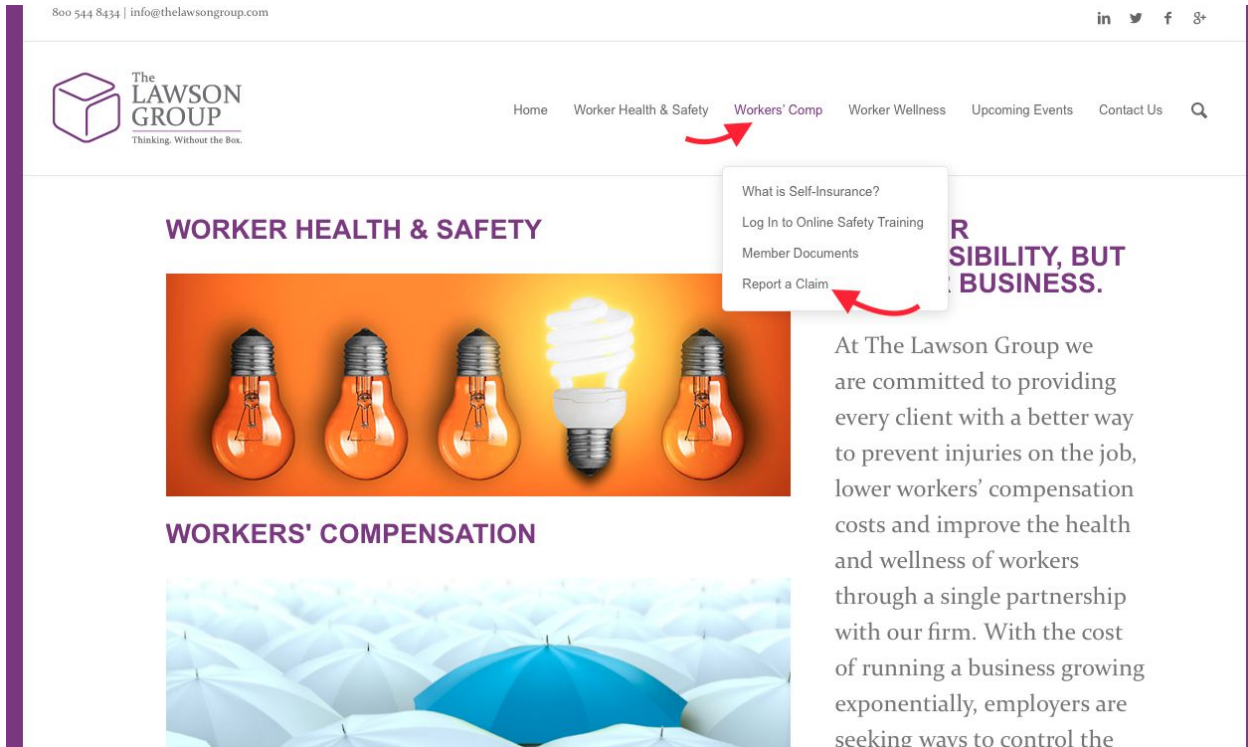


FIRST REPORT OF INJURY (FH ENTERPRISE)

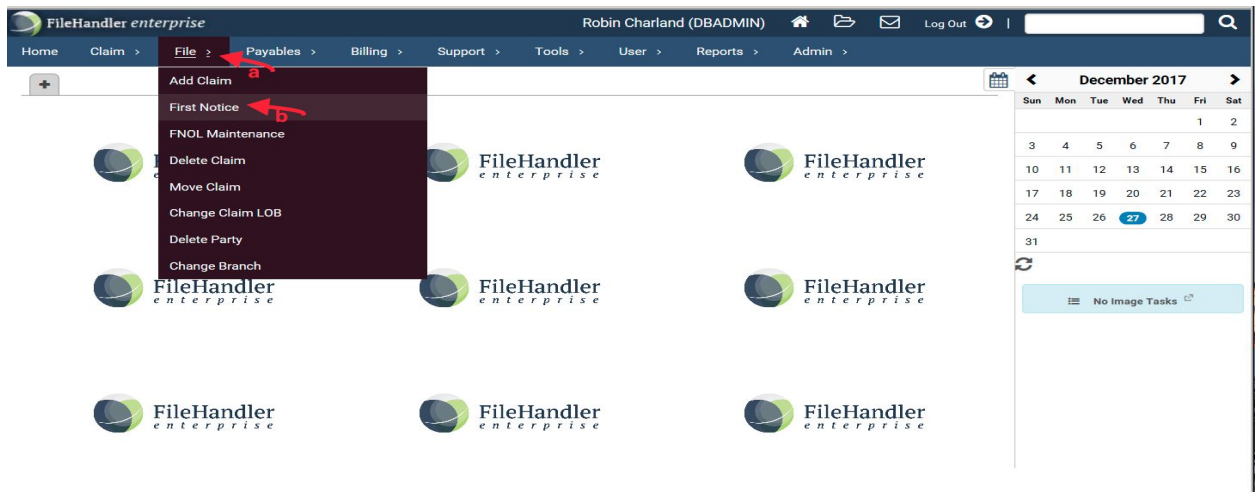
TO ENTER A FIRST REPORT OF INJURY, you can either go directly to the claims system via this link: <https://claims.comp-sigma.com/FHE/Home.aspx> or you can go to The Lawson Group website: <https://thelawsongroup.com>, hover your cursor over **Workers' Comp** and click **Report a Claim**:



The screenshot shows the website header with the Lawson Group logo and navigation links: Home, Worker Health & Safety, Workers' Comp, Worker Wellness, Upcoming Events, and Contact Us. A red arrow points to the 'Workers' Comp' link. A dropdown menu is open, showing options: What is Self-Insurance?, Log In to Online Safety Training, Member Documents, and Report a Claim. A red arrow points to 'Report a Claim'. Below the navigation is a banner for 'WORKER HEALTH & SAFETY' featuring five light bulbs, with the fourth one glowing. To the right is a section titled 'SIBILITY, BUT BUSINESS.' with text: 'At The Lawson Group we are committed to providing every client with a better way to prevent injuries on the job, lower workers' compensation costs and improve the health and wellness of workers through a single partnership with our firm. With the cost of running a business growing exponentially, employers are seeking ways to control the'.

To enter a First Report of Injury in FileHandler Enterprise, follow these instructions:

1. In the **blue task bar** at the top of the screen:
 - a. Click **File**
 - b. Click **First Notice**



The screenshot shows the FileHandler Enterprise software interface. The top navigation bar is blue and contains the following items: Home, Claim, File, Payables, Billing, Support, Tools, User, Reports, and Admin. A red arrow labeled 'a' points to the 'File' menu. A dropdown menu is open, showing the following options: Add Claim, First Notice, FNOL Maintenance, Delete Claim, Move Claim, Change Claim LOB, Delete Party, and Change Branch. A red arrow labeled 'b' points to the 'First Notice' option. The main content area displays the FileHandler Enterprise logo. On the right side, there is a calendar for December 2017, with the 27th highlighted. Below the calendar, there is a button labeled 'No Image Tasks'.

2. First Notice Add Wizard - Step 1 screen:

- a. At **Client**, click drop down and click on the client listed.
- b. The **Tier 2** dropdown will appear. Click the dropdown arrow at Tier 2 and click your company name.
- c. The **Tier 3** dropdown will appear. If your company has different locations, they will be listed there for you to choose the correct location. If your company only has one location, your company name will be listed there and you must click the company name again here.
- d. Click **Next**

FIRST NOTICE ADD WIZARD - STEP 1

December 2017

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
						31

Claim Information

LOB: Workers Compensation

Client: Lumber Industries Self-insured Groi

Tier 2: Barton Lumber Company, Inc.

Tier 3: Barton Lumber Company, Inc.

Find Tier

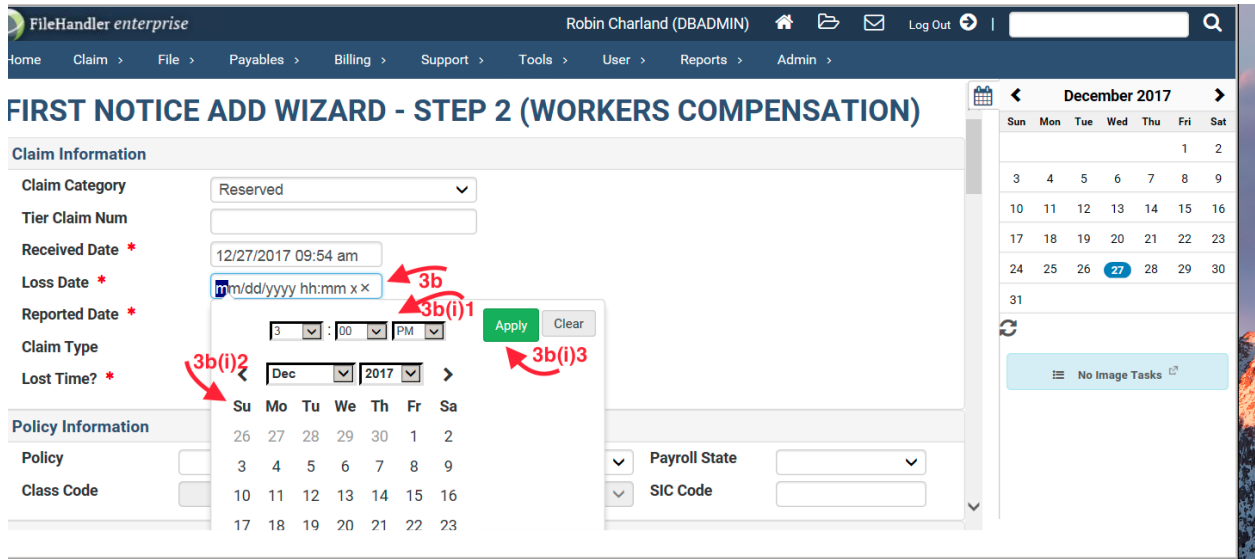
Next Cancel

No Image Tasks

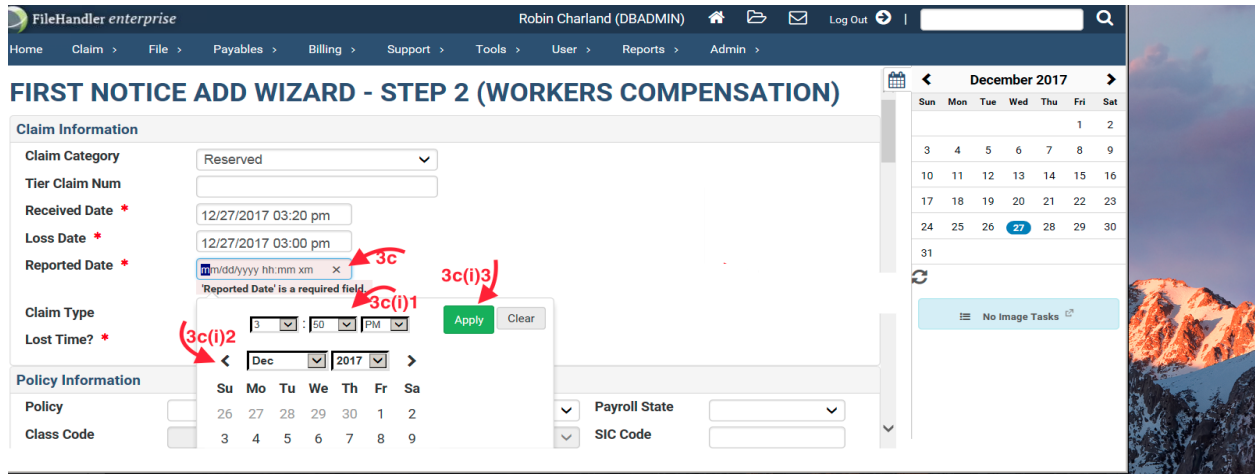
3. First Notice Add Wizard - Step 2 (Workers Compensation) screen:

(NOTE: ALL FIELDS NOTED WITH RED ASTERISK ARE REQUIRED FIELDS AND MUST BE COMPLETED.)

- a. **Received Date** and time will prefill for you.
- b. Click in the blank **Loss Date** box
 - i. Pop-up with time and calendar will appear.
 1. Choose time of the injury
 2. Choose date of injury using calendar
 3. Click the green **Apply** icon to enter your chosen information into the proper fields.



- c. Click in the blank **Reported Date** box
 - i. Pop-up with time and calendar will appear.
 1. Choose time injury was reported
 2. Choose date injury was reported using calendar
 3. Click the green **Apply** icon and your information will be entered.



d. **Claim Type:** choose appropriate claim type from the drop down arrow

The screenshot shows the FileHandler enterprise web application interface. The 'Claim Type' dropdown menu is open, displaying three options: 'Indemnity', 'Medical Only', and 'Simple Medical Only'. A red arrow points to the 'Simple Medical Only' option. The 'Received Date' is 12/27/2017 09:54 am, 'Loss Date' is 12/21/2017 12:00 am, and 'Reported Date' is 12/26/2017 08:00 am. The 'Lost Time?' dropdown is set to 'No'. The 'Policy Information' section includes fields for Policy, Class Code, Payroll State, and SIC Code. The 'Claimant Information' section includes fields for First Name, Last Name, Address 1, Home Phone, Work Phone, and Other Phone. A calendar for December 2017 is visible on the right side of the page.

e. **Lost Time?:** choose yes or no from the dropdown

The screenshot shows the FileHandler enterprise web application interface. The 'Lost Time?' dropdown menu is open, displaying two options: 'No' and 'Yes'. A red arrow points to the 'No' option. The 'Received Date' is 12/27/2017 09:54 am, 'Loss Date' is 12/21/2017 12:00 am, and 'Reported Date' is 12/26/2017 08:00 am. The 'Claim Type' dropdown is set to 'Simple Medical Only'. The 'Policy Information' section includes fields for Policy, Class Code, Payroll State, and SIC Code. The 'Claimant Information' section includes fields for First Name, Last Name, Address 1, Home Phone, Work Phone, and Other Phone. A calendar for December 2017 is visible on the right side of the page.

f. **Policy:** Click the dropdown arrow and the policy in which the date of injury falls in will appear. Click on the policy to enter it into the Policy field.

The screenshot shows the FileHandler enterprise web application interface. The 'Policy' dropdown menu is open, displaying a list of policies. A red arrow points to the selected policy: 'LT0120170000787 - 01/01/2017 - 01/01/2018'. The 'Received Date' is 12/27/2017 09:54 am, 'Loss Date' is 12/21/2017 12:00 am, and 'Reported Date' is 12/26/2017 08:00 am. The 'Claim Type' dropdown is set to 'Simple Medical Only' and 'Lost Time?' is set to 'No'. The 'Policy Information' section includes fields for Policy, Class Code, Payroll State, and SIC Code. The 'Claimant Information' section includes fields for First Name, Last Name, Address 1, Home Phone, Work Phone, and Other Phone. A calendar for December 2017 is visible on the right side of the page.

- g. **Class Code:** click the dropdown arrow to display the available class codes for the employer and choose appropriate class code for the injured worker if known.

FileHandler enterprise
Robin Charland (DBADMIN)

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

Received Date * 12/27/2017 09:54 am
Loss Date * 12/21/2017 12:00 am
Reported Date * 12/26/2017 08:00 am
Claim Type Simple Medical Only
Lost Time? * No

Policy Information
Policy LT0120170000787 - 01/01/2017 - 01/01/2018 Payroll State New Hampshire

Class Code
8232 00: LUMBERYARD NEW MATERIALS ONLY: ALL OTHER EMPLOYEES & YARD, WAREHOUSE, DRIVERS 01/01/2017 - 01/01/2018
8810 00: CLERICAL OFFICE EMPLOYEES NOC 01/01/2017 - 01/01/2018

Claimant Information
First Name MI Home Phone
Last Name * Work Phone
Address 1 Other Phone
Address 2 Gender

December 2017
Sun Mon Tue Wed Thu Fri Sat
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

h. Claimant Information

- i. Enter all the claimant's information

(NOTE: Do not type dashes when entering SS#)

FileHandler enterprise
Robin Charland (DBADMIN)

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

Claimant Information
First Name John MI Home Phone (603) 555-1212
Last Name * Doe Work Phone
Address 1 123 Main Street Other Phone
Address 2
City Concord Gender Male
State New Hampshire Marital Status Married
Zip 03301 DOB 12/01/1964
SS# 123-45-6789

Facts
Loss Causation
Nature of Injury
Body Part
Treatment Code
Benefit State *
Accident Location

December 2017
Sun Mon Tue Wed Thu Fri Sat
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

No Image Tasks

i. Facts

- i. Click the **Loss Causation** dropdown arrow and choose the cause that best fits the accident description

FileHandler enterprise
Robin Charland (DBADMIN)

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

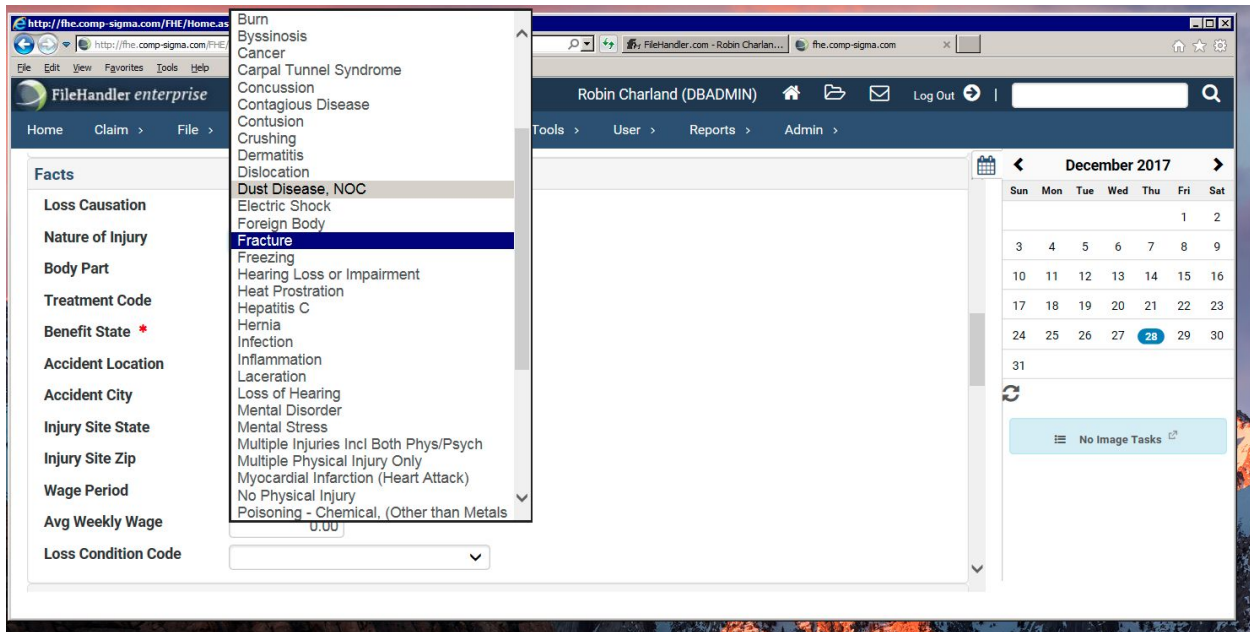
Facts
Loss Causation
Nature of Injury
Body Part
Treatment Code
Benefit State *
Accident Location
Accident City
Injury Site State
Injury Site Zip
Wage Period
Avg Weekly Wage
Loss Condition Code

Burn or Scald - Abnormal Air Pressure
Burn or Scald - Chemicals
Burn or Scald - Cold Objects or Substance
Burn or Scald - Contact With, NOC
Burn or Scald - Dust, Gases, Fumes or Va
Burn or Scald - Electrical Current
Burn or Scald - Fire or Flame
Burn or Scald - Hot Objects or Substance
Burn or Scald - Radiation
Burn or Scald - Steam or Hot Fluids
Burn or Scald - Temperature Extremes
Burn or Scald - Welding Operation
Caught In, Under, Btw - Collapsing Mater
Caught In, Under, Btw - Machine or Machi
Caught In, Under, Btw - NOC
Caught In, Under, Btw - Object Handled
Cut, Punct, Scrape - Broken Glass
Cut, Punct, Scrape - Hand Tool - Not Pow
Cut, Punct, Scrape - Powered Hand Tool
Cut, Punct, Scraped - NOC
Cut, Punct, Scraped - Obj Lifted/Handled
Fall or Slip - From Different Level
Fall or Slip - From Ladder or Scaffoldin
Fall or Slip - Into Openings
Fall or Slip - Liquid or Grease Spills
Fall or Slip - NOC
Fall or Slip - On Ice or Snow
Fall or Slip - On Same Level
Fall or Slip - On Stairs

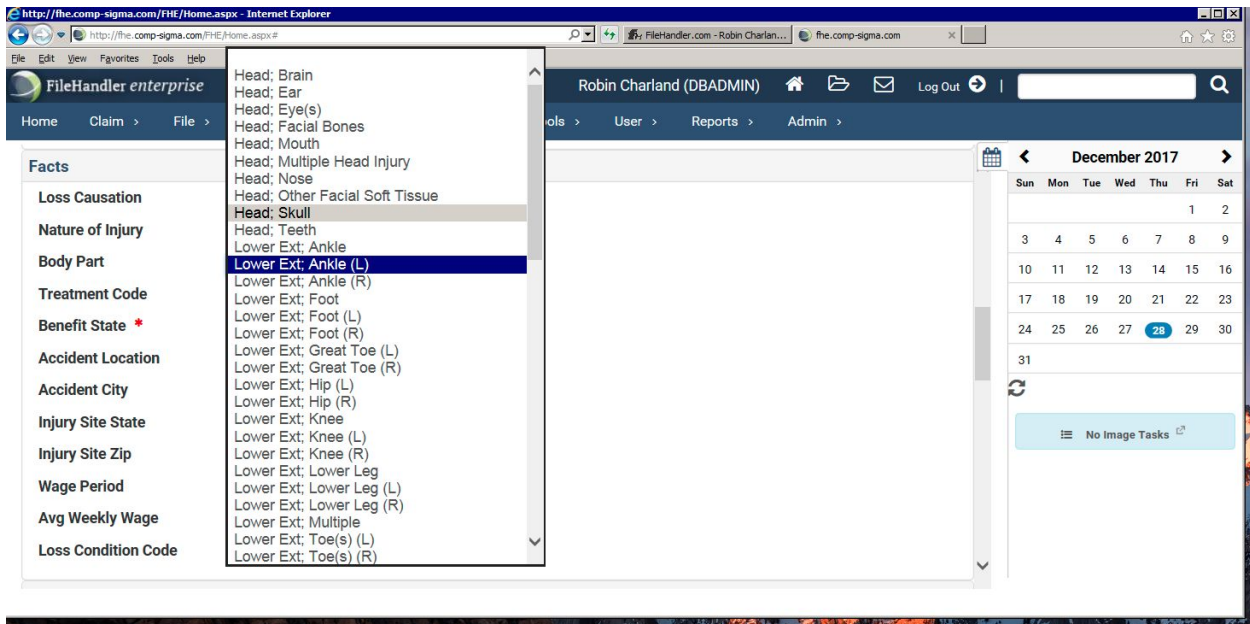
December 2017
Sun Mon Tue Wed Thu Fri Sa
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

No Image Tasks

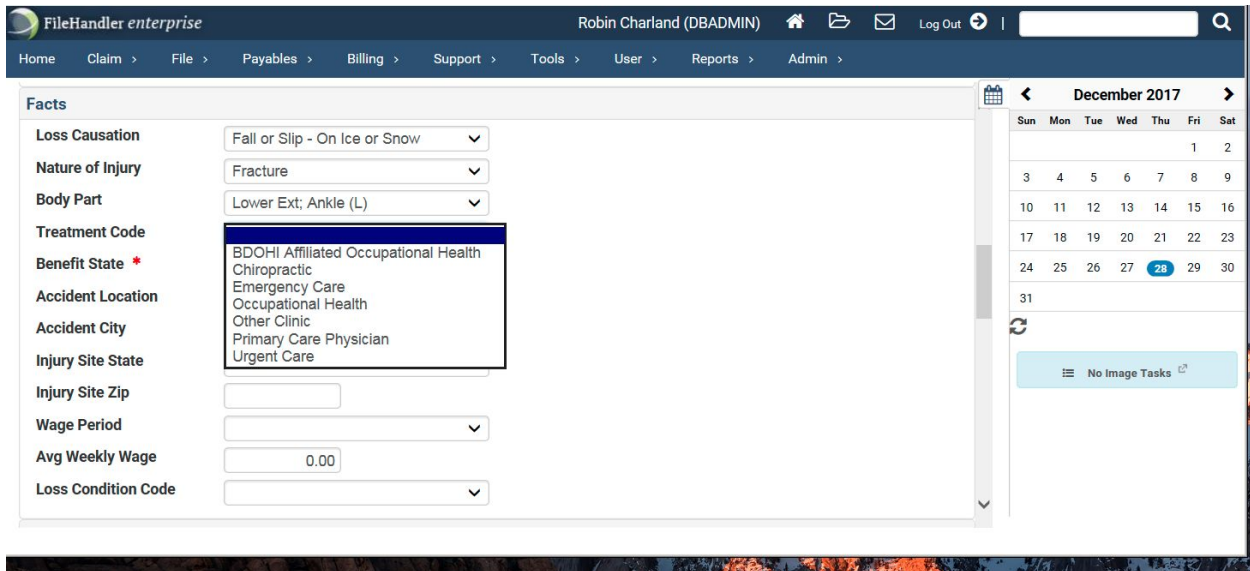
- ii. Click the **Nature of Injury** dropdown arrow and choose the nature of injury that best describes the injury.



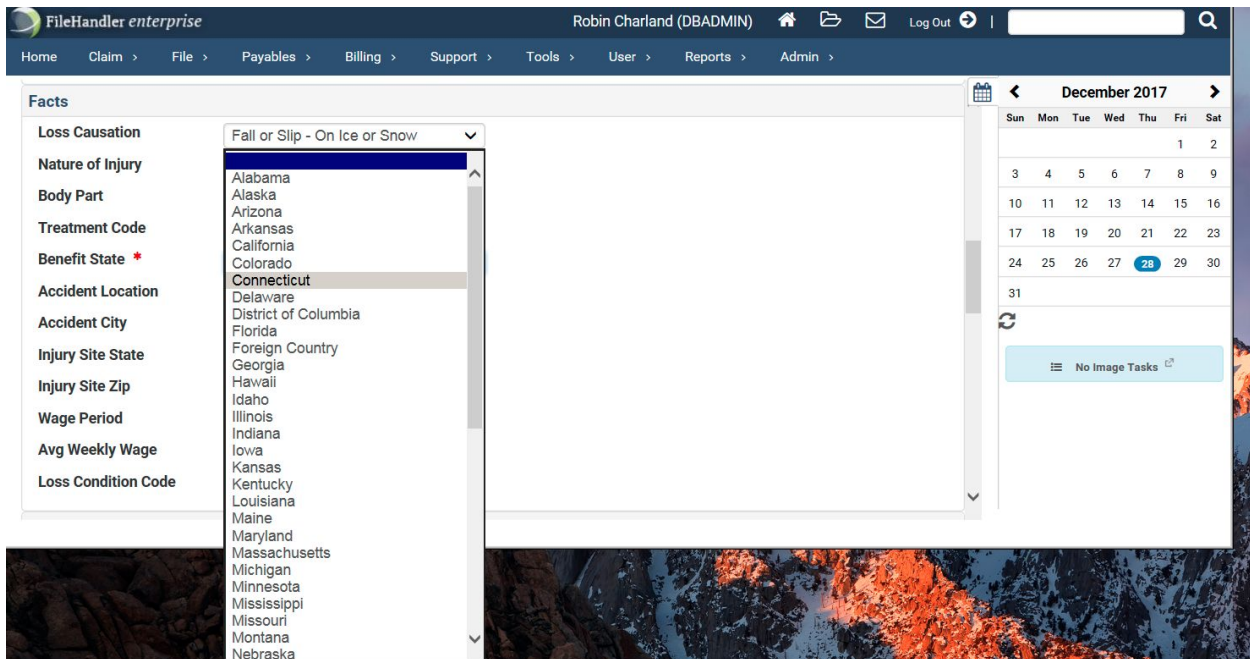
- iii. Click the **Body Part** dropdown arrow to choose the body part injured.



- iv. Click the **Treatment Code** dropdown arrow to choose what type of facility claimant treated at initially.



- v. Click the **Benefit State** dropdown arrow and choose New Hampshire.



- vi. If the incident occurred somewhere other than the insured's location, and you have the information, enter it in **Accident Location** fields. Leave blank if incident happened at insured location.
- vii. If **average weekly wage** is known, enter it without dollar sign.

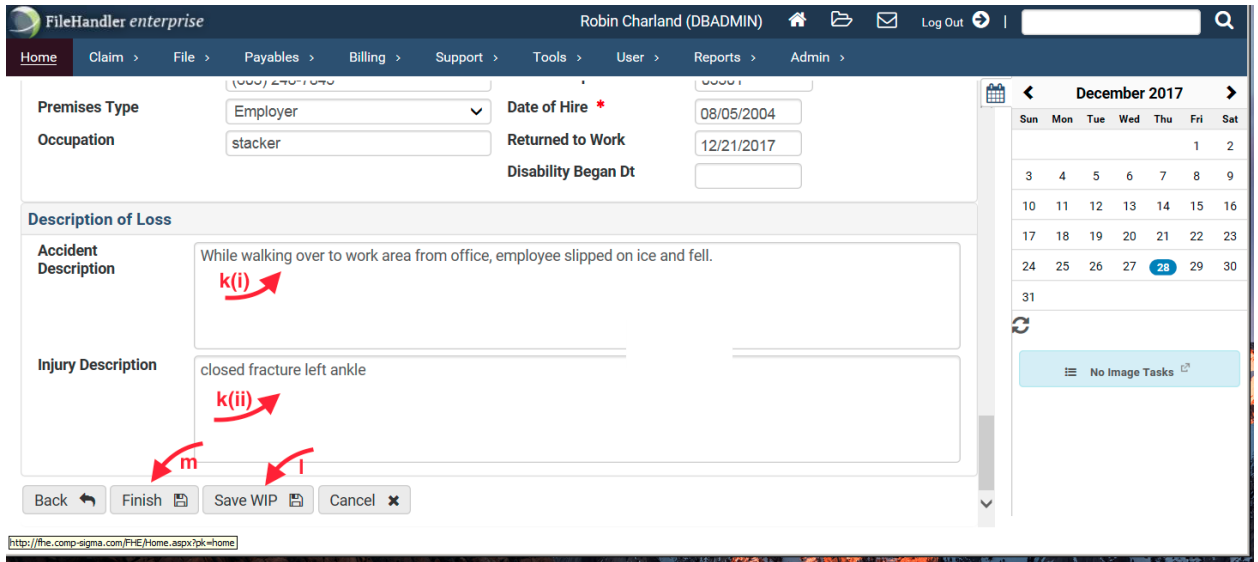
viii. Loss Condition Code - disregard this field.

j. **Additional Information**

- i. Enter **Contact Name** and **Contact Phone** of employer contact person regarding claims.
- ii. Enter **Witness Name** and **Witness Phone** of witnesses, if any
- iii. Click **Premises Type** dropdown arrow and click **Employer**
- iv. Enter **Occupation**, if known
- v. List **Provider Name** and **Provider Address**, if known
- vi. Enter claimant's **Date of Hire** (required)
- vii. Enter **Returned to Work** date, if known
- viii. Enter **Disability Began Date**, if known

k. **Description of Loss**

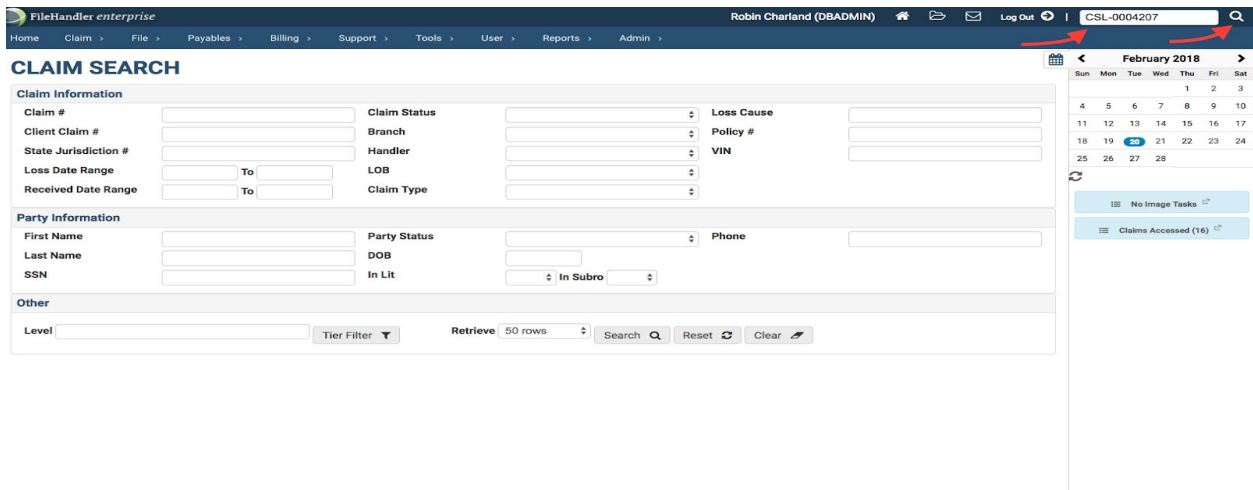
- i. Type in information regarding **Accident Description**.
 - ii. Type in **Injury Description**
- l. Click **Save WIP** if you're not done entering information and will come back to it later.
- m. Click **Finish** if you're done entering information. If there are errors, those will be indicated for you to correct.



- n. If there were no errors, you will receive the message **“First Notice of Loss successfully created”**.

TO PRINT A COPY OF THE FIRST REPORT, you must first wait until you receive the automated email from The Lawson Group indicating that the claim has been received. The claim number will be in the subject line of that email.

1. Copy and paste the claim number from the automated email (or simply type the claim number) in the white search box to the right of the screen, then click magnifying glass.



2. Once in the claim, click **Correspondence**, then click **First Report**

CLAIM DETAIL

CSL-0004207, Doe

LOB: WC
DOL: 06/28/2010

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

Robln Charland (DBADMIN) Log Out | CSL-0004207

February 2018

CSL-0004207, Doe

Claim Detail Policy Correspondence Letters Attachments First Report Messaging Email Contacts Parties Subrogation Litigation Payables Reports

Days Open 216

Claim #	CSL-0004207	LOB	Workers Compensation
Claimant	Doe	Category	Reserved
Company	Example Location	Received date	07/01/2010 12:21 PM
Handler		Reported date	06/29/2010 12:00 AM
Client claim #		Loss date	06/28/2010 12:00 AM
Client Contact		Date entered	10/06/2010 12:28 PM
Bill to client		Status	Closed
Loss causation		Closed date	01/30/2011 9:00 AM
Accident location		Closure method	Closure
Claim type		Reopened date	
Claim Status		State juris #	
Benefit state	NH	Catastrophe flag	No
Lost time		Catastrophe #	0
OSHA		In hearing	
Second Handler		SIC code	
V Pay		Jurisdiction Branch	

https://claims.comp-sigma.com/FHE/Correspondence/CorrespondenceFirstReport.aspx?pk=00020000009271&wb=1004560

3. In the First Report screen, click the **Print** icon

FIRST REPORT

CSL-0004207 - Doe

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

Robln Charland (DBADMIN) Log Out | CSL-0004207

February 2018

CSL-0004207, Doe

LOB: WC
DOL: 06/28/2010

Home Claim > File > Payables > Billing > Support > Tools > User > Reports > Admin >

Robln Charland (DBADMIN) Log Out | CSL-0004207

February 2018

CSL-0004207, Doe

ISO Claim Search Claim Additional Claim Alerts Chronology Analytic Scoring Second Injury Fund Policy Correspondence Letters Attachments First Report Messaging Email Contacts Parties Subrogation Litigation Payables Reports

Edit Additional EDI Information Print

GENERAL

Employer Name		Location Number	
Employer Address		Location Address	(If Different Than Employer)
Employer Fein		Phone Number	
Industry Code		Insured Report Number	
Carrier/Administrator Claim Number	CSL-0004207	OSHA Log Number	
Jurisdiction	New Hampshire	Report Purpose Code	
Jurisdiction Claim Number			

CARRIER/CLAIMS ADMINISTRATOR

Carrier Name	Granite State Workers' Comp Mfr. Trust	Claims Administrator Name	Comp-Sigma, Ltd.
Carrier Address	P.O. Box 1387	Claims Administrator Address	PO Box 538
Carrier Phone	Concord, NH 03302-1387	Claims Administrator Phone	Concord NH 03302
Carrier FEIN	(603) 228-0500	Claims Administrator FEIN	(603) 228-0500
Policy/Self-Insured Number	02-0480007	Agent Name	02-0469792
Self Insured?	C0017920100000030	Agent Code Number	
Policy-Begin-Date	No		
Policy-End-Date	01/01/2010		
	01/01/2011		

- Once the First Report form populates, click the Printer icon in the right upper corner.

The screenshot shows the FileHandler enterprise application interface. The main window displays the 'WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS' form. The form is titled 'ExecuteExport.aspx' and contains various fields for employer information, carrier details, employee information, and occurrence details. A red arrow points to the printer icon in the top right corner of the form area.

- If the destination lists the printer you want to use, simply click **Print**. If not, click change to choose the printer you want to use, then click **Print**

The screenshot shows the print dialog box for the 'WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS' form. The dialog has a title bar 'Print' and a subtitle 'Total: 1 sheet of paper'. It includes a 'Cancel' button and a 'Print' button. The destination is set to 'LGL_DataCenter_BW ...' with a 'Change...' button. The 'Pages' section is set to 'All'. The 'Copies' section is set to '1'. The 'Paper size' is set to '8 1/2x11'. The 'Scale' is set to 'Fit to page' with a value of '100'. There is a link 'Print using system dialog... (%P)' and a link 'Open PDF in Preview'. The background shows the form content.