CHECKLIST FOR CLAIM ENTRY ON ENTERPRISE

CLAIM NUMBER – Never alter the automatically generated claim number

CLAIM COVERAGE FIELD (pg 17):
- WC: MEDICAL CLAIMS
- WCFR: LOST TIME, HAZ DUTY CLAIMS
- WCNM: INCIDENT CLAIMS

CLAIM TYPE FIELD:
- HAZ: (Hazardous Duty) Injury occurs to the “protected class” in the line of duty. Approved Lost time benefits are paid by the Employer under Wis. Stats., 230.36 Hazardous Duty Pay.
- INCD: (Incident Only) There is an injury but no medical treatment is sought.
- LT: (Lost Time) Employee is off work following the date of injury - *medical excuse is needed for compensation.*
- MED: (Medical Only) Medical treatment sought.
- NRMS: (Near Miss) An incident was avoided. These claims can never turn into another claim type because nothing happened to cause an injury. Claims are not entered into the database.

ADJUSTER FIELD:
- If the claim type is INCD or MED – Assign to Katie Martin, “KMAR”
- If the claim type is LT or HAZ – Enter the Adjuster Field as “NEW”. The claim will be assigned to a claims examiner and you will be notified via email.

CLAIMANT NAME FORMAT (pg 15):
- Enter claimants name as Last Name comma space First Name space Middle Initial
  ❖ Example: SMITH, JOHN J

CLAIM DESCRIPTION (pg 23):
Enter a brief yet descriptive description of the injury. This description prints out on the OSHA report and on the WK12. The suggested format:
  ❖ Examples: (result/object/cause)= STRAIN/LOW BACK/LIFTING BOXES OF TOILET PAPER IN CUSTODIAL CLOSET or CONTUSION/R KNEE/SIPPED ON ICE WALKING INTO WORK FROM PARKING LOT A

WHAT TO SEND IN: (Please send originals to UW System; keep a copy for your file)
- WK12-Employer’s First Report
- Employee’s Report
- Supervisor and other supplemental reports
- Safety Coordinator Review
- Medical Bills
- Medical Notes
- Return to Work forms
- Mileage & Prescription Reimbursement requests
- Police Report
- Other information as requested (e.g. Campus Map, Position Description, Employer Correspondence)

UDDS CODE (pg 25)
If an Org Code or UDDS Code are not in the Enterprise list, send an email to akemnitz@uwsa.edu for it to be added and the claim to be updated. Please use the following format:
Subject: Org Code
Body: Claim Number
Claimant’s Name
UDDS Code to be added (e.g. Y110000)

04/17/18