

First Report of Injury (FROI) Online Tips & Instructions

- You can file a FROI with or without a login. Users are encouraged to take full advantage of the policy tools offered to you by signing up at <u>https://www.montanastatefund.com/web/resources/common/onlinedata-access.jsf</u>.
- You may log in and out of the application from the Montana State Fund Home page or within the application by clicking on the arrow in the top right corner of the FROI Online page.

| Montana J. State Fund | | 0 | ÷) |
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| File a Claim Online Welcome to Montana State Fund's Online First Report of Injury (FR0I). Filing a claim is <i>quick, secure, and con</i> Please be aware MSF will review the claim and gather any additional information to determine compensabilit An MSF representative may contact you if additional information is necessary to complete your claim. Once you submit the claim, you will be able to upload supporting documentation such as wages, work status If you have any questions about filing a FR0I, please contact a customer service specialist at (800) 332-6102 | <i>rfidential.</i> y. A claim number does not constitute acceptance of liability or a guarantee of benefit payments. forms, or the employee's signed copy of the FROI (PDF format). between the hours of 8:00am - 5:00pm (Monday - Friday). | | |
| Montana J State Fund | | | |
| | Username | | |
| | Username | | |
| | Password | | |
| | Password | | |
| | Forgot Username? Forgot Password? | | |
| | Login | | |

• If you are not logged in and cancel before submitting the FROI and obtaining a claim number, you will not be able to retrieve the

information once you close your browser page. Information on each page is saved by clicking **Next** but can only be retrieved by a logged in user from your organization.

- You can navigate between pages by using **Next** and **Previous**. Please do not use the browser's back button to avoid losing data or experiencing an error.
- An asterisk is displayed next to each required field.
- You must enter all required data on a page before you may use
 Previous to review a page you have already completed.
- Navigation between data fields
 - \circ Use Tab to move between fields or click on the field to edit
 - Type the first letter of the word to narrow your search in a dropdown list
 - Dates may be chosen using the popup calendar or may be manually entered
- The FROI application has integrated HELP functionality. Hover over a question mark within the application for more information and instructions.



• You now have the option to preview the FROI form before it is submitted. This a *draft* copy and does not have a claim number.

| First Report of Injury Online | |
|---|--|
| Information About Person Completing this Form | |
| Name: * | |
| Title: | |
| Contact Phone: * | |
| Contact Email: | |
| If you are logged in and click on SUBMIT FINAL CLAIM below, you the employer are submitting an employer's first report of an accident, injury, or occupational disease (First Report) with an electronic signature. Your electronic signature means you are signing the First Report on behalf of the employer identified in the First Report and that you are authorized by the employer to submit the First Report. Your electronic signature has the same force and effect as your handwritten signature. Until the First Report paper copy is signed by the employee and is presented to the employer, insurer, or Department of Labor and Industry, it does not constitute a claim for benefits. You may print this form and have the employee or their representative sign the employee section of the First Report form, which may be uploaded directly to our system on the next page. Or, upon receipt of this First Report, Montana State Fund will attempt to contact the employee to obtain their signature. After clicking SUBMIT FINAL CLAIM, a new window will appear on your screen with a claim number. You should use the claim number in all communication with Montana State Fund. You will be able to view the First Report as a PDF document. This document will contain the information to which your signature relates. Print or save the PDF document for your records. If you do not wish to submit the First Report of Injury through this website with an electronic signature, then you should not click SUBMIT FINAL CLAIM. Please call Montana State Fund at 1-800-332-6102 for assistance in completing the First Report form. | |
| Preview Draft Claim I accept with the terms and conditions: | |
| Progress | |
| 1 2 3 4 5 Employee/Accident Information Employment Details Additional Accident Details Wages Confirmation | |
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• Once you have submitted your *final* claim, you will be able to print or save a copy for your files using **View Submitted Claim**. You will then have the opportunity to upload any claim-related documents before leaving this page.

| Success |
|---|
| Thank you for filing your FROI online. It has been successfully submitted. The claim number is 041001915100. This claim number does not constitute acceptance of liability. Please look out for future communication on the status of this claim. |
| Click View Submitted Claim to print or save a copy of the final reported claim for your files. |
| View Submitted Diam |
| You may securely submit any supporting documentation or forms (pdf format only) for this claim now using the document upload feature below, including a copy of the FROI signed by the injured worker and/or the employer. You will receive a status message after each document upload. |
| If you are not able to or do not wish to submit documents for this claim now, you may fax to (406) 495-5020 or email to stfclaim@mt.gov. Be sure to include the claim number listed above if you fax or email claim documentation. |
| Note: Please leve this browser page open until you have submitted all documents you wish to upload. You will be able to continue to upload documents for this claim as long as this page is not closed and the application does not time out (up to 10 hours). Do not use the browser's navigation Back button |
| Select Document Type: * Signed FR01 Form V Description (add brief description of document): * + Choose Subject Document for Upload |
| Success: Letterhead pdf was uploaded. |
| Successfully Uploaded File List: |
| Letterhead pdf |
| If you have further questions, contact a customer service specialist at (800) 332-6102. |
| Enter Asother First Report |