

## **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 WKC12. The suggested format:

- ❖ Examples:(result/object/cause)= STRAIN/LOW BACK/LIFTING BOXES OF TOILET PAPER IN CUSTODIAL CLOSET or CONTUSION/R KNEE/SLIPPED 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)**

- WKC12-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](mailto: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)