



York FROI Portal

First Report of Injury Employer Accident Report

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FROI User Manual	3
About	4
System Requirements	4
Obtaining Technical Support	4
Accessing the Employer Accident Report	5
Anonymous User:	11
Named User/System administrators:.....	12
Using the FROI - Filling Out the Form	13
Email Copy Field	14
Required Fields.....	15
Personal ID Number and Type	16
NCCI Occupation Classification.....	16
Initial Treatment Required Field.....	17
Preparer and Approver information	18
Anonymous User Submitting New Form for Approval	19
Agency Selection	19
Failure to Select an Agency	19
Successful Agency Selection	20
Approval and Submission by Authorized Users.....	21
Approver User – Approval Ownership	23
Autofill Employee Information	25
Saving an Un-Submitted Form for Later Submission.....	26
Drafts	26
Claim Creation.....	26
Link to Post Accident Checklists in Email	30
Reminder Emails for Outstanding Forms in Approval Queue.....	32
Form Management.....	33
Viewing the Form as Text	33
Deleting a FROI.....	39
History	41
Attachments and Annotations.....	42
Attachments at time of Claim Submission.....	42
Attachments To Existing Claims In History	44
System Messages and Troubleshooting	47
Form Validation Messages	47
Required Fields Not Complete	47
Outside the Contract Range Message	48
Date Sequences are Invalid	48
Claim Type and Lost Time from Work Agreement	49
Frequently Asked Questions (FAQ)	51
Menu Items and Buttons	53
Administrative Use	55

FROI User Manual

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About

The York First Report of Injury (FROI) Portal is an electronic form processing system for the employer accident report. The York FROI facilitates collection of the vital information required for a complete COV first report of injury.

The York FROI is a web-based application. This increases accessibility and enhances accuracy and speed of claim resolution.

This document is intended as a guide for users of the York Risk Services FROI application. This document provides a description of the FROI application, including instructions for accessing and using the application, and how to obtain technical support.

System Requirements

The following table outlines the system requirements for optimal performance.


Item	Minimum	Recommended
Internet Browser	IE10 or above, or a current version of Firefox, Chrome, or Safari browsers	IE10 or above, or a current version of Firefox, Chrome, or Safari browsers
Connection	56 KB	Broadband, LTE

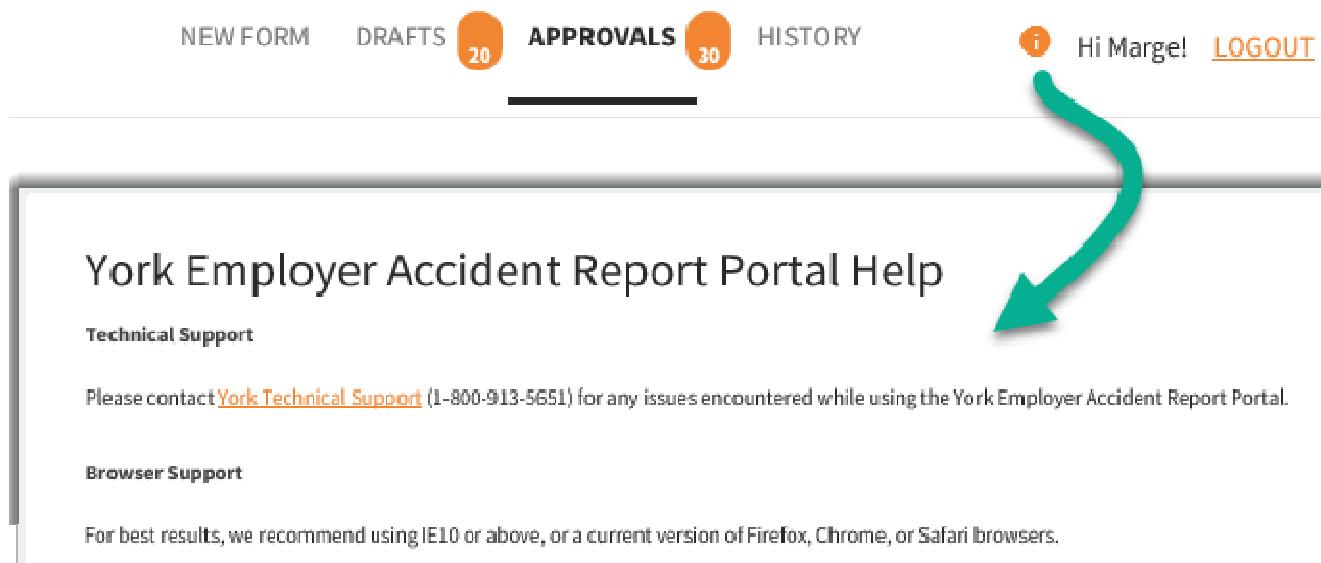
Obtaining Technical Support


Technical support for this York Risk Services Group product is available at 800-913-5651.

Live technical support hours are Monday through Friday, 8:00 AM to 8:00 PM EST.

Support URL: <https://support.yorkrsg.com>

Clicking the  icon in the upper right hand corner of the FROI web page will provide support contact information.



NEW FORM DRAFTS 20 **APPROVALS 30** HISTORY  Hi Marge! [LOGOUT](#)

York Employer Accident Report Portal Help

Technical Support

Please contact [York Technical Support](#) (1-800-913-5651) for any issues encountered while using the York Employer Accident Report Portal.

Browser Support

For best results, we recommend using IE10 or above, or a current version of Firefox, Chrome, or Safari browsers.

Accessing the Employer Accident Report

1. Using your internet browser of choice, go to <https://froi.yorkrisk.com>.
2. Login with your username and password. Anonymous users select “Continue without Logging in”.

The “Continue without Logging in” choice is designed to direct forms for approval to the authorized HR representatives with responsibility for particular employer locations. No claims are created unless approved by authorized representatives. Your organization may elect to utilize this workflow to expand use while retaining centralized oversight. Please check with your HR department for further guidance.

The screenshot shows the login page for the York Employer Accident Report Portal. At the top left is the 'york.' logo. At the top right is an information icon and a 'LOGIN' link. The main heading is 'Welcome' followed by the text 'Welcome to the York Employer Accident Report Portal.' Below this is a link for 'Continue without Logging in:'. A yellow callout box points to this link, stating: 'If your organization uses Anonymous form initiation. Forms submitted will be added to an approval queue for an authorized HR representative.' Below the link is the 'LOGIN' section with 'USERNAME:' and 'PASSWORD:' labels and corresponding input fields. Below the password field is a 'Forgot password?' link. At the bottom is a 'LOGIN' button. A second yellow callout box points to the 'LOGIN' button, stating: 'Authorized HR representatives should log in here with credentials supplied by York. Once logged in, you may submit claims and approve forms from anonymous users.'

Anonymous User: A user that accesses the form without logging in. No access is received other than a blank form and ability to select an employer location to direct a form to an authorized logged in user (Approver).

Approver: A user logged into the site has authority to approve a new claim creation for the employer locations authorized for their account. Approvers are notified if Anonymous users submit a form to the approval queue for their employer location(s).

The Form

Upon logging in, a new blank FROI form is presented with navigational options arranged at the top.

Note: Anonymous users accessing the form will see only a blank form with no options other than a Submit button at the bottom of the form and the New Form link to start a new blank form.

Logged in users will also see the Drafts, Approvals, and History options.

Sample Blank Form

York Employer Accident Report Portal

[EDIT FORM](#) | [VIEW FORM AS TEXT](#)

* Indicates a required field.

The following recipients will automatically receive a copy of this submission.

marge.simpson@yorkisg.com

Email address to receive copy of this submission. Separate multiple email addresses with a comma.

Employer Information

Agency *

Employer Case Number
(if applicable)

Location (if different from mailing address)

Address

City

State

ZIP

Can be used by the agency to record the agency's own unique record number for the accident.

Employee Information

ID Type Code *

Personal ID Number *

Last Name *

First Name *

Middle Initial

Employee ID

Phone (home)

Phone (work)

Phone (cell)

Email

Preferred Communication

Sex *

Number of Dependents

Address *

City *

State *

Zip *

Date of Birth *



Marital Status *

Employment Status *

Date of Hire *




Occupation at time of injury or illness *

NCCI occupation classification *

Time and Place of Accident

Postal ZIP code where injury occurred *

Date of injury *

Hour of injury *

Time began work

Date of incapacity

Hour of incapacity

Was employee paid on day of injury *

 ▼


Date injury or illness reported *

Person to whom reported

Name of other witness

If fatal, give date of death

Type of claim *

 ▼ 

Has employee lost time from work *

 ▼

Probable length of disability

Nature and Cause of Accident

Describe fully how injury or illness occurred *

(5 0 0 C H A R A C T E R S)

Cause of injury *

Nature of injury or illness *

Parts of body affected *

Machine, tool, or object causing illness or injury *

Initial Treatment *

Physician Name

Address

City

State

ZIP

Hospital or Clinic Name

Address

City

State

Zip

Were safety regulations violated

Was a drug/alcohol screening performed

Was a 3rd party responsible for injury

Does employee have VSDP coverage

Does employee have State Health Insurance

Comments to carrier claim staff

(5 0 0 C H A R A C T E R S)

Preparer Information

Prepared by (Name, Title)

Marge Simpson

Date



Phone (home)

Phone (work)

(315) 444-5555

Phone (cell)

Email

marge.simpson@yorkisg.com

Preferred Communication



Approver Information

Approved by (Name, Title)

Marge Simpson

Phone (work)

(315) 444-5555

Email

marge.simpson@yorkisg.com

Preferred Communication



Attachments

File Size Limit: 100MB

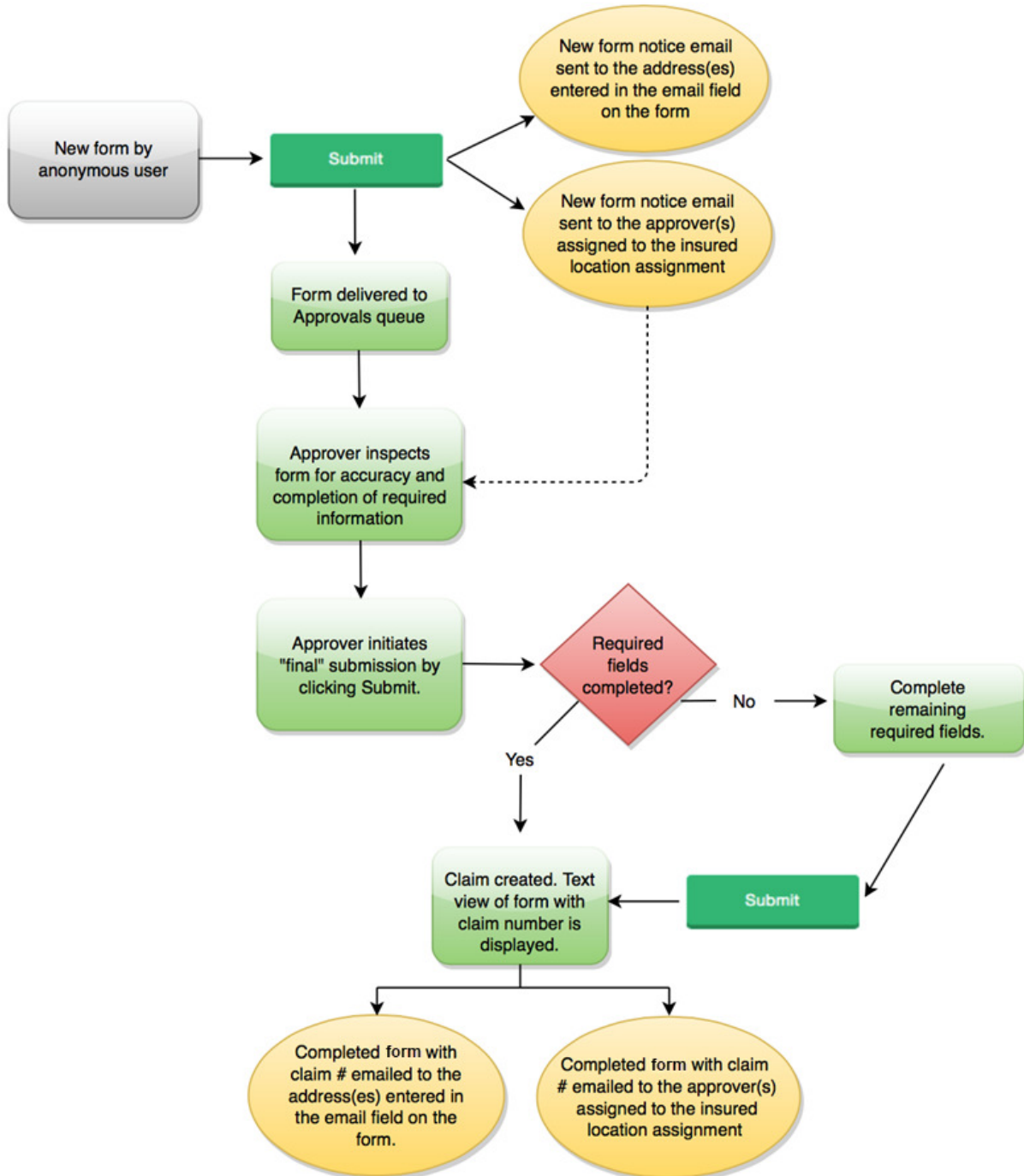
Add ...

[Save as Draft](#)

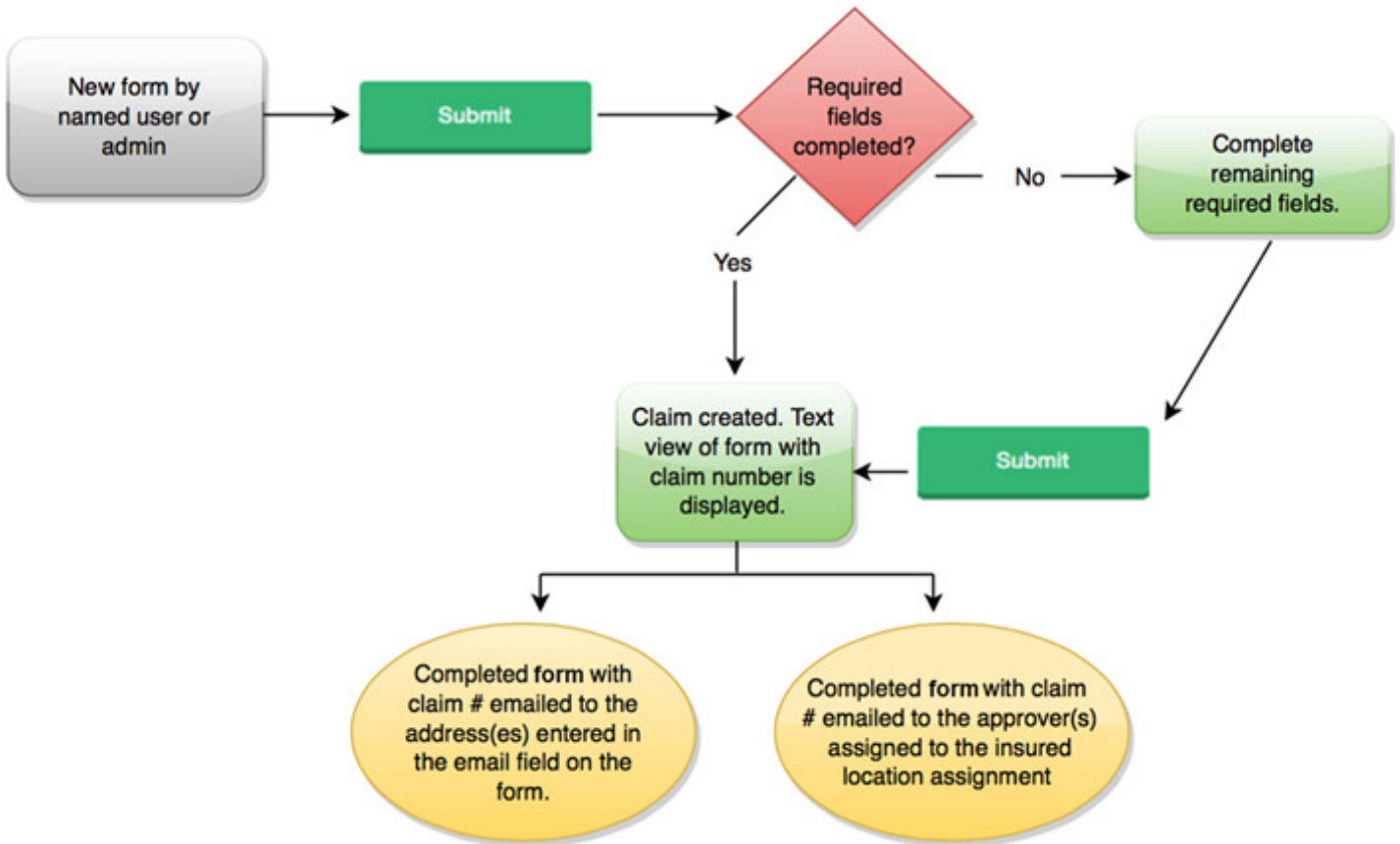
Submit

Form Submission and Claim Creation Workflows

Anonymous User:



Named User/System administrators:

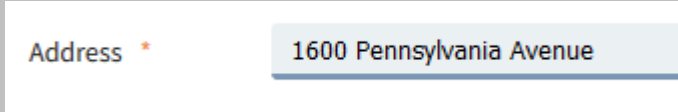
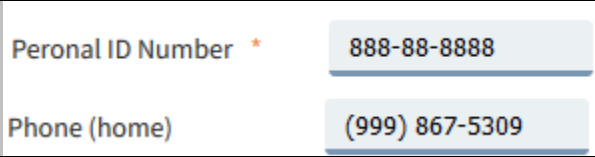
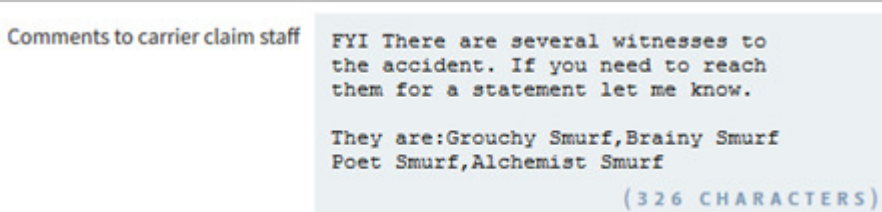


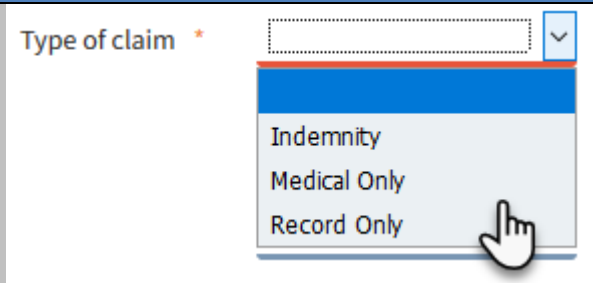
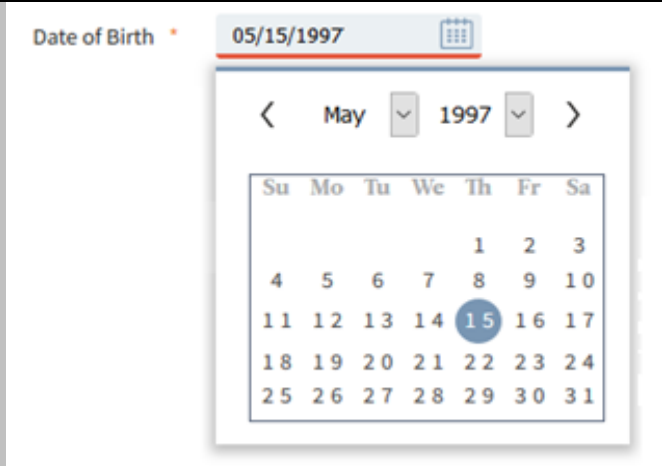
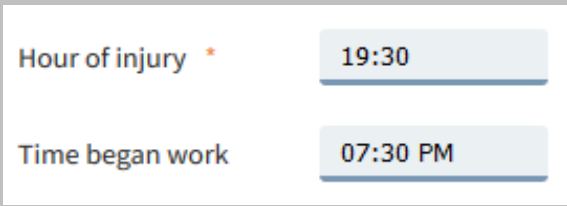
Using the FROI - Filling Out the Form

The following field types and/or features are contained in the form:

- **Free form alphanumeric text field (short):** Single line short length for text or numbers such as name, address, etc.
- **Numerical field:** Single line field expecting a number such as Zip Code, Telephone, Number of Dependents, etc. Information that is normally displayed with formatting, such as dashes in phone numbers or social security numbers, and can be entered without the dashes.
- **Free form alphanumeric text field (Long):** Fields designed for long narrative text. Namely the description of accident and the comments to claim staff. These fields allow text wrap to view the content you are typing in paragraph form.
- **Drop-down Menu Selections:** Type the characters in sequence to move directly to that point in the selection list. Pausing between characters will restart the movement within the list. Up/down arrows and mouse can be used to navigate.
- **Date Fields:** When the user clicks in a date field, a calendar picker is displayed. The user can select the desired date from the picker or enter the date into the field in a MM-DD-YYYY format. Dates are also checked for reasonableness. For example, Date of Birth must be prior to the Date of Hire and Lost Time and Return to Work dates cannot predate the Date of Injury.
- **Time fields:** The time fields also require a valid time format. The time fields are flexible and will allow variations on time formats such as HH:MM (in military/24 hour time) as well as HH:MM AM/PM. Note: If you are not intending to use 24 hour (military) time, you MUST INCLUDE AM/PM.
- If you are intending to use 12 hour (AM/PM) time and you are entering an afternoon or evening time, you must include the “PM” value or it will be assumed to be morning according to 24 hour time.

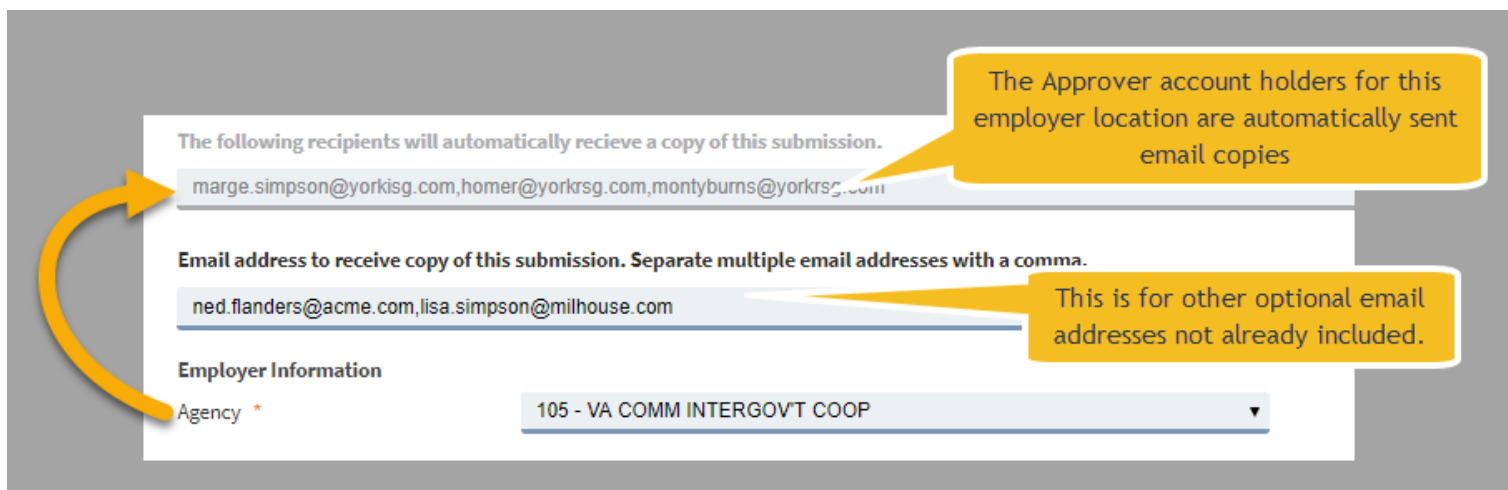
See the addendum section “[Menu Items and Buttons](#)” for a list of the user interface links within the FROI application.

Type of Field	Sample
<p>1. Free form alpha-numeric text field (short):</p> <ul style="list-style-type: none"> • You can type freely within these fields. • You can copy and Paste in these fields. 	
<p>2. Numerical field:</p>	
<p>3. Free form alpha-numeric text field (long):</p>	

Type of Field	Sample
4. Drop-down Menu Selections	
5. Date Fields	
6. Time	

Email Copy Field

The top of the form shows what mail accounts will receive email copies of the form and allows you to enter additional addresses. The automatic list at the top is controlled by which employer location is selected. The second field allows you to add your own.



The following recipients will automatically receive a copy of this submission.

marge.simpson@yorkisg.com,homer@yorkrsg.com,montyburns@yorkrsg.com

Email address to receive copy of this submission. Separate multiple email addresses with a comma.

ned.flanders@acme.com,lisa.simpson@milhouse.com

Employer Information

Agency * 105 - VA COMM INTERGOV'T COOP

The Approver account holders for this employer location are automatically sent email copies

This is for other optional email addresses not already included.

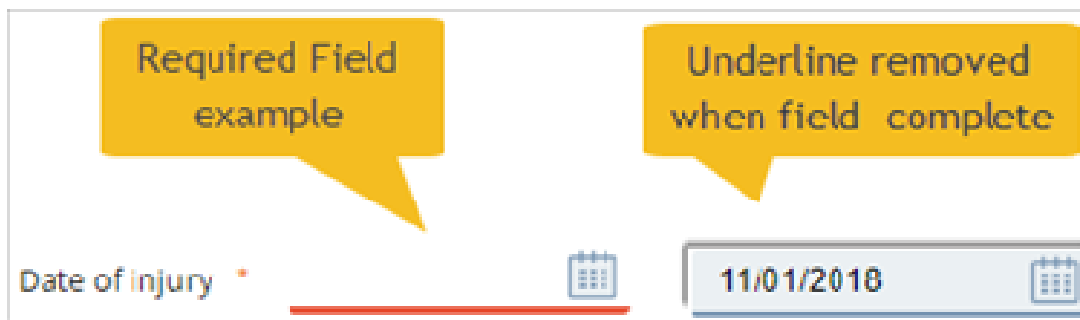
Required Fields

The FROI form contains about 87 fields. 33 fields are required for claim creation.

Only 5 of these are required for form creation by an Anonymous user. All 33 required fields, which are marked with an asterisk (*), must be completed before a claim can be created via approval by an account holder.

Invalid content in a field will be treated as an empty field and remain incomplete until corrected. This will typically occur in fields with specific formats such as date, time or SSN.

Some fields are necessary for setting up a workers' compensation claim. Additionally, state commissions mandate some fields. For compliance with data requirements and claim handling efficiency, the application will present a warning message if a required field is missing or invalid.



Required fields are marked with an orange asterisk (*) and underlining. There are few anonymous user required fields and several additional fields required of the Approver.

Personal ID Number and Type

All claims require a personal identification number for the injured worker. This is usually the Social Security Number of the injured employee. The Workers' Compensation Commission accepts five types of identification. The FROI form includes a selection list of these five types. The social security number choice allows 9 numerical digits and the other choices allow 15. Both ID Type and Personal ID number are required fields prior to claim creation by an Approver.

Employee Information

ID Type Code

Select an ID type

Personal ID Number

S - Employee Social Security Number
A - Employee ID assigned by Jurisdiction
E - Employee Employment Visa
G - Employee Green Card
P - Employee Passport Number

Employee Information

ID Type Code

S - Employee Social Security Number

Personal ID Number

123-45-6789

NCCI Occupation Classification

Commonwealth of Virginia employee job titles have been uploaded as a customized list for Commonwealth FROI users. Each job title is assigned to a specific NCCI occupation classification.

There is now no need to search for a national Council on compensation Insurance (NCCI) code. It will automatically complete when the job title is selected. See examples.

Occupation at time of injury or illness

RN (Registered Nurse)

NCCI occupation classification

Hospital: Professional Employees

NCCI classification automatically completes for job title

Occupation at time of injury or illness

VSU Asst Vice Pres Std Affairs

NCCI occupation classification

College: Professional Employees and Cleric

Example #2 for College staff

Initial Treatment Required Field

A code identifying the extent of medical treatment received by the employee immediately following the accident.

Initial Treatment *

A screenshot of a web form showing a dropdown menu for 'Initial Treatment'. The menu is open, displaying a list of six options with their corresponding descriptions. The options are: 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; and 05 - Future major medical/lost time anticipated.

Choices:

Choices:	Description
0 = No medical treatment	
1 = Minor on-site remedies by employer medical staff	First Aid
2 = Minor clinic/hospital med remedies/testing	Doctor's office / Urgent Care Center /Clinic other than emergency room
3 = Emergency evaluation, diagnostic testing, and medical procedures	EMERGENCY ROOM
4 = Hospitalization greater than 24 hours	Admitted to the hospital overnight
5 = Future major medical/Lost time anticipated (i.e. hernia case)	Do not use for initial FROI submission.

Preparer and Approver information

There are sections for the anonymous user and the logged in Approver to indicate communication preference and list their contact information. Approver contact information is already established via their login account.

For the anonymous user to fill out.

Preparer Information

Prepared by (Name, Title)

Date

Phone (home)

Phone (work)

Phone (cell)

Email

Preferred Communication

Only appears for the Approver user logged in.

Approver Information

Approved by (Name, Title)

Phone (work)

Email

Preferred Communication

Name, Phone and email are already known and pre-filled.

Tell us your communication preference

- Email
- Phone Work
- Email

Anonymous User Submitting New Form for Approval

When starting a new form, the initial submission should be as complete as possible. Fill out the form to the best of your ability so that it is as complete as possible.

Once complete, click the “Submit” button. Assuming the required fields are populated and no validation errors exist, submissions by named users and system administrators do not go through the approval process. For anonymous users, however, their submission will need to be approved by a user assigned to the particular insured location assignment.

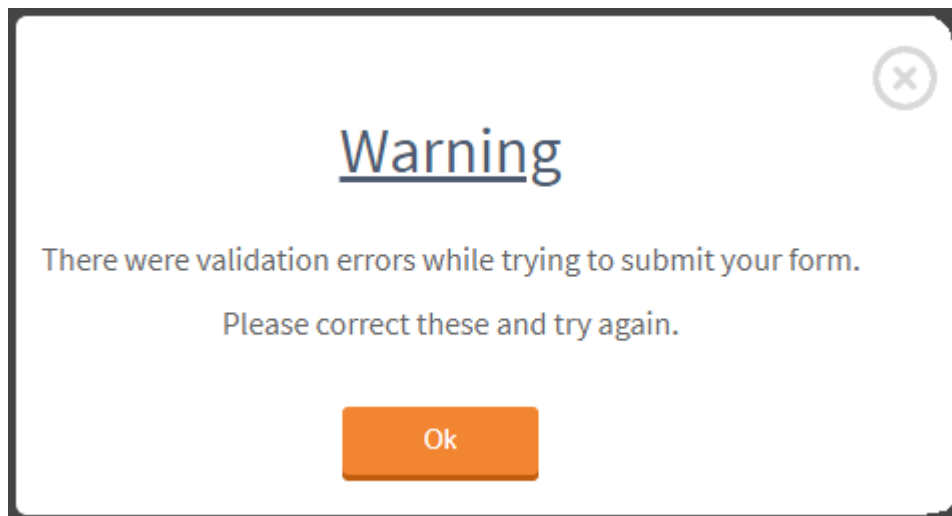
Agency Selection

Agency Selection is **mandatory** for initial submission. The Agency/Sub-Agency/Department/Sub-Department selection serves two functions:

- It assigns the FROI form to the correct Approver(s) and assigns the claim to the proper employer location.
- Allows correct Approver(s) to receive the form, which is necessary for the 2nd submission to take place.

Failure to Select an Agency

The application will not allow you to submit a form without choosing an Agency location. Below is an example of the message the user will receive if a submittal is attempted without selecting an Agency.



A more detailed message is displayed on the form:

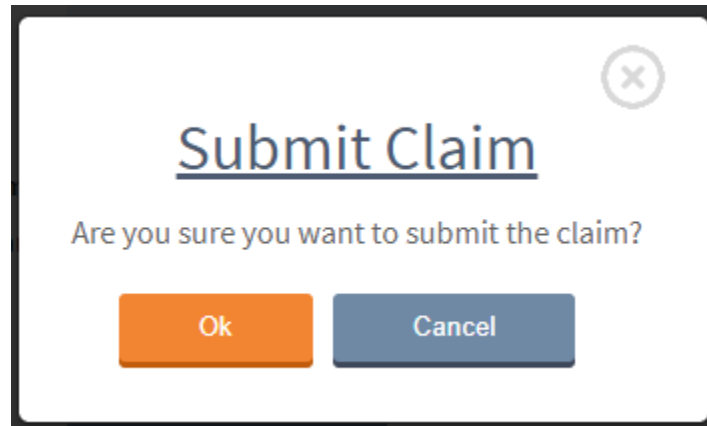
Agency *

Agency is a required field.

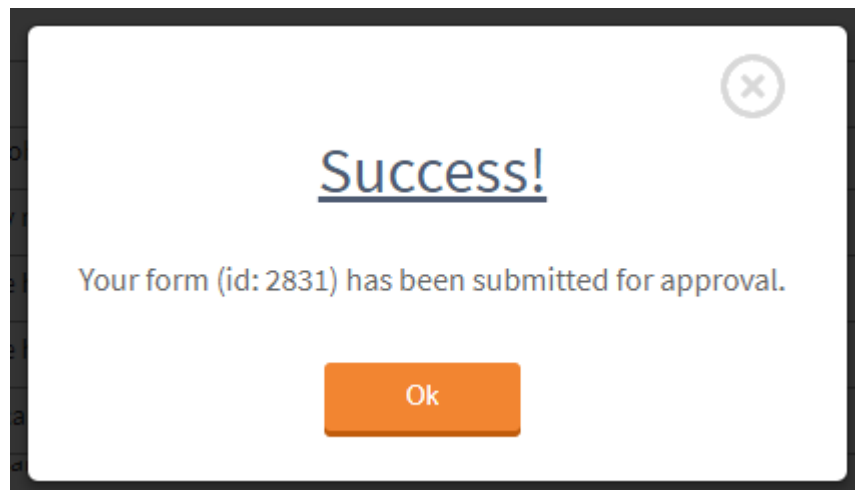
Successful Agency Selection

The Agency selection will display Sub Agency and Department levels where they exist. If your agency is a single level then the additional selections are not enabled. Logged in users assigned to a particular set of Agencies will only see those agency locations they are assigned to.

Forms submitted by anonymous users are moved to the “Approvals” queue upon initial submission. Forms submitted by Approver users are converted to Claim status if all required fields pass validation.



Anonymous user successful submission:



When the initial submission occurs, an email is sent to the approver(s) assigned to the particular insured location assignment.

Approval and Submission by Authorized Users

Counts, in the form of badging, are displayed for Drafts and Approvals and represent the number of items within their respective queues.

york. [NEW FORM](#) DRAFTS 20 APPROVALS 30 HISTORY Hi Marge! [LOGOUT](#)

York Employer Accident R

You have 20 Drafts and 30 Approvals waiting!

[EDIT FORM](#) | [VIEW FORM AS TEXT](#)

Indicates a required field.

The following recipients will automatically receive a copy of this submission.

marge.simpson@yorkisg.com

Email address to receive copy of this submission. Separate multiple email addresses with a comma.

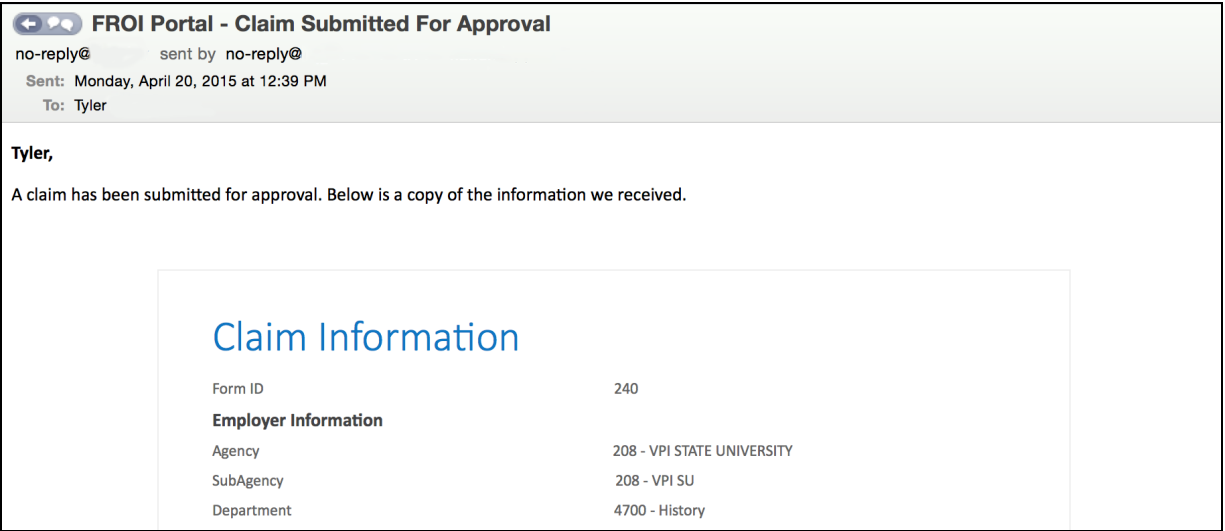
Employer Information

Agency *

Employer Case Number (if applicable)

Approvers will be notified of a pending submission requiring approval in two ways:

1. Emails are sent to the approvers assigned to the particular insured location assignment.



2. Approval Pending count on screen header when logged in.



When the Approver logs in, they will see a count indicator on the Approvals icon if there are any pending items for them to review. APPROVALS 30

Click the **Approvals** menu item at the top of the screen. A list of documents matching the counter displayed on the Approvals menu item will be displayed on the Approvals page, along with the following information.

Approver User – Approval Ownership

Each Employer, Agency, Sub agency, Department, etc., may have one or more Approvers designated to create claims for that location. If an anonymous user submits a form, these Approvers will receive email messages announcing the pending form.

If an eligible Approver opens, updates and saves the form, other users with the same approval permissions will still be able to see and edit the form. This allows all Approvers of the same agency, sub-agency, etc. to view, open and modify a report without taking exclusive ownership.

A list of Approval pending documents is displayed with several columns indicating the subject of the form and who created or changed the form. The rows are highlighted as you pass over them with a mouse and action buttons are displayed for form management.

#	Subject	Initiated By	Initiated On v	Modified By	Modified On	Action
2821	sdfsdf, sdfsdf 01/01/1987	Anonymous	11/15/2018 8:51 AM	covmargesimpson	11/15/2018 2:11...	
2806	Smurf, Herbivore 01/01/2018	Anonymous	11/9/2018 2:33 PM	Anonymous	11/9/2018 2:33 PM	Open Delete
2799	smurf, Paperboy 10/01/2018	Anonymous	11/9/2018 1:12 PM	Anonymous	11/9/2018 1:12 PM	
2798	Smurf, VP 10/01/2018	Anonymous	11/8/2018 3:05 PM	Anonymous	11/8/2018 3:05 PM	

- **#:** The unique system-generated identification number.
- **Subject:** This is the *Last Name, First Name, and Date of Injury* as entered on the form.
- **Initiated By:** Anonymous will be displayed.
- **Initiated On:** The date and time that the FROI was created.
- **Modified By:** The user that last changed/saved this form.
- **Modified On:** The date and time that the form was last changed/saved.
- **Action:** When the user clicks on a row in the table, this column displays Open and Delete buttons.

SORTING:



Column may be sorted by clicking on the column header. Column sort is indicated by symbols in the header.

SEARCHING:

There is a search field at the upper right hand corner of the screen to search for forms by any of the visible column elements. For example, you can search for any subject with the name "Smith" or one of the dates in the table.

Autofill Employee Information

Logged in Approvers may use the Autofill feature to load injured employees' personal information without typing. If an injured employee has a prior injury report submitted through this application, the last set of personal information is retained and available to use by the Approver user to load to the form.

1. Select an ID Type Code. e.g.: "Social Security Number"
2. Enter a Personal ID Number
3. Click on the Autofill link that appears next to the ID number.

The screenshot shows the 'Employee Information' section of a form. It contains two input fields: 'ID Type Code' and 'Personal ID Number'. The 'ID Type Code' field has a dropdown menu with 'S - Employee Social Security Number' selected. The 'Personal ID Number' field contains '123-45-6789'. To the right of the 'Personal ID Number' field is a red 'Autofill' link. A hand cursor is pointing at the 'Autofill' link. Three numbered callouts (1, 2, 3) are placed over the dropdown, the input field, and the 'Autofill' link respectively. A yellow callout box with a pointer to the 'Autofill' link contains the text: 'Select Autofill after providing ID Type and ID Number'.

If the ID number has previously been used to create a claim, the most recent set of Employee Information from the last claim submission will be displayed in a new window.

Scroll through the window to review the content. You cannot edit the fields in the pop-up window since it is showing the last completed form content.

If you would like to use the content displayed, select Ok at the bottom of the window. The content will be copied to the current form you are working on. You may now edit the copied contents of the employee information in your form.

Note: Any content in the Employee Information section prior to copying the Autofill results will be overwritten by the Autofill content.

The screenshot shows a pop-up window titled 'Here is the information from the last claim for this employee'. Below the title is a subtitle: 'Click Ok to use this information in your form.' The window contains a form with the following fields: 'ID Type Code:' with a dropdown menu showing 'S - Employee Social Security Number'; 'Personal ID Number:' with the value '123-45-0789'; 'Last Name:' with the value 'Smurf'; 'First Name:' with the value 'Clown'; and 'Middle Initial:' with the value 'G'. At the bottom of the window are two buttons: 'Ok' (orange) and 'Cancel' (blue). A close button (X) is in the top right corner.

The image displays two versions of an 'Employee Information' form side-by-side. The left form is mostly empty, while the right form is filled with data. A large yellow arrow points from the left form to the right form, with the text 'Autofill from last claim submitted' written across it.

Field	Left Form (Empty)	Right Form (Filled)
ID Type Code	S - Employee Social Security Number	S - Employee Social Security Number
Personal ID Number	123-45-6789	123-45-6789
Last Name		Smurf
First Name		Clown
Middle Initial		G
Employee ID		47474747474
Phone (home)		(111) 111-1111
Phone (work)		(222) 222-2222
Phone (cell)		(333) 333-3333
Email		clown.smurf@ysmurf.com
Preferred Communication		Phone Cell
Sex		Male
Number of Dependents		4
Address		564 Main
City		Richmond
State		Virginia
Zip		23220
Date of Birth		06/08/1956
Marital Status		Married
Employment Status		Full Time
Date of Hire		04/12/1990
Occupation at time of injury or illness		DPB Intern
NCCI occupation classification		Clerical Office Employees Noc

Saving an Un-Submitted Form for Later Submission


If you have made changes to a form and wish to leave it prior to submission, make sure to click the “Save” option (not available for anonymous users) at the bottom of the form. An auto-save feature has also been added that saves a form every three minutes. Otherwise, if you click on any of the menu options, or close the application, the changes made will not have been saved.

Saving a form retains it in the queue where it currently resides.

Drafts

Approval level users may create a new original form and save it before submitting for claim creation. These forms are saved as drafts in the Draft queue. They may be accessed at a later date in the Drafts queue.

Claim Creation

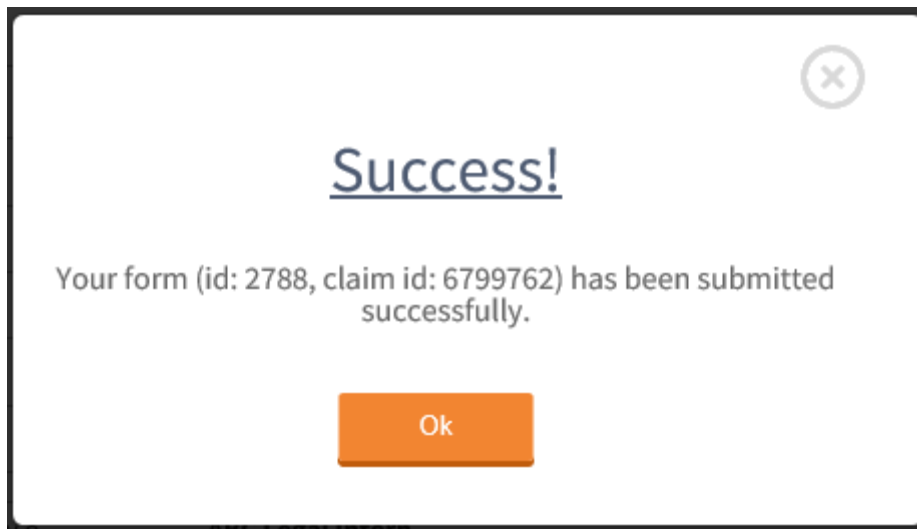
When an Approver clicks , a claim will be created if all required fields have been completed and there are no other validation errors.

If all requirements for claim creation are met, a claim number is generated immediately upon submission. Upon creation, the form with claim number will be presented in text format. The text may be copied from the screen or downloaded in PDF format.

The claim form content may also be reviewed later within the History list. (See History Documents section of this document)

Remember – The process is not complete until you have received a claim number.

Success message:



Form displayed as text after successful submission:

[ADD ATTACHMENTS](#)

[VIEW FORM AS TEXT](#)

Claim Information

Email addresses to receive copy of this submission.

marge.simpson@yorkisg.com

Form Information

Form ID **2788**

Claim ID **6799762**

Submitter Email marge.simpson@yorkisg.com

Employer Information

Agency **701 - DEPARTMENT OF CORRECTIONS**

Employer Case Number

Address

City

State

ZIP

Employee Information

ID Type Code **P - Employee Passport Number**

Personal ID Number *********

Last Name **Smurf**

First Name **JJ**

Middle Initial

Final Claim Form Email

When a claim is created, an email is sent to the Approver of the claim, other Approver account holders for that location and to any addresses entered by the user(s) in the email address field at the top of the form.

- The email message contains the entire FROI form as text.
- It is the same format and content displayed from the "view form as text" button.
- You may archive the email in your email program.
- You can save the email as an independent document outside your email.
- The message can be printed from your email application.
- The content can be copied and pasted as needed.

FROI Portal - Claim Submission Confirmation - 6791919 - 03/01/2018 - Carnivore Smurf



Inbox x Accounts payable x

no-reply@yorkrsg.com

Nov 9, 2018, 2:44 PM (7 days ago)



Marge,

We have received your claim submission. Below is a copy of the information we received, for your records.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim.

Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation.

To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: <http://www.covwc.com/InjuryTypeChecklists>

Claim Information

Form Information

Form ID	2805
Claim ID	6791919
Claim Intake Number	201811091944514171
Submitter Email	marge.simpson@yorkrsg.com

Employer Information

Agency	701 - DEPARTMENT OF CORRECTIONS
--------	---------------------------------

Link to Post Accident Checklists in Email

The claim acknowledgment email received by the submitter and other eligible Approvers linked to the organization, contains a link to a checklist designed to assist with preparation for data requests arising from claim investigation.

Depending on the type of accident, the assigned benefit coordinator (BC) may need additional information to complete their compensability decision on the claim.

Click on the link below for checklists of the most common types of information the BC may need in order to complete their investigation.




To get a jump-start on the process and cut down on phone calls and emails, consult the appropriate checklist and forward the needed information as soon as possible.

Checklist Link: <http://www.covwc.com/InjuryTypeChecklists>



CONTENT

- Virginia Learning Center
- Frequently Asked Questions
- Injury Type Checklists**
- Social Media Networks
- Helpful Links
- Tips for Teamwork
- Newsletters

Injury Type Checklists

[check*list (noun); plural (noun): checklists, a list of items required, things to be done, or points to be considered, used as a reminder

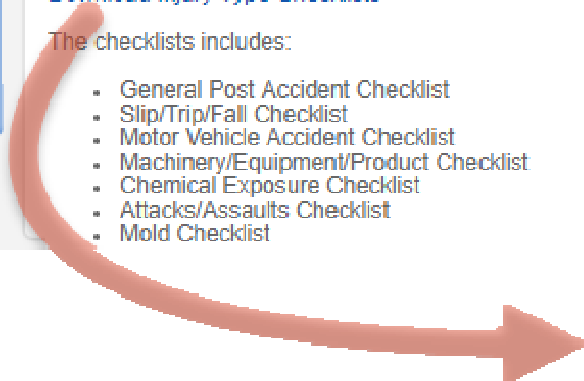
These checklists are aimed at arming you with the most common types of information the benefit coordinator will need in order to complete their investigation.

Start gathering and supplying the needed information as soon as you are made aware of the accident.




[Download Injury Type Checklists](#)

The checklists includes:

- General Post Accident Checklist
- Slip/Trip/Fall Checklist
- Motor Vehicle Accident Checklist
- Machinery/Equipment/Product Checklist
- Chemical Exposure Checklist
- Attacks/Assaults Checklist
- Mold Checklist



M C I Checklist of Information Needs
MC INNOVATIONS from Agency by Claim Type

<p>Chemical Exposure</p> <p>Provide an account of the type of chemical exposure.</p> <p>What substance was the agent?</p> <p>What was the exposure to?</p> <p>How often and for how long?</p> <p>What was the exposure to?</p> <p>What was the exposure to?</p> <p>What was the exposure to?</p>		✓
<p>Attacks/Assaults</p> <p>Provide an account of the incident.</p> <p>What was the nature of the incident?</p> <p>What was the nature of the incident?</p> <p>What was the nature of the incident?</p> <p>What was the nature of the incident?</p> <p>What was the nature of the incident?</p>		✓
<p>Mold</p> <p>Provide an account of the mold exposure.</p> <p>What was the nature of the mold exposure?</p> <p>What was the nature of the mold exposure?</p> <p>What was the nature of the mold exposure?</p> <p>What was the nature of the mold exposure?</p>		✓

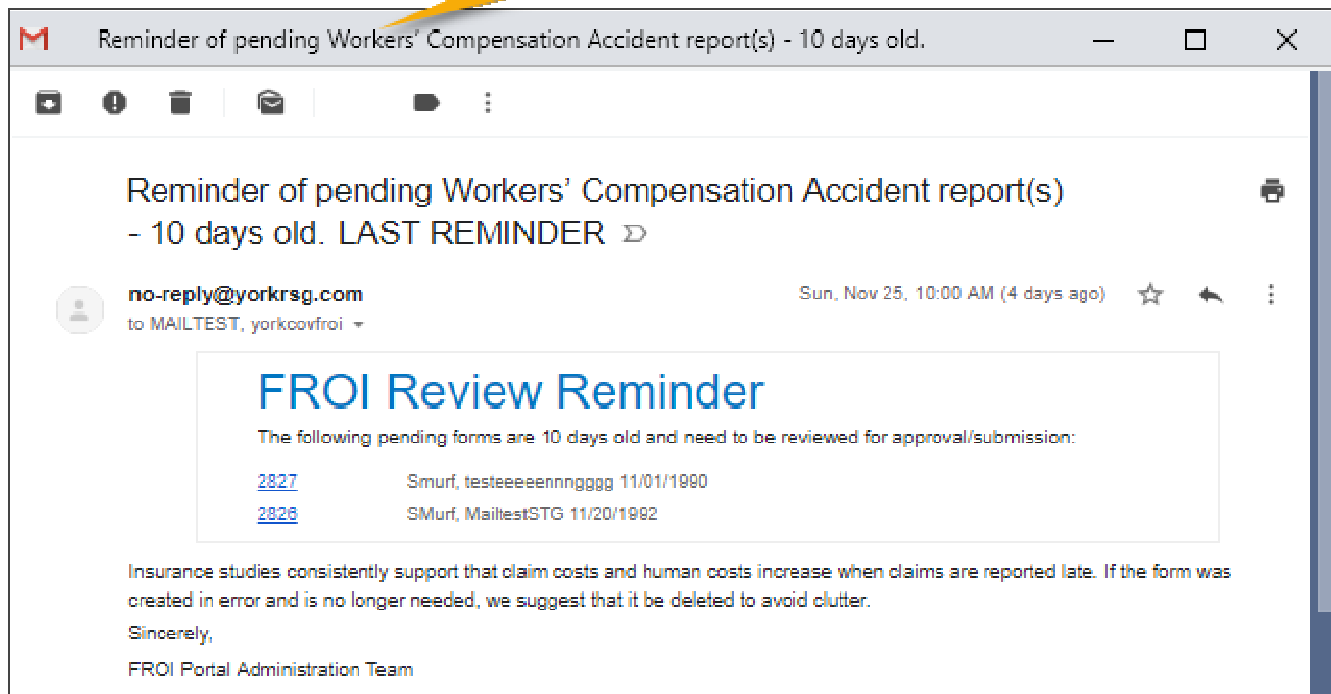
Reminder Emails for Outstanding Forms in Approval Queue

Approvers with rights to a location will receive a limited number of reminder emails at specified intervals. This is in addition to the initial notification of a pending form submitted by an anonymous user for approval.

- 3 Days after submission for approval
- 7 Days after submission for approval
- 10 Days after submission for approval (This is the final reminder)

Forms left in approval queue will remain there indefinitely. Insurance studies consistently support that claim costs and human costs increase when claims are reported late. If the form was created in error and is no longer needed, we suggest that it be deleted to avoid clutter.

Reminder email



Form Management

Employer Accident Report

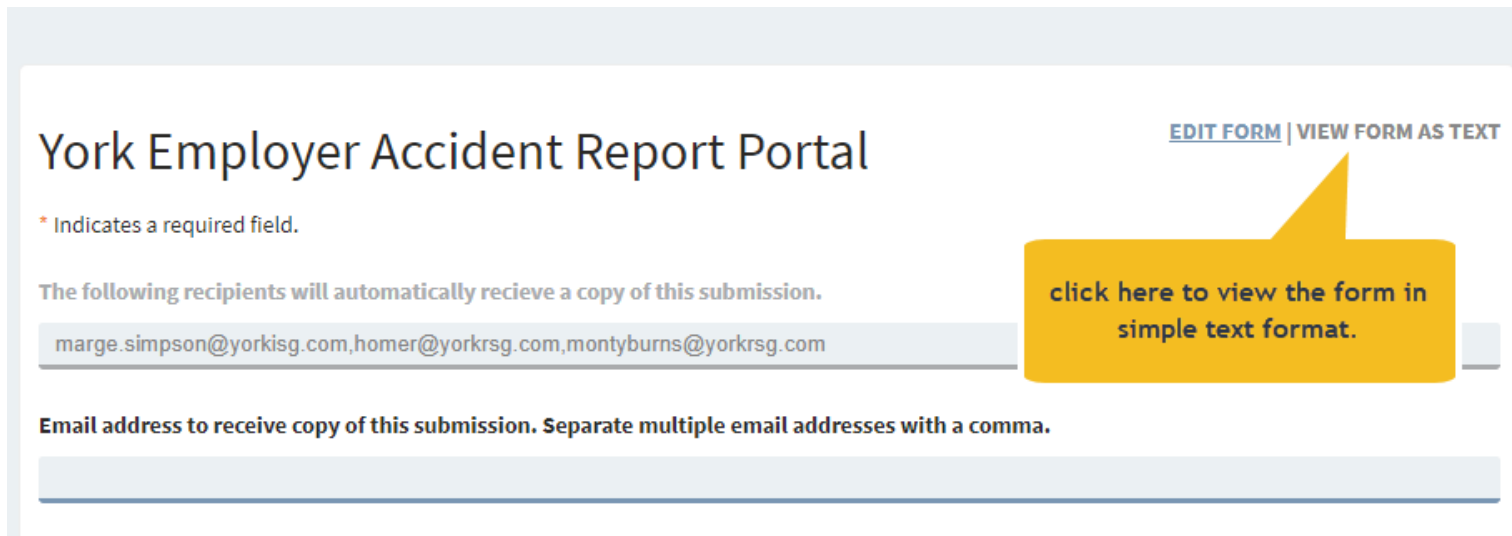
Viewing the Form as Text

You can view a form in text format via the “View Form as Text” option. This is available when a form is open or when the Draft, Approval or History queues are open. Every data entry field completed is displayed in a table format, although some fields are masked with asterisks for security purposes. The complete form is presented by section in plain text.

Notable features:

- No additional software or program required to display.
- Content may be copied and pasted by user.
- Every data entry field completed is displayed in a table format (some fields are masked with asterisks for security purposes).

The View Form as Text option is displayed in the top right of the form:



The screenshot shows the 'York Employer Accident Report Portal' interface. At the top right, there are two links: 'EDIT FORM' and 'VIEW FORM AS TEXT'. A yellow callout box points to the 'VIEW FORM AS TEXT' link with the text 'click here to view the form in simple text format.' Below the header, there is a legend: '* Indicates a required field.' A section titled 'The following recipients will automatically receive a copy of this submission.' contains a text input field with the email addresses 'marge.simpson@yorkisg.com,homer@yorkrsg.com,montyburns@yorkrsg.com'. Below this, there is another text input field with the instruction 'Email address to receive copy of this submission. Separate multiple email addresses with a comma.'

Form as Text Example:

[EDIT FORM](#) | [VIEW FORM AS TEXT](#)

Claim Information

Email addresses to receive copy of this submission.

marge.simpson@yorkisg.com

homer@yorkrsg.com

montyburns@yorkrsg.com

Form Information

Form ID **2806**

Submitter Email

Employer Information

Agency **105 - VA COMM INTERGOV'T COOP**

Employer Case Number **8967574753222**

Address

City

State

ZIP

Employee Information

ID Type Code	E - Employee Employment Visa
Personal ID Number	*****
Last Name	Smurf
First Name	Herbivore
Middle Initial	h
Employee ID	354345435t33
Phone (home)	(777) 777-7777
Phone (work)	(888) 888-8888
Phone (cell)	(999) 999-9999
Email	herb.smurf@gmail.com
Preferred Communication	
Sex	Male
Number of Dependents	
Address	3453 fgffh
City	hghgfhfgh
State	Indiana
Zip	*****
Date of Birth	*****
Marital Status	Separated
Employment Status	Part Time
Date of Hire	02/11/1999
Occupation at time of injury or illness	AAG/Associate System Counsel
NCCI occupation classification	Attorney-all Employees and Clerical, Messe

Time and Place of Accident

Postal ZIP code where injury occurred	23220
Date of injury	01/01/2018
Hour of injury	08:00
Time began work	
Date of incapacity	
Hour of incapacity	
Was employee paid on day of injury	Yes
Date injury or illness reported	11/01/2018
Person to whom reported	Papa Smurf
Name of other witness	Smurfette
If fatal, give date of death	
Type of claim	Medical Only
Has employee lost time from work	Yes
Last day worked after the injury	01/01/2018
Has employee returned to work	Yes
Type of duty	Full Duty
At what wage	same
On what date	01/03/2018
Probable length of disability	

Nature and Cause of Accident

Describe fully how injury or illness occurred	sdfdsfsdfsddgffgfg sdfgsdfgdsfg dsfg dsfg
Cause of injury	Collapsing materials (Slides of Earth)
Nature of injury or illness	Asphyxiation/Drowning /strangulation
Parts of body affected	Artificial Appliance (Brace)
Machine, tool, or object causing illness or injury	5" (charged)
Initial Treatment	02 - Minor clinic/hospital med remedies/testing
Physician Name	
Address	
City	
State	
ZIP	
Hospital or Clinic Name	
Address	
City	
State	
Zip	
Were safety regulations violated	No
Was a drug/alcohol screening performed	Yes
Result	Negative
Was a 3rd party responsible for injury	No
Does employee have VSDP coverage	Yes
Does employee have State Health Insurance	Yes
Provider	Aflack
Effective Date	02/16/1915
Comments to carrier claim staff	We're not sure who else was near the accident scene. We'll check again with the staff here and let you know if we find any other witnesses.

Preparer Information

Prepared by (Name, Title)	brainy smurf
Date	11/01/2018
Phone (home)	(804) 111-1111
Phone (work)	(556) 666-6666
Phone (cell)	(444) 455-5454
Email	BrainySmurf@gmail.com
Preferred Communication	Email

Approver Information

Approved by (Name, Title)	Marge Simpson
Phone (work)	(315) 444-5555
Email	marge.simpson@yorkisg.com
Preferred Communication	Phone Work

[Download Pdf](#)

Copy and Paste Form Contents

Contents of the text form view may be downloaded as a PDF (option is displayed at the bottom of the form when viewing as text), or copied and pasted by the user into another application. This works using conventional PC copy (CTRL + C) and paste (CTRL + V) techniques, as well as copy (Command + C) and paste (Command + V) on a Mac.

Once you paste your data into another application on your PC, you may edit or format it as needed.

Deleting a FROI

An FROI can only be deleted from the Drafts and Approvals queues. Since anonymous users do not have access to Drafts and Approvals, only named users and system administrators have the ability to delete FROIs.

Caution: The application will prompt you to confirm deletion. However, once you have clicked “Confirm” to approve the deletion, the FROI is not retrievable.

You cannot delete FROIs that have been completely submitted and have a claim #. These are contained within the History list and are permanent.

To delete the FROI, follow the steps below:

1. From the Drafts or Approvals queues, select the FROI to be deleted.

The application will display Open and Delete buttons.



2. Click the **Delete** button.
3. Verify that the intended form is selected and click **Confirm** to approve and finalize the deletion.

This form is being deleted from the Draft queue.

#	Subject	Initiated By	Initiated On	Modified By	Modified On	Action
2840	Smurf, Drummer 08/08/1988	covmargesimpson	11/21/2018 12:07	covmargesimpson	11/21/2018 12:10	
2837	.	vmargesimpson	11/21/2018 11:50	covmargesimpson	11/21/2018 11:50	
2832	gfhgfhfhg_fghfghfh 11/01/20	covmargesimpson	11/16/2018 4:23 P	covmargesimpson	11/16/2018 4:35 P	<input type="button" value="Open"/> <input type="button" value="Delete"/>
2810	.	covmargesimpson	11/9/2018 4:29 PM	covmargesimpson	11/9/2018 4:53 PM	



✕

Delete Claim

Are you sure you want to delete this claim?
This action cannot be reversed.



✕

Success!

Claim has been successfully deleted

Deletion complete.

History

All documents appear in the History queue once they have been saved or submitted. Documents that are in draft or awaiting approval will not have a claim number, while fully completed submissions will have a claim number.

The History menu item is only available to Approver users and system administrators. Those users will be able to see all reports submitted under the insured locations for which they are assigned.

History

#	Subject	Initiated By	Initiated On	Claim Id	Submitted By	Submitted On	Attachments
2841	Smurf, Barbarian 11/02/2018	covmargesimpson	11/21/2018 12:15	6799777	covmargesimpson	11/21/2018 12:15 PM	Add
2840	Smurf, Drummer 08/08/1988	covmargesimpson	11/21/2018 12:07	0			Add
2839	smurf, singer 08/08/1988	covmargesimpson	11/21/2018 11:56	6799776	covmargesimpson	11/21/2018 12:00 PM	Add
2838	smurf, singer 11/01/2018	covmargesimpson	11/21/2018 11:52	6799775	covmargesimpson	11/21/2018 11:53 AM	Add
2837	,	covmargesimpson	11/21/2018 11:50	0			Add
2836	Smurf, Scared 01/01/2018	covmargesimpson	11/20/2018 3:49 P	6799774	covmargesimpson	11/20/2018 4:48 PM	Add
2835	Smurf, Eric 11/15/2018	covmargesimpson	11/20/2018 3:35 P	6799773	covmargesimpson	11/20/2018 3:46 PM	Add
2833	Smurf, Bodybuilder 09/07/...	covmargesimpson	11/16/2018 4:43 P	6799763	covmargesimpson	11/16/2018 4:43 PM	Add
2831	Smurf, Nime 06/01/2018	Anonymous	11/16/2018 10:39	0			Add
2821	sdtsdt, sdtsdt 01/01/1987	Anonymous	11/15/2018 8:51 A	0			Add

To open a report, simply click on the appropriate row in the table. If the report has been fully submitted, the form will display as text. If the report is in draft or awaiting approval, the report will display in editable form.

Attachments and Annotations

Claim related documents and files may be uploaded at the time of claim creation. Claims listed within the History list may be accessed at a later date for uploading new documentation related to the claim. Annotations may also be loaded to a claim once it is created and listed in history.

Examples of things to upload:

- Photographs related to the accident
- Internal Accident reports
- Medical Treatment related documents
- Employee Work Profile
- Wage/Salary documents

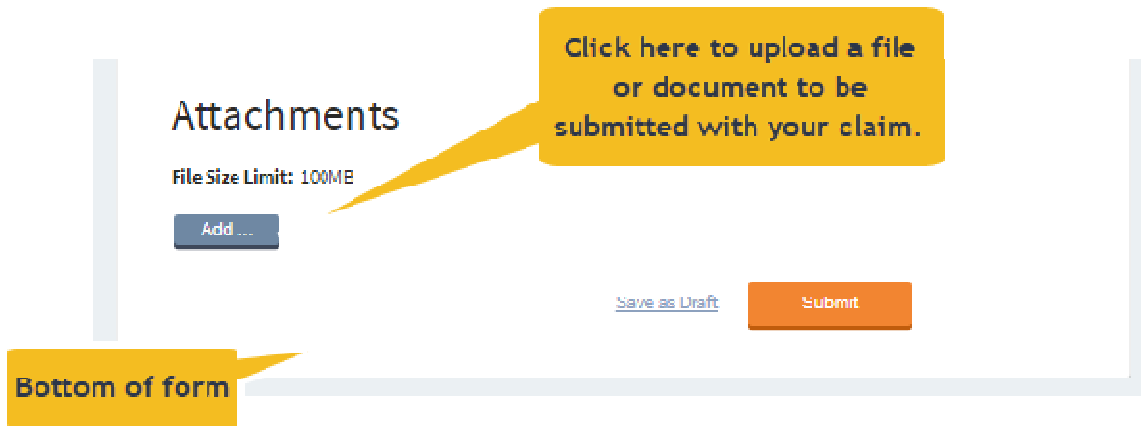
Important: Items should be individually uploaded. Do not bundle multiple types of documents or claims. For example, a medical note (s) should be uploaded and labeled as such without any non-medical notes attached. A wage worksheet being uploaded the same day should be separated and loaded on its own labeled as a wage worksheet.

The image shows two rectangular boxes side-by-side. The left box has a white background and a thin black border. It contains the word 'Attachments' in a large, dark blue font at the top. Below it, in a smaller dark blue font, is 'File Size Limit: 100MB'. At the bottom of the box is a dark blue button with the text 'Add ...' in white. The right box is identical in style and layout, but it only contains the word 'Annotations' at the top and the 'Add ...' button at the bottom.

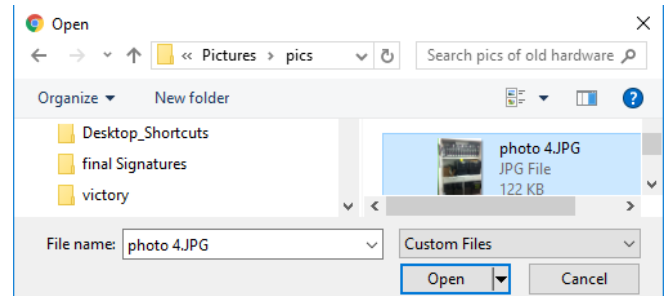
Attachment requirements: There is a size limit of 100MB per uploaded file or document. The upload service accepts most common file formats. If you attempt to upload an unsupported file format (e.g. applications), an error message will be displayed indicating what formats are supported.

Attachments at time of Claim Submission

Logged in users can submit an attachment to the claim form at time of submission. This is only available to a logged in Approver. At the bottom left side of the form there is a button to add your attachment(s).

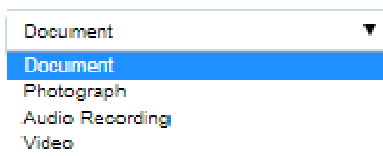


1. Click Add and Select the file you would like to upload

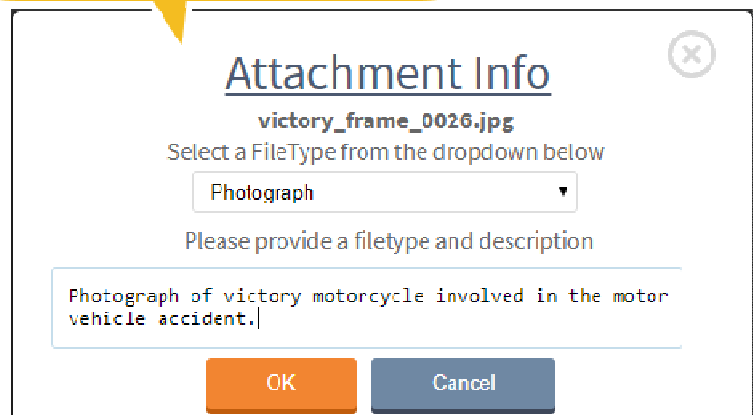


2. Select a type and provide a description of what you are uploading.

Select a FileType from the dropdown below



Example of a photo being uploaded

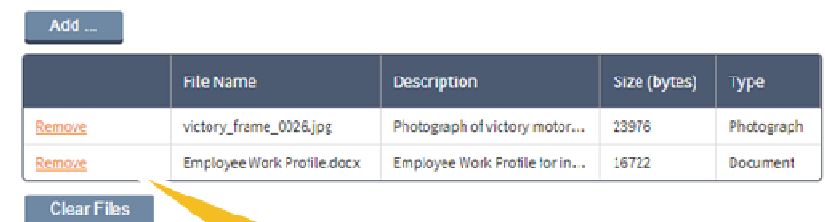


3. Your attachment(s) will be listed on the form in preparation of form submission when they will be uploaded to the claim.

Before submission, of the claim, you may manage the attachment list by adding or removing items.

Attachments

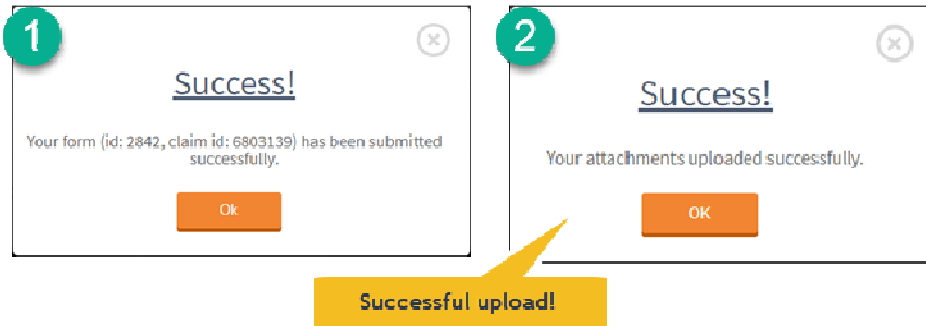
File Size Limit: 100MB



Remove one or all attachments if you change your mind before submitting.

Click Submit to create claim and load attachments.

- Clicking Submit will first create the claim and then once the claim is accepted, it will upload the attachments listed.



Attachments To Existing Claims In History

Claims that appear in your history list may be updated with new attachments or annotations. This is useful for sending claim documentation throughout the life of the claim.

History Search..

#	Subject	Initiated By	Initiated On	Claim Id	Submitted By	Submitted On	Attachments
2841	Smurf, Barbarian 11/02/2018	covmargesimpson			impson	11/21/2018 12:15 PM	Add
2840	Smurf, Drummer 08/08/1988	covmargesimpson					Add
2839	smurf, singer 08/08/1988	covmargesimpson	11/21/2018 11:56	6799776	covmargesimpson	11/21/2018 12:00 PM	Add
2838	smurf, singer 11/01/2018	covmargesimpson	11/21/2018 11:56	6799776	covmargesimpson	11/21/2018 12:00 PM	Add
2836	Smurf, Scared 01/01/2018	covmargesimpson	11/20/2018 11:56	6799776	covmargesimpson	11/20/2018 4:48 PM	Add

Displaying 1 - 10 of 530

When "Add" is selected within the History list, the form will open and scroll down to allow you to see prior attachments added as well as add new attachments and/or annotations to the claim.

The form will open and scroll to the Bottom of form where the Attachment and

Attachments

File Size Limit: 100MB

Add new documents to this claim

Add ...

Search Attachments..

File Name	Description	Size (bytes)	Type	Submitted On	Submitted By	ICE Submission
photo 4.JPG	Photo of accident scene	129200	Photograph	11/28/2018 11:22 AM	Simpson, Marge	Submitted

<<

<

Displaying 1 - 1 of 1

>

>>

Annotations

Add a text entry to the Claim file notes

Add ...

[Download Pdf](#)

Steps for adding new attachments or Annotations to an existing claim.

Attachments

File Size Limit: 100MB

Add ...

Files added to upload list but not yet uploaded to claim.

	File Name	Description	Size (bytes)	Type
Remove	Employee Work Profile.docx	employee Work Profile	16722	Document
Remove	Sound recording inside mot...	Recording of Sound inside t...	486650	Audio Recording
Remove	photo 2.JPG	Photograph of the Decibel ...	119233	Photograph

Clear Files Upload

Select to Upload these 3 files.

Search Attachments..

File Name	Description	Size (bytes)	Type	Submitted On	Submitted By	ICE Submission
photo 4.JPG	sdfdsfdfsdf	125200	Photograph	11/28/2018 11:22 AM	Simpson, Marge	Submitted

<< <

Displaying 1 - 1 of 1

> >>

Files already uploaded

Annotations

Add ...

[Download Pdf](#)

Add an Annotation.

Short Subject title

Add Annotation

Subject

Additional days out of work reported

Annotation

Mr. Smith reported that Mr Anderson was out of work last week due to his injury. He went to the doctor, but we have not received any medical note or further information. I called and left a message for Mr. Anderson.

OK

Cancel

Type the body of your text here and select "OK" to upload.

Your annotation will be loaded to the Claim notes for this injury.

Success!

Your annotation uploaded successfully.

OK

System Messages and Troubleshooting

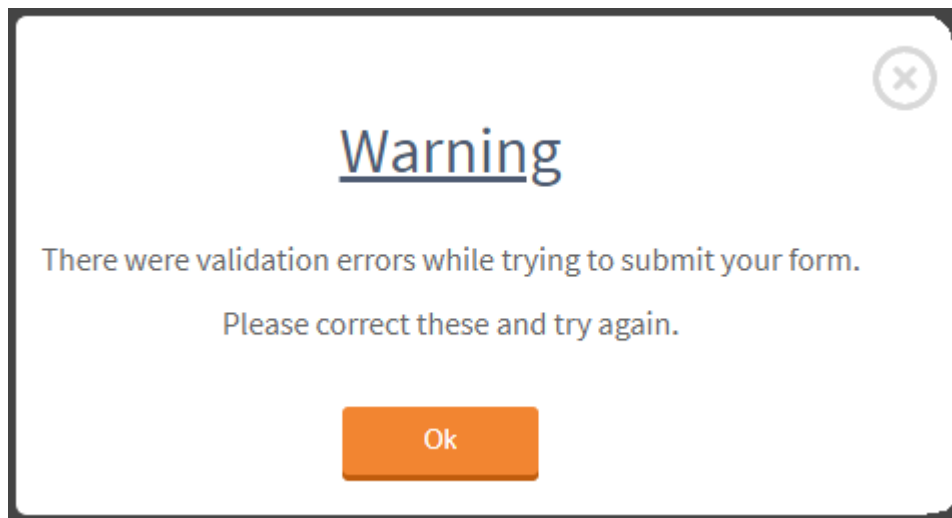
Form Validation Messages

Whenever the Submit button is selected, the contents of the form will be evaluated to make sure the required fields are complete and to also ensure that answers do not contradict each other (e.g. Injury date is before date of birth)

Required Fields Not Complete

If you attempt to submit a form with a required field not completed, the form will refuse to submit and a message will indicate you need to review the orange underlined fields.

Warning Message:



Detailed Message Displayed on Form:

ID Type Code * ID Type Code is a required field.

Peronal ID Number * Peronal ID Number is a required field.

Last Name * Last Name is a required field.

In all cases, you should complete all of the information known to you at the time of submission.

Outside the Contract Range Message

Each employer has a start and end date for coverage. If a new Agency is added or an Agency is discontinued, the dates of allowed claim coverage will reflect the start and end dates respectively.

If a claim is submitted for an injury date of 01/01/2012 but the Agency was not added until 7/1/2012, then the Injury date is "Outside the Contract Range."

In some cases an Agency may have placed an end date at the Agency level but still allows claims to be assigned for later time periods under each of the Sub Agencies within the Agency. If you see this message double check what location you are attempting to assign the claim to as well as the injury date. Check to see if you have selected a valid location for your Agency's policy configuration.

Date of injury *

11/01/2018



Date of injury must be less than the insured location 105 - VA COMM INTERGOV'T COOP expiration date 7/1/2000

Date Sequences are Invalid

The application will also verify that the event dates on the form are in a logical sequence.

For example, the date of injury cannot occur before the date of hire.

Date of Birth *	11/15/2018	
Date of birth must be less than date of hire		
Marital Status *		▼
Marital Status is a required field.		
Employment Status *		▼
Employment Status is a required field.		
Date of Hire *	11/12/2018	
Date of hire must be less than or equal to date of injury		
If fatal, give date of death	08/15/2018	
Date of death must be greater than or equal to the date of injury		
Last day worked after the injury *	10/03/2018	
Last day worked after the injury must be greater than or equal to the date of injury		
On what date *	09/06/2018	
Date employee returned to work after the injury must be greater than or equal to last day worked		

Claim Type and Lost Time from Work Agreement

The three claim types imply certain lost time and return to work scenarios. The form will automatically review the claim type and compare with the time off and return to work. If it appears there is a disagreement between the lost time and the claim type, a warning will be shown in the form of a **red highlight** of the claim type definition.

i This information pop-up describes the three claim types

Type of claim * **i** Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Sample #1 of Claim Type and Lost Time disagreement

Warning upon selection of disagreeing Type and Lost

Type of claim * **i** Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Type of claim - [Record Only] can only be used with no time lost from work.

Has employee lost time from work *

Claim validation error displayed if warning is ignored and claim submitted.

Sample # 2 of Claim Type and Lost Time disagreement

Type of claim * **i** Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected
Indemnity = Lost time > 7 days expected.

Has employee lost time from work *

Last day worked after the injury *

Has employee returned to work *

Employee has not returned to work since injury. It appears there is lost time to qualify as an Indemnity claim

Sample #3 of Claim Type and Lost Time disagreement

Type of claim * **i** Record Only = NO time lost, NO physician or hospital care.
Medical Only = Physician or hospital care; NO time lost > 7 days expected.
Indemnity = Lost time > 7 days expected.

Type of claim - [Indemnity] can only be used when time lost from work is greater than 7 days.

Has employee lost time from work *

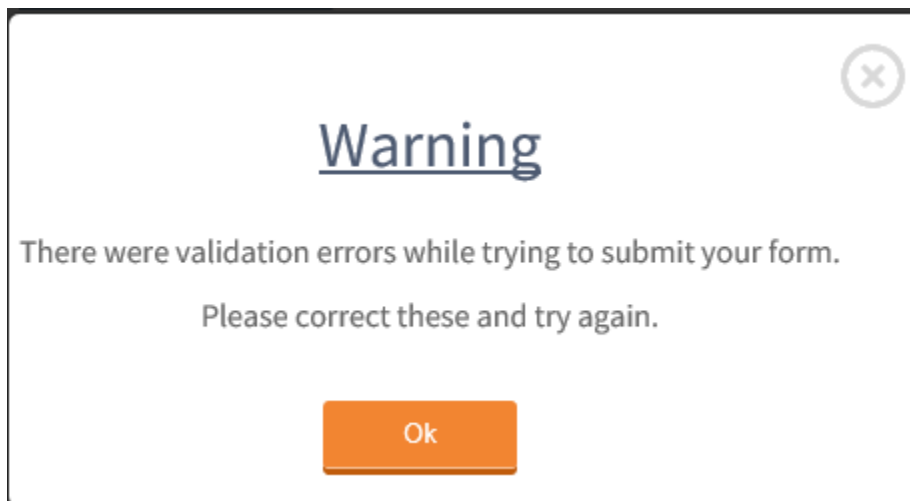
No Lost time indicted. This should be a Medical Only or Record Only

Duplicate Claim Message

The application will allow multiple injuries for an employee in one day; however it will display a message if you attempt to submit two claims for the same injured worker with the same date and time of injury.

For quality control, the **date of injury, hour of injury, and social security number** are checked to avoid duplicate claim entries.

Warning Message:



Frequently Asked Questions (FAQ)

1. What if I forget my password?

To reset your password, click on the “Forgot password?” link next to the “Login” button.



It will ask you for your login ID and then send a password reset link to the email address associated with your account.

2. Message Shown upon login: “Unable to determine any insured locations for your profile. Please contact your system administrator.”

This message means that your account has not been linked to an employer location. In order for you to submit or approve forms, your account will need to be associated with a location. Please contact support resources to initiate a correction.

3. Can I see reports entered by other users such as coworkers set up at my location under the History tab?

Yes. Although anonymous users do not have access to History, named users and system administrators are able to see all reports under the same insured location assignment(s), even if not saved or submitted by that particular user.

4. I submitted a form but I do not see it in my Approval or my Draft queue. Where is it?

If you are logged in as an Approver, and you successfully submit a form, it will create a claim if all form requirements are satisfied and will appear under the History list as a completed claim submission.

5. I have a report in my Draft or Approval queue and I’ve realized it is not a Workers’ Compensation claim and should not be submitted. What should I do?

If you have a pending entry that does not yet have a claim number and you do not intend to complete the submission, the entry can be deleted from the queue. When you click on a form in the Draft or Approval queue, you will have the option to Open or Delete the form. Verify that you have selected the correct form and click on the “Delete” button. The system will prompt you to confirm your intention to delete.

6. If I, or one of my coworkers, is leaving and/or no longer needs access, what should I do?

You should formally communicate this change to DHRM and, if needed, ask for a replacement contact person to be added.

DHRM Agency Contact form: <http://www.dhrm.virginia.gov/workerscomp/forms/toc.html>

DHRM contact: Pam Goetz at DHRM: pam.goetz@dhrm.virginia.gov

7. I am not sure what Zip Code to enter for the “Postal Zip Code where injury occurred” field. I know the address, but not sure of the code.

This field establishes the geographical position of injury occurrences, so enter (as close as possible) the zip code of the actual location where the injury occurred. The US Postal Service provides an easy to use Zip Code lookup page.



Tip—The US Postal Service provides an easy to use Zip Code lookup page.

<http://zip4.usps.com/zip4/>

8. Can I upload documents or annotations to the York claim system after I’ve submitted the claim?

Yes. You may upload items to claims that appear in the history table. Select the Add button or open the form and select the “[ADD ATTACHMENTS](#)” link. In each case, you will be taken to the bottom of the form where Attachments and Annotations are uploaded and recorded.

9. Are there any limitations to what I can upload?




Yes. Attachments are capped at a size limit of 100MB.

The upload process will accept most common file formats: .pdf, .doc, .jpg, .jpeg, .rtf, .wav, .dot, .xls, .tif, .tiff, .txt, .xst, .mpg, .mpeg, .bmp, .hpd, .mdi, .mp3, .wmv, .gif, .max, .msg, .zip, .log, .wbk, .ppt, .albm, .wpd, .csv, .wmf, .pcx, .dvf, .psd, .avi, .eml, .wma, .mp4, .xps, .docx, .xlsx, .vod, .odt, .mov, .3gp, .ifo, .vcb, .blp, .bup, .ifo, .vob, .ctx, .mht, .xml, .png

10. What do I do if I get an error message when uploading my attachment?

Attachments temporarily upload to the form before being passed to the claim system. If you see a failure popup window message, close it and look for a “Resubmit” button within the attachment row recorded for the item. Select this button and try again. If you do not see a row listing your attempted attachment upload, try uploading the file again using the “Add” button.

Menu Items and Buttons

Buttons/Links	Location	Action	User
	Top right of every page.	Displays the help page with technical and browser support information.	Anonymous, named user, system administrators
LOGIN	Top right of page (when not logged into app).	Navigates to the Login page where the user can log into the application.	Displays before a user logs into the application (and for Anonymous user)
Continue without Logging in	Login page	Navigates to the New Form page for an Anonymous user.	Anonymous user
Forgot password?	Login page	Navigates to the Forgot Password page for the user to begin the reset password process.	Named user, system administrators
LOGIN	Login page	After entering a valid username and password, clicking on this button logs the user into the application.	Named user, system administrators
NEW FORM	Header menu	Opens a new form when clicked.	Anonymous, named user, system administrators
DRAFTS 	Header menu	Displays saved forms for users who share the same insured location level. The count of items within the queue is displayed.	Named user, system administrators
APPROVALS 	Header menu	Displays forms for users with appropriate insured location levels which need an approval submission. The count of items within the queue is displayed.	Named user, system administrators
HISTORY	Header menu	Displays saved and submitted forms for users who share the same insured location level.	Named user, system administrators
USERS	Header menu (for system administrators only)	Displays the user maintenance page.	System administrators

LOGOUT	Header menu (when logged in)	Logs the user out of the application and displays the Login page.	Named user, system administrators
EDIT FORM 	Within Employee Accident Report	Toggle to switch between viewing the form as text and the editable form.	Anonymous, named user, system administrators
 VIEW FORM AS TEXT	Within Employee Accident Report	Toggle to switch between viewing the form as text and the editable form.	Anonymous, named user, system administrators
Save as Draft	Within Employee Accident Report	Saves a form as a draft which then displays in the Drafts page.	Named user, system administrators
Submit	Within Employee Accident Report	Submits the form to the YCE system (or for approval for anonymous users).	Anonymous, named user, system administrators
Open	Drafts and Approvals pages	Opens the selected form.	Named user, system administrators
Delete	Drafts and Approvals pages	Deletes the selected form.	Named user, system administrators
Add User	Users page	Launches the Create User pop-up to add a new user.	System administrators
Edit User	Users page	Displays the User screen for editing a user.	System administrators
Disable User	Users page	Disables the selected user's account.	System administrators
Enable User	Users page	Enables the selected user's account.	System administrators
Insured Location Assignments	Users page	Displays all user information with related insured location assignments.	System administrators
Add Insured Location Assignment(s)	User page	Allows system administrators to add insured location assignments to users.	System administrators
Save User	User page	Saves the updates made to users.	System administrators

Administrative Use

System administrators have the added responsibility of managing users. This is easily managed on the Users page.

york. NEW FORM DRAFTS 344 APPROVALS 44 HISTORY **USERS** SCHEDULES [LOGOUT](#)

Users

[Insured Location Assignments](#)

Username	Name	Role	Status	Action
covbartsimpson	Simpson, Bart	User	Enabled	
covhomersimpson	Simpson, Homer	User	Enabled	
covmargesimpson	Simpson, Marge	User	Enabled	
covmontgomeryburns	Burns, Montgomery	User	Enabled	<input type="button" value="Edit User"/> <input type="button" value="Disable User"/>
covpapasurf	Smurf, Papa	User	Enabled	

Displaying 1 - 5 of 5

User

* Indicates a required field.

Employee Information

Role: *

First Name: *

Last Name: *

Phone (work): *

Email: *

Username: *

Should Receive Approval

Emails:

Insured Location Assignment(s)

Name	Type	Action
105 - VA COMM INTERGOV'T COOP	Agency	
859 - VA Sesquicentennial Civil War Commission	Agency	
100 - Senate of Virginia	Agency	
123 - MILITARY AFFAIRS, DEPARTMENT OF	Agency	