

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

If you do not have an account, you may start a report that will be reviewed by the employer's registered Approver(s).

Click: [Continue without Logging in](#)

USERNAME:

PASSWORD:


[Forgot password?](#)

[LOGIN](#)

3. Approver: Enter your user name & password.

### Completing the Form

#### 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 go to the line starting with "Masonry.....".
- Note: If you pause too long, it will start over with the next character. You may also use your mouse or arrow keys in the dropdown sections.
- Time fields recognize 12 or 24 hour time. 4 digits needed.

For 12 hour time (AM / PM), you must include AM or PM to distinguish afternoon from morning. 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 Notification Address Fields

4. Approvers for the employer location chosen will automatically receive submission confirmation emails. These addresses are visible at the top of the form. Below this is a space you may add additional email addresses to receive the submission emails. E.g.: 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, Sub-Agency, Dept.
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. Record in detail, the time and place of the accident and injury reporting.


#### Nature and Cause of Accident Section

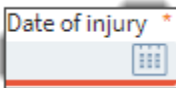
11. Describe in detail the accident being reported.

#### 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 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

Orange underlined fields (\* ) 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		*
ID type Code		*
Personal ID 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		*

## Forms Pending Approval

APPROVALS 16

**Approvers receive email alerts and see a pending count on their dashboard when logged in.** 16

- 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.

## Notes on Important Fields

### ID Type Code /and Personal ID Number

A Personal ID, usually social security number, is required. If the employee has no SSN, another ID type (e.g. Green Card) may be selected.

### Autofill for ID

Approvers may use the **Autofill** feature to review the last set of employee personal details used to create a claim for that ID, and optionally reuse these details.

### Type of Claim

*Indemnity:* You expect lost time greater than 7 days.

*Medical Only:* Medical treatment beyond first aid but no lost time beyond 7 days.

*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/More  
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

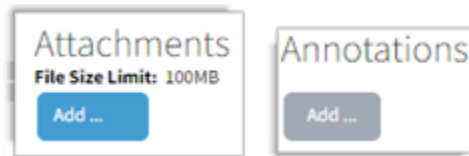
Recommendations/ translation of treatment choices:

- 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

05 - Expecting future significant medical care and lost time.

## Attachments and Annotations

Approvers can upload files at the time of claim creation or any time in the future. Annotations (notes) can also be added to the claim file by the Approver after claim creation.

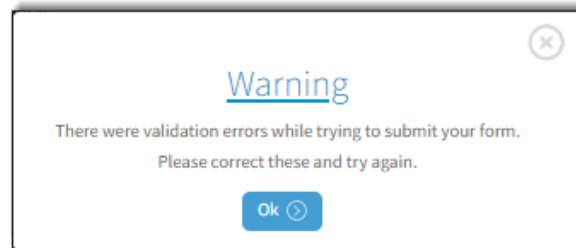


Examples:

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



## Data Quality Validation



- After you have clicked Submit, the system validates the data entered.
- 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.