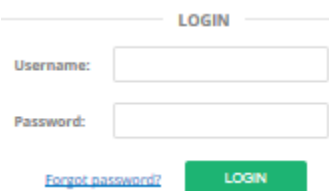


1. Go To [froi.yorkrsg.com](http://froi.yorkrsg.com) using a computer or mobile device web browser.
2. Are you an authorized Approver? If Yes, skip to Step 3.

If you do not have an account, you may start a report that will be reviewed by the employer’s registered user personnel.

Click: [Continue without Logging in](#)


3. Registered users: Enter your user name & password.



If you forget your password, click “[Forgot password?](#)”.

You will be asked your username and password reset instructions will be sent you to your registered email address.

**General form behaviors:**

- Use your “Tab” button to move through the form.
- Drop down selection fields may be navigated by typing the characters of the term you wish to skip to.  
(e.g. type  to navigate to the line starting with “Masonry.....”.

Note: If you pause too long, it will start over with the next character. Of course, you may also use your mouse or arrow keys in the dropdown sections.

- Time fields will recognize 12 or 24 hour time. 4 digits are required.

If you are using 12 hour time (AM / PM ), you must include AM or PM to distinguish afternoon from morning. For example 08:00 is 8 in the morning in both 12 and 24 formats. For 8 in the evening, you must use 08:00 PM.

**Email Address field**

4. This first field on the form is optional but sends emails for submissions to addresses of your choosing. Submissions for form approval and claim creation confirmations will be sent to these address(s) in addition to the registered users creating the claim. Forms can be sent to anonymous user or injured worker as confirmation of claim submission.

**Employer Section**

5. Under the Employer area, scroll down the list and pick your Agency , SubAgency, Dept.. Some agencies only have one code.
6. Employer Case Number: If you have an internal employer tracking number for the accident put it here.
7. Location: If the incident occurred at a location different from the official employer’s address, you may enter it here.

**Employee Section**

8. Complete the personal information for the injured party in this section.
9. Employee ID: Place employee ID used by your Agency/Employer’s personnel management system here.

**Time and Place of Accident Section**

10. Please provide detail surrounding the time and place of the accident and injury reporting.

**Nature and Cause of Accident Section**

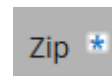
11. In this section, describe in the best detail possible the accident being reported.

**Submitting the Form**

12. Click the **Submit** button. A small pop up window will display “Success!” or “Warning” if there are fields that need correction.
13. Click “OK” to acknowledge. Emails will be sent to registered Approvers and any address in the 1<sup>st</sup> field.
14. PDF copies of the form can be downloaded via the link at the bottom of the page.

**Required Fields**

Fields with an asterisk \* are required for submitting a form. They are critical elements needed to properly set up and process the claim.



15. The following items **must be completed** before claim creation at final submission.

	For Approval	Create Claim
Agency	*	*
Employee Name	*	*
Sex		*
Social security number		*
Employee Address		*
Date of birth		*
Marital status		*
Employment status		*
Occupation at time of injury or illness		*
Date of hire		*
NCCI job classification		*
Postal zip code where injury occurred		*
Date of injury	*	*
Hour of injury		*
Was employee paid in full on day of injury?		*
Date injury or illness reported	*	*
Type of claim		*
Has employee lost time from work?		*
Describe fully how injury or illness occurred	*	*
Cause of injury		*
Nature of injury or illness		*
Parts of body affected		*
Machine, tool, or object causing injury or illness		*
Initial Treatment		*

### Notes on important Fields

#### Type of Claim

- Indemnity:* You expect lost time greater than 7 days.
- Medical Only:* Not Indemnity, but Hospital or Physician treatment is expected.
- Record Only:* Incident Only, first aid only.

#### Has employee lost time from work?

Last Day Worked After the injury: mm/dd/yyyy  
Has Employee returned to work? Yes/No

Type of duty: Full or Modified  
At what wage? Same/Less  
On what date? mm/dd/yyyy

#### Initial Treatment

- 00 - No medical treatment
- 01 - Minor on-site remedies by employer med staff
- 02 - Minor clinic/hospital med remedies/testing
- 03 - Emergency eval. diagnostic tests/med procedures
- 04 - Hospitalization greater than 24 hours
- 05 - Future major medical/lost time anticipated

Recommendations/ translation of treatment choices:

- 00 - No medical treatment at all.
- 01 - Minor First Aid on site
- 02 - Urgent Care facility / clinic other than ER/physician.
- 03 - Emergency Room
- 04 - Admitted to Hospital

### Forms Pending Approval

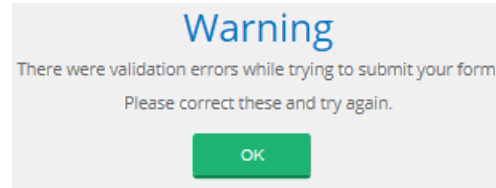
If you are a registered approver and logged in with your username, you may get emails announcing a pending approval and see a visual indicator **1** on the site.

**APPROVALS** **1**

- Click the **Approvals** link at the top of the page.
- Select a pending form and click the “Open” button..
- Review the information in the form and complete additional information as needed.

**Important:** No changes can be made to a submission once it is submitted. Contact your MCI Benefit Coordinator for modifications after claim creation.

### Data Quality Validation



- After you have clicked Submit, the system validates the data entered.
- If all the required information is complete and valid, the claim is submitted to the MCI claims processing system.
- If all the required information is not complete or if the form contains invalid information, the system will prompt you to correct the errors before submitting.

### History List

Click on the “**History**” button to view prior submissions. You may review your past submissions for the location your account is authorized to approve claims for. You cannot change or edit these Historical documents, but they can be viewed to verify the data you submitted.

Note: Some fields will appear in text form with an “\*” obscuring the information. This is an intentional precautionary measure and does not affect the submission. The full detail is loaded to the claim and can be confirmed by contacting your MCI Benefit Coordinator.

#### Technical Support

Technical Support is available through the York Service Portal.

URL: <https://support.yorkrsg.com/>  
Telephone: 1-800-913-5651