



**MINNESOTA**

**WORKERS' COMPENSATION  
MODERNIZATION PROGRAM**

# Modernizing workers' compensation for Minnesota

*Campus Answer Hour for Employers*

# Campus Answer Hour for Employers

Presented by Dave Horning

# Work Comp Campus will put the workers' compensation claim information you need at your fingertips



**Self-service  
online access**  
to claims, related  
documents, events  
and outcomes



**Securely send  
e-documents**  
to the parties to the  
claim



**Securely send  
and receive data**  
among DLI, OAH and  
WCCA



**Minimize claim  
errors**  
through data accuracy  
verification

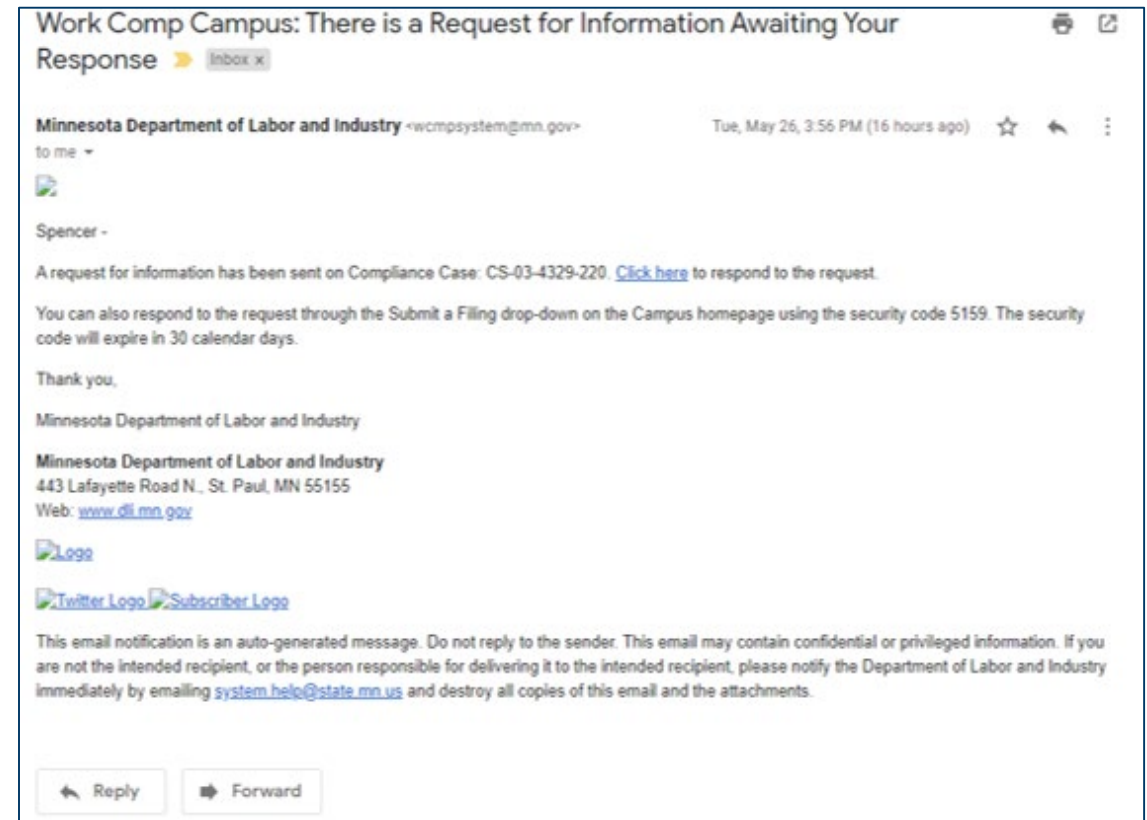
- 1 Requests for information** *20 minutes*
- 2 Elections** *20 minutes*



# Request for information

## Request for information email message and 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.





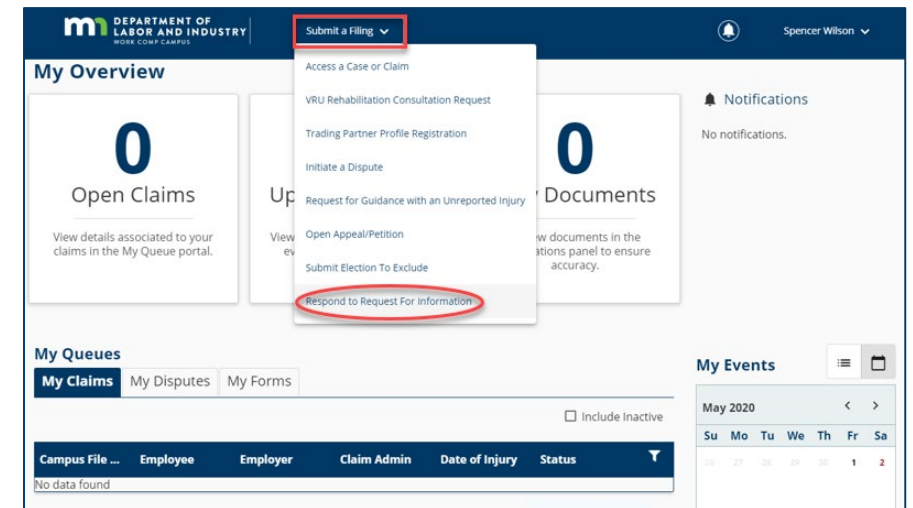
# Request for information, continued

## Request for information email message and webform

Navigation to the response is possible in two ways:

1. do not navigate from the emailed 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).

This will prompt you to enter a PIN, which will link responses to the correct request for information. Clicking the link in the email message will not require entering a PIN. The login page will display and, from there, directly to the webform submission. If you are already logged in to Campus, the webform will display.





# Request for information, continued

## Request for information email message and webform

On the next page, there are two buttons: **Download** and **View Document**. The **Download** button allows the download of the actual request for information, while the **View Document** button enables you to view it in the browser.

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

**Request For Information**  
There has been a request for additional information regarding Compliance Case: CS-03-4329-220.

**PIN Validation** 2 Response Details

Read the details of the request in the document below and attach all requested information and supporting documents.

RFI Test Template.pdf  
Request For Information

[Download](#) [View Document](#)

**Supporting Attachments**

[+ Upload Document](#)

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	

[Submit Form](#) [Back](#) [Cancel](#)

**Supporting Attachments**

[+ Upload Document](#)

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	

[Submit Form](#) [Back](#) [Cancel](#)



# Request for information, continued

## Request for information email message and webform

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

**My Overview**

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

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

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

Notifications  
No notifications.

**My Queues**

My Claims My Disputes **My Forms**

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation ...
Request for Info	Complaint Inve...	CS-03-4329-220	5/27/2020	Submitted	1936

Showing (1-1) of 1    Items per page 10

**My Events**

May 2020

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9



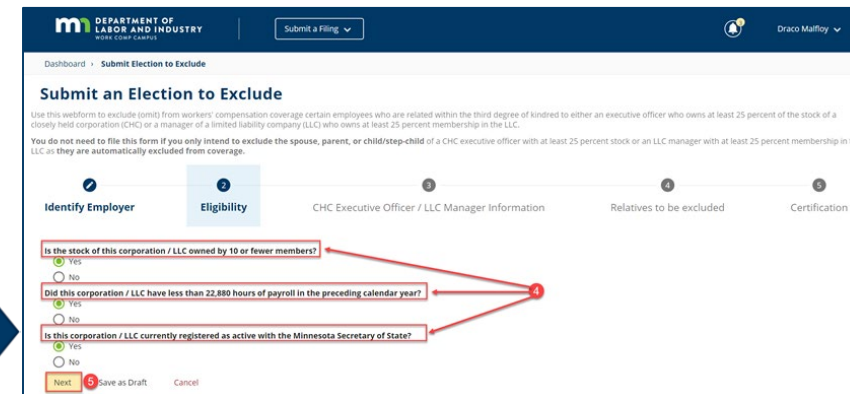
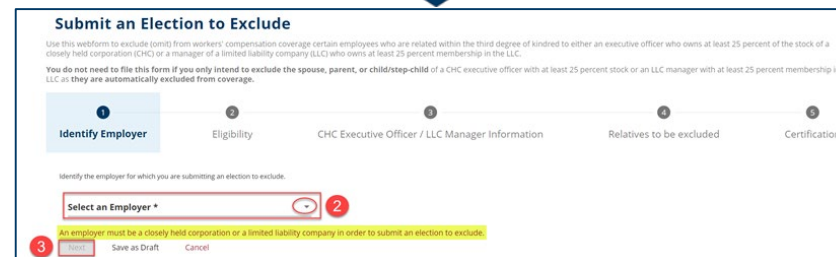
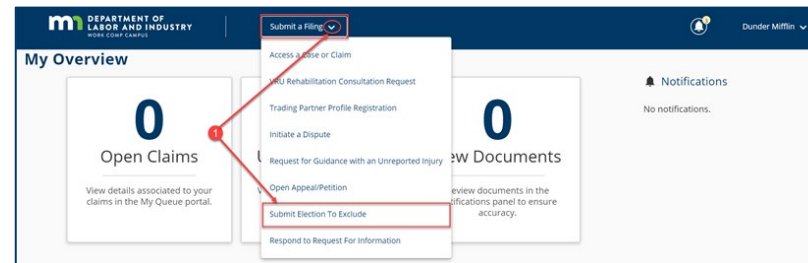


## Elections webform

Request for information email message and webform

Elections webform

- The Submit an Election to Exclude coverage webform in Campus is used to enter the required information for the exclusion and submit it for approval.
- To access, click on the **Submit a Filing** drop-down menu and select **Submit Election To Exclude**.



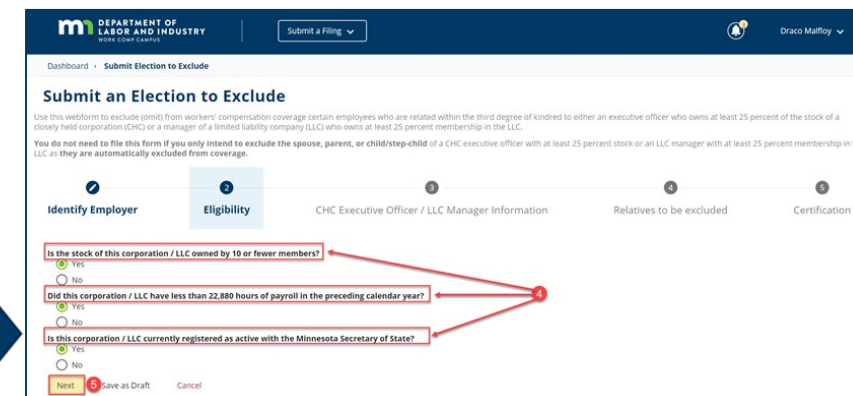
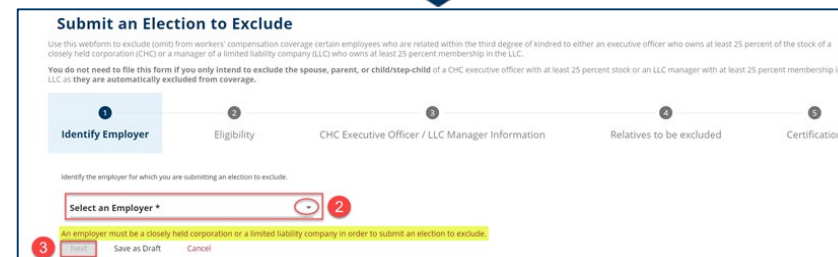
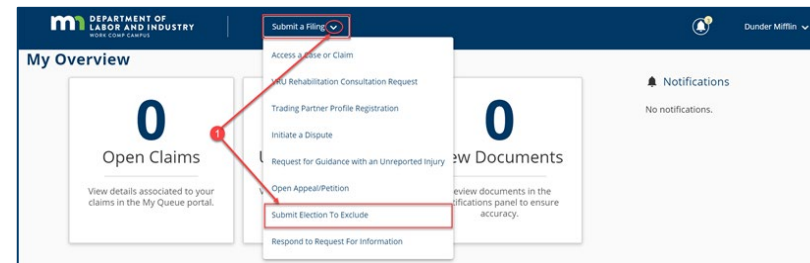


## Elections webform

Request for information email message and webform

Elections webform

- The drop-down menu shows all employers to which the user is associated. Select an employer that is an incorporated entity or LLC.
- Answer the 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.





## Elections webform

Request for information email message and webform

Elections webform

- Use the **+ Add** button to add executive officers and managers.
- Enter information for the required fields (**Name, Title, Percent Owned**).
- You can add one or multiple employees to a single election to exclude coverage form.

**Submit an Election to Exclude**

Use this webform to exclude (omit) from workers' compensation coverage certain employees who are related within the third degree of kindred to either an executive officer who owns at least 25 percent of the stock of a closely held corporation (CHC) or a manager of a limited liability company (LLC) who owns at least 25 percent membership in the LLC.

You do not need to file this form if you only intend to exclude 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 25 percent membership in the LLC as they are automatically excluded from coverage.

1 Identify Employer   2 Eligibility   3 CHC Executive Officer / LLC Manager Information   4 Relatives to be excluded   5 Certification

List the names of all CHC Executive Officers who own at least 25 percent of stock in the corporation / all LLC Managers who own at least 25 percent membership interest in the LLC.

+ Add 6

**Submit an Election to Exclude**

Use this webform to exclude (omit) from workers' compensation coverage certain employees who are related within the third degree of kindred to either an executive officer who owns at least 25 percent of the stock of a closely held corporation (CHC) or a manager of a limited liability company (LLC) who owns at least 25 percent membership in the LLC.

You do not need to file this form if you only intend to exclude 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 25 percent membership in the LLC as they are automatically excluded from coverage.

1 Identify Employer   2 Eligibility   3 CHC Executive Officer / LLC Manager Information   4 Relatives to be excluded   5 Certification

List the names of all CHC Executive Officers who own at least 25 percent of stock in the corporation / all LLC Managers who own at least 25 percent membership interest in the LLC.

Name *	Title *	Percent Owned *	Remove
Name	Title	%	Percent Owned

7

**Submit an Election to Exclude**

Use this webform to exclude (omit) from workers' compensation coverage certain employees who are related within the third degree of kindred to either an executive officer who owns at least 25 percent of the stock of a closely held corporation (CHC) or a manager of a limited liability company (LLC) who owns at least 25 percent membership in the LLC.

You do not need to file this form if you only intend to exclude 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 25 percent membership in the LLC as they are automatically excluded from coverage.

1 Identify Employer   2 Eligibility   3 CHC Executive Officer / LLC Manager Information   4 Relatives to be excluded   5 Certification

List the relatives to be excluded from workers' compensation coverage and their relationship to one of the CHC Executive Officers / LLC Managers listed in Step 3. Any spouse, parent, or child/step-child of CHC Executive Officers / LLC Managers is automatically excluded

Name *	Name of Related CHC Executive Officer / LLC Mana...	Relationship *	Remove
Name			

8

+ Add

9 Save as Draft   Cancel



## Elections webform

Request for information email message and webform

Elections webform

- Add the electronic signature to the form by entering your full name, clicking the checkbox to confirm and entering your executive title and phone number.
- Add **Supporting Attachments**.
- Click **Submit** for final approval. *\*The submit button will highlight after required information is provided.*

Dashboard > Submit Election to Exclude

### Submit an Election to Exclude

Use this webform to exclude (omit) from workers' compensation coverage certain employees who are related within the third degree of kindred to either an executive officer who owns at least 25 percent of the stock of a closely held corporation (CHC) or a manager of a limited liability company (LLC) who owns at least 25 percent membership in the LLC.

You do not need to file this form if you only intend to exclude 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 25 percent membership in the LLC as they are automatically excluded from coverage.

Identify Employer    Eligibility    CHC Executive Officer / LLC Manager Information    Relatives to be excluded    **Certification**

By signing this form I certify that all information provided is complete and accurate to the best of my knowledge and that I have the authority to sign this form for the corporation / LLC named in Step 1.

#### Electronic Signature

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

Full Name of Signatory \*

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true. <sup>10</sup>

Executive Title \*

Phone Number \*

Have the relatives listed in Section 4 been notified that this form to exclude them from workers' compensation coverage is being filed? \*

Submit a copy of this form to your workers' compensation insurance company, if any. If you change insurance companies, submit a copy of this form to the new insurance company.

Refile this form with the Department of Labor and Industry (DLI) and your workers' compensation insurer if any information in Sections 2, 3, or 4 changes and you still want to exclude relatives from workers' compensation coverage.

#### Notice

- The election to exclude relatives from workers' compensation coverage is not effective unless the information provided on this form is accurate and meets the statutory requirements. If so, then the effective date of this exclusion will be based on the date DLI receives this form.
- DLI does not guarantee that this election to exclude the relatives listed in Section 4 from workers' compensation coverage is legally effective. The CHC Executive Officer / LLC manager signing this form is responsible for determining the CHC's / LLC's legal obligations and for correctly and accurately completing this form. DLI will notify you of potential defects if they are apparent, but you are encouraged to consult an attorney about the legal effect of this election. If the information provided is not accurate and complete, or the information changes, the CHC / LLC or CHC executive officer(s) / LLC manager(s) may be liable for workers' compensation injuries of the relatives listed in Section 4.
- The information you provide on this form may be available to the public upon request.

#### Supporting Attachments

+ Upload Document <sup>11</sup>

File Name	File Type	Description	Remove
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>12</sup>    Save as Draft    Preview    Cancel

# Questions?



# Thank you!

## Questions?

Send email to [dli.wcmp@state.mn.us](mailto:dli.wcmp@state.mn.us).

