--------------------------------|--|---|---|
|   | Penalty Information            |  | Objection Information   | Filing Party Information  |
| If chosen, must<br>enter an<br>explanation. | Objection Information          | I may object to the pensity assessme<br>I basis for the objection and including<br>of the Notice of Assessment of Pensit<br><b>Ching Documents</b> | nt by filing an objection within 10 bu<br>g any documentation supporting the<br>yr filed in this matter and requests th | usiness days after the date the notice of penalty assessment was served. The objection<br>e objection.<br>hat this matter be set for hearing: |
|   | Next Back Cancel Save as Draft |  |   |   |

After entering the required information, click **Submit Form**.

| Object to Penalty                     |                          |                     |                                 |  |
|---------------------------------------|--------------------------|---------------------|---------------------------------|--|
| 0                                     |                          | 0                   |                                 | 0  |
| Penalty Information                   | Obje                     | ction Information   |                                 | Filing Party Information   |
| Party Information                     |                          |                     |                                 |  |
| First Name *<br>First Name            | Last Name *<br>Last Name |                     |                                 | Kalena in a tale   |
| Company Name *<br>Company Name        |                          | Filing Party Type * |                                 | If there is a *, the<br>information must be<br>provided to continue. |
| Address 1 *<br>Address 1              | Address 2<br>Address 2   |                     |                                 |  |
| city *<br>City                        | State *                  |                     | <b>Zip Code *</b><br>▼ Zip Code |  |
| Phone Number *<br>Phone Number        |                          |                     |                                 |  |
| Submit Form Back Cancel Save as Draft |                          |                     |                                 |  |

## **Claim reporting eForms**

#### Navigating to claim reporting eForms

Login to Campus with the appropriate external user account, such as a trading partner account that is configured for eForm submission. You will see the **Submit eForm or Webform** button in the top right corner of the screen. You can choose to use this button for submitting an eForm or you can choose a specific claim from your **My Queues** tab and submit an eForm from the **Claim Details** page.

| ading Partn   | er                            |                       |                      |                              |                   |                     |             |                 | _   |           |
|---|-------------------------------|-----------------------|----------------------|------------------------------|-------------------|---------------------|-------------|-----------------|---|-----------|
| ns Cycle 15 Trader  |                               |                       |                      | -                            |                   |                     |             |                 | Submit eFC  | ORM or We |
| ading Partner D   | etails                        |                       |                      |                              |                   |                     |             |                 |   |           |
| rading Partner ID<br>P-02-5696-965  | Trading Parts<br>Ryants Cycli | e 15 Trader           | Account Name         |                              | FON<br>92-8388850 | Stat<br>Act         |             |                 | View Profile  |           |
| count Overview  |                               |                       |                      |                              |                   | View:<br>Last 30 de | iys •       | A Notifications |   | X Clear A |
| 5 Tra   | insactions                    | 100.0%                |                      | ed Transacti<br>transactions | ions              |                     |             | approved        | lartner Profile<br>Jomission has been<br>Islion 1551 has been | ×         |
|   |                               | N/A                   |                      | ed Transactions              | ons               |                     |             |                 |   |           |
| Av  | rerage Days For Employer      | to Notify Claim Admin |                      | New Claim                    | . 0               |                     | 0           |                 |   |           |
| 1 days  | 0 day                         | ys                    | 14x days             |                              |                   |                     |             |                 |   |           |
|   | Average Claim Sub             | mission Time 🛛        |                      | Claims with                  | n Paid Benefits   |                     | 0           |                 |   |           |
| l days  | 0 day                         | ys                    | 14+ days             | Claims Awa                   | iting Benefits O  |                     | 0           |                 |   |           |
| y Queues<br>Irst Actions My F   | Form History                  |                       |                      |                              |                   |                     |             |                 |   |           |
|   | Reporti                       | ng Year 🛛             |                      |                              |                   |                     |             |                 |   |           |
|   |                               | 3020                  | 0                    |                              | 201               |                     | 2017        |                 | 2016  |           |
| Total Reportable Claims   |                               |                       |                      | 0.0%                         | 0                 | 0.0%                | 0           | 0.0%            | 0   | - 29      |
|   |                               | 0 0.0                 | 6 D                  |                              |                   |                     |             |                 |   |           |
| Timely Claims   |                               | 0 0.0                 |                      | 0.0%                         | 0                 | 0.0%                | 0           | 0.0%            | 0   | 9         |
| Timely Claims<br>Untimely Claims  | Reporting Date                |                       |                      |                              | 0<br>sloyee Name  | con.                | •<br>Timely | 0.0%<br>MT      |   |           |
| Timely Claims<br>Untimely Claims<br>Reporting Year                                    | Reporting Date<br>6/18/2020   | 0 0.0                 | 6 0                  | laim Ø Emp                   |                   |                     | -           |                 | ¢   |           |
| Total Reportable Claims<br>Timely Claims<br>Untimely Claims<br>Reporting Year<br>2020 |                               | 0 Dote of injury      | 6 0<br>Claim Admin C | laim Ø Emp<br>Nati           | oloyee Name       | JCN                 | -           | МТ              | ¢   | T         |

## Submitting eForms

| After clicking the <b>Submit eForm or</b><br>Webform button the <b>eForm</b><br>Submission modal opens.  |  |
|--|--|
| <ol> <li>Choose an action from the<br/>drop-down menu.</li> <li>Click <b>Next</b> to open the</li> </ol> | eFORM Submission What would you like to de? Submit New Claim |
| webform.<br>*The eFROI webform will display.   | 2 <u></u>  |

3. Populate all required fields before clicking **Submit**.

\*The FROI form has now been filed electronically, generating a new workers' compensation claim.

| <b>Key Dates</b><br>Date Employer Had Knowledge of the injury | Ð | Date Claim Administrator Had Knowledge of Inju | Ð |   | there is a *, the<br>rmation is required      |
|---|---|--|---|---|---|
| initial Period of Disability Details                          |   | 2-margage/MMD                                  |   | Querre shalebayant                              | to proceed.                                   |
| Initial Date Disability Began                                 |   | Initial Date Last Day Worked                   | Ð | Initial Date Employer Had Knowledge of Date of  |   |
| unnot oppose<br>Current Period of Disability Details          |   | 3mm/cd/9999                                    |   | Omen synthysiol                                 |   |
| Current Date Disability Began                                 |   | Current Date Last Day Worked                   | ٥ | Current Date Employer Had Knowledge of Curren   | Current Date Claim Administrator Had Knowledg |
| Bennypp/MM  |   | lewyorpAWQ                                     |   | (wernikäryva)                                   | (man/dd/gap)                                  |
| Return to Work  |   |  |   |   |   |
| Initial RTW Date  |   | Latest RTW/Status Date                         | e | Initial RTW Type                                | Is there initial RTW Physical Restrictions?   |
| (mm.465)0000  |   | (mm/cdyyyy)                                    |   |   |   |
| Is there initial RTW with the Same Employer?                  | * | Latest RTW Type                                | • | Does the latest RTW have Physical Restrictions? | Is the latest RTW with the Same Employer?     |
| Benefits & Payments Details                                   |   |  |   | Maintenance Trape Code Date                     |   |
| Full Wages Paid for Date of Injury?                           | * | Employer Paid Salary In Lieu of Compensation?  | - | Mentanance type Cold Date<br>6/18/2020          | 3 Submit Sovial as Draft Com                  |

#### How to submit to an existing claim

#### Returning to the dashboard, click Submit an eForm or Webform.

#### Using a discontinuance webform to submit an existing claim

- 5. Select **Submit to Existing Claim** for the action item.
- Select the claim to associate with this webform submission.
- Choose the Discontinue webform from the action list.
- 8. Click Next.
- Fill in all required fields within the Notice of Intention to Discontinue Benefits webform.
- 10. Click Submit.



| eFORM Submission                                       |                |
|--|----------------|
| What would you like to do?<br>Submit to Existing Claim |                |
| My Claims<br>CL-05-9705-971 - Peter Parker             |                |
| Next Action<br>Discontinuance Webform                  |                |
|  | - 8 Next - Car |

| Englisper Pask Kanes<br>Peter  |  | Dopleyee Last Name<br>Parker  | Enginyer Neme<br>Averagers   |   | Initi Califs Number<br>1000000000 |
|--|--|---|--|---|-----------------------------------|
| Benefits to be Di  | scontinued   |   |  |   |                                   |
| Temporary Tasii Disabili   | v.   | Temporary Fartial Disability  | Permanent Total Disability   | Cosp  | andercy                           |
| Discontinuance I   | information  |   |  |   |                                   |
| MMI Service Date *   |  | Date Served on Employee *   | © Date Served on Employee's A  | Attorney* D Payme                                   | et will be made through *         |
|  |  |   |  |   |                                   |
| Maase explain why benefits are   | being discardinand *   |   |  |   |                                   |
| Attachments<br>Interar medic operation<br>Supporting Attachme<br>+ UpherDecomen                                  |  | are upload documentation to support the docordina   | infor  | there is a *, the<br>mation is requi<br>to proceed. |                                   |
| file Name  |  | file Type   | Description  |   | anos                              |
| Parties  | rise. You may update service addresse                                      | ne rype<br>I se parties served vie mail, Clish (he.Add Service Reci   |  |   |                                   |
| Parties<br>lefect the parties to came los<br>+ Add Service Receiver<br>Serve Party                               | dine. You may update service addresse<br>                                  | n for parties served vie well. Click the Add Service feel<br>Role   | piret butter to add parting to Preparation Int.  | Service Method                                      | Service Date                      |
| Parties<br>Intent the parties to serve be<br>+ Add Service Recipien<br>Serve Party<br>-                          | dian. Yau may upilate ano kee addresse                                     | tin parties served via mail. Cish the Add Service Reci<br>Role<br>Érgitspee                                     | ppert botters to add parties to the service list.<br>Address<br>128 South St<br>South St   | Service Method<br>Norm                              | Service Date<br>Vch               |
| Parties<br>Intel the parties to serve lie<br>+ Add Service Recipien<br>Serve Party<br>-                          | tine. Yes nay update service addresse<br>Nerne<br>Polar Packer<br>Averages | n for parties served via mail. Cikh tha Add Sarvier fless<br>Rada<br>Ergittyee<br>Ergittyee                     | piret butter to add parting to Preparation Int.  | Service Method<br>None<br>None                      | Service Date<br>NO.<br>NO.        |
| Parties<br>Select the parties to serve las<br>+ RdDSevice Receiver   | daan You may updata sanvise addresse<br>Name<br>Poor Factor                | n for parties served via mait. Club the Add Sorvice Red<br>Rate<br>Englispe<br>Englispe<br>Englispe<br>Instance | pent laster to off perior to the service list.<br>Address<br>13 Society 1<br>13 Society 1<br>1 | Service Mathad<br>None<br>None<br>None              | Service Date<br>NO.<br>NO.        |
| Parties<br>latest the parties to serve be<br>+ Add Service Recover<br>Server Farty<br>0<br>0<br>0<br>0<br>0<br>0 | tine. Yes nay update service addresse<br>Nerne<br>Polar Packer<br>Averages | n for parties served via mail. Cikh tha Add Sarvier fless<br>Rada<br>Ergittyee<br>Ergittyee                     | pent laster to off perior to the service list.<br>Address<br>13 Society 1<br>13 Society 1<br>1 | Service Method<br>None<br>None                      | Service Date<br>NO.<br>NO.        |
|  | tine. Yes nay update service addresse<br>Nerne<br>Polar Packer<br>Averages | n for parties served via mait. Club the Add Sorvice Red<br>Rate<br>Englispe<br>Englispe<br>Englispe<br>Instance | pent laster to off perior to the service list.<br>Address<br>13 Society 1<br>13 Society 1<br>1 | Service Mathad<br>None<br>None<br>None              | Service Date<br>NO.<br>NO.        |

#### Using a PPD follow-up webform to submit an existing claim

- 11. Choose PPD Follow Up Webform from the action list.
- 12. Click Next.

\*The **Permanent Partial Disability Benefit** webform will display.

- 13. Populate all required fields.
- 14. Click Submit Form.

### Using a dependency information webform to submit an existing claim

- 15. Choose the **Dependency Info** webform from the action list.
- 16. Click Next.
- 17. Enter information regarding the employee's dependent(s).
- Click Add Dependent to add another dependent to the form.
- 19. Click **Submit Form** when complete.

| Submit to Existing Claim  |  |  |  |   |                      |
|---|--|--|--|---|----------------------|
| CL-05-9705-971 - Peter Parker   |  |  |  |   | -                    |
| Next Action<br>PPD Follow Up Webform  |  |  |  |   |                      |
| 11)   |  |  |  |   | Next Cancel          |
|   |  |  |  | 12  | Nexe Cancel          |
|   |  |  |  |   |                      |
| Permanent Partial Disa  | hility Popofit   |  |  |   |                      |
| Permanent Partial Disa<br>PPD Benefit Info  |  |  |  |   |                      |
| Percentage *  | Percentage   | Applicable PPD Schedule Rule Number *<br>Applicable PPD Schedule Rule Number |  | Total Benefit Amount *<br>\$                                  | Total Benefit Amount |
| Rating Info   |  |  |  |   |                      |
| Medical Report Rating Based On Medical Report   | Preliminary Rating   |  |  |   |                      |
| Rating Based On Medical Report  |  | Medical Report Date  |  | Received By Insurer Date                                      | <b>D</b>             |
| Payment Info  |  | If there   | e is a *, the  |   |                      |
| Payment Type *  | •  | informati  | on is required   |   |                      |
| Contact Info of Person Making   |  |  | proceed.   |   |                      |
| First Name<br>First Name  |  | Last Name<br>Last Name   |  | Phone Number<br>Phone Number                                  |                      |
| Supporting Attachments  |  |  |  |   |                      |
| + Upload Document   |  |  |  |   |                      |
| File Name   | File Type  | D  | escription   | Remove  |                      |
| Submit Form Cancel  |  |  |  |   |                      |
|   |  |  |  |   |                      |
| eFORM Submission  |  |  |  |   |                      |
| eFORM Submission<br>What would you like to do?<br>Submit to Existing Claim  |  |  |  |   |                      |
| eFORM Submission<br>Wat would you like to do?<br>Submit to Existing Claim<br>My claims<br>CL-05-9705-971 - Peter Parker   |  |  |  |   | •                    |
| eFORM Submission<br>What would you like to do?<br>Submit to Existing Claim  |  |  |  |   | •                    |
| eFORM Submission<br>What would you like to do?<br>Submit to Existing Claim<br>My Calmis<br>CL-05-9705-971 - Peter Parker<br>Myst Action   |  |  |  | - 17  | •                    |
| eFORM Submission<br>What weekle you like to do?<br>Submit to Existing Claim<br>My Cains<br>CL-05-9705-971 - Peter Parker<br>Next Action<br>Dependency Info Webform  |  |  |  | 16  | -<br>-<br>Carcel     |
| eFORM Submission<br>What weekle you like to do?<br>Submit to Existing Claim<br>My Cains<br>CL-05-9705-971 - Peter Parker<br>Next Action<br>Dependency Info Webform  |  |  |  | 16  | 4 Cancel             |
| eFORM Submission<br>What would you like to 69"<br>Submit to Existing Claim<br>My Claims<br>CL-05-9705-971 - Peter Parker<br>Dependency Info Webform<br>15   | It Information   |  |  | 16  | 4 Cancel             |
| eFORM Submission<br>What would you like to do?<br>Submit to Existing Claim<br>Wy claims<br>CL-05-9705-971 - Peter Parker<br>Pependency Info Webform<br>15<br>Employee's Dependent<br>Employee's Dependent   | Employee Last Name   |  | Deployer Sume  | 16  | 4<br>Cancel          |
| eFORM Submission<br>Wast would you like to 67<br>Submit to Existing Claim<br>My claims<br>CL-05-9705-971 - Peter Parker<br>My Acciss<br>Dependency Info Webform<br>15<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5  |  |  | Enginger Name<br>Avergers  | 16  | 4 Cancel             |
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| eFORM Submission<br>Wast would you like to 67<br>Submit to Existing Claim<br>My claims<br>CL-05-9705-971 - Peter Parker<br>My Acciss<br>Dependency Info Webform<br>15<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5<br>5  | Employee Last Name<br>Parker<br>Date Of Death  |  | Employer Name<br>Averagers   | 16  | -<br>Carcel          |
| eFORM Submission<br>What would you like to do?<br>Submit to Existing Claim<br>My Claim<br>CL-05-9705-971 - Peter Parker<br>Dependency Info Webform<br>15<br>Employee's Dependent<br>Employee's Dependent<br>Employee's Dependent<br>Peter<br>Can Adata Clain Number<br>34254644644<br>Pasa upload and counsertation proving dependent<br>Supporting Attachments<br>+ upload Document  | Employee Last Name<br>Parker<br>Date Of Death<br>ndency, if applicable.  |  | Avengers   | 16  | -<br>Carcel          |
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| eFORM Submission<br>What would you like to do?<br>Submit to Existing<br>CL-05-9705-971 - Peter Parker<br>Papendency Info Webform<br>15<br>Employee's Dependent<br>Employee's Dependent<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Parker<br>Park  | Inspirer Let York<br>Parker<br>burker<br>Interny: if applicable<br>from all of the End<br>from all of the End<br>Performer<br>Inter York<br>Heret Name   | ges Per Person *   | Averagers Description Lat have *   |   | Canal                |
| eFORM Submission<br>Weak would you like to 60°<br>Submit to Existing Claim<br>Wy Claim<br>CLOS-9705-971 - Peter Parker<br>Pependency Info Webform<br>15<br>Employee's Dependent<br>The Atase<br>Peter<br>Claim Anino Claim Neater<br>32/344444444<br>Mass upbod any documentation proving depen<br>Supporting Attachments<br>+ Upbod any documentation proving dependents<br>+ Upbod any documentation  | Inspired Left Name<br>Parker<br>Base of Death<br>noining, If applicable.<br>File Type<br>for all of the Trajeguer's decorated<br>for all of the Name <sup>4</sup><br>File Type   |  | Averagers Description Last Name  | If there is a *, the  |                      |
| eFORM Submission Was weakly by like to 6? Submit to Existing Claim Up claim CL-05-9705-971 - Peter Parker Visa Accise Dependency Info Webform Dependency Info Webform Dependency Info Webform Press upload any documentation proving dope Supporting Actachments + Upload Document Fix Nam Finance Claim Number Press upload any documentation proving dope Supporting Actachments + Upload Document Fix Nam Finance Claim Number Press upload any documentation Finance Claim Number Press upload any documentation proving dope Supporting Actachments + Upload Document Fix Nam Finance Claim Number Press upload any documentation Finance Claim Number Finance Claim Finance Finance Claim Financ  | Inspirer Let York<br>Parker<br>burker<br>Interny: if applicable<br>from all of the End<br>from all of the End<br>Performer<br>Inter York<br>Heret Name   | ges Per Person *   | Averagers Description Last Name  | If there is a *, the<br>nformation is required                |                      |
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#### Submitting a webform via the external claim details page

 On the trading partner dashboard, in the My Queues section, click on one specific claim from the list to view the Claim Details page (this example uses employee Natasha Romanoff).

\*By clicking the hashtage (#) in the **JCN** column, the user will be hyperlinked to the **Claim Details** page.

\*The **Claim Details** page for Natasha Romanoff will display.

 Click the Submit eFROI/Webform button in the top right corner of the screen to submit an eFROI or webform to this specific claim.

#### Submitting an eSROI webform to an existing claim

- Select the initial payment (IP) action from the drop-down menu.
- 4. Click Next.

\*The **eSROI** webform will display.

| y Queues                |                |                |                     |                  |          |        |      |        |
|-------------------------|----------------|----------------|---------------------|------------------|----------|--------|------|--------|
|                         | orm History    |                |                     |                  |          |        |      |        |
| surer<br>II Insurers    |                |                |                     |                  |          |        |      |        |
|                         | Reporti        | ng Year 🕑      |                     |                  |          |        |      |        |
|                         |                | 2020           | 2019                | 20               | 18       | 2017   |      | 2016   |
| Total Reportable Claims |                | 0              | 0                   | 0                | ( )      | 0      |      | 0      |
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| Reporting Year          | Reporting Date | Date of Injury | Claim Admin Claim # | Employee Name    | JCN      | Timely | мтс  | ۲      |
| 2020                    | 6/18/2020      | 6/1/2020       | 3482304             | Natasha Romanoff | 59706013 |        | PD   |        |
| 2020                    | 6/18/2020      | 6/3/2020       | 34234444444444      | Peter Parker     | 59705971 |        | PD   |        |
| 2020                    | 6/17/2020      | 6/1/2020       | FifteenCycle8283049 | CycleFifteen Guy | 59193417 |        |      |        |

|  |                           |                                    |   | 2        |
|--|---------------------------|------------------------------------|---|----------|
| Campus File Number 🖲                               | Employee                  | Date of Injury                     | Part of Body Injured                    |          |
| 059706013  | Natasha Romanoff          | 6/1/2020                           | 53: Knee                                |          |
| Employer   | Insurer                   | Claim Administrator Claim Number 🖲 |   |          |
| Avengers   | Great Insurance           | 3482304                            |   |          |
| Claim Overview                                     |                           |                                    |   | ^        |
| Claim Involved in Dispute                          | Claim Denied by Insurer 🖌 | Employee Returned To Work          | Employee Consulted for Vocational Rehab |          |
| Employee Receiving Indemnity Benefits $\checkmark$ |                           |                                    |   |          |
| Claim Details                                      |                           |                                    |   | ^        |
| Campus File Number 0                               | Claim Type 0              |                                    |   |          |
| eFORM Submission                                   |                           |                                    |   |          |
| What would you like to do?                         |                           |                                    |   |          |
| Submit to Existing Claim                           |                           |                                    |   |          |
| My Claims<br>CL-05-9706-013 - Natasha Romanol      | n                         |                                    |   |          |
| Next Action  |                           |                                    |   |          |
| P - Initial Payment                                |                           |                                    |   |          |
| 3  |                           |                                    | The                                     | d Cancel |
|  |                           |                                    |   |          |

5. Populate all required fields.

6. Click the **Submit** button this specific claim.

## Submit a disability status report

- Returning to the Claim Details page for Natasha Romanoff, click Submit Filing to see a different list of webforms to submit.
- Choose the filing name
   Disability Status Report from the drop-down menu.
- 9. Click Save.

\*The **Disability Status Report** webform will display.

| Employee Details<br>Index: Inclose 1   | Employee Middle Memo Toldal   | Constitutes Gran Margine 1   |  |  |
|--|---|--|--|--|
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| Employee Date of Sirth*  | Employee Security ID (AIR)<br>20 Employee Security IC (AIR)   |  |  |  |
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| Employee Merital Status *  | * Employee Date of Death  | 2) Death Result of Injury  | <ul> <li>Employee Education Lovel</li> <li>Employee Education Lovel</li> </ul>       |  |
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| Dependent/Payee Relationships  | L   | to proceed.  |  | + A11                                  |
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- 10. Populate all required fields.
- 11. Click Submit Form.

| Employee Details  |   | 25.0720.0   |   |
|---|---|---|---|
| WD-Number<br>EE-02-5776-433   | Bate of Injury<br>6/1/2020  | Employee Name<br>Natasha Romanoff   |   |
| trightper Address<br>123 West St  | ory<br>Salint Paul  | taas<br>Minnatata   |   |
|   |   | STITEDIA .  |   |
| Fordat Code<br>555/01   | Rosen Randar *<br>Efferne Normban   |   |   |
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| teginger<br>Avergers  | Brightper Contact Name *<br>Employee Contact Name   | Phase Marilar *<br>Phase Transfer   |   |
| Avergers  | Interover Convert Name  | Thate Souther   |   |
| Insurer Details   |   |   |   |
| Insure Name<br>Great Insurance  | Insure Address<br>123 Insure St   | If there i  | s a *, the  |
|   |   |   |   |
| Day<br>Saint Paul   | Sore<br>Minnesota   | information   | is required   |
| Dalm Admin Calm Number  |   | 2200  |   |
| Date Advis Care Number<br>3482304   |   | to pro  | oceed.  |
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| Disability Details  | Average Monkly Mege or Date of Injury *   |   |   |
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| Number of Days of Disability *  | in the Breylogue Carrier By Marking *<br>In the Employee Currently Working  | Will the Disability Likely Extend Beyond 13 Weeks   |   |
| Reason For Filing The Disability Report   |   |   |   |
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#### Affidavit of service and serving documents

Some of the webforms in Campus allow you to serve documents to all parties on the claim through the affidavit of service. Using the **Initiate Dispute** webform, you can see the **Affidavit of Service** webform page.

| From the claim details     | Natasha Romanoff: In<br>Claim: CL-05-9706-013 | Cost Cost                    |                                  | + Submit Filing + Submit eFROI eSROI / Web |
|----------------------------|---|------------------------------|----------------------------------|--|
| page, select <b>Submit</b> | Campus File Number                            | Employee<br>Natasha Romanoff | Date of injury<br>6/1/2020       | Part of Body Injured<br>53: Knee           |
| Filing.                    | Employer                                      | Insurer                      | Claim Administrator Claim Number | 33. Milee                                  |
|                            | Avengers                                      | Great Insurance              | 3482304                          |  |

- In the Filing Name dropdown menu, select Initiate Dispute.
- 3. Click Save.

# Affidavit of service via the initiate dispute webform

\*The Initiate Dispute webform will display, showing the last step of the webform is the affidavit of service page.

- The Affidavit of Service screen and the required information needed to serve parties on the claim are shown.
- Choose one or more parties to serve or use the + Add Service Recipient button.
- 3. Click **Submit form** for the parties to be served.



| Identify Cla   |   | 0  | 0  |  | 0  |                        | 0   |        | 0              |
|--|---|--|--|--|--|------------------------|---|--------|----------------|
| Identity Cl  | aims Identif  | y Parties  | Request a Dispute Res  | olution Service  | Document Issue   | es in Dispute          | Filing Summary & Sign                               | nature | Affidavit of S |
| Associat   | ed Claims   |  |  |  |  |                        |   |        |                |
|  | itional claims to include in this dis<br>to this employee's claims that you have  |  |  |  |  |                        |   |        |                |
|  | empus File Number   | e access to view   | Date of Inju   |  | Cialm Admin  | histrator Claim Number |   |        |                |
| Selected Cla   |   |  |  |  |  |                        |   |        |                |
|  | 1-05-9706-013   |  | 6/1/2020   |  | 3482304  |                        |   |        |                |
| Related Clai   | ms  |  |  |  |  |                        |   |        |                |
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| Next E   | lack Save as Draft Prev   | view Cancel  |  |  |  |                        |   |        |                |
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| Please complete all sections   | to initiate a Dispute.  |  |  |  |  |                        |   |        |                |
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| Identify Claims  | Identify Parties  | Request a Dis  | pute Resolution Service  | Document Issues in D   | ispute Filing St   | ummary & Signature     | Affidavit of Service                                |        |                |
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| Affidavit of   |   |  |  |  |  |                        |   |        |                |
| Affidavit of<br>Parties  |   | iresses for parties served via ma  | il. Click the Add Service Recipient button   | to add parties to the service list.  |  |                        |   |        |                |
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| Affidavit of<br>Parties<br>Select the parties to<br>+ Add Service<br>Serve Party   | Service<br>serve below. You may update service add<br>Recipient<br>Name   | Role   | Address  | Service Method   | Service Date<br>Chose a date *   |                        |   |        |                |
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| Affidavit of<br>Parties<br>Select the parties to<br>+ Add Service<br>Serve Party   | Service<br>serve below. You may update service add<br>Recipient<br>Name<br>Natashu Romanoff   | Role<br>Employee   | Address<br>123 West St<br>Saint Paul, MN 55101   | Service Method<br>US Mail  | Choose a date *<br>6/18/2020<br>Choose a date *  |                        |   |        |                |
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## Annual claim submissions

External users can submit requests for reimbursement for either supplementary or second-injury benefits.

My Overview 1. Click on any claim from the A Notifications My Claims queue on your No notifications. 0 0 dashboard. Upcoming Events New Documents **Open Claims** View details associated to your claims in the My Queue portal. View and edit the details of your events in the Events portal. Review documents in the Notifications panel to ensure accuracy. My Queues = 🗂 My Events My Claims My Disputes My Forms My SCF Assessment Reports < > June 2020 Include Inactive Sa Su Mo Fr fmp Im Claim Admin Stat . CL-05-9191-531 Items per page 10 Showing (1-1) of 1 Craig Robinson: Injury on 6/01/2020 Default Status Placeholder 2. Click the Submit a Filing button in the top right. Date of Injury 6/1/2020 Part of Body Injured 10: Multiple Head Injury Employee Craig Robinson trepleyer Taylor Tools Insurer New Brighton Insurace New Brighton In **Claim Overview** Claim Involved in Dispute Claim Denied by Insurer Employee Returned To Work e Consulted for Vocati we Receiving Indemnity Benefits **Claim Details** Cempus File Number Ø 059191531 Claim Type 🛛 3. In the drop-down menu, select Annual Claim Submit a Filing Tools Reimbursement. 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. Craig Robinson: Injury on 6/01/2020; CL-05-9191-531 ease indicate the type of filing you wish to make. 3 Annual Claim Reimbursement Dependency Info Disability Status Report Initiate Dispute im Deta Missing Benefits 91531

- 4. Select a **Preparer** and **Preparer Address**.
- Choose whether you would like reimbursements for SI, SB or both.

\*The webform sections will be different depending on what is selected here.

- Select a Claim Status. By choosing Final Claim, you must choose a reason. If you select Ongoing, you can upload attachments to support the eligibility of the benefits claimed.
- 7. Click Next.
- 8. Fill out the reimbursement details and click **Next**.

 Indicate whether there was a lump sum and, if there was, the amount, and click Next.

|                                | 0                   | 0                | 0                            | 0                                  | 0                    |
|--------------------------------|---------------------|------------------|------------------------------|------------------------------------|----------------------|
| oose Benefit Type              | Choose Claim Status | Lump Sum Details | Filing Summary               | Supporting Attachments<br>Optional | Electronic Signature |
| eparer Details                 |                     |                  |                              |                                    |                      |
| parer *<br>w Brighton Insurace |                     |                  | Preparer Address *           |                                    |                      |
|                                |                     |                  | Repairer Address is required |                                    |                      |
|                                |                     |                  |                              |                                    |                      |
| noose Benefit Type             |                     |                  |                              |                                    |                      |
|                                |                     |                  |                              |                                    |                      |
|                                |                     |                  |                              |                                    |                      |
|                                |                     |                  |                              |                                    |                      |
|                                |                     |                  |                              |                                    |                      |
|                                |                     |                  |                              |                                    |                      |





10. Fill in the filing summary and click **Next**.

11. Add any supporting attachments and click **Next**.

- 12. Electronically sign the webform.
- 13. Check the box.
- 14. Add the date.
- 15. Click Submit.



- 1. If second-injury is selected, choose the **Claim Status**.
- 2. Upload documents, as needed.
- 3. Click Next.
- Annual Claim for Reimbursement 0 0 0 0 0 0 0 Filing Summ... Choose Benefit T .... Choose Claim St .... Benefit Det. Lump Sum Det... Supporting Attachm... Electronic Signat... 1 Claim Status Final Claim Ongoing Evidence of Contact with Employee Attach EVIDENCE of contact with employee during the SUPPORTS ELIGIBILITY for be File Type Description Award on Stipulation Award on Stipulation . Test pdf.pdf Back Save as Draft Cancel Medical and Rehabilitation Expense Details Include the dates of service, dates paid, amou Medical expenses exceed permissible limits Start date for reimbursement \* E End date for reimbursement \* Ħ (Less) Deductible to this date of injury \* If there is a \*, the ess) Deductible to this date of injury information is required \$0.00 to proceed. Medical nt Appo 96 Lump sur int to be reimbursed \$0.00 Indemnity Expense Details Start date for reimbursement \* End date for reimbursement \* E) Ð ial Benefits Paid rary Partial Benefits Paid Calculate Benefits ing Repetits Paid \* Retraining Benefits Paid **Annual Claim for Reimbursement** 0 0 0 0 0 0 0 Choose Benefit T.... Choose Claim St... Benefit Det... Lump Sum Det... Filing Sun orting Attachm Electronic Signat... Supp Lump Sum Details No Lump Sum Lump Sum Amount Award On Stip Filed Date s Back Save as Draft Cancel 6
- 4. Fill in the medical and indemnity benefits.

Enter the Lump-sum Details.

5.

6.

Click Next.

121

7. Fill in the filing summary and click **Next**.

- Upload supporting attachments, as needed.
- 9. Click Next.

- 10. Electronically sign the webform.
- 11. Check the box.
- 12. Add the date.
- 13. Click Submit.



\*If SI/SB is selected, both steps DEPARTMENT OF will appear and are the same as detailed above. Ø \*It then goes to DLI for approval. Annual Claim for Reimbursement Successfully Submitted! Confirmation Number: 1371 on email has been sent to minivikes@gm ail.com for your records. You may view your forms in My Form History Address Contact DEPARTMENT OF 443 Lafayette Road N Phone: [[Direct DLI Phone Number]] St. Paul, MN 55155 Toll-free: [[Support Phone Number]] Minnesota Workers Compensation © [[copyright year]] Terms of Service About Us DEPARTMENT OF Submit a Filing 🗸 ۵ Spencer William . \*When the webform has been My Overview Notifications X Clear Al approved or denied, you will get a notification in Campus. ind Injury Fund and Upcoming Events **Open Claims** New Documents on 1371 View and edit the details of your as been approved w details associated to y v documents in th otifications panel to en accuracy. claims in the My Queue portal nts in the Events port arsement from My Queues **My Events** = My Claims My Disputes My Forms My SCF Assessment Reports < > June 2020 Include Inactive Su Mo Tu We Th Fr Sa Campus File Num... Employee Employer Claim Admin Date of Injury Status 1 2 3 4 5 .

### Assessments

The annual Special Compensation Fund assessment is for all insurers with reported benefits in the previous year. The Special Compensation Fund receives money from insurers each year, which goes toward funding supplementary and second-injury benefit programs. Each year, insurers and self-insured employers are required to report indemnity benefits paid in the previous year and are invoiced according to the reported benefits and the rate of that year's Special Compensation Fund assessment. Each insurer and self-insured employer has a group administrator and the ability to designate a contact for assessments. Each Feb. 14, these individuals are contacted via email to inform them they are now able to report benefits from the previous year, which must be done by April 1.

On each Feb. 14, Campus will automatically generate the insurer report details page for all insurers and self-insured employers that paid indemnity benefits in the previous year. This Campus page is accessible only to the insurer's group administrator and designated contact for assessments. Users will navigate to the page in two primary ways.

 Users will have a My SCF Assessments tab in their My Queues dashboard that shows all assessments for insurers if they are either the group administrator or designated contact for assessments. In the queue, will be a hyperlink to the details page and some summary information about the assessment.

| My Over      | view   |                |   |                 |  |   |            |  |   |   |                            |         |     |
|--------------|--|----------------|---|-----------------|--|---|------------|--|---|---|----------------------------|---------|-----|
|              |  |                |   |                 |  |   | <b>A</b> N | lotific  | ation   | IS  |                            | X Clear | All |
|              | <b>3</b><br>Open Cla<br>/iew details associa | ated to your   | Upcoming<br>View and edit the<br>events in the Ex | details of your | O<br>New Documents<br>Review documents in the<br>Notifications panel to ensure |   |            | Reimb<br>Secon<br>Supple<br>submi<br>appro<br>Form | urseme<br>d Injury<br>ementai<br>ssion hi<br>ved<br>submi | Claim fo<br>Fund a<br>ry Bene<br>as been<br>ission 1<br>prove | n the<br>and<br>efits<br>1 | ×       |     |
|              |  |                |   |                 | accuracy.  |   |            | Reimb  | urseme  | Claim fo<br>ant of<br>rv Rene                                 |                            | ×       |     |
| My Queue     |  |                | h B h h C   | 11.005          |  |   | My E       | vent   | s   |   |                            | =       |     |
| My Claims    | My Disputes                                  |                |   |                 | sment Reports  | т | June       | 2020   |   |   |                            | <       | >   |
| Insurer Name | '  | Assessment ID  | Asso  | essment Year    | Until Due  | 1 | Su         | Мо   | Tu  | We  | Th                         | Fr      | Sa  |
| New Brighton | Insurance                                    | AS-05-9705-787 | 2020  | 0               | Submitted  | : | 31         | 1  | 2   | 3   | 4                          | 5       | 6   |
| Showing (1-1 | ) of 1 1 < <                                 | <b>1</b> → >1  |   |                 | Items per page 10  | - | 7          | 8  | 9   | 10  | 11                         | 12      | 13  |

2. Users can also navigate to the insurer report details page from the **Insurer Details** page. The **Insurer Details** page has a **SCF Assessment History** tab that will show past and present assessments for that insurer. There will be a hyperlink to the details page and some summary information about the assessment.

| Insurer: IR-02-5696-958   | Insurance                      |                         |                        |                      | Submit Insurer   | Report |
|---|--------------------------------|-------------------------|------------------------|----------------------|------------------|--------|
| Insurer Details<br>Insurer Name<br>New Brighton Insurance<br>NCCI | ✓ Edit Insurer Type<br>Insurer |                         | NAJC                   | FEIN<br>86-7530909   |                  |        |
| Insurer Status<br>Status<br>Active<br>Bankrupt<br>No              |                                |                         |                        |                      |                  |        |
| Addresses Contacts  | Insurer's Transaction History  | Insurer's Relationships | SCF Assessment History | First Action Related | d Claims & Cases |        |
| Assessment Id   | Assessment Year                | Total Amount Due        | Assessment Status      | Penalty Sta          | tus              | ۲      |
| A5-05-9705-787  | 2020                           | \$3,750.00              | Report Received        | No Penalty /         | Assessed         |        |
| Showing (1-1) of 1  | <b>1</b> > >1                  |                         |                        | ltems per pa         | age 10           |        |

The insurer report details page starts out sparsely populated outside of the insurer's information, which is pulled in from the **Insurer Details** page. The only action an external user can take from this page is to click the **Submit Insurer's Report** button in the top right, which allows them to report benefits from the previous year.

| Insurer: IR-02-577   | 1. The Real Property lies and the Property lies of | urance        |                         |                         |                        |              | Submit Insur           | er's Report |
|--|---|---------------|-------------------------|-------------------------|------------------------|--------------|------------------------|-------------|
| Insurer Deta<br>Insurer Name<br>Capital City Insuran<br>NCCI |   | 🖍 Edit        | Insurer Type<br>Insurer | N                       | мс                     | FEI<br>86-   | 7530999                |             |
| Insurer Statu<br>Status<br>Active<br>Bankrupt<br>No          | us  |               |                         |                         |                        |              |                        |             |
| Addresses Co   | ontacts   | Insurer's Tra | nsaction History        | Insurer's Relationships | SCF Assessment History | First Action | Related Claims & Cases |             |
| Address Type   | e   |               | Address 1               | Cit                     | v                      | Effectiv     | + Add                  | Address     |
| o data found   |   |               |                         |                         |                        |              |                        |             |

The webform is used to report benefits and replacement policies, which are then used to populate the insurer report details page. **Indemnity Benefits** is a required field, but **Replacement Policy** is not. All insurers are required to file this form by each March 31, even if they are reporting zero benefits.

| Submit Ins                | urer Report  |
|---------------------------|--|
|                           | unt paid by 21ST CENTURY ADVANTAGE INSURANCE CO during the 12-month reporting period 1/1/2019 - 12/31/2019   |
| Report the moening and    | uncpaid by 2131 Centrolst Advantiage insolvence Colduring are 12-inorian reporting period in 72019 - 1251/2019                                     |
|                           |  |
| 0                         |  |
| Report Dotails            |  |
| Report Details            |  |
|                           |  |
| tice the fields helds the |  |
|                           | report benefits paid by 21ST CENTURY ADVANTAGE INSURANCE CO. A report must be submitted even if no benefits were paid during the reporting period. |
| Indemnity Benefi          |  |
| \$                        | Indemnity Benefits   |
| -                         |  |
| Replacement Pol           | cy Cy  |
| \$                        | Replacement Policy   |
|                           |  |
|                           |  |
| Submit Cancel             |  |
|                           |  |
|                           | The Submit button will   |
|                           | highlight after the required   |
|                           | information is provided.   |
|                           |  |

An insurer can only have one webform submitted each year. After the webform is submitted, the insurer will not be able to make any edits to the page in Campus. The rest of the information on the details page is handled within the Special Compensation Fund or by the application itself. For insurers, the Special Compensation Fund enters a designated statistical reporting (DSR) value and DSR upload date. For self-insurers, these fields will not show and neither will the fields **True-up Total** or **True-up Rate**. The current year rate is maintained by the Special Compensation Fund in the database and will have one value for all insurers and one value for all self-insured employers.

Based on the results of the assessment, most insurers will be required to pay two different invoices of equal amounts. The first invoice is due by Aug. 1 of the year the assessment was started; the second invoice is due by Feb. 1 of the following year. The amounts, once calculated, can be found on the insurer report details page.

| Insurer's Report for<br>Insurer's Report: AS-05-9705-818 | Insurance              |               |                   | Submit insurer's Report |
|--|------------------------|---------------|-------------------|-------------------------|
| Assessment Details                                       |                        |               |                   |                         |
| Total Benefits Reported                                  | Report Submission Date | 2020 Rate     | Assessment Result |                         |
| \$12,000.00  | 6/17/2020              | 25%           | \$3,000.00        |                         |
| DSR Value  | DSR Upload Date        | True Up Rate  | True Up Total     |                         |
| \$12,750.00  | 6/17/2020              | 30%           | \$3,825.00        |                         |
| Amount Due 8/1/20  | Amount Due 2/1/21      | Amount Paid   | Payment Date      |                         |
| \$1,912.50   | \$1,912.50             |               |                   |                         |
| Assessment Year  |                        |               |                   |                         |
| 2020   |                        |               |                   |                         |
| Insurer Information                                      |                        |               |                   |                         |
| Insurer Name   | FEIN                   | Туре          |                   |                         |
| IR-02-5776-418: Capital City Insurance                   | 86-7530999             | Insurer       |                   |                         |
| Address Line 1   | City                   | State         | Zip Code          |                         |
| Insurer Contacts   |                        |               |                   |                         |
| Name   | Phone Number           | Email Address |                   |                         |
| Spencer  | (703) 481-             | @gmail.com    |                   |                         |

### **Elections**

Employers, including corporations and limited liability companies (LLCs), are required to provide workers' compensation coverage for their employees, unless there is a specific exception in the law. The workers' compensation law states certain categories of workers are excluded from coverage or can be excluded from coverage. Minnesota workers' compensation law dictates employers are able to submit elections to exclude coverage for employees with certain relationships to executive officers of a corporation's or LLC's managers.

#### Election to exclude coverage webform

The **Election to Exclude Coverage** webform in Campus is used to enter the required information for exclusion and submit for approval.

- From the dashboard, click on the Submit a Filing dropdown menu and select Submit Election To Exclude.
- 2. The first step of the webform is to **Identify the Employer** you are submitting the election for. The drop-down menu shows all employers to which the user is associated. You must select an employer that is an incorporated entity or an LLC.
- Click Next to continue. (The Next button will highlight after the required information is provided.)

\*The **Eligibility** screen will display.

- Answer the series of questions to identify if the employer is able to exclude coverage for certain employees.
- "Yes" must be answered for all questions or the ineligibility message will appear. Click Next to continue.

| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS  | Submit a Filing  | <b>₿</b>  | Dunder Mifflin 🗸                |
|--|--|---|---------------------------------|
| My Overview  | Access a case or Claim   |   |                                 |
|  | VRU Rehabilitation Consultation Request  | 🌲 Notificatio   | ns                              |
|  | Trading Partner Profile Registration   | No notifications.   |                                 |
| U q  | Initiate a Dispute   | U   |                                 |
| Open Claims  | Request for Guidance with an Unreported Injury   | Documents   |                                 |
| View details associated to your  |  | documents in the  |                                 |
| claims in the My Queue portal.   | Submit Election To Exclude   | ons panel to ensure<br>accuracy.  |                                 |
|  | Respond to Request For Information   |   |                                 |
|  |  |   |                                 |
|  |  |   |                                 |
| DEPARTMENT OF<br>LABOR AND INDUSTRY<br>WORK COMP CAMPUS  | Submit a Filing 🗸  | C <sup>®</sup>  | Dunder Mifflin 🗸                |
| Dashboard > Submit Election to Exclude   |  |   |                                 |
| Submit an Election to Exclu  | ıde  |   |                                 |
|  | ion coverage certain employees who are related within the thin<br>ity company (LLC) who owns at least 25 percent membership in | d degree of kindred to either an executive officer who owns at least 2 n the LLC. | 5 percent of the stock of a     |
| You do not need to file this form if you only intend to exc<br>LLC as they are automatically excluded from coverage. | ude the spouse, parent, or child/step-child of a CHC execut  | ive officer with at least 25 percent stock or an LLC manager with at lea          | st 25 percent membership in the |
| 0 0  | 0  | 0   | 5                               |
| Identify Employer Eligibility  | CHC Executive Officer / LLC Manager  | Information Relatives to be excluded  | Certification                   |
|  |  |   |                                 |
| Identify the employer for which you are submitting an election to e  | iciude.  |   |                                 |
| Select an Employer *   |  |   |                                 |
| An employer must be a closely held corporation or a limit<br>Next Save as Draft Cancel                               | ed liability company in order to submit an election to exclude.  |   |                                 |

| Dashboard > Submit Election  | to Exclude                    |  |   |                             |
|--|-------------------------------|--|---|-----------------------------|
| ubmit an Elect   | tion to Exclud                | le   |   |                             |
|  |                               | coverage certain employees who are related within the third degree of kindred to eil<br>ompany (LLC) who owns at least 25 percent membership in the LLC. | ther an executive officer who owns at least 25 pe | rcent of the stock of a     |
| do not need to file this form it<br>as they are automatically excl |                               | e the spouse, parent, or child/step-child of a CHC executive officer with at least 25  | percent stock or an LLC manager with at least 2   | 5 percent membership in the |
| 0  | 2                             | 8  | 4   | 6                           |
| dentify Employer   | Eligibility                   | CHC Executive Officer / LLC Manager Information  | Relatives to be excluded                          | Certification               |
| Yes  No  |                               | r members?   |   |                             |
| No<br>No<br>Yes<br>No  | e less than 22,880 hours of p |  |   |                             |

- Click the + Add button to add executive officers and managers who own at least 25% of stock in the corporation or membership in the LLC.
- Enter information for the required fields (Name, Title, Percent Owned). They are to identify the executive officer or manager who is related to the employee identified in the following step. You can add multiple executive officers or managers.
- Next, add the employees you wish to exclude from coverage. You can add one or multiple employees to a single election to exclude coverage form.
- Click Next to continue. (The Next button will highlight after required information is provided.)



- 10. Add your Electronic Signature by entering your full name, clicking the checkbox to confirm and entering your Executive Title and Phone Number.
- 11. Add Supporting Attachments.
- 12. Click **Submit** for final approval.

\*The **Submit** button will highlight after required information is provided.

| Dashboard > Submit Election to Ex  | ciude  |   |   |  |                                  |
|--|--|---|---|--|----------------------------------|
| Submit an Electio  | n to Exclude   |   |   |  |                                  |
| Use this webform to exclude (omit) from<br>company (LLC) who owns at least 25 perc   | vorkers' compensation coverage certain em  | ployees who are related within the third degree of kindred to either an e   | xecutive officer who owns at least 25 perce | ent of the stock of a closely held corporation ( | CHC) or a manager of a limited   |
|  |  | at, or child/step-child of a CHC executive officer with at least 25 percent   | stock or an LLC manager with at least 25 p  | ercent membership in the LLC as they are au      | tomatically excluded from        |
|  |  |   |   |  |                                  |
| Identify Employer  | Eligibility  | CHC Executive Officer / LLC Manager Info  | unation 1                                   | Relatives to be excluded                         | 5<br>Certificat                  |
| identity Employer  | Englointy  | CHC Executive Officer / LLC Manager into  | rmation                                     | telatives to be excluded                         | Certificati                      |
| department's Vocational Rehabilitatio  | as they appear on your CAMPUS profile. By s<br>n unit (VRU).   | signing and dating this form, I certify copies of this form and attachments   | are being sent to the employee, insurer, a  | iny attorney(s), the Department of Labor and l   | ndustry and, if required, to the |
| Plase type your Freit and Lata Name<br>department's Vocational Rehabilitation<br>Full Name of Signatory *  | boor van legen y signing two each one form   |   | nplete to the best of my knowledge.         | ny attorney(s). The Department of Labor and I    | ndustry and, if required, to the |
| Please type your First and List Name<br>department's Vocational Rehabilition<br>Full Name of Signatory *   | une (VRU).   | Desclude them from workers' compensation coverage is bei  | nplete to the best of my knowledge.         | ny attorney(s). The Department of Labor and I    | ndustry and, if required, to the |
| Plassa pue your First and Last Name<br>dearnment's vocational Rahabilization<br>Full Name of Signatory *<br>Constraints of the state of the state<br>Constraints of the state of the state<br>Constraints of the state of the state<br>Plane Number *<br>Plane Number *<br>Have the relatives listed in Sec<br>Submit a copy of this form to your wo | unt (VRU).<br>box ram reguly aging ins user and form<br>clon 4 been notified that this form to<br>rkers' compensation insurance company. If a  |   | nplete to the best of my knowledge.         |  | ndustry and, if required, to the |
| Please pue your First and Last Name<br>department's vocation Rehabilitory<br>Full Name of Signatory *<br>defense of the state of the state<br>County File<br>Please Number *<br>Please Number *<br>Have the relatives listed in Sec<br>Submit a copy of this form to your wo<br>Refle this form with the Depart of Lat<br>Nacio                      | unit (VRU).<br>toor rain reguly signing this sections form<br>tion 4 been notified that this form to<br>rkers' compensation insurance company, if a<br>or and Industry (DL) and your worker's corr | exclude them from workers' compensation coverage is beil<br>any. If you change insurance companies, submit a copy of bis form to the<br>persection insure if any information in Sections 2.3 or 4 changes and yo  | nplete to the best of my knowledge.         | er' compensation coverage.                       |                                  |
| Plass the your First and Lash Name<br>department's Vocational Resultations<br>Full Name of Signatory *   | unit (VRU).  | e exclude them from workers' compensation coverage is beil<br>any. If you change insurance companies, submit a copy of this firm is the<br>prevandant insurer if any information in Section 2.3, or 4 change and yo<br>or effective unless the information rounded on this form is accurate and<br>copies of the information coverage is legally effective. The C+<br>mit defects if they are assured have a coverage in legally mit and the<br>coverage of the information coverage is legally deficient. The C+ | nplete to the best of my knowledge.         | er's compensation coverage.                      | assed on the date DU receives    |
| Please type your First and Last Name<br>department's Vocational Restabilition<br>Full Name of Signatory *  | unit (VRU).  | e exclude them from workers' compensation coverage is beil<br>any. If you change insurance companies, submit a copy of this firm is the<br>prevandant insurer if any information in Section 2.3, or 4 change and yo<br>or effective unless the information rounded on this form is accurate and<br>copies of the information coverage is legally effective. The C+<br>mit defects if they are assured have a coverage in legally mit and the<br>coverage of the information coverage is legally deficient. The C+ | nplete to the best of my knowledge.         | er's compensation coverage.                      | assed on the date DLI receives   |
| Please pays your Fina and Lata Name<br>department's vocational Rehabilitation<br>Full Name of Signatory * •<br>•<br>• • • • • • • • • • • • • • • • •  | unit (VRU).  | e exclude them from workers' compensation coverage is beil<br>any. If you change insurance companies, submit a copy of this firm is the<br>prevandant insurer if any information in Section 2.3, or 4 change and yo<br>or effective unless the information rounded on this form is accurate and<br>copies of the information coverage is legally effective. The C+<br>mit defects if they are assured have a coverage in legally mit and the<br>coverage of the information coverage is legally deficient. The C+ | nplete to the best of my knowledge.         | er's compensation coverage.                      | assed on the date DU receives    |