DWC FORM 6 THROUGH YCE LOGIN

If you only need to submit a DWC-6 form, you will need to login to YCE directly and not go through the claim opening wizard (iCOW). The following instructions will get you to the same DWC-6 module. Save this link in your favorites!!!

https://www.iclaimsexpert.com/

You will click to login and then go to your main page. The Login and Password are the same that you will use for submitting a new claim. You will need to enter JIC as the Company name

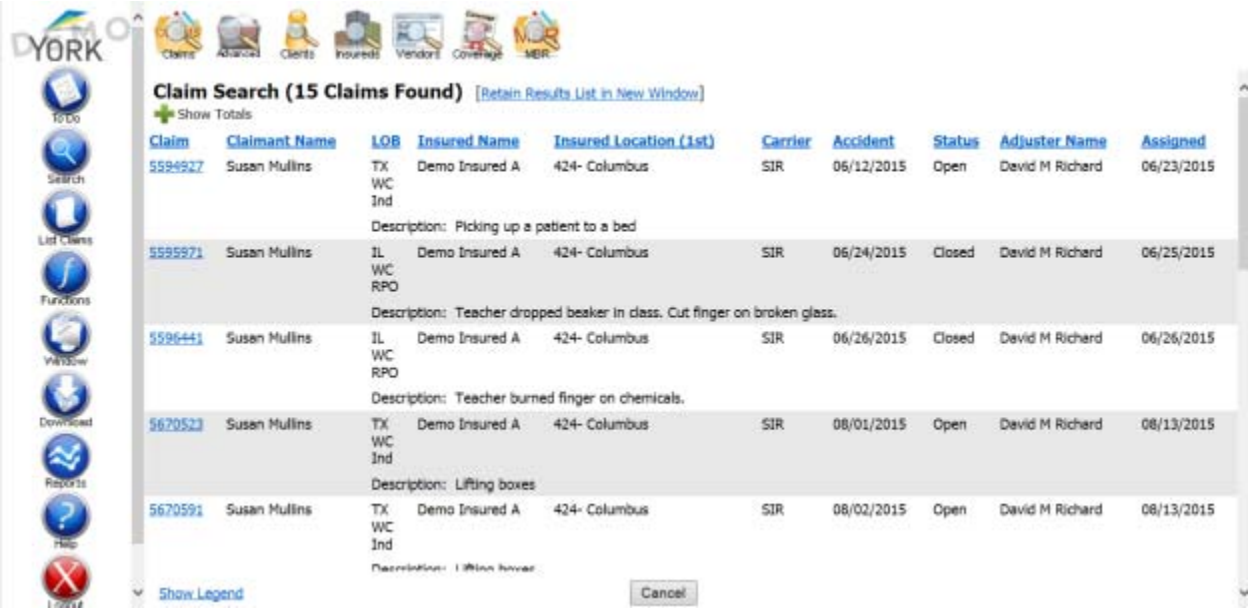
For purposes of these instructions, you will see the demo system screenshots.

Once you are in the system, you will need to locate the claim you want to submit the DWC-6 form on so you will need to “search” for that claim. This function is on the left side of the screen under the 

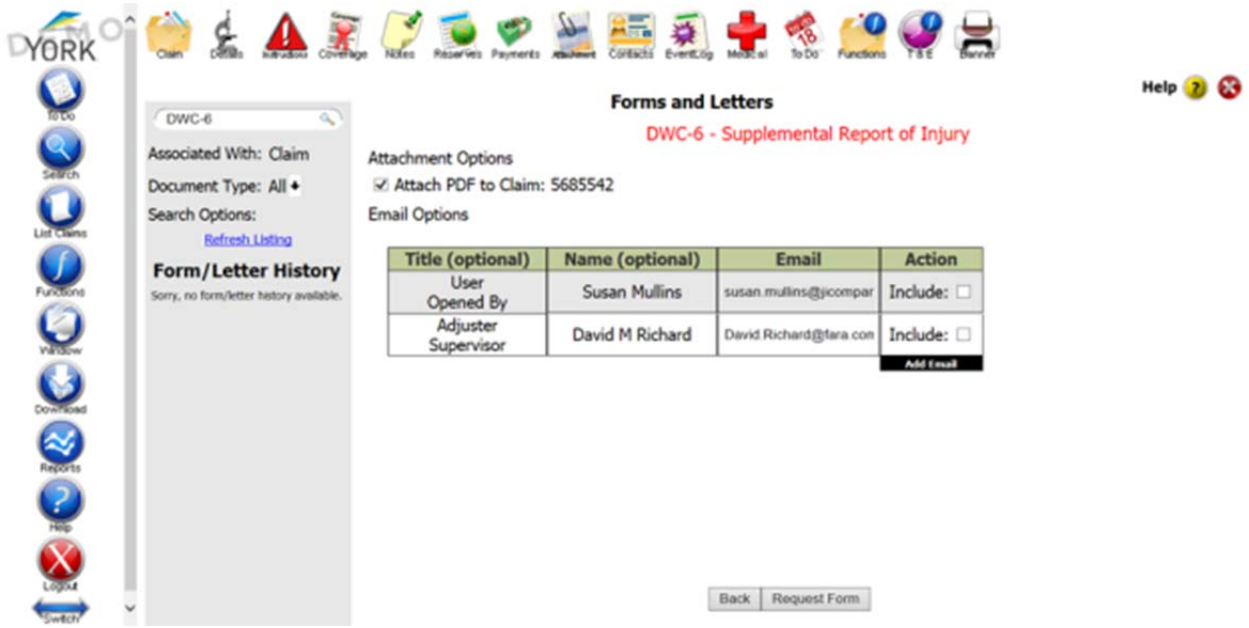
icon. Select it to search for your claim:

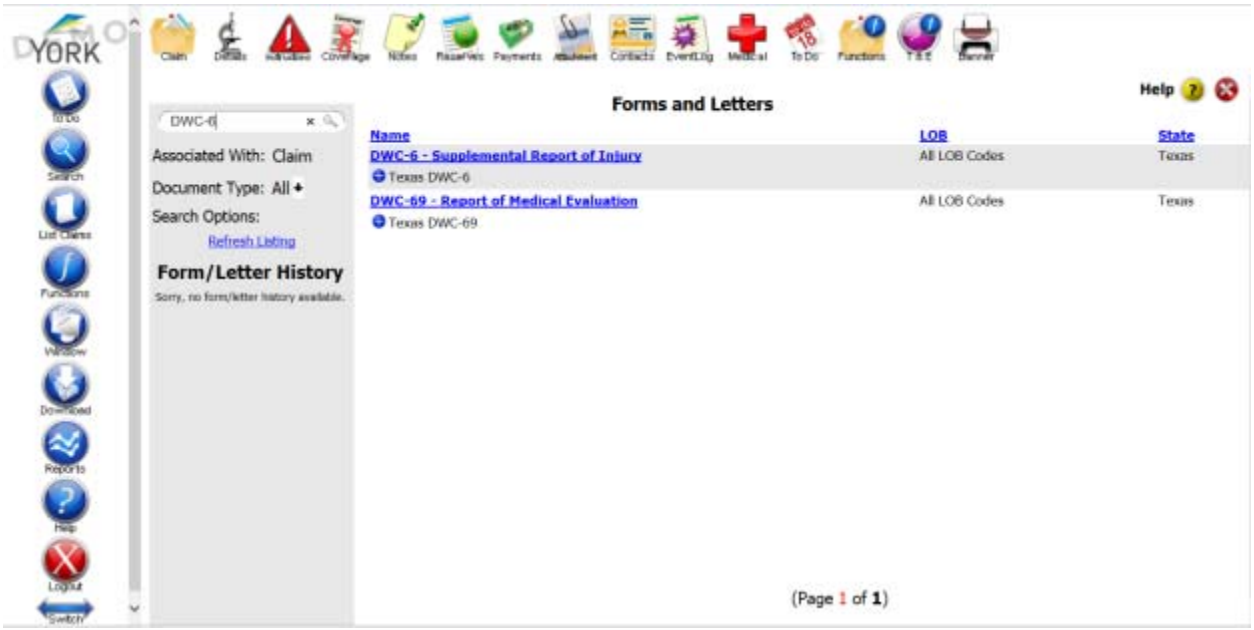
You have several ways you can search, claim number, legacy claim number, name or SSN. I used name:

Hit the search button. All claims with that name will be retrieved. For more common names, please make sure you select the right date of injury. You can narrow it down if you use the claim number if you have it available but many times the name is the fastest way. Once you identify the claim you want to work in, select it by moving your cursor to the claim number **unscored in blue** .

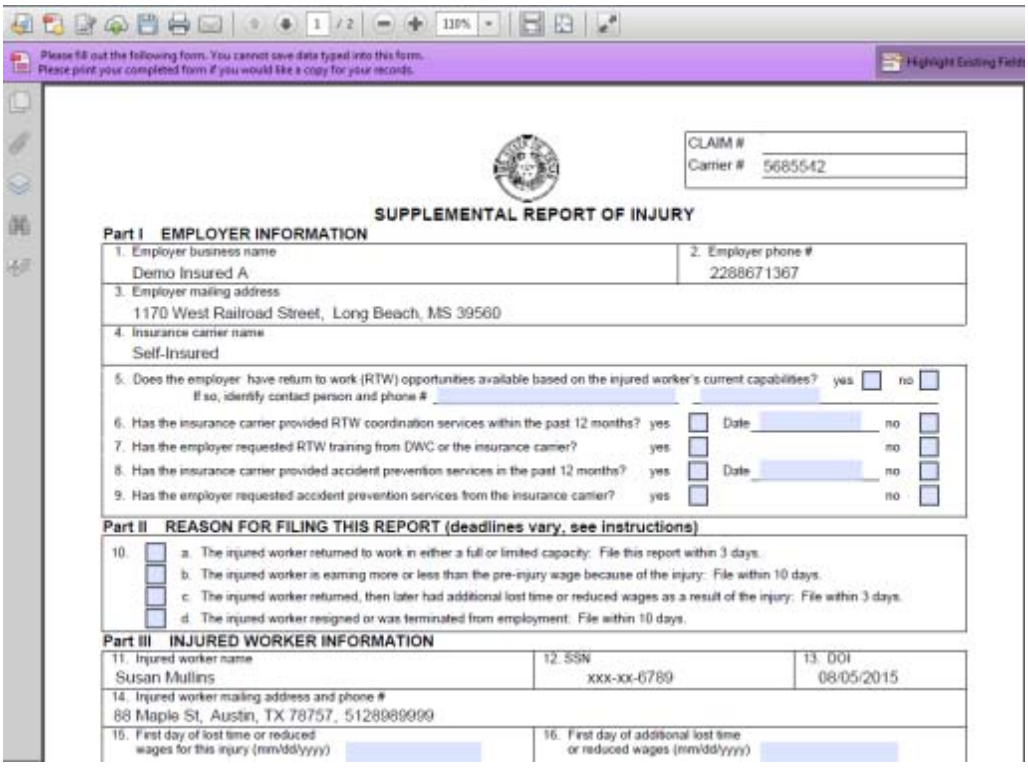


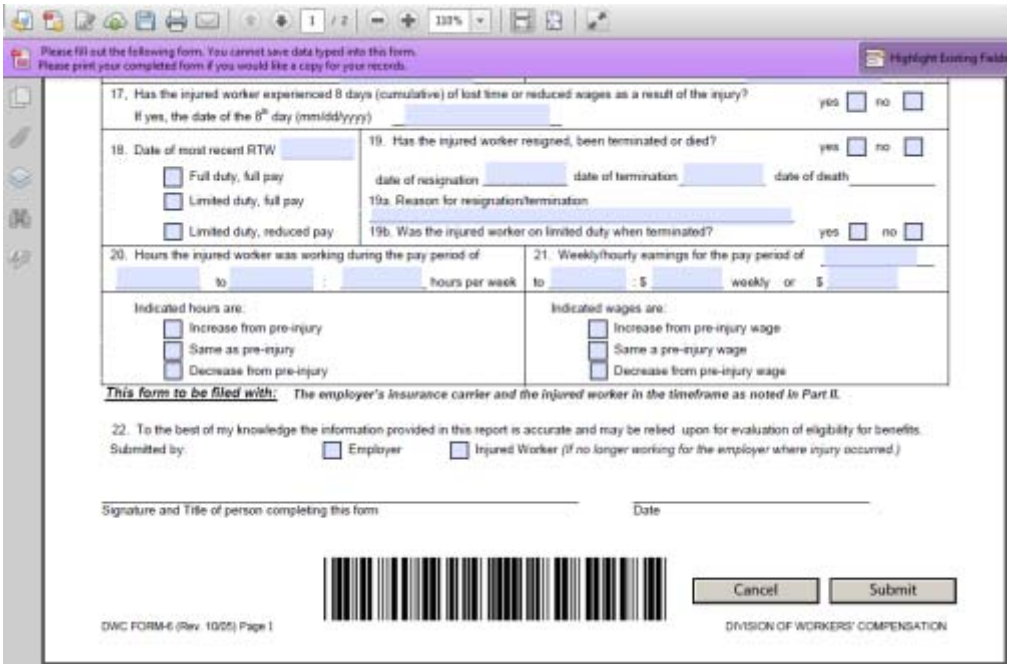
You will see some of the same functionality with the DWC-6 forms as the DWC-3 forms. The same notification screen, same option to select or search for the form.





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.

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

21. Weekly/hourly earnings for the pay period of ____ to ____ : $ ____ weekly or $ ____

Indicated hours are:
☐ Increase from pre-injury
☐ Same as pre-injury
☐ Decrease from pre-injury

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