LOGIN

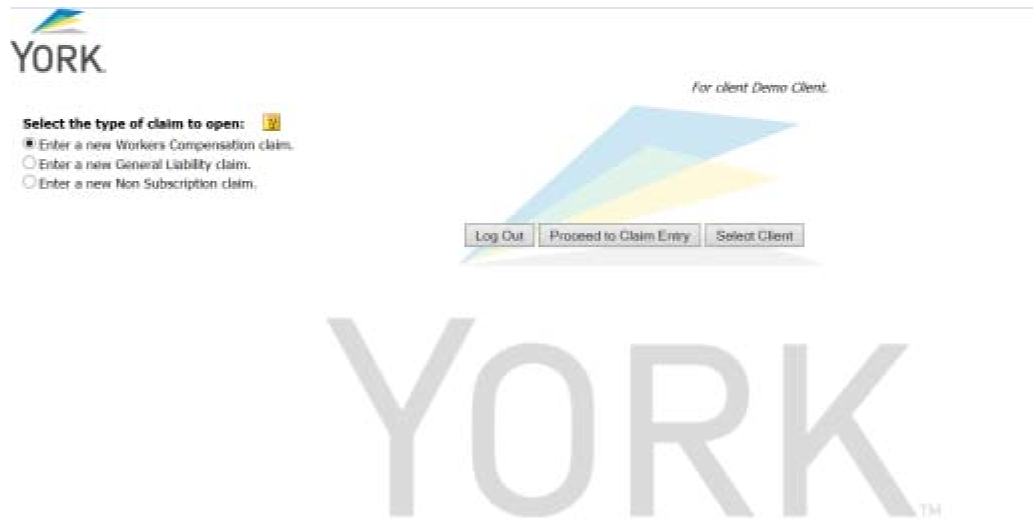
The following instructions are for DWC form submissions via York Claims Expert (YCE). This system is web-based so you will be using the internet to access the forms. The information you see in these documents are part of our demo system. However, when you login to the system, you will see JIC in the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

Copy and paste the following link into your favorites :

https://www.iclaimsexpert.com/apps/ice/cow/icowlogin.r

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. For Company, enter JIC:

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.

YORK

Insured Selection | Insured Confirmation | Employer Details | Employee/Wage Details | Occurrence/Treatment Details | Special Instructions | Completion

For client Demo Client.

* designates required items

* Employer Location: Country: UNITED STATES
Street: 1170 West Railroad Street
City: Long Beach State: Mississippi Zip: 39560

* Telephone: (228) 867-1367

* Jurisdiction: Texas

NAICS Code: 336412 - Aircraft Engine and Engine Parts Manufacturing

SIC Code: 3724 - Aircraft Engines and Engine Parts

Insured Report #:

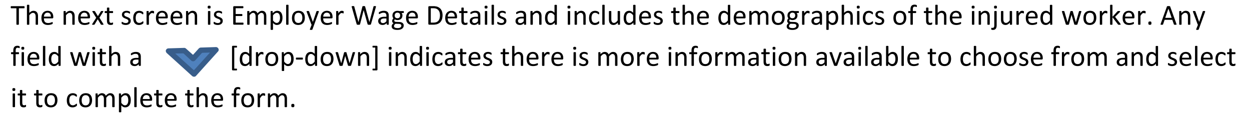
Client Report #:

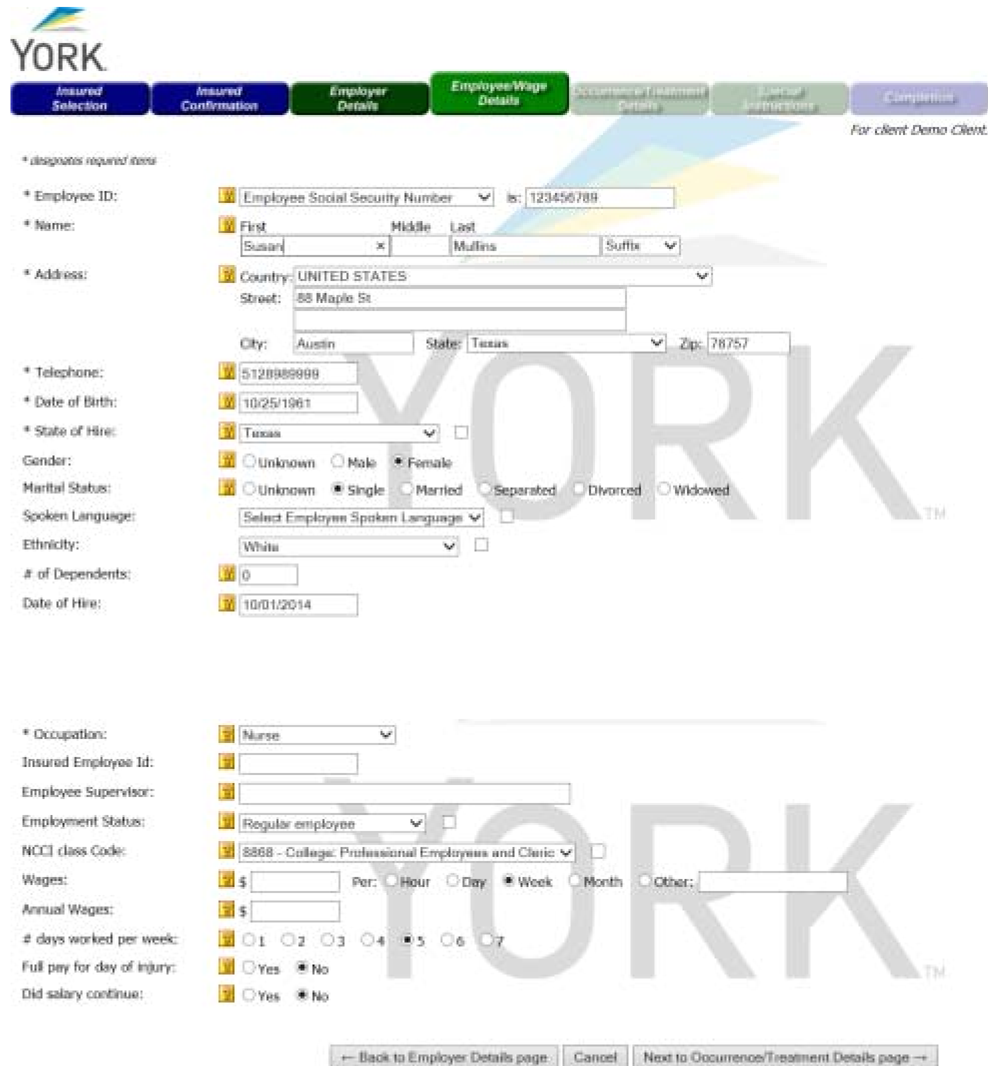
Location #:

* Location Coding:
Agency: 424- Columbus
Sub Agency: 3-Bedding
Office Location: None Provided
loan number: None Provided

Cancel | Next to Employee/Wage Details page →

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.


YORK

Insured Selection | Insured Confirmation | Employer Details | Employee/Wage Details | Occurrence/Treatment Details | Special Instructions | Completion

For client Demo Client.

* designates required items

* Employee ID: Employee Social Security Number is: 123456789
* Name: First Susan Middle Last Mullins Suffix
* Address: Country: UNITED STATES
Street: 88 Maple St
City: Austin State: Texas Zip: 78757
* Telephone: 5128989999
* Date of Birth: 10/25/1961
* State of Hire: Texas
Gender: Unknown Male Female
Marital Status: Unknown Single Married Separated Divorced Widowed
Spoken Language: Select Employee Spoken Language
Ethnicity: White
# of Dependents: 0
Date of Hire: 10/01/2014

* Occupation: Nurse
Insured Employee Id:
Employee Supervisor:
Employment Status: Regular employee
NCCI class Code: 8868 - College: Professional Employees and Cleric
Wages: $ Per: Hour Day Week Month Other:
Annual Wages: $
days worked per week: 1 2 3 4 5 6 7
Full pay for day of injury: Yes No
Did salary continue: Yes No

← Back to Employer Details page | Cancel | Next to Occurrence/Treatment Details page →

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:

YORK

Insured Selection | Insured Confirmation | Employer Details | Employee/Wage Details | Occurrence/Treatment Details | Special Instructions | Completion

For client Demo Client.

* designates required items

Employee began work: AM PM

* Date of accident: 08/05/2015 * Time: 0:00 AM PM

* Did injury cause death: Yes No If yes, give date of death:

* Date employer notified: 08/06/2015 * Time: 8:00 AM PM

* Nature of Injury: Select Nature of Injury

Select Nature of Injury
Multiple Injuries Multiple Injuries Including Both Physical and Psychological
Multiple Injuries Multiple Physical Injuries Only
Occupational Disease or Cumulative Injury AIDS
Occupational Disease or Cumulative Injury All Other Cumulative Injury NOC
Occupational Disease or Cumulative Injury All Other Occupational Disease Injury NOC
Occupational Disease or Cumulative Injury Asbestosis
Occupational Disease or Cumulative Injury Black Lung
Occupational Disease or Cumulative Injury Byssinosis
Occupational Disease or Cumulative Injury Cancer
Occupational Disease or Cumulative Injury Carpal Tunnel Syndrome
Occupational Disease or Cumulative Injury Contagious Disease
Occupational Disease or Cumulative Injury Dermatitis
Occupational Disease or Cumulative Injury Dust Disease NOC
Occupational Disease or Cumulative Injury Hepatitis C
Occupational Disease or Cumulative Injury Loss of Hearing
Occupational Disease or Cumulative Injury Mental Disorder
Occupational Disease or Cumulative Injury Mental Stress
Occupational Disease or Cumulative Injury Poisoning Chemical (Other Than Metals)
Occupational Disease or Cumulative Injury Poisoning Metal
Occupational Disease or Cumulative Injury Radiation
Occupational Disease or Cumulative Injury Respiratory Disorders
Occupational Disease or Cumulative Injury Silicosis
Occupational Disease or Cumulative Injury VDT Related Disease
Specific Injury All Other Specific Injuries NOC
Specific Injury Amputation
Specific Injury Angina Pectoris
Specific Injury Asphyxiation
Specific Injury Burn
Specific Injury Concussion

BODY PART

The next screen is the Part of Body

* Part of body: Select Part of Body
* Cause of Injury: Select Cause of Injury
* How accident occurred:
* Where accident occurred: Did Injury/Illness exposure occur on employer's premises: Yes No
* State of Accident: Select State

Doing usual work: Yes No

Contact Name: Title First Middle Last Suffix

Telephone:

Select Part of Body
Head Brain
Head Ear(s)
Head Eye(s)
Head Facial Bones
Head Mouth
Head Multiple Head Injury
Head Nose
Head Skull
Head Soft Tissue
Head Teeth
Lower Extremities Ankle
Lower Extremities Foot
Lower Extremities Great Toe
Lower Extremities Hip
Lower Extremities Knee
Lower Extremities Lower leg
Lower Extremities Multiple Lower Extremities
Lower Extremities Toes
Lower Extremities Upper Leg
Multiple Body Parts (Including Body Systems and Body Parts)
Multiple Body Parts Artificial Appliance
Multiple Body Parts Body Systems and Multiple Body Systems
Multiple Body Parts Insufficient Info to Properly Identify
Multiple Body Parts No Physical Injury
Multiple Body Parts Whole Body
Neck Disc
Neck Larynx
Neck Multiple Neck Injury
Neck Soft Tissue

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.

Equipment, materials or chemicals involved:

Specific activity engaged in when occurred:

Work process engaged in when occurred:

Safeguards provided: Yes No

Safeguards used: Yes No

Witnesses: First Middle Last Phone

Title Suffix

Title Suffix

Date last worked:

Date disability began:

Date returned to work:

Initial treatment:
- No medical treatment
- Minor: by employer
- Minor: by clinic or hospital
- Emergency care
- Hospitalized > 24 Hrs.
- Future major medical / Lost Time anticipated

Physician/Health Care provider: First Middle Last

Title Suffix

Country: UNITED STATES

Street:

City: State: Select State Zip:

Hospital: Name:

Country: UNITED STATES

Street:

City: State: Select State Zip:

← Back to Employee/Wage Details page | Cancel | Next to Special Instructions page →

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.

YORK

Insured Selection | Insured Confirmation | Employer Details | Employee/Wage Details | Occurrence/Treatment Details | Special Instructions | Completion

For client Demo Client.

Almost finished! Please tell us if you have any special instructions. These items are not shown on the first report of injury.
** designates required items*

* Send first report of injury to: susan.mullins@yorkrsg.com
Note: You may enter multiple email addresses seperated by commas

Contact me first: Check this box to alert the adjuster to contact you prior to any investigation.

Any message for the adjuster:

Would you like an investigator involved:

This is your last chance, press "Cancel" now if you want to abandon this claim opening. Otherwise, press "Next to Completion page" to submit the claim and generate the first report of injury.

← Back to Occurrence/Treatment Details page | Cancel | Next to Completion page →

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.

YORK

Insured Selection | Insured Confirmation | Employer Details | Employee/Wage Details | Occurrence/Treatment Details | Special Instructions | Completion

For client Demo Client.

Thank you for completing this report! Please make a note of the claim number. The adjuster should be making their contacts shortly.
Your ICE claim number is: 5685542
The first report of injury? will be emailed to: susan.mullins@yorkrsg.com

The claim has been assigned to: David M Richard
(985) 624-6750
David.Richard@fara.com

Press "Open another Claim" to repeat this process and open another claim.
Press "Log Out" to end this session.
Press "Enter iClaimsExpert" to continue into ICE with your current login.

? You'll need a PDF reader to view your first report of injury. If you don't have one, you can get it here

Your first report of injury will be emailed shortly from info@iclaimsexpert.com. Please ensure that your email service does not block incoming emails from this address.

Open another Claim | Log Out | Enter iClaimsExpert