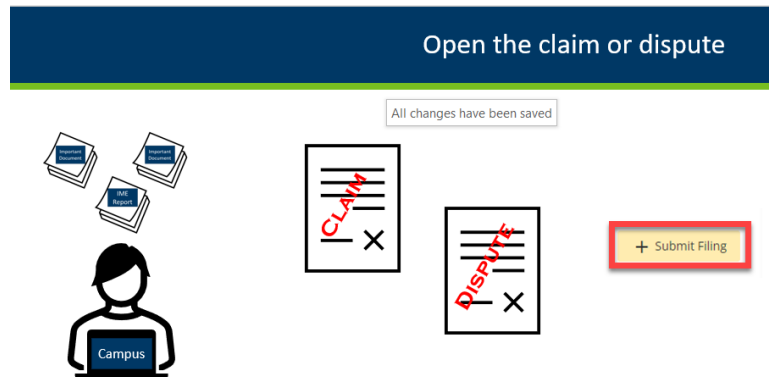


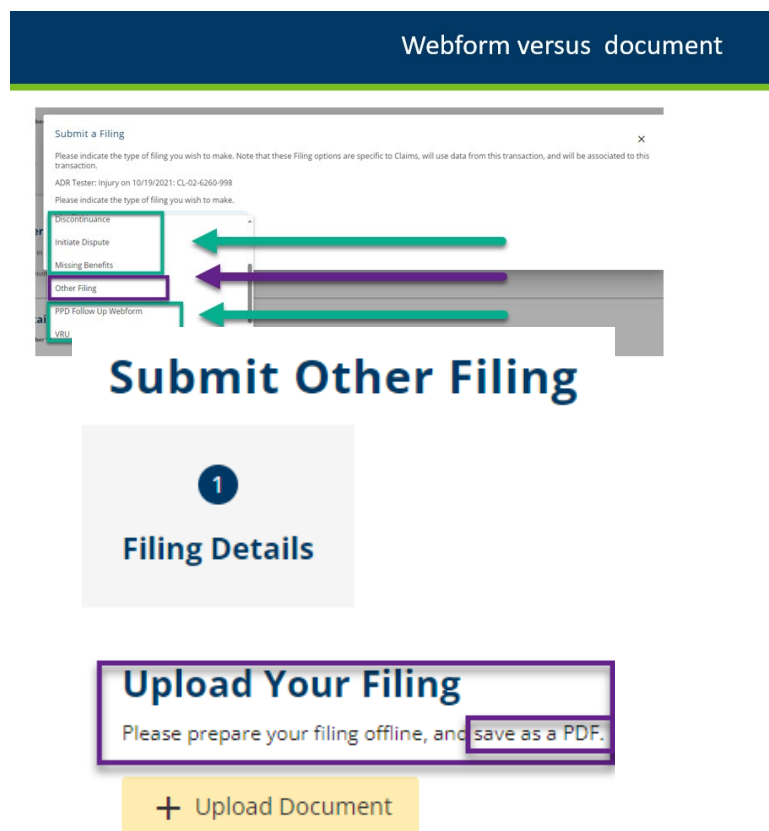
Quick reference guide: Uploading a document

There are many actions in Work Comp Campus that require uploading a document. Documents support a claim or dispute by providing specific information. Properly uploading a document into Campus is important so reviewers have access to clear and complete information for the specific file. Knowing the file location before you begin the upload will save time.

1. Open the claim or dispute.
Then click the **Submit Filing** button.



2. If you are completing a form, select the appropriate form from the list. Some of the available forms are highlighted in green.
3. If you are uploading a document, without an accompanying form, select **Other Filing**. The **Other Filing** option is highlighted in purple in the image. Uploading an independent medical examination (IME) would be an example of using the **Other Filing** selection.



Note: If you are uploading a document under **Upload Your Filing**, the file type must be a PDF.

- You are now ready to upload your document.

Now you are ready!

- ✓ File location
- ✓ You have opened the claim or dispute
- ✓ You know your purpose
 - ✓ Filling in a webform
 - ✓ Adding a document
- ✓ It's time to upload a document

+ Upload Document

- At this point, the uploading document steps are all the same. Click the **Upload Document** button and select the file you want to upload.

Annual Claim for Reimbursement

Please provide the following information:

- Choose Benefit Type
- Choose Claim Status
- Reimbursement Details**
- Lump Sum Details
- Filing Summary
- Supporting Attachments (Optional)
- Electronic Signature

+ Add Benefit Period Calculate Reimbursement Total Claimed Reimbursement: \$0.00

Attach **EVIDENCE** of Government disability benefit changes if other than standard cost of living adjustments.

+ Upload Document

File Name	File Type	Description	Remove
IME Report.pdf	Independent Medical Exam	Independent Medical Exam from January of 2022	

Next Back Save as Draft Cancel

You may need to do some navigating to find the file. When the file is selected click **Open** and the file will be added to the file box.

Another option is to drag and drop the file from the list to the file box, then click the “X” to close the file list.

Annual Claim for Reimbursement

Please provide the following information:

Upload Document

Document is required

Document Category

Document Type *

Open

File Name: Correspondence with Bob

Open Cancel

- Depending on the type of upload, you may be asked for a document category.

Document category examples include “Correspondence,” “Petition” and “Reports.”

- You will *always* be asked for a document type.

Document type examples include “Affidavit of Service,” “Agreement to Mediate” or “Email.”

- Enter a brief description as well.

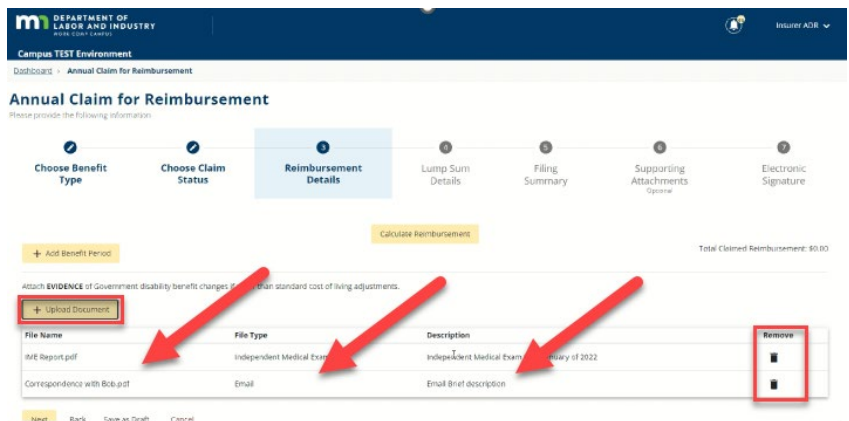
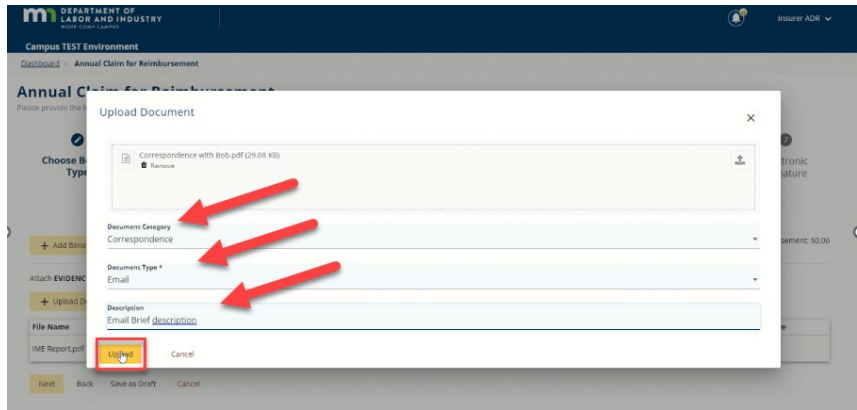
- Click the **Upload** button.

- Under the **Upload Document** button, you will see the file you uploaded, with the file type and description.

- These pieces of information should be helpful for anyone looking through the document list.

- If you uploaded something that does not belong here, remove it by clicking the **Remove** button.

- If you have more documents to upload, continue with the same steps, starting by clicking **Upload Document**.



14. After all documents have been uploaded, continue as directed until the **Submit** button has been selected.

See the example at right.

15. The confirmation screen will be different depending on the transaction being completed.

See the example at right.

Annual Claim for Reimbursement

Please provide the following information:

- Choose Benefit Type
- Choose Claim Status
- Reimbursement Details
- Lump Sum Details
- Filing Summary
- Supporting Attachments
- Electronic Signature

Electronic Signature

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

Full Name of Signatory *

Insurer: ADR

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

Date *

2/14/2024

Insured/Client:

Any person who, with intent to defraud, receives Workers' Compensation Benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact, is guilty of theft and shall be sentenced pursuant to section 009.52, SUBDIVISION 3.



Upload Document To Transaction Successfully Submitted!

Confirmation Number: 372

Click the link to view your new document:

[DO-02-3883-550](#)

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