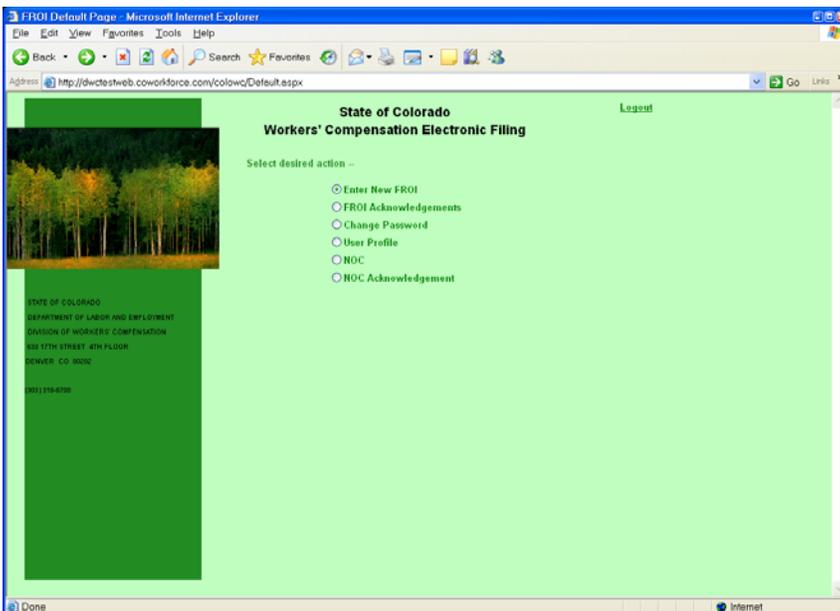
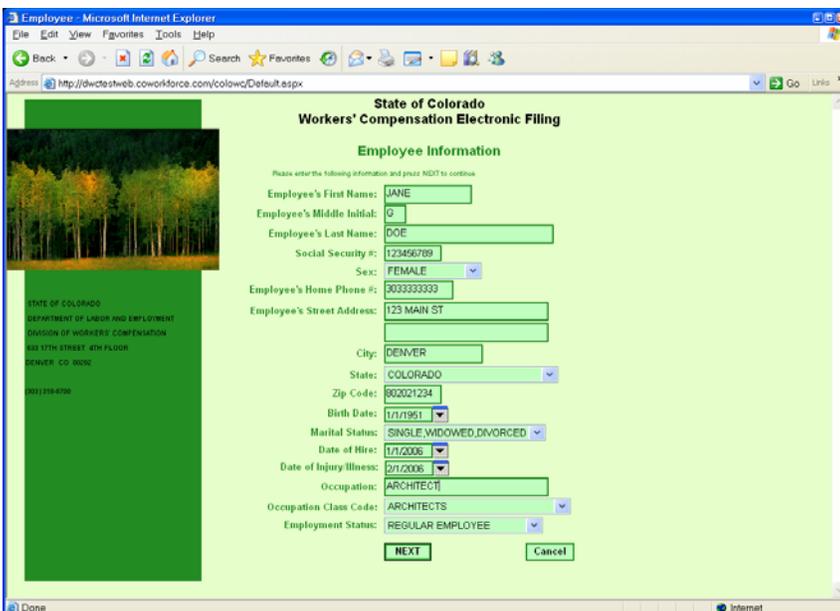


On the initiation screen enter the User ID and Password then press Log In.

If you have forgotten your password you can select the link to replace your password.



The menu screen allows you to select the particular action you wish to perform first. You can return to this menu at any time while in the website.



If you select **Enter New FROI** this is the first screen of the process. The Employee Information page gathers all data concerning the employee. All mandatory fields must be filled correctly prior to advancing to the next page. Dates can be filled in as mmddyy and the system will convert the data into standard form automatically. Postal codes must be nine digits to pass edits. The OCC drop down list is in alphabetical order but may have to be searched for correct selection.

**State of Colorado  
Workers' Compensation Electronic Filing**

**Employer and Wage Information**

Please enter the following information and press NEXT to continue.

Employer's Federal ID #: [ ]

Employer's Name: STATE OF COLORADO

Employer's Mailing Address: 633 17TH ST, 4TH FLOOR

City: DENVER

State: COLORADO

Zip Code: 802023660

Wage Period: [ ]

Average Weekly Wage at Time of Injury: [ ]

Employer Self Insured:  Yes  No

Full Wages Paid for DDI:  Yes  No

Wages Continued Per CRS 8-42-121:  Yes  No

The Employer and Wage Information page gathers all data concerning the employer and wages. The employer FEIN will be checked against our database in the overnight process. Wage Period and AWW at time of injury act in tandem. If one is entered then the other must be entered. Again remember to use a nine digit postal code.

**State of Colorado  
Workers' Compensation Electronic Filing**

**Injury/Illness Information**

Please enter the following information and press NEXT to continue.

Date of Injury/Onset: 10/01/2006

Time of Injury: [ ]

Last Day Worked: [ ]

Date Employer Notified: 01/20/06

Date Disability Began: [ ]

Date Returned to Work: [ ]

Old Injury Cause Death:  Yes  No. If So, Date of Death: [ ]

Part of Body: MULT BODY PARTS

Nature of Injury: CRUSHING

Cause of Injury: COLLAPSING MATERIALS

Description of Accident: REORGANIZING OFFICE FURNITURE WHEN BOOKCASE FELL OVER ON TOP OF INJURED WORKER.

Did Injury Occur on Employer's Premises:  Yes  No

Injury site 9-Digit Postal Code: 802023660

Initial Treatment: HOSPITALIZATION > 24 HRS

The Injury and Illness Information page gathers all data concerning the injury/illness. The drop down lists for POB, NOI and SOI are in alphabetical order however they may have to be searched for correct entry. Remember to use a nine digit postal code.

**State of Colorado  
Workers' Compensation Electronic Filing**

**Insurer Information**

Please enter the following information and press Submit to continue.

Block Number: 001

TPA Code: [ ]

Name of Insurance Company: PRINCIPAL ASSURANCE

Insurance Company FEIN #: [ ]

Insurance company / TPA Address: 7501 E LOWRY BLVD

City: DENVER

State: CO

Zip Code: 80230

Name of Insured: STATE OF COLORADO

Policy #: WC457548

Carrier Claim #: 2068201448544

Date Insurer Received First Report: 09/20/06

The Insurer Information page gathers all data concerning the carrier or TPA. After one field is entered you need to select the Get Info button which will display the carrier or TPA information from the DWC database.

State of Colorado  
Workers' Compensation Electronic Filing

### FROI Summary Information

**Employee Information**

Employee's First Name: JANE  
 Employee's Middle Initial: S  
 Employee's Last Name: DOE  
 Social Security #: 123456789  
 Sex: FEMALE  
 Employee's Home Phone #: 3032212321  
 Employee's Street Address: 123 MAIN ST  
 City: DENVER  
 State: COLORADO  
 Zip Code: 8021234  
 Birth Date: 01/01/1981  
 Marital Status: SINGLE, WIDOWED, DIVORCED  
 Date of Hire: 01/01/2008  
 Occupation: ARCHITECT  
 Occupation Class Code: ARCHITECTS  
 Employment Status: REGULAR EMPLOYEE

**Employer and Wage Information**

Employer's Name: STATE OF COLORADO  
 Employer's Federal ID #: 000000000  
 Employer's Mailing Address: 333 17TH ST, 4TH FLOOR  
 City: DENVER  
 State: COLORADO  
 Zip Code: 80202000  
 Wage Period: [Dropdown]  
 Employer Self-Insured:  Yes  No  
 Full Wage Paid for DDI:  Yes  No  
 Wages Continued Per CRS 9-40-124:  Yes  No

**Injury Illness Information**

Date of Injury/Illness: 01/01/2008  
 Time of Injury: [Dropdown]  
 Last Day Worked: 01/01/2008  
 Date Employer Notified: 01/01/2008

**Insurer Information**

Block Number: 1  
 TPA Code: [Dropdown]  
 Get FRO

The FROI Summary Information page displays all data entered on the prior pages. You can choose to revise any of the data you wish and select Update prior to submitting the FROI.

State of Colorado  
Workers' Compensation Electronic Filing

### FROI Summary Information

**Employee Information**

Date of Hire: 01/01/2008  
 Occupation: ARCHITECT  
 Occupation Class Code: ARCHITECTS  
 Employment Status: REGULAR EMPLOYEE

**Injury Illness Information**

Date of Injury/Illness: 01/01/2008  
 Time of Injury: [Dropdown]  
 Last Day Worked: 01/01/2008  
 Date Employer Notified: 01/01/2008  
 Date Disability Began: [Dropdown]  
 Date Returned to Work: [Dropdown]  
 Did injury cause death:  Yes  No  
 Date of Death: [Dropdown]  
 Part of Body: MULT BODY PARTS  
 Nature of Injury: SCRAMING  
 Cause of Injury: COLLAPSING INTERIORS  
 Description of Accident: SCRAMMING OFFICE FURNITURE WHEN BOOKCASE FELL OVER ON TOP OF INJURED WORKER  
 Did injury occur on Employer's Premises:  Yes  No  
 Injury site Postal Code: 8022000  
 Initial Treatment: HOSPITALIZATION - 24 HRS

**Insurer Information**

Block Number: 1  
 TPA Code: [Dropdown]  
 Get FRO

Name of Insurance Company: FINANCIAL ASSURANCE  
 Insurance Company  
 Name of TPA: [Dropdown]  
 TPA FEIN #: [Dropdown]  
 Insurance company / TPA Address: 700 E LOVELY BLVD  
 City: DENVER  
 State: CO  
 Zip Code: 80202

Date Insurer Received First Report: 01/02/2008  
 Name of Insured: STATE OF COLORADO  
 Policy #: 000001540  
 Carrier Claim #: 200803146504

Update Submit Cancel

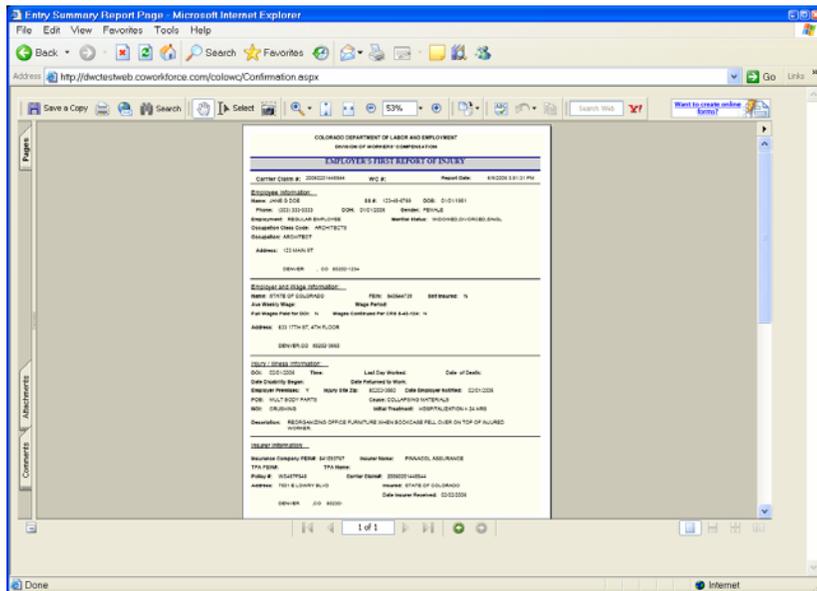
State of Colorado  
Workers' Compensation Electronic Filing

A claim has been successfully submitted. Thank you for using the State of Colorado Workers' Compensation Online Electronic Filing System. This claim will be processed and the results will be available the next business day under the Acknowledgment section.

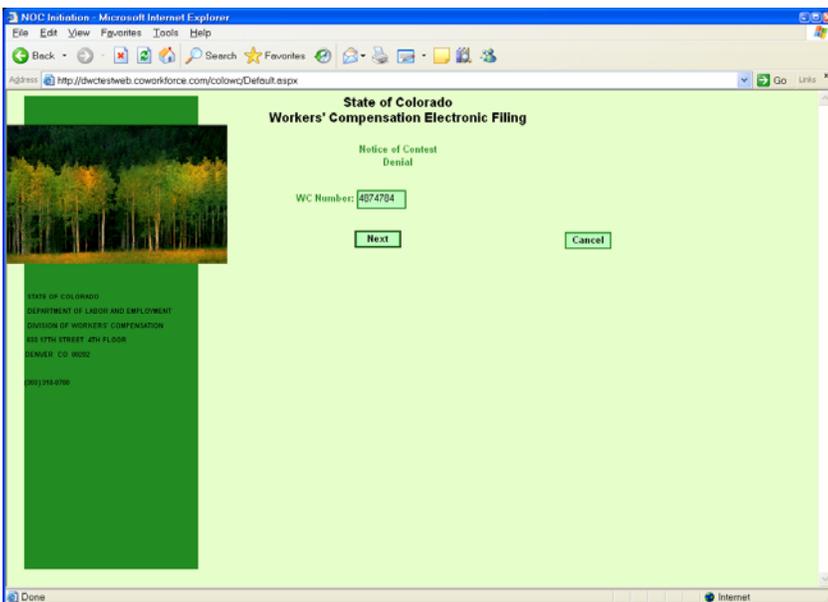
Enter Another FROI Report of Last Submission Home

STATE OF COLORADO  
 DEPARTMENT OF LABOR AND EMPLOYMENT  
 DIVISION OF WORKERS' COMPENSATION  
 333 17TH STREET 4TH FLOOR  
 DENVER, CO 80202  
 (303) 239-8700

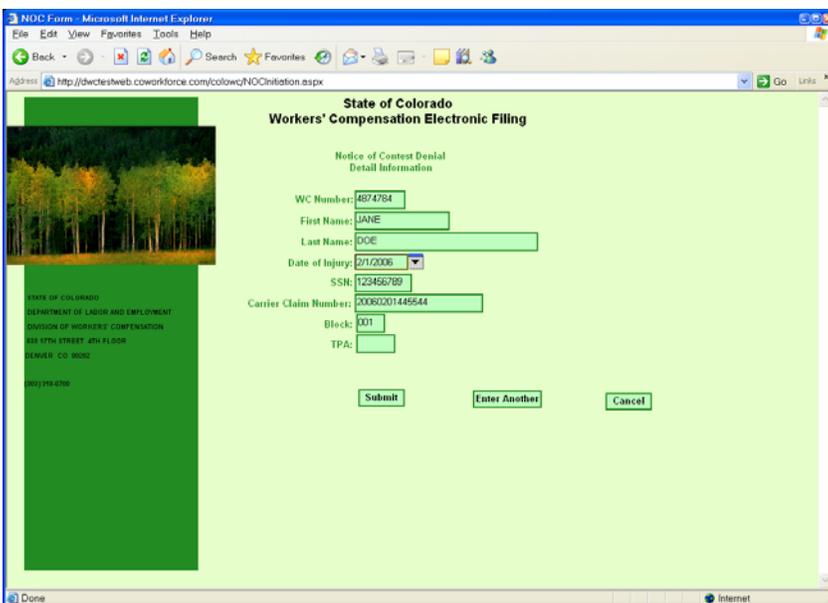
After submitting the FROI you will receive a message confirming the successful submission of your FROI. The **Report of Last Submission** button will allow you to print a page that contains all the information in your FROI. **Enter Another FROI** will take you to the first page of the FROI process. **Home** will take you back to the action menu.



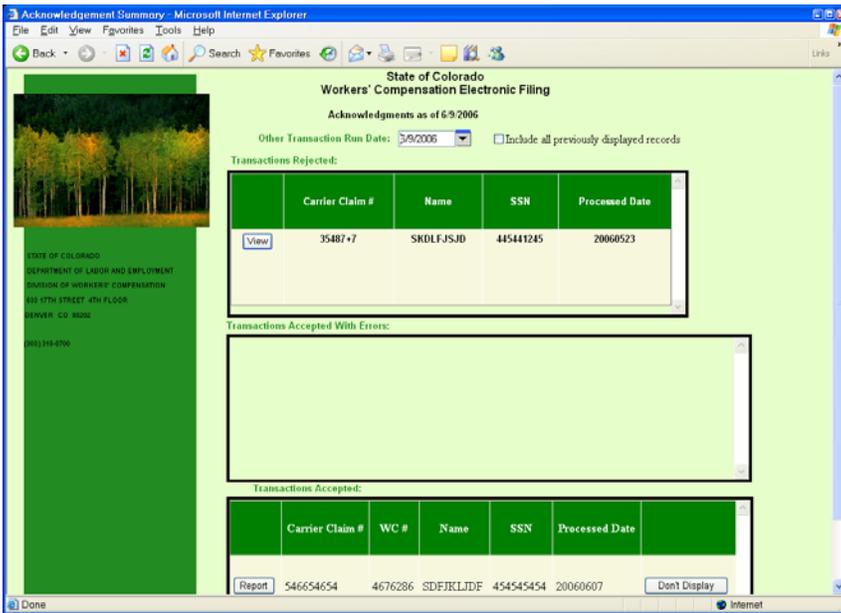
This is the report that you will be able to print if you select the **Report of Last Submission** button. While not a duplicate of the old paper FROI form it does include all data that is required by the IAIABC standards.



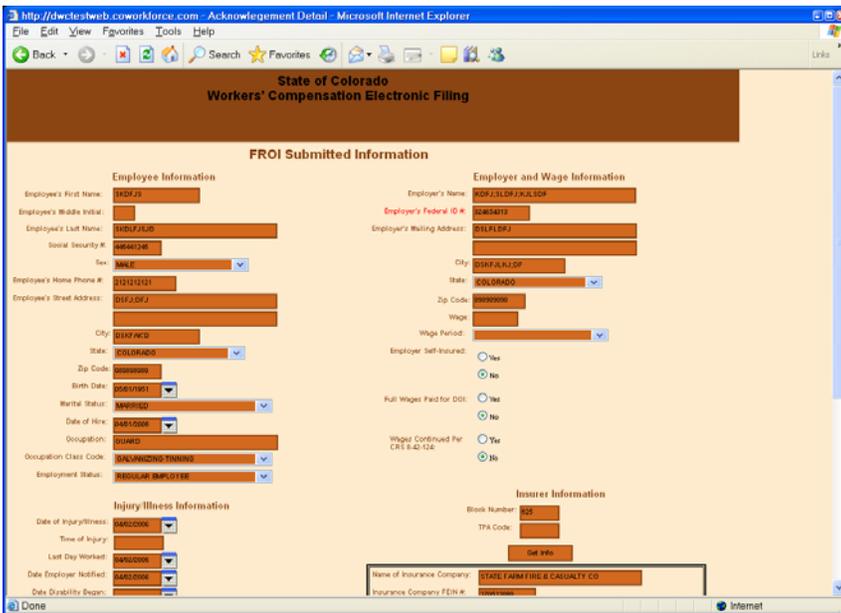
When you select **NOC** you will move to this page where you will enter the WC# of the claim on which you wish to file a denial. **Cancel** will take you back to the action menu.



If the FROI on which you wish to file a denial was entered through the online site the system will bring up the stored data for the appropriate fields and all you have to do is select **Submit**. If the FROI was started via paper you will need to enter the data yourself prior to submitting the denial.



The FROI Acknowledgment page is divided into three grids – Transactions Rejected, Transactions Accepted With Errors, and Transactions Accepted. The last two fields will display the corresponding WC# assigned by our system. When you select **View** for FROIs that were rejected the FROI Summary Information page for that claim will be displayed. If you select **Don't Display** that FROI will not appear on the grid but can be viewed later by selecting the **Include all previously displayed records** at the top. This allows you to keep only necessary claims in the grid. The NOC Acknowledgment screen will look and act virtually the same.



The FROI Summary Information page will display the field(s) that need to be edited in red. Upon entering the correct data you can resubmit the FROI for processing again.

