LOGIN

The following instructions are for DWC form submissions via York Claims Expert (YCE). This system is web-based so you will be using the internet to access the forms. The information you see in these documents are part of our demo system. However, when you login to the system, you will see JIC in the background.

Copy and paste the following link into your favorites :

https://www.iclaimsexpert.com/apps/ice/cow/icowlogin.r?brand=jic

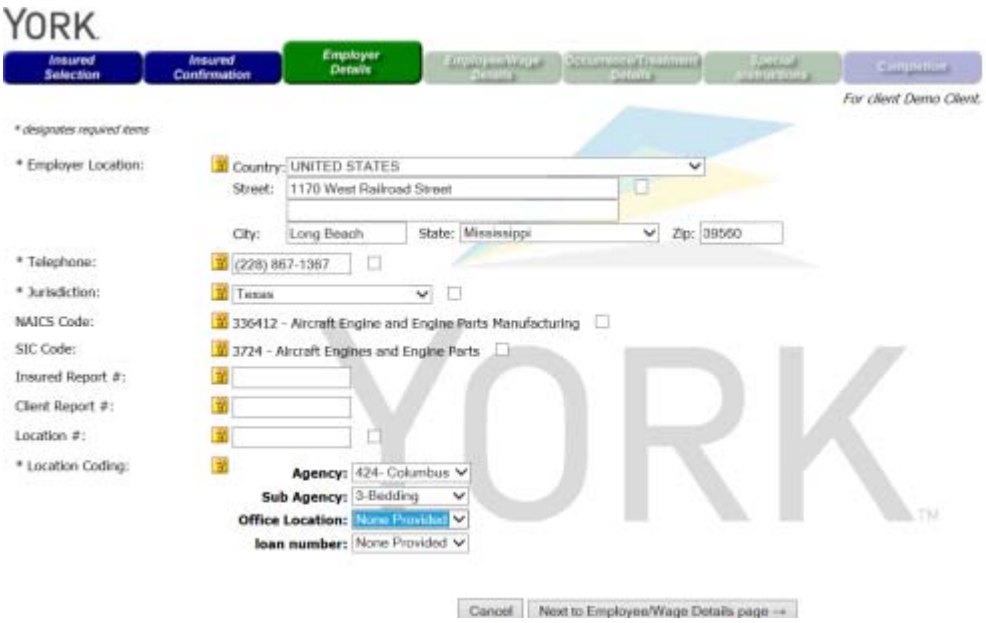
Enter your Login and Password that was provided by York Security. This is the same ID and password you will use anytime you need to access York Claims Expert.

Select: Enter a new Workers' Compensation claim and then Proceed to Claims Entry

The next screen is a reminder of what information you will need in order to open a new claim. You should then select Next to Employer Details page →

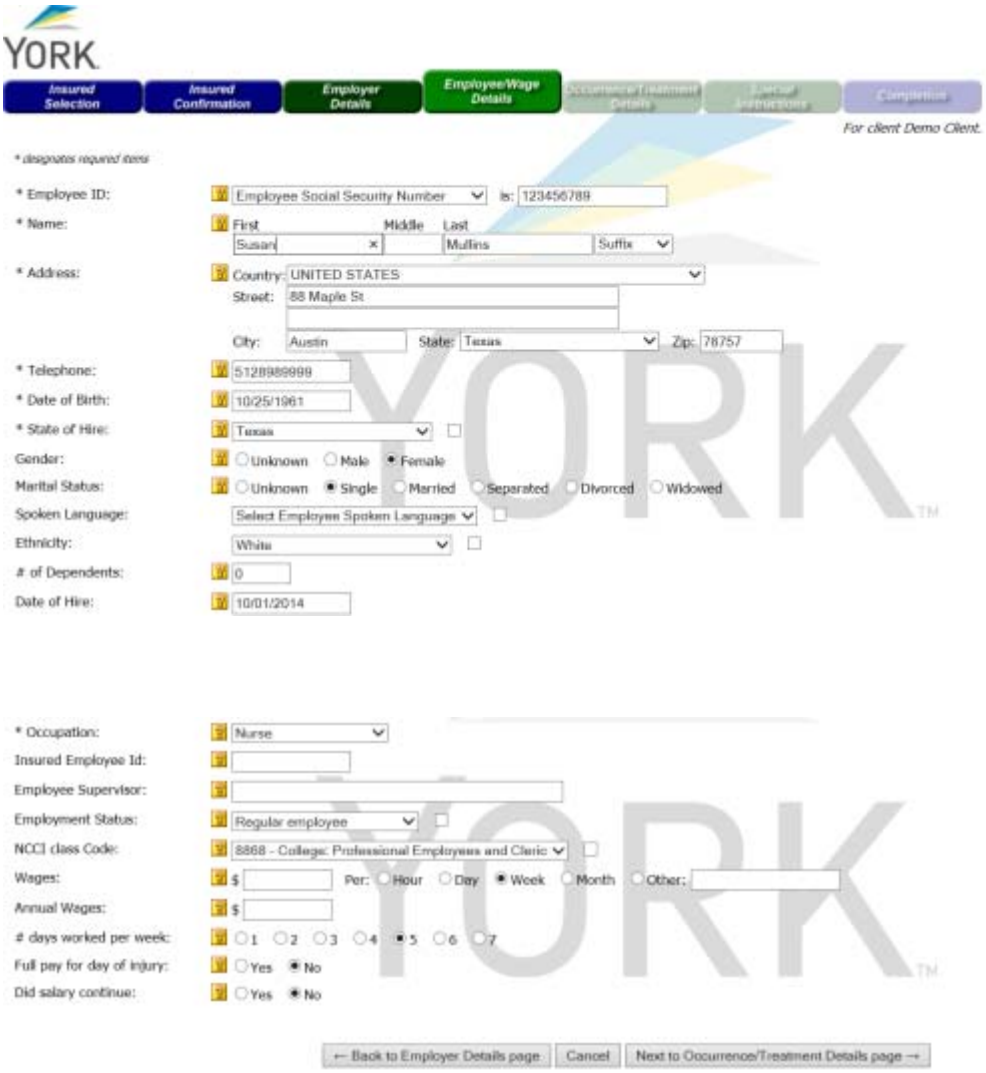
EMPLOYER DETAILS

You are now ready to enter Employer Details. Some of this information will pre-populate from your client record in YCE. Any field marked with an * (asterisk) is a required field and must be completed before moving onto the next screen.



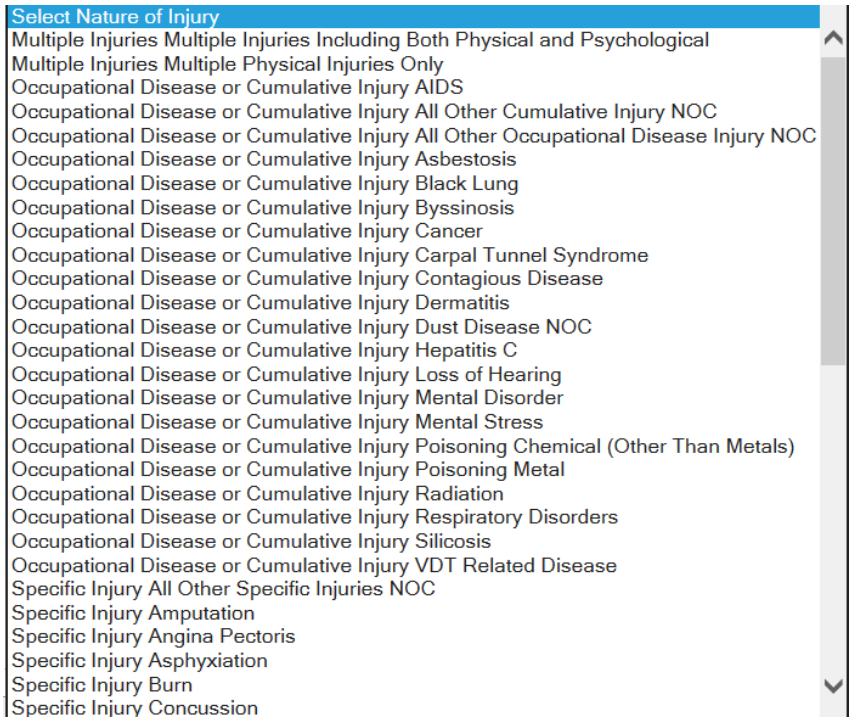
EMPLOYER WAGE DETAILS

The next screen is Employer Wage Details and includes the demographics of the injured worker. Any field with a [drop-down] indicates there is more information available to choose from and select it to complete the form.



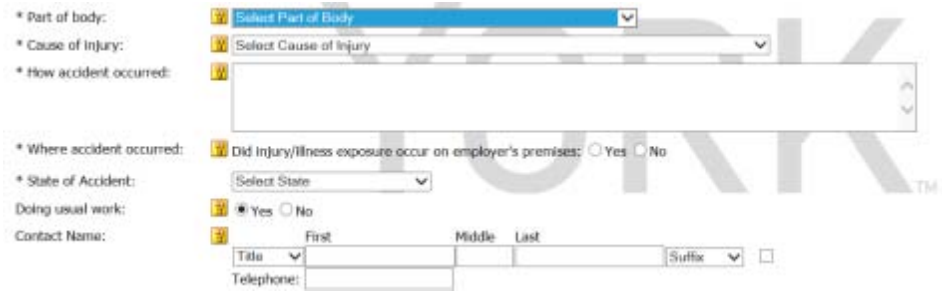
OCCURRENCE/TREATMENT DETAILS

The next screen is for the Occurrence/Treatment Details. This is where you select and enter the nature, body part and cause. The sample below shows the nature fields from the drop-down:



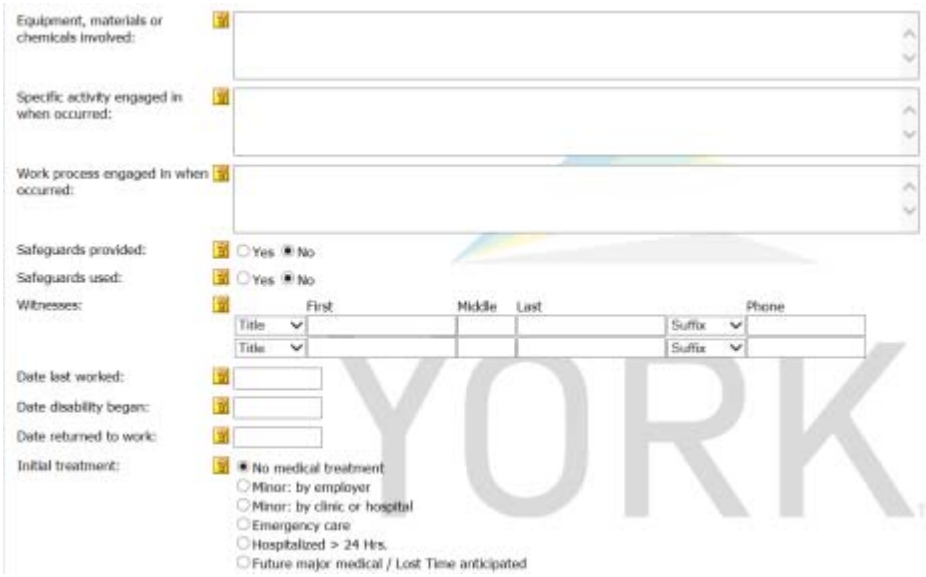
BODY PART

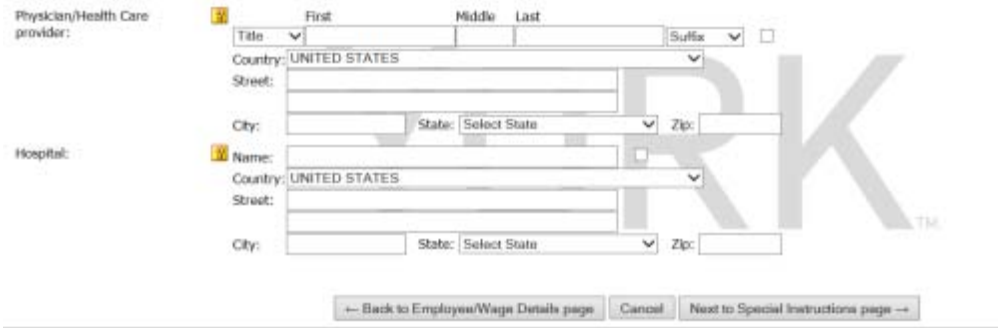
The next screen is the Part of Body



FREE FORM FIELDS

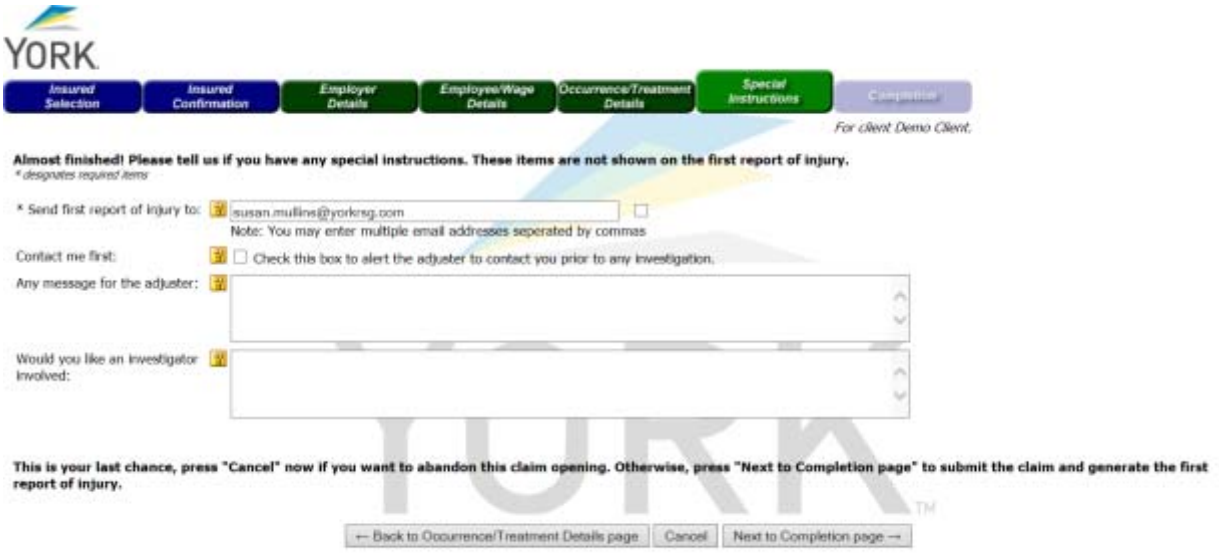
This represents the last part of that section to be completed. You can enter text into the free-form fields with as much as you information as you have available. It will come through to the claims system for the adjuster review.





SUBMITTING

This is the final screen to be completed. In the section “Send first report of injury to”: You can enter your e-mail address and the DWC-1 will be forwarded to you. You can also add other people to this list and they will receive the DWC-1. However, the e-mail will come via York so you may want to consider e-mailing the information to yourself to then forward. If you check the box next to the e-mail address then it will always send the DWC-1 to those addresses. Therefore, it is recommended that you not check this box but simply leave your name in that field.

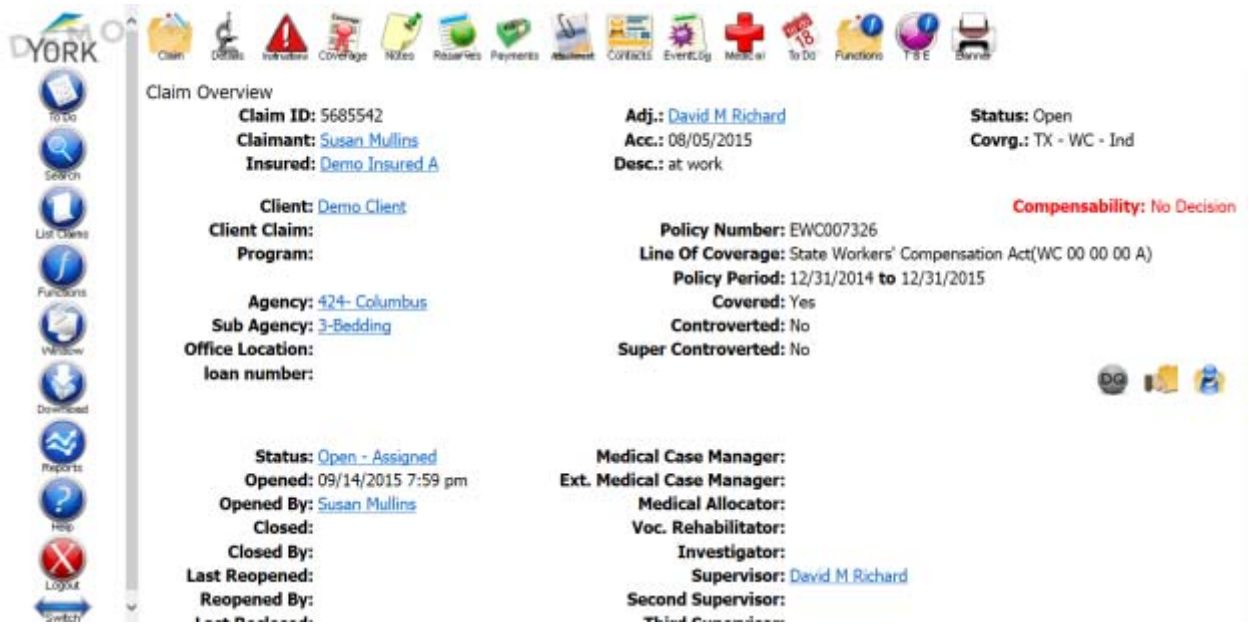


This is the claim number that will be assigned to the claim (note it is a 7-digit number in the sample below as 5685542). You now have three options: (1) Open another claim; (2) Log out; or (3) Enter iClaims Expert if you want to submit a DWC-3 or DWC-6 form.

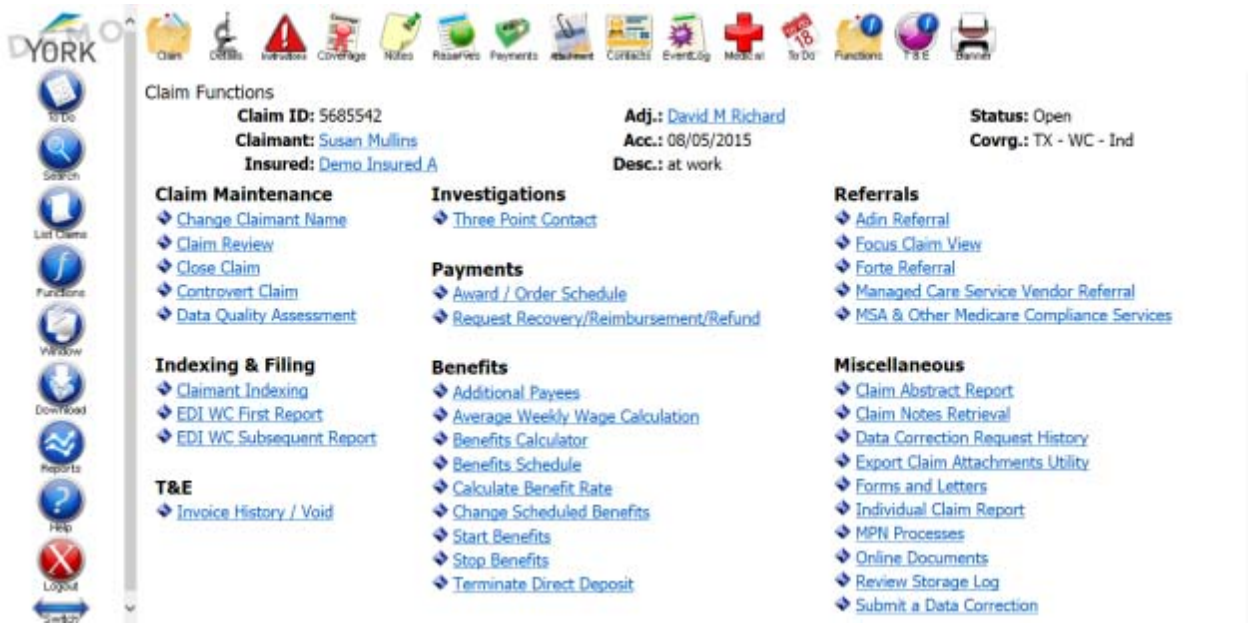
DWC FORM 3 AND DWC FORM 6

If you choose to enter a DWC form (3 or 6) and select that option, this is the screen you will be taken to.

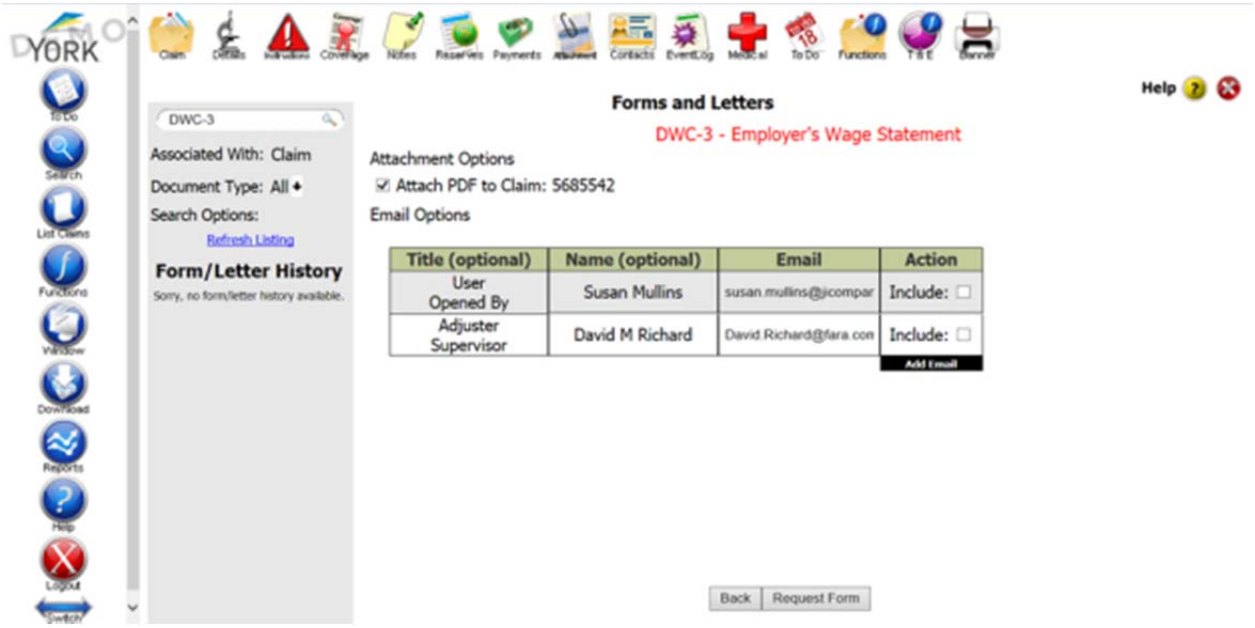
Select the Functions button at the top of the screen to go to the module for the DWC forms.



Once you are in the function module, go to the Miscellaneous section and select “Forms and Letters”. You may not see all of these options on your security set up so don’t be alarmed.

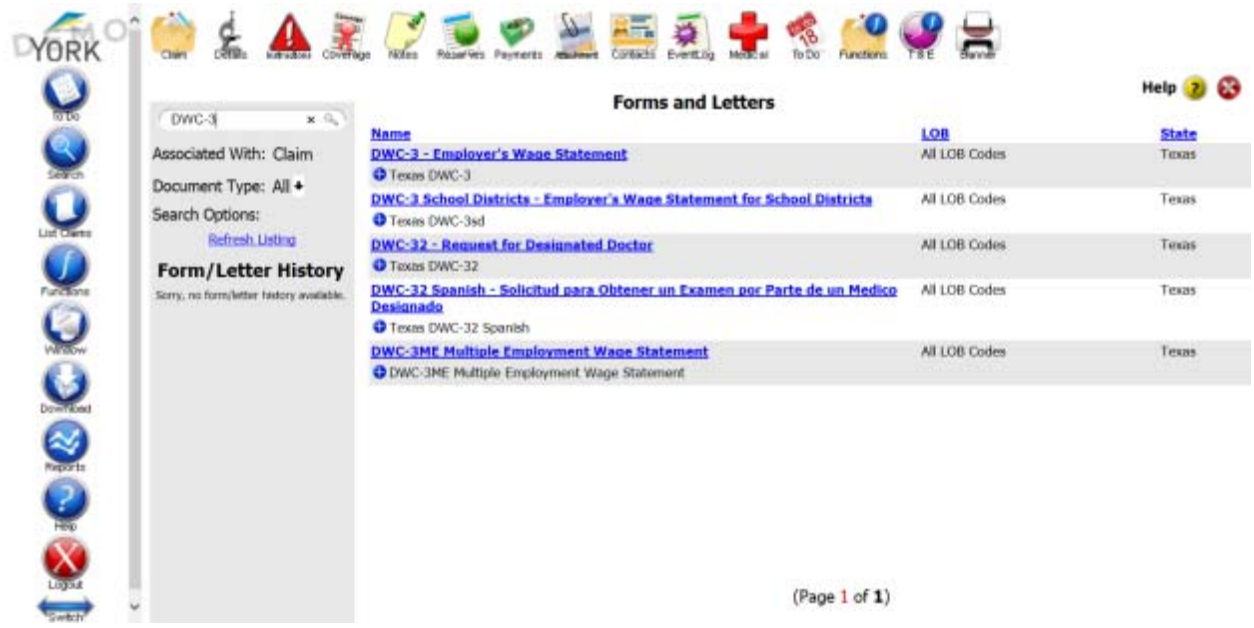


This screen will show the name of the person who submitted the DWC-1, the Unit Manager at York and if the claim has been assigned, the adjuster. You can check the Action box to notify any of those individuals you have submitted the form. **We request you select both the Unit Manager and Adjuster.**

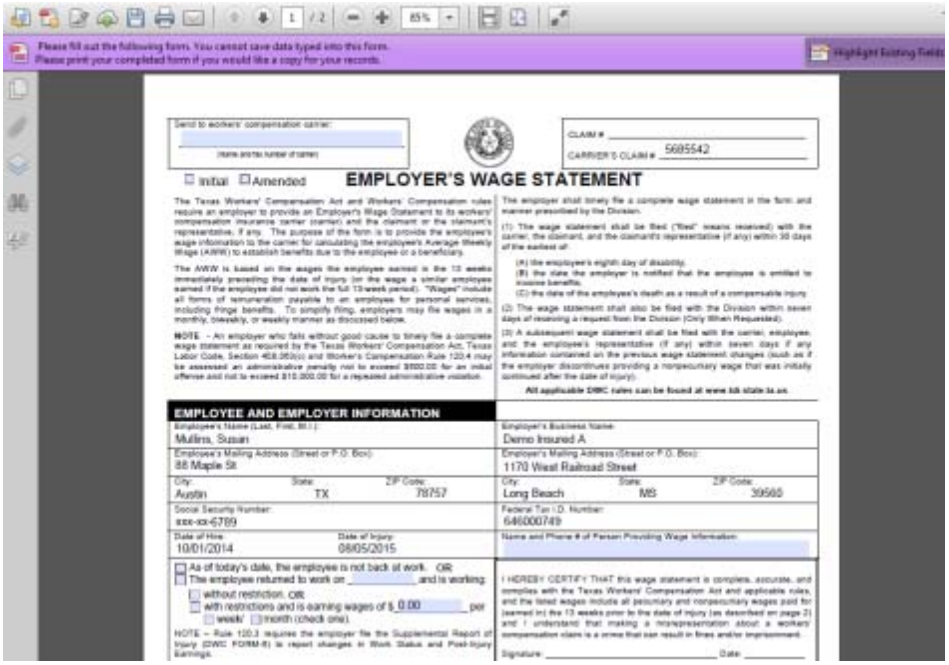


You should only see Texas forms available. You can enter the form you want to use by entering it in the search field or what appears on the screen in Forms and Letters. We will work on the DWC-3 first.

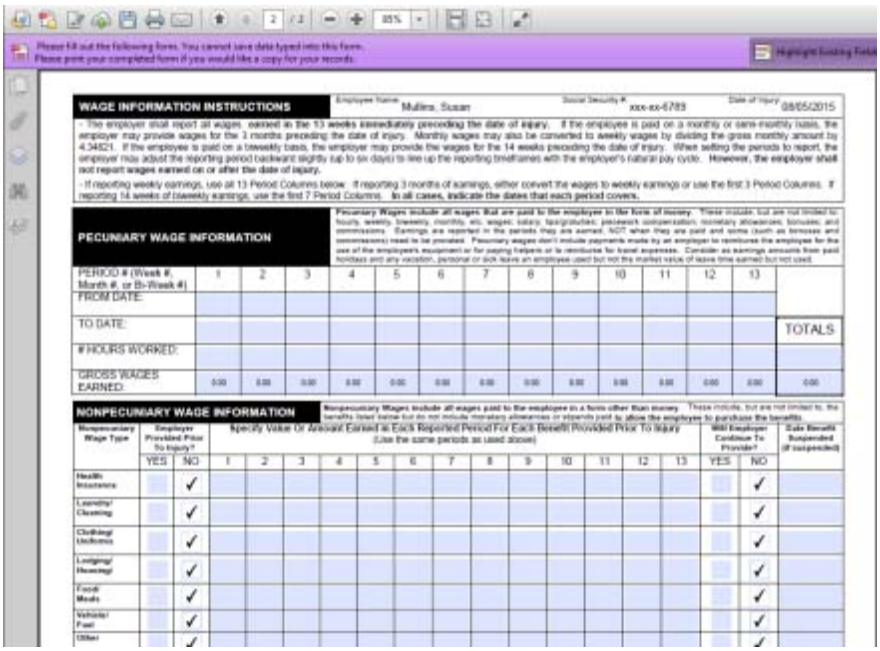
DWC FORM 3



The DWC-3 form comes up as a typeable PDF. There are highlighted fields for you to complete but all of the injured workers' demographics will populate from the claim that was set up. Any changes to the address or other key areas will automatically update to this form so if changes were made between the submission of the DWC -1 and the DWC-3 (or DWC-6) then that information updates to the demographics on the forms.



The next screenshot below is the section to enter wages and hours. Note, there are drop down options for the dates and provides you with a calendar you can use to select your dates or you can free-form type in the text. Also note the wages will total on the right side of the form.



WAGE INFORMATION INSTRUCTIONS

Employee Name: Mullins, Susan — Social Security #: xxx-xx-6789 — Date of Injury: 08/05/2015

- The employer shall report all wages earned in the 13 weeks immediately preceding the date of injury. If the employee is paid on a monthly or semi-monthly basis, the employer may provide wages for the 3 months preceding the date of injury. Monthly wages may also be converted to weekly wages by dividing the gross monthly amount by 4.34821. If the employee is paid on a biweekly basis, the employer may provide the wages for the 14 weeks preceding the date of injury. When setting the periods to report, the employer may adjust the reporting period backward slightly (up to six days) to line up the reporting timeframes with the employer's natural pay cycle. **However, the employer shall not report wages earned on or after the date of injury.**
- If reporting weekly earnings, use all 13 Period Columns below. If reporting 3 months of earnings, either convert the wages to weekly earnings or use the first 3 Period Columns. If reporting 14 weeks of biweekly earnings, use the first 7 Period Columns. **In all cases, indicate the dates that each period covers.**

PECUNIARY WAGE INFORMATION

Pecuniary Wages include all wages that are paid to the employee in the form of money. These include, but are not limited to: hourly, weekly, biweekly, monthly, etc. wages; salary; tips/gratuities; piecework compensation; monetary allowances; bonuses; and commissions. Earnings are reported in the periods they are earned, NOT when they are paid and some (such as bonuses and commissions) need to be prorated. Pecuniary wages don't include payments made by an employer to reimburse the employee for the use of the employee's equipment or for paying helpers or to reimburse for travel expenses. Consider as earnings amounts from paid holidays and any vacation, personal or sick leave an employee used but not the market value of leave time earned but not used.

PERIOD # (Week #, Month #, or Bi-Week #)	1	2	3	4	5	6	7	8	9	10	11	12	13	
FROM DATE:														
TO DATE:														TOTALS
# HOURS WORKED:														
GROSS WAGES EARNED:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NONPECUNIARY WAGE INFORMATION

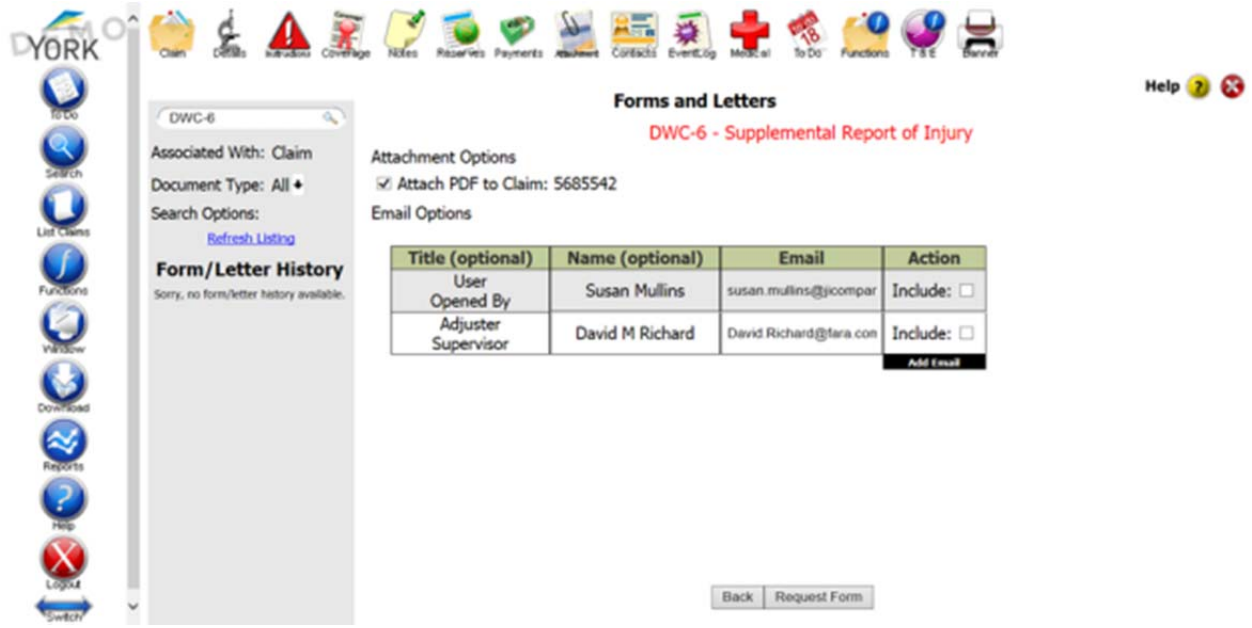
Nonpecuniary Wages include all wages paid to the employee in a form other than money. These include, but are not limited to, the benefits listed below but do not include monetary allowances or stipends paid to allow the employee to purchase the benefits.

Nonpecuniary Wage Type	Employer Provided Prior To Injury?		Specify Value Or Amount Earned as Each Reported Period For Each Benefit Provided Prior To Injury (Use the same periods as used above)													Will Employer Continue To Provide?		Date Benefit Suspended (if suspended)
	YES	NO	1	2	3	4	5	6	7	8	9	10	11	12	13	YES	NO	
Health Insurance		✓															✓	
Laundry/ Cleaning		✓															✓	
Clothing/ Uniforms		✓															✓	
Lodging/ Housing		✓															✓	
Food/ Meals		✓															✓	
Vehicle/ Fuel		✓															✓	
Other		✓															✓	

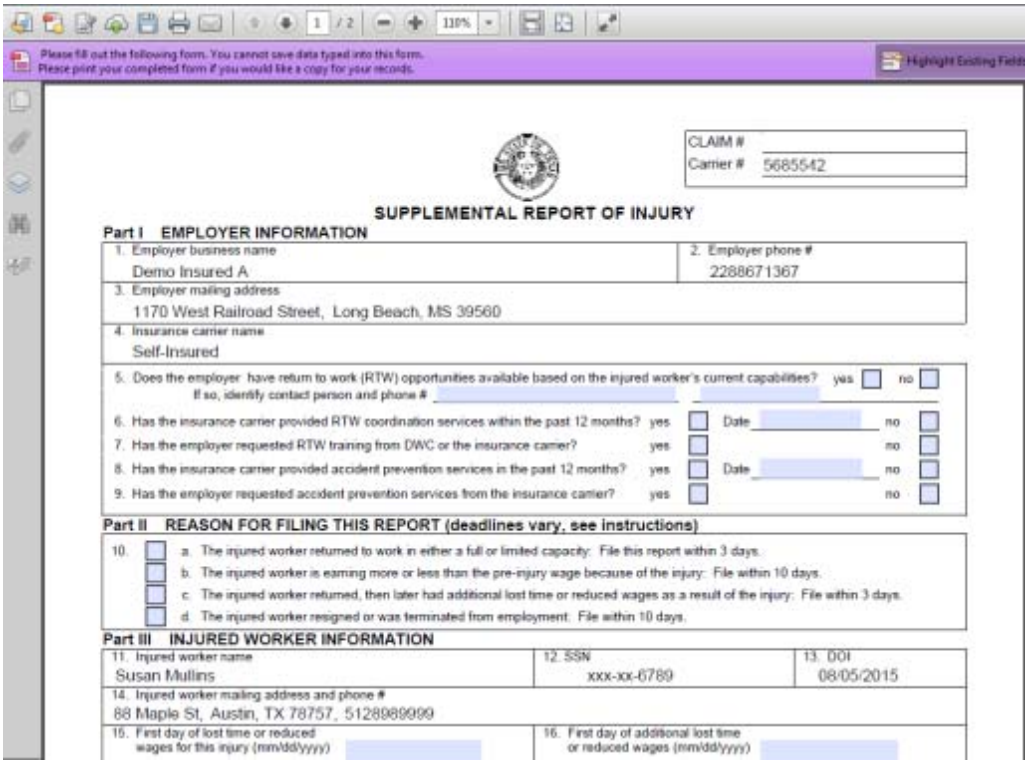
Once you complete the form you select the “submit” button to save the form to the system as an attachment. It becomes part of the claim file.

DWC FORM 6

You will see some of the same functionality with the DWC-6 forms. The same notification screen, same option to select or search for the form.



As with the DWC-3 form, the DWC-6 is also a PDF that you can type data directly on to and will prepopulate the demographics of the injured worker. Don't forget to select the "submit" button.



Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

CLAIM #
Carrier # 5685542

SUPPLEMENTAL REPORT OF INJURY

Part I EMPLOYER INFORMATION

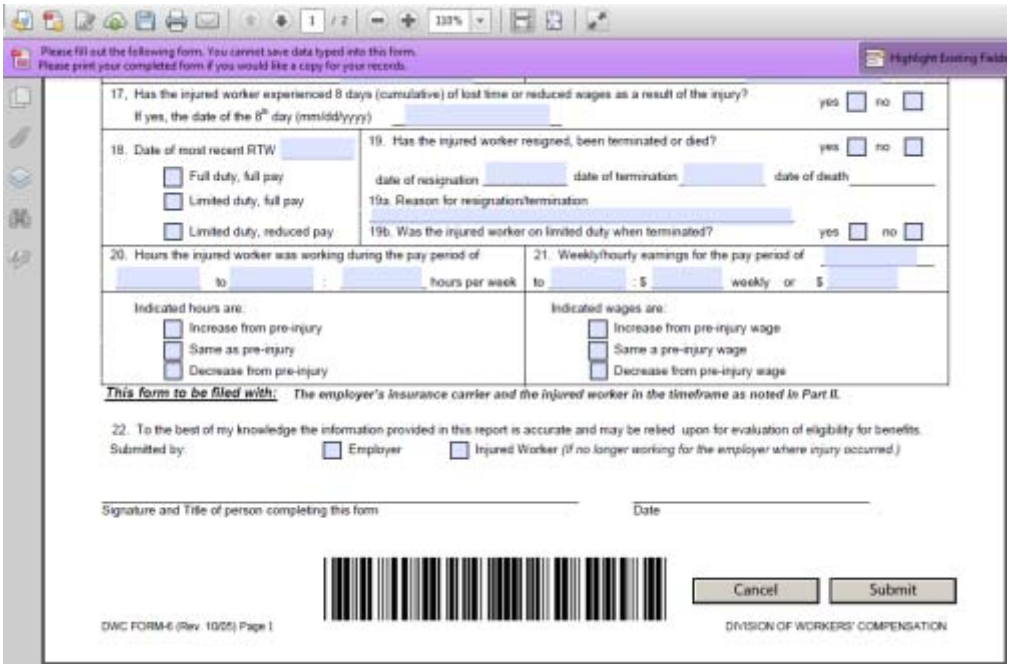
1. Employer business name: Demo Insured A
2. Employer phone #: 2288671367
3. Employer mailing address: 1170 West Railroad Street, Long Beach, MS 39560
4. Insurance carrier name: Self-Insured
5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes ☐ no ☐
   If so, identify contact person and phone #
6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes ☐ Date ____ no ☐
7. Has the employer requested RTW training from DWC or the insurance carrier? yes ☐ no ☐
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes ☐ Date ____ no ☐
9. Has the employer requested accident prevention services from the insurance carrier? yes ☐ no ☐

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10. ☐ a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
    ☐ b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
    ☐ c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
    ☐ d. The injured worker resigned or was terminated from employment: File within 10 days.

Part III INJURED WORKER INFORMATION

11. Injured worker name: Susan Mullins
12. SSN: xxx-xx-6789
13. DOI: 08/05/2015
14. Injured worker mailing address and phone #: 88 Maple St, Austin, TX 78757, 5128989999
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)
16. First day of additional lost time or reduced wages (mm/dd/yyyy)



Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.

17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes ☐ no ☐
    If yes, the date of the 8th day (mm/dd/yyyy)
18. Date of most recent RTW
    ☐ Full duty, full pay
    ☐ Limited duty, full pay
    ☐ Limited duty, reduced pay
19. Has the injured worker resigned, been terminated or died? yes ☐ no ☐
    date of resignation ____ date of termination ____ date of death ____
    19a. Reason for resignation/termination
    19b. Was the injured worker on limited duty when terminated? yes ☐ no ☐
20. Hours the injured worker was working during the pay period of ____ to ____ : ____ hours per week
    Indicated hours are:
    ☐ Increase from pre-injury
    ☐ Same as pre-injury
    ☐ Decrease from pre-injury
21. Weekly/hourly earnings for the pay period of ____ to ____ : $ ____ weekly or $ ____
    Indicated wages are:
    ☐ Increase from pre-injury wage
    ☐ Same a pre-injury wage
    ☐ Decrease from pre-injury wage

This form to be filed with: *The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.*

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.
    Submitted by: ☐ Employer ☐ Injured Worker *(if no longer working for the employer where injury occurred.)*

Signature and Title of person completing this form ____ Date ____

Cancel Submit

DWC FORM-6 (Rev. 10/05) Page 1 DIVISION OF WORKERS' COMPENSATION