

Quick reference guide: Uploading documents

Work Comp Campus will be used to electronically upload documentation that trading partners, insurers and claim adjusters submit for each of their claims. These documents in the past were submitted to the Department of Labor and Industry (DLI) by facsimile, mail and email; this process replaces those. Examples of documents to be uploaded include HCPRs, medical documents, benefit addendums to NOIDs and NOBPs.

1. Login to the Work Comp Campus external training website using your email address and password at <https://b42pawappsvc002.doli.state.mn.us/user/login>.
2. Open the desired claim and press the orange **Submit Filing** button.
3. Under **Submit a Filing**, scroll down to **Filing Name** and click on the **drop-down arrow** on the right to the choice most fitting to your submission. In this situation, choose **Other Filing**. Then press the **Save** button.

Dashboard > Claim: CL-02-3883-491

Cindy Brady: Injury on 10/01/2020 Open + Submit Filing + Submit eFROI eSROI / Webform

Claim: CL-02-3883-491

Campus File Number	Employee	Date of Injury	Part of Body Injured
023883491	Cindy Brady	10/1/2020	
Employer	Insurer	Claim Administrator	Claim Administrator Claim Number
Tommys Tool Company	Vickie Trade	Vickie Trade	12345678

Cindy Brady: Injury on 10/01/2020 Open + Submit Filing + Submit eFROI eSROI / Webform

Claim: CL-02-3883-491

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.

Cindy Brady: Injury on 10/01/2020: CL-02-3883-491

Please indicate the type of filing you wish to make.

Filing Name

- Initiate Dispute
- Missing Benefits
- Other Filing**
- PPD Follow Up Webform
- VRU Referral

- You are now on the **Submit Other Filing** page. Press the orange **+ Upload Document** button under **Upload Your Filing** and choose the PDF file you wish to upload. (*Note: Make sure your document is saved as a PDF before uploading.*) If you wish to upload **Supporting Attachments** (such as a benefit addendum to an NOBP), click the orange **Upload Document** button below **Supporting Attachments**.
- When choosing the documents to be uploaded, click the **Drag and drop files** button and locate the PDF file you wish to upload. After the upload is complete, the document name will appear. If more documents need to be uploaded, repeat the process on the same screen.
- Go to **Document Type** and scroll at the **right drop-down arrow** to choose the type of document you are submitting. If you do not see a choice that applies to your type of submission, click on any of the choices listed and, in the **Description** line below, you can type **"This document is not a (photograph), it is instructions about how to upload documents"** and then press the **Upload** button.

Submit Other Filing

Filing Details

Upload Your Filing

Please prepare your filing offline, and save as a PDF. When you complete this form, your filing will be added to the record for all parties to see. If you do not see your Filing Type in the list, contact 651.284.5005, option 3 for filing process.

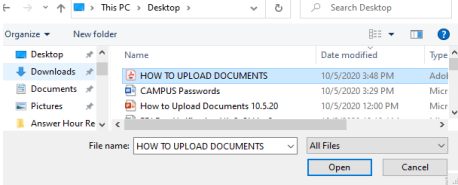
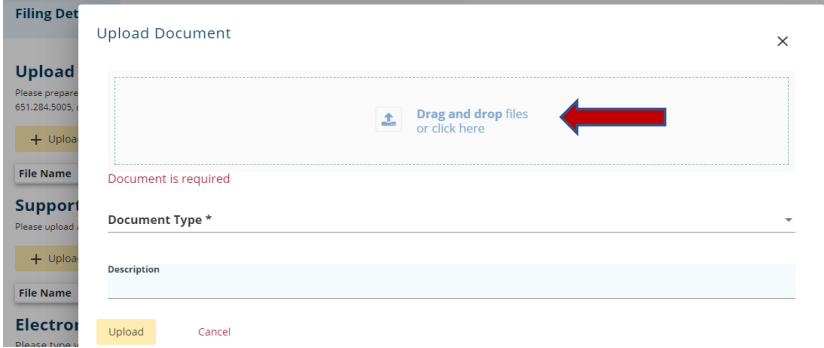
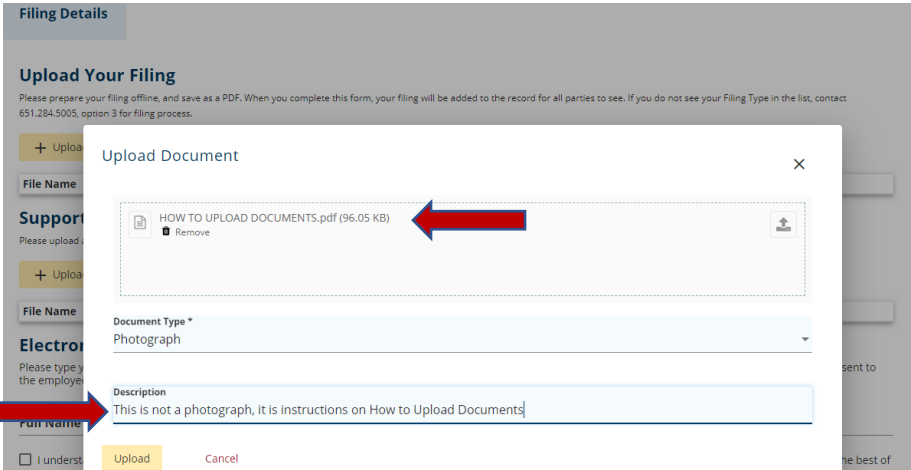
+ Upload Document

File Name	File Type	Description	Remove
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Supporting Attachments

Please upload any documents to support your filing

+ Upload Document

7. Farther down the same page is the **Electronic Signature** area. Enter your name under **Full Name of Signatory**, check the box accepting the disclaimer and then press the **Submit** button.



After the document is sent and successfully submitted, you will receive a message similar to the one below showing the document was successfully uploaded to the transaction.

Submit Other Filing

1
Filing Details

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+ Upload Document

File Name	File Type	Description	Remove
HOW TO UPLOAD DOCUMENTS.pdf	Photograph	This is not a photograph, it is instructions for How to Upload Documents	

Supporting Attachments

Please upload any documents to support your filing

+ Upload Document

File Name	File Type	Description	Remove
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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 *

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

Submit Cancel



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](#).