

Quick reference guide: Filing a dependency webform

Work Comp Campus will be used to electronically file the dependency information webform when dependency benefits are being paid. This webform is required in addition to the appropriate electronic data interchange (EDI) Maintenance Type Codes (MTCs).

1. On your Campus dashboard, find the claim on the **My Claims** tab. Click on the Campus File Number (CFN, also the jurisdiction claim number or JCN) to link directly to the claim. You can also click on the filter button to filter by any of the column headers, then click on the CFN/JCN to link directly to the claim.

My Overview

11 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues: My Claims | My Disputes | My Forms | My SCF Assessment Reports

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-3893-404	Practice Parish	Third Street Elementary School		3/17/2020	Open
CL-02-4313-454	Muriel Finster	Third Street Elementary School		2/1/2019	Open

My Events: October 2020

2. On the claim details page, click on the **Submit Filing** button.

My Overview

11 Open Claims | 0 Upcoming Events | 0 New Documents

My Queues: My Claims | My Disputes | My Forms | My SCF Assessment Reports

Filters: Employee: Muriel Finster

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-02-4324-071	Muriel Finster	Third Street Elementary School		3/17/2020	Open

My Events: October 2020

3. When the **Submit a Filing** box appears, choose **Dependency Info** from the **Filing Name**

Dashboard > Claim: CL-02-4324-071

Muriel Finster: Injury on 2/01/2019

Submit Filing

Campus File Number 024324071	Employee Muriel Finster	Date of Injury 2/1/2019	Part of Body Injured 10: Multiple Head Injury
Employer Third Street Elementary School	Insurer MSP Insurer	Claim Administrator Claim Number 123C	

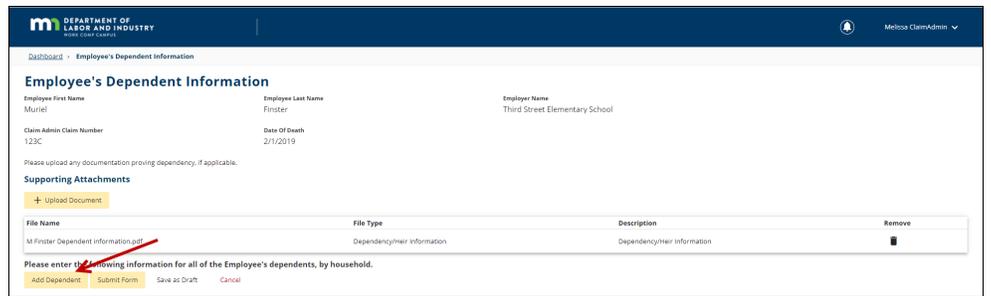
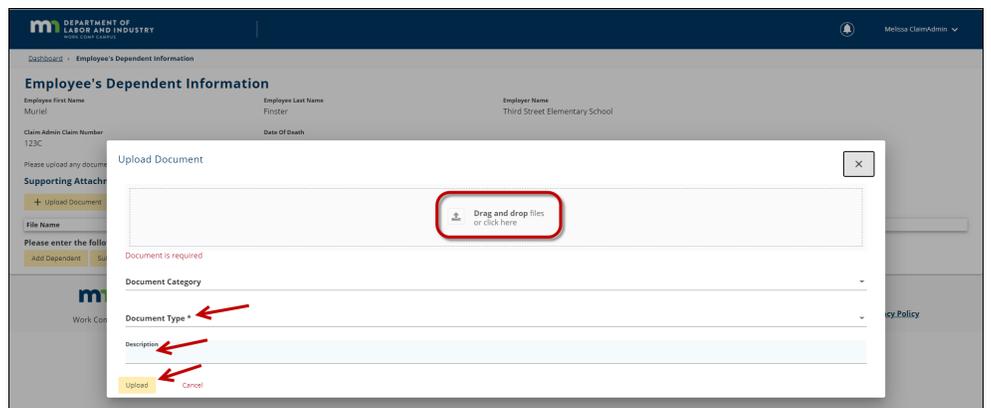
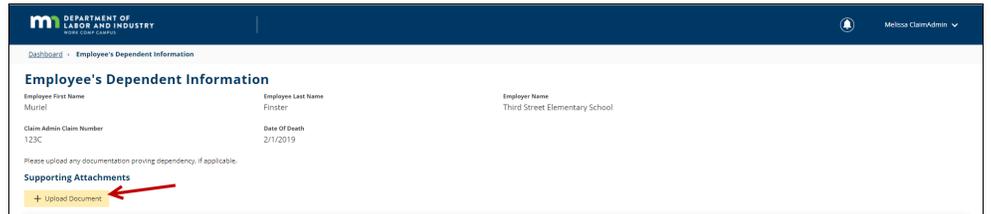
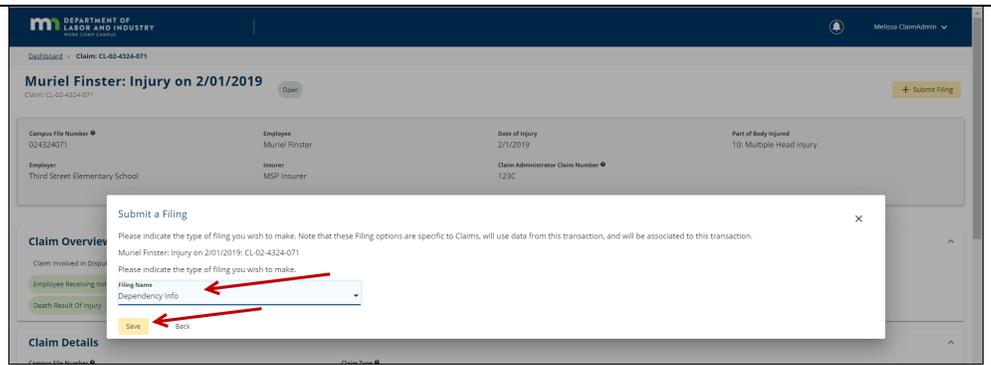
drop-down menu and click **Save**.

4. On the **Employee's Dependent Information** page click on **Upload Document**.

5. On the **Upload Document** box, either drag and drop your PDF document or click to do a search of your computer to find the document. Next, select the **Document Type**. The **Description** will automatically populate from the **Document Type** field but you can edit the information to be more specific. Then click on **Upload**.

6. Back on the **Employee's Dependent Information** page, click on **Add Dependent**.

7. The webform will direct you to enter information for all of the employee's dependents, by household. You will do this one dependent at a time. First, enter the **Household #** and **First**



Name and Last Name of the dependent. Also, enter the **Dependent Gender** and the **Allocation Percentages Per Person**.

8. Next, enter the address for the dependent, as well the **Relation To Employee**. Remember that fields with an asterisk are required, but other fields, such as the dependent **Phone** and **Email** are not required but contain helpful information that can be included on this webform.

9. Enter the dependent's **Date of Birth** and **Birth Order**. Use the check boxes to indicate if the dependent is a **Full Time Student**, **Disabled Dependent** or is **Receiving Social Security Survivor Benefits**. The **Notes** field can be used to add other important information related to this dependent.

10. You may click on **Remove** at any time to remove the dependent information you have started. You may also click **Add Dependent** again then repeat steps 7 through 9 to add as many dependents as applicable to the claim.

Please upload any documentation proving dependency, if applicable.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
M Finster-Dependent-Information.pdf	Dependency/Inhr Information	Dependency/Inhr Information	

Please enter the following information for all of the Employee's dependents, by household.

Household # * [dropdown] First Name * [text] Last Name * [text]

Dependent Gender * [dropdown] Allocation Percentages Per Person * [text] Allocation Percentages Per Person

Address 1 * [text] Address 1

Address 2 [text] Address 2

City * [text] City State/Province * [dropdown] Postal Code * [text] Postal Code Country [dropdown] Country

Phone [text] Phone Email [text] Email Relation To Employee * [dropdown] Relation To Employee *

Date of Birth * [text] Birth Order * [dropdown] Birth Order *

Full Time Student Disabled Dependent Receiving Social Security Survivor Benefits

Notes [text area]

Remove

Add Dependent Submit Form Save as Draft Cancel

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS™ 2019

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

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

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Please upload any documentation proving dependency, if applicable.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
M Finster-Dependent-Information.pdf	Dependency/Inhr Information	Dependency/Inhr Information	

Please enter the following information for all of the Employee's dependents, by household.

Household # * [dropdown] First Name * [text] Last Name * [text]

Dependent Gender * [dropdown] Allocation Percentages Per Person * [text] Allocation Percentages Per Person

Address 1 * [text] Address 1

Address 2 [text] Address 2

City * [text] City State/Province * [dropdown] Postal Code * [text] Postal Code Country [dropdown] Country

Phone [text] Phone Email [text] Email Relation To Employee * [dropdown] Relation To Employee *

Date of Birth * [text] Birth Order * [dropdown] Birth Order *

Full Time Student Disabled Dependent Receiving Social Security Survivor Benefits

Notes [text area]

Remove

Add Dependent Submit Form Save as Draft Cancel

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File Name	File Type	Description	Remove
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Please enter the following information for all of the Employee's dependents, by household.

Household # * [dropdown] First Name * [text] Last Name * [text]

Dependent Gender * [dropdown] Allocation Percentages Per Person * [text] Allocation Percentages Per Person

Address 1 * [text] Address 1

Address 2 [text] Address 2

City * [text] City State/Province * [dropdown] Postal Code * [text] Postal Code Country [dropdown] Country

Phone [text] Phone Email [text] Email Relation To Employee * [dropdown] Relation To Employee *

Date of Birth * [text] Birth Order * [dropdown] Birth Order *

Full Time Student Disabled Dependent Receiving Social Security Survivor Benefits

Notes [text area]

Remove

Add Dependent Submit Form Save as Draft Cancel

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11. Click **Submit Form** to submit your dependency webform.

This screenshot shows the top portion of a webform. At the top, there are fields for 'Date of Birth *' and 'Birth Order *'. Below these are checkboxes for 'Full Time Student', 'Disabled Dependent', and 'Receiving Social Security Survivor Benefits'. A 'Notes' section is present but empty. A 'Remove' link is visible. Below the form area are four buttons: 'Add Dependent', 'Submit Form', 'Save as Draft', and 'Cancel'. The 'Submit Form' button is highlighted in yellow and has a red arrow pointing to it. At the bottom of the form, there is a footer with the logo for the Department of Labor and Industry, Work Comp Campus 2019, and contact information including an address (443 Lafayette Road N, St. Paul, MN 55155), phone number (651-284-5005, option 3), toll-free number (800-342-5354, option 3), and links for 'About Us', 'Help', and 'Terms and Conditions of Use and Privacy Policy'.

This screenshot shows the bottom portion of the webform, identical to the one above. It focuses on the 'Submit Form' button, which is highlighted in yellow and has a red arrow pointing to it. The footer information, including the Department of Labor and Industry logo and contact details, is also visible.

Helpful tips

- After the permanent partial disability (PPD) follow up webform is successfully submitted it will appear on the **My Forms History** tab of your Campus dashboard.
- A confirmation email message will be sent to the email address registered to your Campus profile.
- The dependency webform can contain information for multiple dependents. Click **Add Dependent** as many times as necessary to add every dependent who is applicable to the claim.
- Remember multiple attachments can be uploaded to the webform using the **Upload Document** button.
- The dependency webform might be used more than once through the course of a claim.
- The **Submit Form** button at the bottom of the discontinuance webform can be used to save a draft of the form. After it is saved, you can access the form by accessing the claim and clicking **Submit Document, Dependency Info** and **Save**, as shown in steps 1 through 3 above.