



Work Comp Campus: External technical manual

Version 1.0

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Welcome to Work Comp Campus

This technical manual provides technical step-by-step guidance with visual aids to help you understand how to perform job functions in the Department of Labor and Industry’s (DLI’s) new Work Comp Campus. The information shared in this document will help external users transition from the current paper-based system for submitting workers’ compensation claim information to the future state of fully electronic submission in Campus.

All names and data portrayed in these materials are fictitious and used only for demonstrative purposes. No identification with actual persons or entities is intended or should be inferred.

Getting started

As a new user to Campus, you will need to register your account. If you are already registered, follow the steps in the “Logging into Campus” section.

Registering in Campus

1. Go to the Campus website at www.campus.dli.mn.gov.
2. Select **Sign Up**.



3. Complete the required fields, marked with black asterisks (*), in the **About Me** section of the screen.

4. Complete the required fields, marked with black asterisks (*), in the **Contact Information** section of the screen.

5. In the **My Account** section, enter a valid email address and create a password that matches the listed requirements.

6. After reading and agreeing to the various terms listed, click the boxes to the left.
7. Click the **reCAPTCHA** box signaling "I'm not a robot."
8. Click **Sign Up** to register your new Campus account.

*A verification email message will be sent to the email address that was used during sign-up. You will need to access the email and confirm prior to logging into Campus. If you do not receive the email message, contact the help desk for further assistance.

Logging into Campus

1. Enter your email address and password.
2. Click **Login**.

3. Click **I Agree** in the pop-up window.

Access Requirements Acknowledgement

By using this system, you affirm that:

- You are accessing a restricted government information system.
- System usage may be monitored, recorded, and subject to audit.
- You consent to such monitoring and recording.
- Unauthorized use of the system is prohibited and may be subject to criminal and/or civil penalties.

At the bottom, there are two buttons: 'I Agree' and 'I Don't Agree'. A red circle with the number '3' points to the 'I Agree' button.

*Your user dashboard (the Campus homepage) will open.

Note: The system will time-out after 30 minutes of inactivity. It is important you use the **Save as Draft option for any forms you are working on if you are not able to finish within that timeframe.

My Overview

3 Open Claims
View details associated to your claims in the My Queue portal.

0 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims My Disputes My Forms My Appeals

Include Inactive

Campus File Num...	Employee	Employer	Claim Admin	Date of Injury	Status
CL-01-7956-960	Joey Jones	Joey's Towing		3/1/2020	Default Status Plac...
CL-01-7576-058	Stacy Uattest	Senior Living		2/4/2020	In Progress

Notifications X Clear All

- Respond to Scheduling Poll
A scheduling poll is available for your response. This scheduling poll will be available for 7 days after initiation.
9 days ago
- Upcoming Event on 3/16/2020
Mediation for Dispute DS-01-7576-108

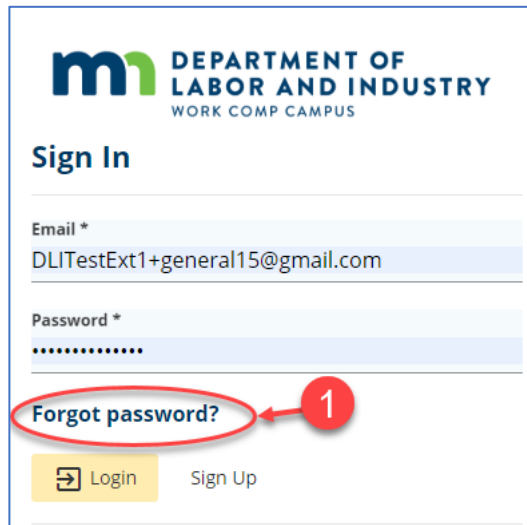
My Events

April 2020

Su	Mo	Tu	We	Th	Fr
29	30	31	1	2	3
5	6	7	8	9	10

Resetting your password

1. Click **Forgot Password**.



mi DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Sign In

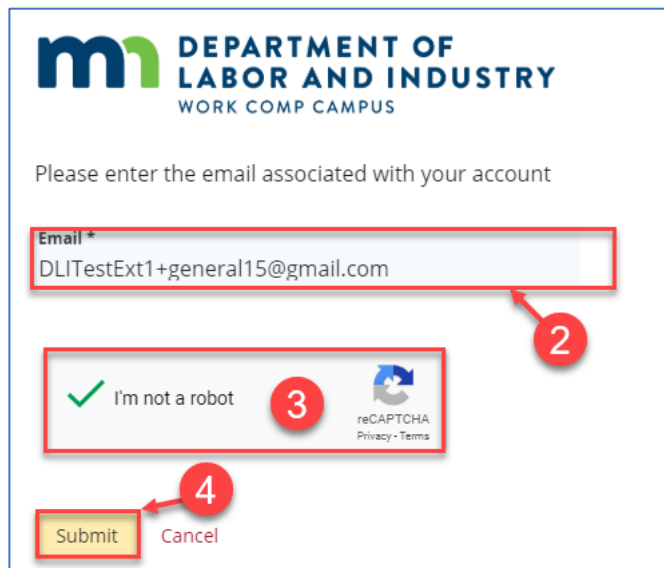
Email *
DLITestExt1+general15@gmail.com

Password *
.....

Forgot password?

Login Sign Up

2. Enter your email address.
3. Click the **reCAPTCHA** box signaling "I'm not a robot."
4. Click **Submit**.



mi DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Please enter the email associated with your account

Email *
DLITestExt1+general15@gmail.com

I'm not a robot

reCAPTCHA
Privacy - Terms

Submit Cancel

*The email address you entered will then be sent an email message with directions about how to create a new password. If you do not receive the email message or experience any issues, contact the help desk for further assistance.

**Campus passwords expire every 90 days; you will be prompted to reset your password at login.

Dashboards

The **Dashboard** is the starting point for users to be able to navigate and perform all necessary job functions. Campus includes two dashboards: one for all **general users**; and one specific to **trading partners**.

General user dashboard

After logging in, the **Dashboard** (homepage) will appear for all users (other than registered trading partners), with a number of built-in tools and features to enable easy sorting and management of tasks.

The screenshot shows the 'My Overview' section with three cards: 'Open Claims' (1), 'Upcoming Events' (0), and 'New Documents' (0). Below this is the 'My Queues' section with tabs for 'My Claims', 'My Disputes', and 'My Forms'. A table lists claim details, and a 'My Events' calendar is visible on the right. Callouts provide instructions on how to use the logo, 'Submit a Filing' dropdown, user name menu, notification bell, and the 'My Events' calendar.

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-00	G	M		4/21/2020	Open/Not Contested

Trading partner dashboard

If you register and login as a **trading partner**, the customized **Trading Partner dashboard** will appear, with a number of built-in tools and features to enable easy sorting and management of tasks.

Dashboard header

This close-up shows the top navigation bar with the Department of Labor and Industry logo, a 'Submit a Filing' dropdown menu, a notification bell icon, and a user name dropdown menu. Callouts explain the function of each element.

Trading partner details

Trading Partner

Trey's Trading Post

The **Trading Partner** section includes a drop down that displays all the entities in which the logged in user is a member of

Trading Partner Details

Trading Partner ID	Trading Partner Name	Account Name	FEIN	Status	
TP-02-0370-928	Trey's Trading Post		33-3444333	Active	View Profile

The **Trading Partner Details** area shows specific details related to the Trading Partner that is selected above.

View Profile can be selected to view details about your account information along with performing updates to your profile.

Account overview

Account Overview

The **Account Overview** shows a summary of all the active transactions and claims relating to your account.

The **View** dropdown can be selected to change your overview from the default of "Last 30 days".

View: Last 30 days

Notifications Clear All

Your Trading Partner Profile Registration submission has been approved
Form submission 1342 has been approved.
Today

Notifications can also be found here in list form.

Accepted Transactions
No accepted transactions

Rejected Transactions
No rejected transactions

No transactions for selected time span

Average Days For Employer to Notify Claim Admin
0 days

Average Claim Submission Time
0 days

New Claims 0

Claims with Paid Benefits 0

Claims Awaiting Benefits 0

My queues

My Queues

First Actions My Form History

Insurer
All Insurers

Reporting Year ?

	2020		2019		2018		2017		2016	
Total Reportable Claims	0		0		0		0		0	
Timely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Untimely Claims	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Reporting Year Reporting Date JCN Timely MTC

No data found

Showing (0-0) of 0 << < > >> Items per page 50

Annotations:

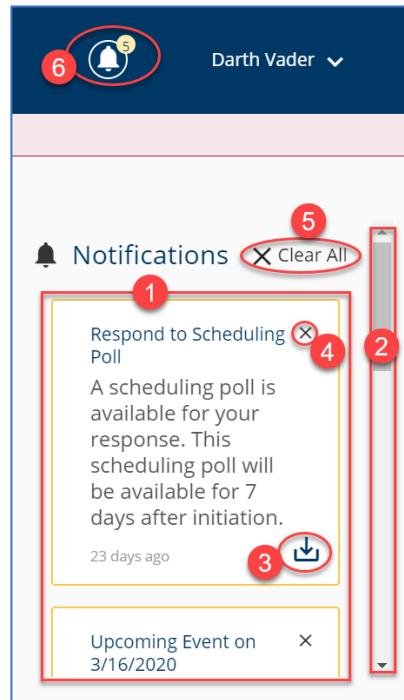
- Select the Tab in which you would like to view the detail by Reporting Year.
- You will need to select which Insurer data you would like to view.
- Based on your selection, Claims detail information will be shown - broken down by Reporting Year.
- Use the navigation buttons to advance forward or backwards through the pages.
- The data can be filtered by clicking on the Filter button (funnel shaped icon).

Notifications

Notifications are system-generated messages that can either be specific to tasks that need to be completed or simply an informational message.

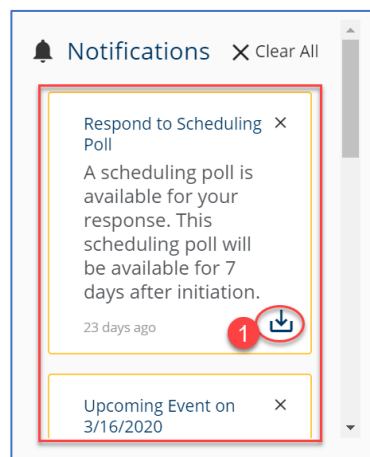
Viewing notifications

1. **Notifications** are visible in the upper right area of the dashboard.
2. **Scroll** up and down to view all notifications.
3. Some notifications will also include a down-arrow icon in the lower right corner. Clicking the down-arrow will take you through steps to export the documents. See the “**Exporting documents**” section for details.
4. Click the **X** to delete the notification.
5. Clicking **X Clear All** will delete all active notifications.
6. You can also view notifications via the **Bell** icon next to your username. If you have any active notifications, the number will be visible. Clicking the bell icon will list all active notifications.

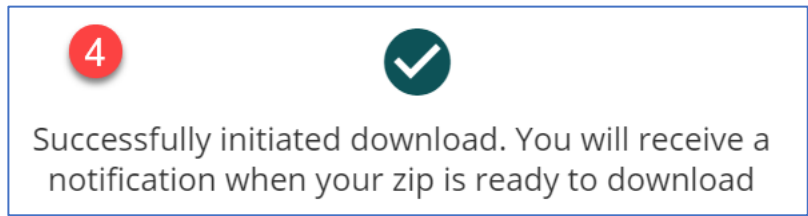
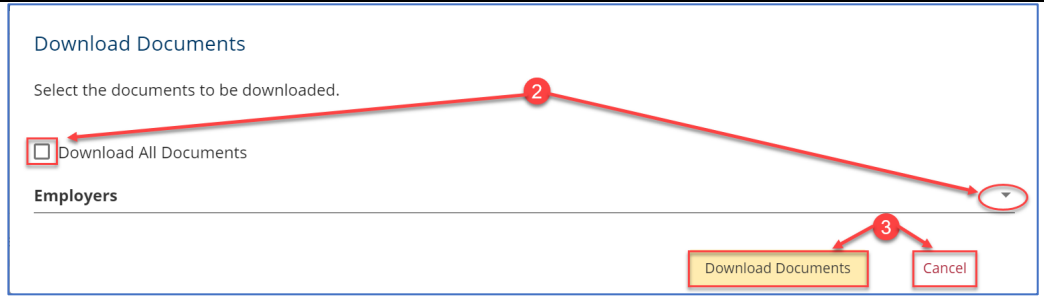


Exporting documents

1. Some notifications will also include a down-arrow icon in the lower right corner. Clicking this button takes you to the **Download documents** window.



2. Make a selection between **Download All Documents** or a select a subset of documents by clicking on the **down-arrow**.
3. Click the **Download Documents** button to continue or **Cancel** to exit without downloading and return to the previous screen.
4. A notification screen will appear if the submission was successful and indicating you will receive a notification when the ZIP file is ready to download.



User profile

The **User Profile** contains personal information about your account and should be kept up to date.

Editing your profile

1 Click the drop-down arrow to access the menu.

2 Select Edit Profile.

3 Update any information contained within the **About Me**, **Contact Information**, and **My Account** sections ensuring that all mandatory fields marked with an asterisk (*) are complete.

4 Change your Password by clicking on the **Reset Password** link.

5 Click the **Save** button to update all Profile information or **Cancel** to exit without saving your changes.

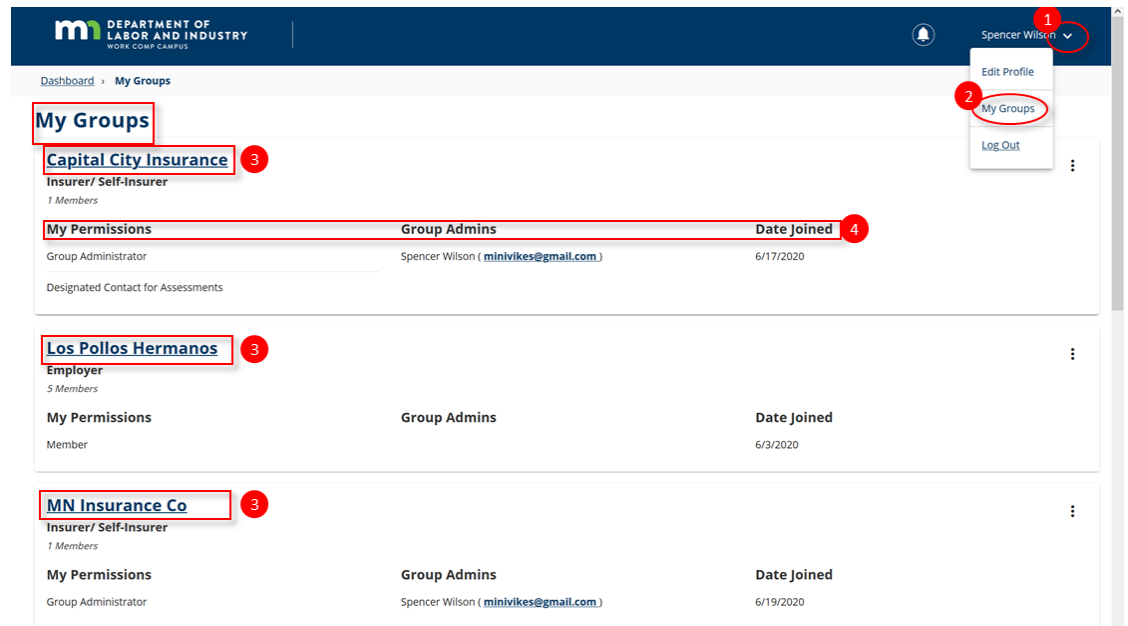
Note: Some fields will have a drop-down menu listing available options of information for that line.

Groups

Groups in Campus allow for users to be associated to claims and cases they need to access. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group and then your membership to that group will allow you to view the information you need.

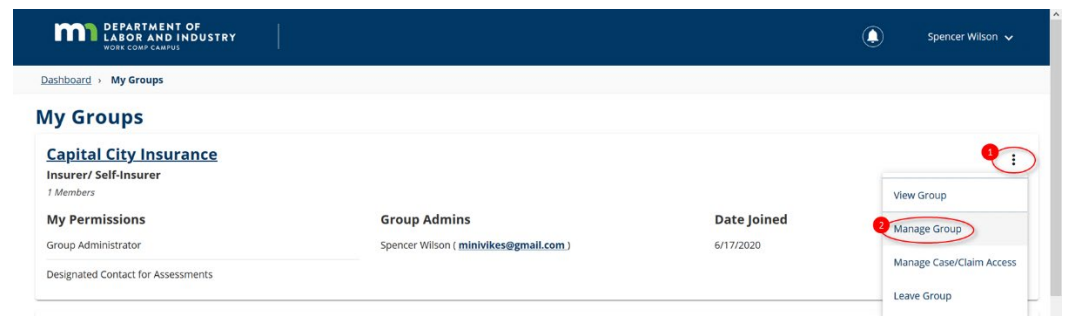
Viewing group information

1. At the top right of your dashboard, click the drop-down arrow
2. To view group information, click on **My Groups**.
3. The **My Groups** screen lists the groups you are associated with.
4. Each group you are associated with shows the **number of members**, your **permissions**, **Group Admins** and **Date joined**.



Managing group information

1. To the right of the group information, is a kebab menu (three vertical dots). Click the kebab to manage information for that particular group.
2. Select **Manage Group**.



- The **Group Management** screen displays **Active Member** information, including name, email address, user type and date joined.
- If you are a group administrator, you can update the address information by clicking on the **Edit Location** link.
- Permissions are displayed for the user. Click the **Edit** link to update **Permissions**.
- Relationships are also displayed. Click the **Edit** link to update **Relationships**.
- If you need to delete a member associated to this group, click the **Remove Member** link.

Group Management
Taylor Tools: ER-02-5696-950

Active Members Open Invitations

Name	Email	User Type	Date Joined
Darth Vader	DLITestExt1+general15@gmail...	General	4/14/2020

Showing (1-1) of 1 | Items per page 10

Darth Vader, General
HWY 11, INTL FALLS MN 56649

Permissions (5) Edit

- Group Administrator
- Service of Process Designee
- Designated Contact for Information Requests from DLI

Relationships (6) Edit

No relationships assigned

1 Add Member
3 Table Row
4 Edit Location
5 Edit Permissions
6 Edit Relationships
7 Remove Member

Adding members to a group

- To the right of the group information is a kebab menu. Click the kebab to manage information for that particular group.
- Select **Manage Group**.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Darth Vader

Dashboard > My Groups

My Groups

\$ DEPOT
Capital City Insurance

My Permissions

- Group Administrator
- Service of Process Designee
- Designated Contact for Information Requests from DLI

Group Admins

Darth Vader (DLITestExt1+general15@gmail.com)

Date Joined

4/14/2020

1 Kebab Menu
2 Manage Group

3. Click the **Add Member** button.

Group Management
Taylor Tools: ER-02-5696-950

Active Members Open Invitations

Name	Email	User Type	Date Joined
Darth Vader	DLITestExt1+general15@gmail...	General	4/14/2020

Showing (1-1) of 1 Items per page 10

Darth Vader, General
HWY 11 , INTL FALLS MN 56649

Permissions Edit

- Group Administrator
- Service of Process Designee
- Designated Contact for Information Requests from DLI

Relationships Edit

No relationships assigned

4. Enter a valid **Email Address** for the new member and enter it again in the **Confirm Email** box.

5. Assign the appropriate permissions by clicking the plus sign.

6. Any permissions that are selected will show in the **Selected Items** column.

7. Click the **Add** button to save this information or **Cancel** to exit without saving.

Add Member

Enter the email address of the individual you wish to invite to this group.

Email Address * Confirm Email *
Email Address Confirm Email

(Optional) Select a location for this Member. If no specific location applies, leave as All.

Address
All

(Optional) Assign permissions. These will be applied for the individual when he/she joins the group. If none selected, default permissions will apply.

Item Pool **Selected Items**

- Group Administrator
Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.
- Service of Process Designee
Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.
- Designated Contact for Information Requests from DLI
Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.
- Designated Contact for Penalties
The users in this Permission group will receive all communications related to Penalties for the Group
- Claim Access Administrator
The Users in this Permission group will be able to administer users' access to Claims and Cases within the group

Add Cancel

Leaving a group

1. To the right of the group information is a kebab menu. Click the kebab to manage information for that particular group.

2. Select **Leave Group**.

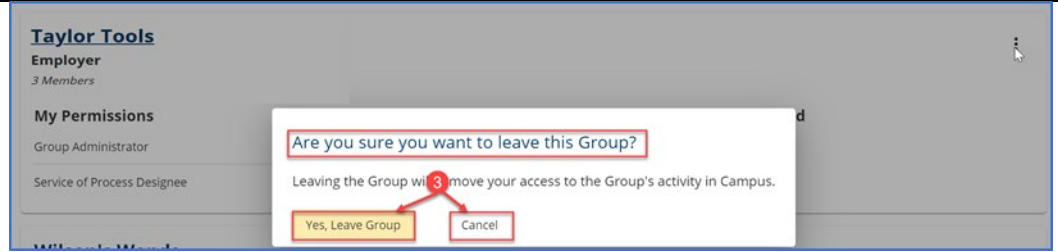
Taylor Tools
Employer
3 Members

My Permissions **Group Admins** **Date Joined**

Group Administrator	Darth Vader (DLITestExt1+general15@gmail.com)	2/19/2020
Service of Process Designee	Iman Attorney (dlitestext1+attorney@gmail.com)	

View Group
Manage Group
Manage Case/Claim Access
Leave Group

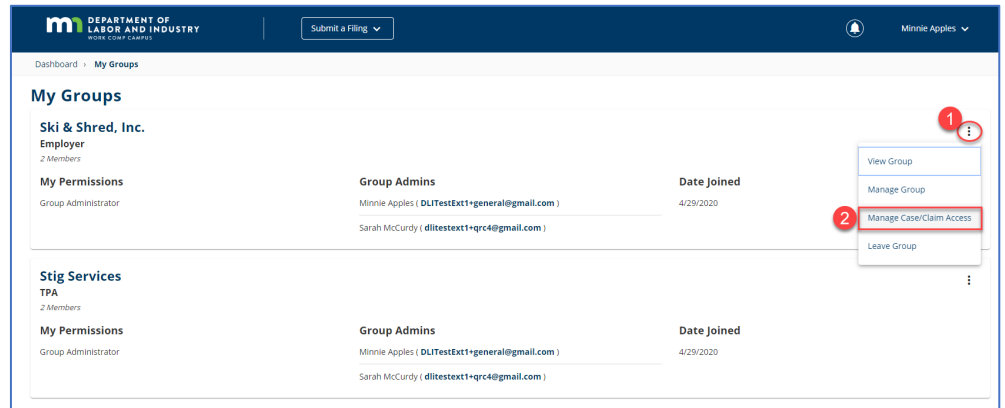
3. A notification window will appear confirming your request. Click **Yes, Leave Group** to confirm or **Cancel** to exit without leaving that group.



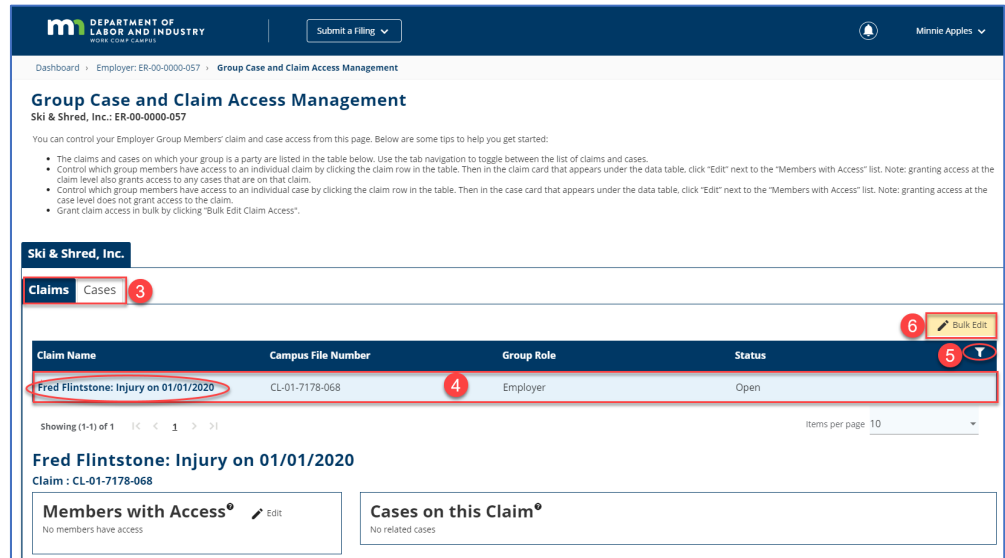
Managing case/claim access

You can control your employer group members' claim and case access from the **Manage Case/Claim Access** page.

1. Click the kebab menu to manage information for the particular group.
2. Select **Manage Case/Claim Access** from the drop-down menu.



3. Use the **Claims** and **Cases** tabs to toggle between the list of claims and cases.
4. All claims or cases associated with the group will display. Select the **Claim Name** or **Case Name** hyperlink to view further details.
5. Click the funnel icon to filter the list.
6. The **Bulk Edit** button allows you to grant or remove member access to claims for multiple members at one time.



7. Select the option to either **Grant Access** or **Remove Access**.
8. Click on the box to **Select All Claims**.
9. Click on the plus sign to select the group member(s) you wish to grant or remove access from. Any members selected will appear in the **Selected Group Members** area.
10. Select **Save** to confirm your changes or **Cancel** to exit without saving the changes.

Forms queue

The forms queue shows all forms you have submitted related to any of the claims or cases you have access to. Forms in Campus are used to request or take action on a claim or case. Hardcopy forms are no longer required in relation to a workers' compensation claim because you submit information and see the status in Campus electronically.

Accessing forms

1. **My Queues** displays various tabs depending on your permission level in Campus. To access forms, click on the **My Forms** tab.
2. The screen displays summary information including **Form Type**, **Associated To**, **Associated ID**, **Last Updated**, **Status** and **Confirmation Number**.
3. Click on the **Form Type** or **Associated ID** hyperlinks to access the form and further details.
4. Click the funnel icon to filter your search.

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Nu...
Request For Mediat...	Rehabilitation Disp...	DS-07-2055-899	7/23/2020	Submitted	3462
Initiate Dispute	Medical Dispute Fo...	DS-07-2055-916	7/23/2020	Submitted	3454
Initiate Dispute	Rehabilitation Disp...	DS-07-2055-912	7/23/2020	Submitted	3453

5. Click the **Column** drop-down menu and select your search type.
6. In the **Value** field, type the information to search.
7. Click the **Apply** button to complete the search.
8. Use the **Reset** button to clear all fields to start over.

9. The screen now displays only the forms matching the filter criteria that was applied. In this example, you could click on **Motion to Intervene** or **Associated ID** to access the form and further details.

Filters 8 Reset

Column Value

Form Type 5 ▼ Motion 6 Apply 7

My Queues

My Claims | My Disputes | **My Forms** | My Appeals

Filters Reset

Column Value Apply Form Type

motion

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation ...
Motion to Intervene	Rehabilitation ...	DS-01-7576-108	4/2/2020	Submitted	1557

- The document is now displayed as a preview. Further action can be taken by using the icons in the top right corner of the preview window, including **Print**, **Presentation View**, **Full Screen View** and **Download**.
- You can also click on the kebab menu at the top right corner of the screen to **Download** the document as a PDF file.
- Additional details about the form are in the **Document Details** section of the screen.
- If the document is associated to other forms, a link will be displayed within the **Related Links** section on the bottom right side of the screen.

Dashboard > Document: DO-01-7957-902

Document: DO-01-7957-902

MN Department of Labor and Industry
Workers' Compensation Division
(612) 294-6002 or 1-800-342-6354

MOTION TO INTERVENE

TODD in Cycle 15

- The applicant is filing this Motion to Intervene in the following situation:
Medical Request dated: Rehabilitation Request dated: 2/13/2020
Claim Petition for Only Medical Benefits or Rehabilitation Benefits dated:
- The applicant, Test Employer (name of entity filing this Motion to Intervene), has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statute, § 176.051.
- Attached to this Motion to Intervene is an exhibit(s) itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant from 4/8/2020 (date) to 4/23/2020 (date). The claim to date is \$1,000.00. Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.
- A determination in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).
- The applicant's representative, who has authority to settle on behalf of the applicant, Darth Vader, Employee, can be contacted at: (555) 555-5555 (phone number) and CLTTestExt+represent15@gmail.com (email address).
- Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.

Date signed 4/2/2020	Signature of person filing motion At (Work) Mail Electronically Signed By Darth Vader On 4/2/2020 at 1:42:34 PM CT
Name Darth Vader	
Mailing address 123 Intervention Way Viking, 55760	Email address CLTTestExt+represent15@gmail.com
	Telephone (555) 555-5555

Document Details

If document details or the Case/Claim to which the document was uploaded should be updated, please contact the Department of Labor and Industry at [Support Phone Number] or [Support Email Address].

Document Type
Motion to Intervene

Document Source
Webform

Description
Motion To Intervene

Created By
Darth Vader

Created Date
4/2/2020

Updated By
Darth Vader

Updated Date
4/2/2020

Confidential
No

Related Links

Associated To
DS-01-7576-108

Rehabilitation Dispute For Darth Vader

Submitting an injury report as an injured worker

An employee is able to access Campus to submit an injury report and alert the Minnesota Department of Labor and Industry of a work-related injury. This functionality allows an injured worker to report they are injured in the event there is not a claim on file. That way, DLI can research to see if a claim needs to be filed. A First Report of Injury (FROI) is generated upon submission of this form **if** an insurer that exists in Campus is identified by the user. If the employee cannot find the insurer in the lookup tool, the FROI is **not** created.

- Click the **Submit a Filing** drop-down menu.
- Select **Injury Report**.

m DEPARTMENT OF LABOR AND INDUSTRY
MINNESOTA PARTNERS

Submit a Filing

My Overview

Access a Case or Claim

VRU Rehabilitation Consultation Request

Trading Partner Profile Registration

Initiate a Dispute

Injury Report

Open Appeal/Petition

Submit Election To Exclude

Respond to Request For Information

Open Claims
0
View details associated to your claims in the My Queue portal.

New Documents
0
Review documents in the Notifications panel to ensure accuracy.

Notifications
No notifications.

3. Select **Submitting on my own behalf** or **Submitting on behalf of someone else**.
4. Enter all injury information in the fields for **Date of Injury**, **Cause of Injury** and **Nature of Injury**.
5. The **Employee** information will populate from your saved account information.
6. Add the **Employer** information by either using the lookup function or clicking the **Employer Not Found** box and manually entering the required information noted with an asterisk (*).
7. Add the **Insurer** by either using the lookup function or clicking the **Insurer Not Found** or **I don't know my employer's insurer or my employer is not insured** box.
8. Click **Submit Form** to save and submit the information to DLI or **Cancel** to exit without saving.

DEPARTMENT OF LABOR AND INDUSTRY
WORK CAMPUS

Submit a Filing

Dashboard > Injury Report

Injury Report
Please provide the following information
Injury Report: This submission is intended to alert the Minnesota Department of Labor and Industry of a work-related injury. If you are an employer and need to report a work-related injury, please contact your workers' compensation insurer or claims administrator.

Submitter Information
 Submitting on my own behalf Submitting on behalf of someone else **3**

Injury Information
 Date of Injury * 4/30/2020 Cause of Injury * Objects or Substances Nature of Injury * Physical Injury **4**

Employee
 Social Security Number (SSN) Employee ID (WID) Employee Date of Birth 11/11/1930
 Employee First Name Minnie Employee Middle Name Employee Last Name Apples Suffix
 Phone Type Mobile Phone Country Code United States (1) Employee Phone Number 5555555555 Employee Phone Extension
 Employee Email Address DLITestExt1*general@gmail.com **5**
 Employee Address Line1 1313 Cemetery Lane
 Is this address outside the United States? No
 Employee Postal Code 55155 Employee City Saint Paul Employee County Ramsey
 State Province Minnesota Country United States

Employer
 Employer Not Found
 Employer Name * Dunder Mifflin Employer Email Address mapples@dundermifflin.com
 Phone Type * Mobile Phone Country Code * United States (1) Employee Phone Number * (555) 555-5555 Employer Phone Extension
 Employer Address Line1 * 123 Mifflin Drive **6**
 Employer Address Line2
 Is this address outside the United States?
 Employer Postal Code * 12345 Employer City * Dunder Employer County Mifflin
 State Province * Minnesota Country United States

Insurer
 Please use the look up tool to locate your employer's workers compensation insurer
 Insurer
 IR-01-3448-773: AAA Really Big Insurer **7**
 Insurer Not Found I don't know my Employer's Insurer or my Employer is not insured
 8

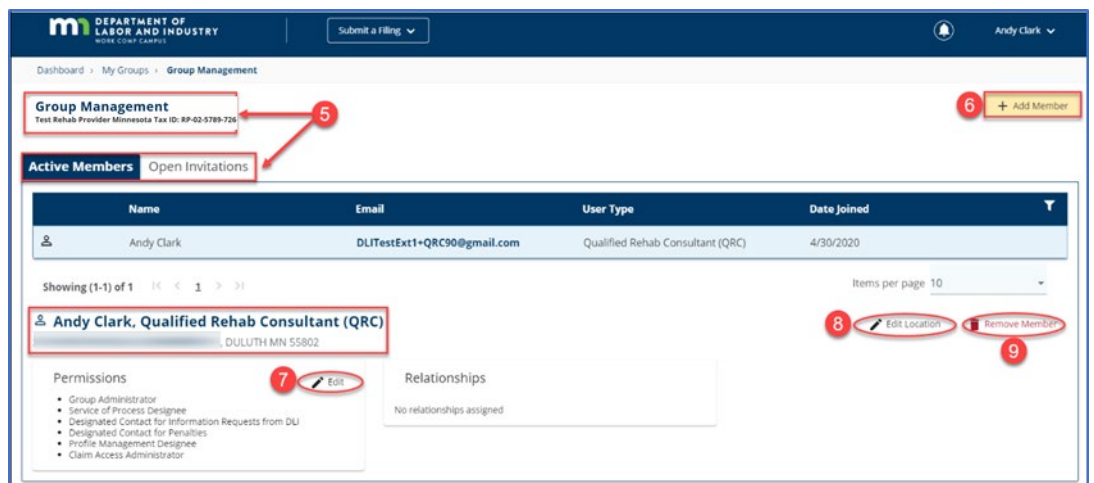
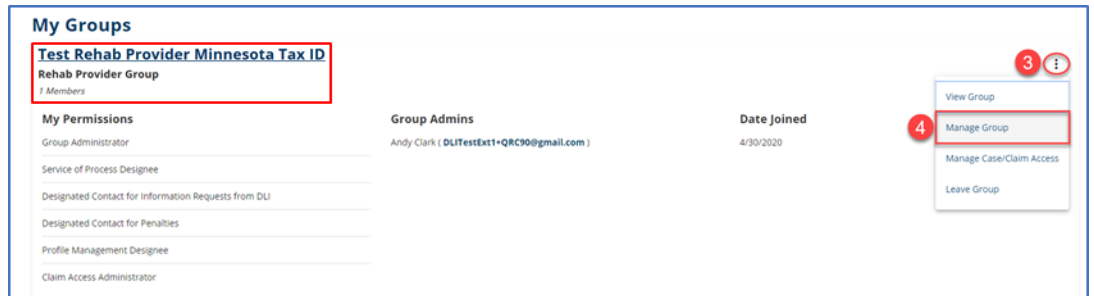
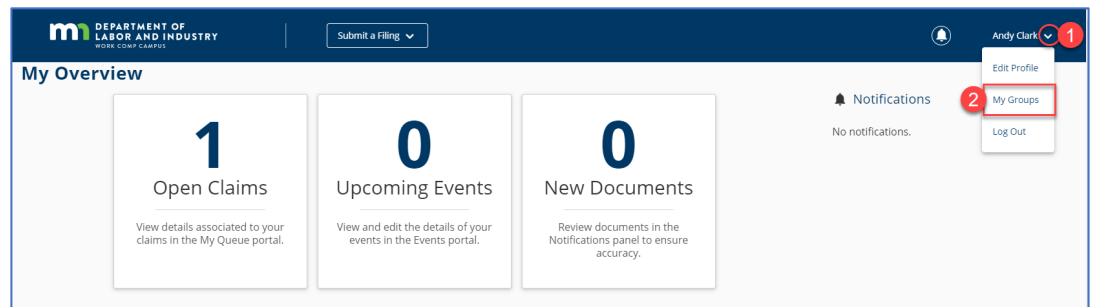
Group management

Groups in Campus allow for users to be associated to their firm or employer as necessary. For example, as an attorney, your group in Campus would be the law firm you work for. Access to claims and cases will be granted to the group as your group will be a party to the claim or case. Your membership to that group will allow you to view the information you need.

Group administration

Group administration tasks, such as adding members, changing permissions and updating addresses, can only be performed by a group administrator within Campus.

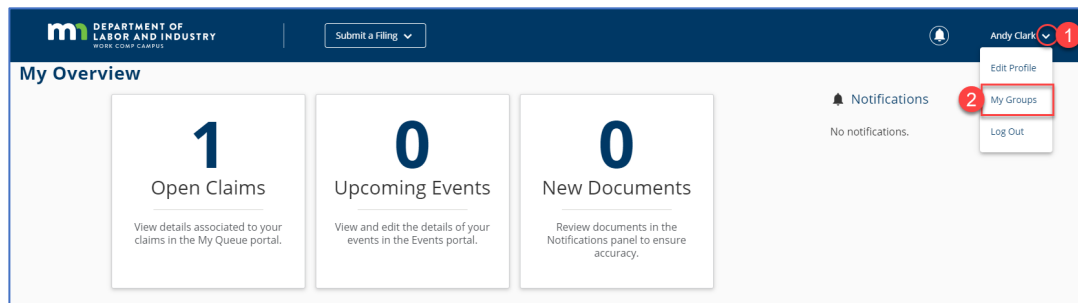
- At the top right of your dashboard, click the drop-down menu.
- Select **My Groups**.
- The **My Groups** screen displays and lists the groups you are associated with. Click the kebab menu on the right.
- Select **Manage Group**. This option is only available to group administrators.
- The **Group Management** page displays showing all **Active Members**. Click the **Open Invitations** tab to show any pending members.
- Click the **+ Add Member** button to add members to the group.
- Click the **Edit** button to change permissions and relationships.
- Click the **Edit Location** button to update the business address the member is associated to.
- Click the **Remove Member** button to remove the selected member from the group.



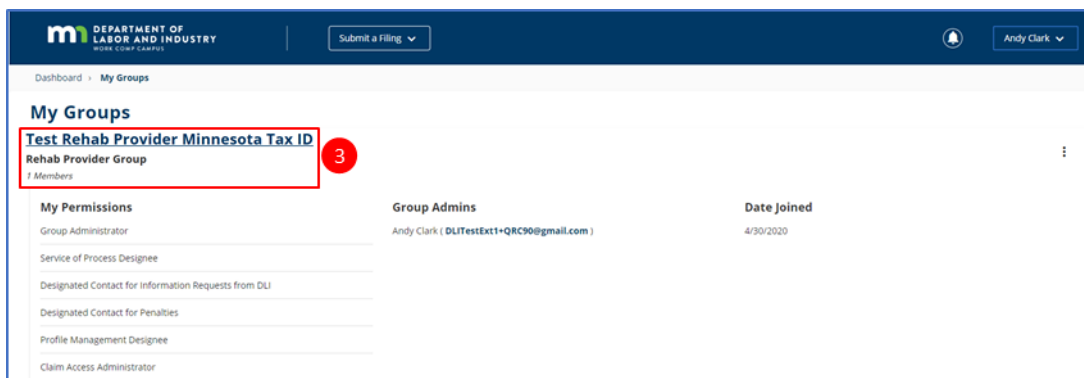
Viewing and editing entity details

All entities (except for employees and employers) can view and edit entity details. You must also be a group administrator or a profile management designee to perform these functions.

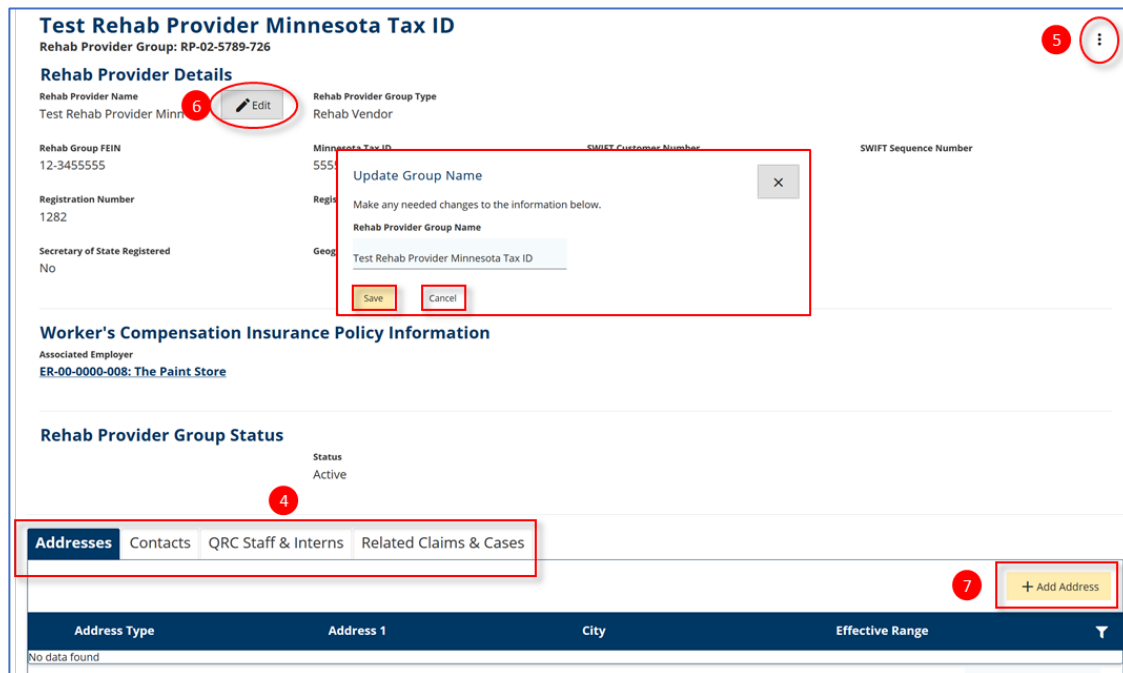
1. At the top right of your dashboard, click the drop-down menu.
2. Select **My Groups**.



3. The **My Groups** screen lists the groups you are associated with. Click on the hyperlink for the entity you wish to view or edit.



4. The **Entity Details** page displays the name of the entity at the top of the page and relevant information regarding the entity below.
5. Depending on your permissions, you may be able to make edits and take other actions through the kebab menu to the right.
6. Click the **Edit** button to revise the entity name.
7. Click the **+ Add Address** button to add addresses for the entity.



- Click on the drop-down menu to select the **Address Type** and fill in all required information marked with an asterisk (*).
- Click **Save** to submit the new address request or **Close** to exit without saving.

*Any edits made to the entity name or address information will be submitted to DLI and require approval prior to saving to the entity.

Rehabilitation provider registration

As a rehabilitation provider, you will need to register with the Minnesota Department of Labor and Industry to be a party to a claim and have access to claim information that will allow you to provide rehabilitation services on a workers' compensation case.

QRC registration and renewal

- Click on the **Submit a Filing** drop-down menu.
- Select **Individual Rehab Provider Registration**.

*This selection will only be available if you initially registered in Campus as a rehabilitation provider.

3. Click on the **Register As** drop-down menu to select either **QRC** or **QRC intern**.
4. Click on the **Register Type** drop-down menu and select the appropriate option: **Change of Employment; Change of Supervision; Initial; Reinstatement; or Renewal**.
5. Click on **Submit Form** to proceed to the next screen or **Cancel** to exit.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Submit a Filing ▾

Dashboard > Rehab Provider Individual Registration

Rehab Provider Individual Registration

Registration Details

Please make selections for the following registration details:

Register As * 3 Register Type * 4

Submit Form 5 Save as Draft Download Preview Cancel

6. Enter all required information for **Applicant Details**.
7. Enter all required information for **Home Address**.
8. Enter all required information for **Public Mailing Address**.
9. Enter the information in the **SSN, Work Email Address, QRC Number, QRC Expiration Date** and **Minnesota Tax ID Number** fields.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Submit a Filing ▾

Andy Clark ▾

Dashboard > Rehab Provider Individual Registration

Rehab Provider Individual Registration

Registration Details

Please make selections for the following registration details:

Register As * QRC Register Type * Initial

Applicant Details 6

Please provide the following information:

First Name * Andy Middle Name Last Name * Clark

Phone Type * Mobile Phone Country * United States (1) Phone Number * (123) 456-7890 Extension

Home Address 7

Address 1 * 123 QRC Lane

Address 2

Outside US

Postal Code * 12345 City * Minneapolis Country * Rehab

State Province * Minnesota Country United States

Public Mailing Address 8

Address 1 * P.O. Box 123

Address 2

Outside US

Postal Code * 12345 City * Minneapolis Country * Rehab

State Province * Minnesota Country United States

SSN * Edit 9

Work Email Address * DUTestExt1+QRC90@gmail.com

QRC Number * 9876

QRC Expiration Date * 1/1/2021

Applicant's Minnesota Tax ID Number 1234567

10. Click the **Lookup** button to find the rehabilitation provider firm.
11. Enter the required phone and address information for the rehabilitation provider firm.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Submit a Filing ▾

Andy Clark ▾

Dashboard > Rehab Provider Individual Registration

Rehab Provider Firm

Firm Number 1282

RP-02-5789-726: Test Rehab Provider Minnesota Tax ID 10 10

Firm Phone Type * Firm Phone Country * Firm Phone Number * Firm Phone Extension ext.

Employer's Address * 11

City State Zip Code

- Click the box next to the applicable **Certifications** you currently have.
- Click on the **+ Upload Document** button to select and upload any information to support your application registration.

Certifications

Professional License, Certification, Registration (check all that apply)

CRC CERN CDMS CTR

Attach a current copy of each license, certification, or registration

Supporting Attachments

If you are applying for reinstatement of registration, you must provide verification of all of the following (Minn. Rules 5220.1500, subp. 4):

- current certification as required by Minn. Rules 5220.1400;
- attendance at the most recent update session or a recording of that session;
- documentation of continuing education requirements as provided by Minn. Rules 5220.1500, subp. 3a;
- payment of any applicable late fees if the applicant failed to notify the commissioner that registration renewal was not being sought; and
- if the applicant has been on inactive status or has failed to renew registration for more than two years, the applicant must also complete an orientation training session before acceptance is final.

+ Upload Document

File Name	File Type	Description	Remove
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- Type your first and last name as it appears on your Campus profile in the **Full Name of Signatory** field. Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
- Select: **Submit Form** to save all information and submit it for review and approval; **Save as Draft** to save a copy to complete at a later date; or **Cancel** to exit without saving or submitting the form.

Signature

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minn. Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

I agree to notify the department immediately of any change in my employment status (Minn. Rules 5220.1400, subp. 5). If there is a change in my employment status, I will notify all parties to the case on which I am the assigned QRC intern as to whom the reassignment will be made (Minn. Rules 5220.1801, subp. 9K(2)).

I certify that I am a full-time resident of Minnesota or I live no more than 100 miles by road from the Minnesota border (Minn. Rules 5220.1400, subp. 5).

Notice: The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minn. Stat. § 609.52, subd. 3.

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

14 Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Signature Date
5/1/2020

(mm/dd/yyyy)

Submit Form Save as Draft Download PDF Preview Cancel

- Saved drafts can be accessed in the **My Forms** tab on the dashboard by clicking on the **Form Type** or **Associated ID** hyperlinks. The draft form can be deleted by clicking on the trash can icon.

My Queues

My Claims My Disputes **My Forms** My Rehab Cases My SCF Assessment Reports

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Nu...	
Rehab Provider Indi	Test Rehab Provid...	RP-02-5789-726	7/27/2020	Draft		

*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

Rehabilitation provider firm registration and renewal

1. Click on the **Submit a Filing** drop-down menu.
2. Select **Rehab Provider Registration**.
3. Click on the **Register As** drop-down menu to select either **QRC Firm** or **Rehab Vendor**.
4. Fill in the **Legal Business Name** and **FEIN**; select **Yes** or **No** to indicate if registered with the Secretary of State.
5. Click on the drop-down menu to indicate (Yes or No) if you have previously applied as a rehabilitation provider in Minnesota or any other state.
6. Click on **Lookup** to search for the insurer.
7. Enter the **Policy Number**.
8. Enter the **Effective Date** or click on the calendar icon to select a date.
9. Enter the **Policy Expiration Date** or click on the calendar icon to select a date.
10. Click on the **+ Add** button and select the applicable office address.
11. Click on the **+ Add** button to add **all** staff members and their information.

12. Click on the **+ Upload Document** button to select and upload any information to support your application registration.
13. Type your first and last name as they appear on your Campus profile in the **Full Name of Signatory** field. Click the checkbox to confirm you are legally signing the electronic form. You can change the default date by clicking on the calendar icon and selecting the appropriate date.
14. Select: **Submit Form** to save all information and submit for review/approval; **Save as Draft** to save a copy to complete at a later date; or **Cancel** to exit without saving or submitting the form.
15. Saved drafts can be accessed in the **My Forms** tab on the dashboard by clicking on the **Form Type** or **Associated ID** hyperlinks. The draft form can be deleted by clicking on the trash can icon.

*Draft forms will automatically be removed after 21 days if they are not updated or submitted.

Supporting Attachments
 Any data or information to support your application for registration as a qualified rehabilitation consultant (QRC) firm should be attached to this application. Examples include your resume, list of activities or license/certification information.

+ Upload Document 12

File Name	File Type	Description	Remove
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Electronic Signature

I understand that I must notify the department if there is any change to your workers' compensation insurance information or employee status.

I authorize the Workers' Compensation Division, Department of Labor and Industry, to make any appropriate investigation of the application and supporting documents. I understand that any omission or misrepresentation may result in rejection of this application or denial of registration.

I agree to be bound by all statutes, rules and orders as established by the commissioner and realize that violations may result in the denial or revocation of registration.

I understand that Minnesota Rules 5220.1250 prohibits any ownership or financial relationship of any kind between any registered rehabilitation vendor and qualified rehabilitation consultant firm, qualified rehabilitation consultant or qualified rehabilitation consultant intern.

Notice: The information you as an individual provide in this application will be used by Department of Labor and Industry (department) staff members who require the information to determine if you meet the department's registration/renewal requirements. Minnesota Statutes § 270C.72, subd. 4, requires you to provide your Social Security number and Minnesota tax identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security number and Minnesota tax identification number, you are not legally required to supply the data requested on this application. However, failure to provide the requested information may delay the processing of your application or result in the denial of the same. The application data will be made part of the department's file for your registration/renewal. Except for your name and the address you designated to receive correspondence from the department, the information you provide on this application is private data while the application is pending. Once you are registered, the application data may become public except for your Social Security number and Minnesota tax identification number. However, disclosure of private or nonpublic information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Office of Administrative Hearings, upon court order, and/or for the purpose of verification, state investigations and statistics.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

13 Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Save as Draft Cancel

14

My Queues

My Claims My Disputes **My Forms**

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Num...
Rehab Provider Regist		None	5/5/2020	Draft	
Rehab Provider Indiv		RP-01-	5/1/2020	Draft	

Showing (1-2) of 2 |< < 1 > >| Items per page 10

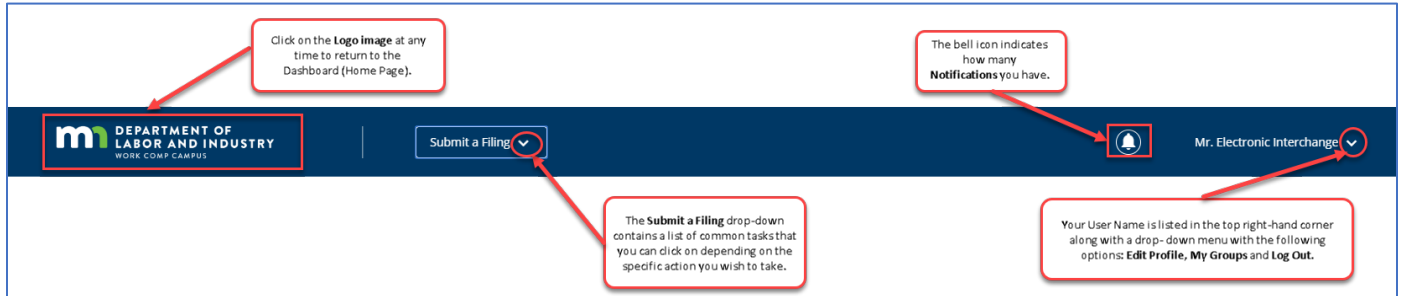
*After 21 Days, Draft forms that have not been updated will be removed.

Trading partner portal

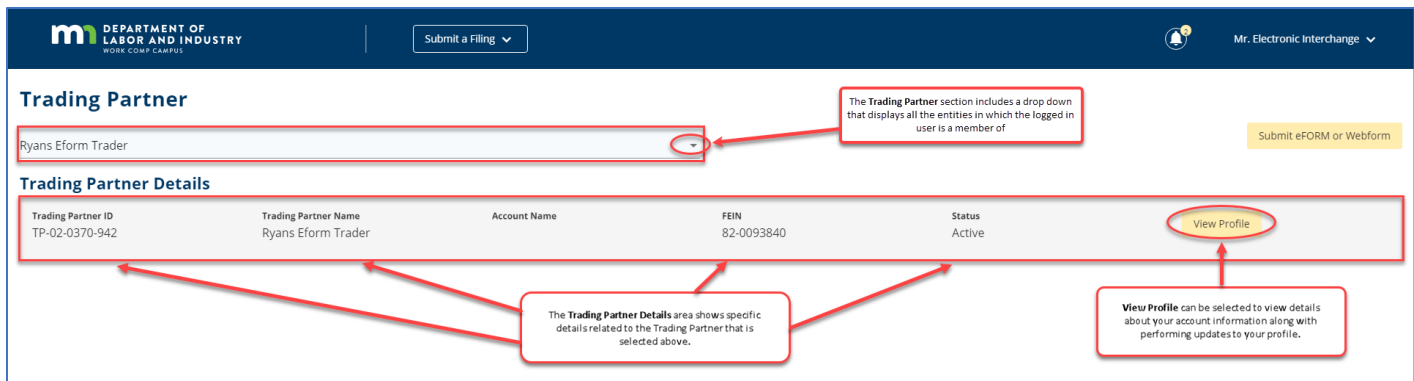
Trading partner dashboard

After registering and logging in as a trading partner, your customized **Dashboard** (homepage) will display, which shows various information about your profile and submitted transactions.

Dashboard header



Trading partner details



Account overview

Account Overview

The **Account Overview** shows a summary of all the active transactions and claims relating to your account.

The **View** dropdown can be selected to change your overview from the default of "Last 30 days".

View: Last 30 days

Notifications Clear All

- Your Trading Partner Profile Registration submission has been approved. Form submission 1342 has been approved. 25 days ago
- Your Trading Partner Profile Registration submission has been approved. Form submission 1353 has been approved. 25 days ago

26 Transactions

100.0% Accepted Transactions
1 in every 1 transactions

N/A Rejected Transactions
No rejected transactions

Average Days For Employer to Notify Claim Admin 0 days

Average Claim Submission Time 0 days

New Claims 0

Claims with Paid Benefits 0

Claims Awaiting Benefits 0

Notifications can also be found here in list form.

My Queues

My Queues

First Actions | **My Form History**

Select the Tab in which you would like to view the detail by Reporting Year

Insurer: All Insurers

You will need to select which insurer data you would like to view.

Reporting Year: 2020

Based on your selection, Claims detail information will be shown - broken down by Reporting Year.

	2020	2019	2018	2017	2016
Total Reportable Claims	0	0	0	0	0
Timely Claims	0	0	0	0	0
Untimely Claims	0	0	0	0	0

Reporting Year	Reporting Date	JCN	Timely	MTC	Filter
2020	4/30/2020	34328397		PY	Filter
2020	4/30/2020	34328393		IP	Filter
2020	4/30/2020	34328393		IP	Filter
2020	4/30/2020	34328393		IP	Filter
2020	4/30/2020	34328393		IP	Filter
2020	4/30/2020	34328393		IP	Filter
2020	4/28/2020	34222383			Filter

The data can be filtered by clicking on the filter button (funnel shaped icon).

Showing (1-7) of 7

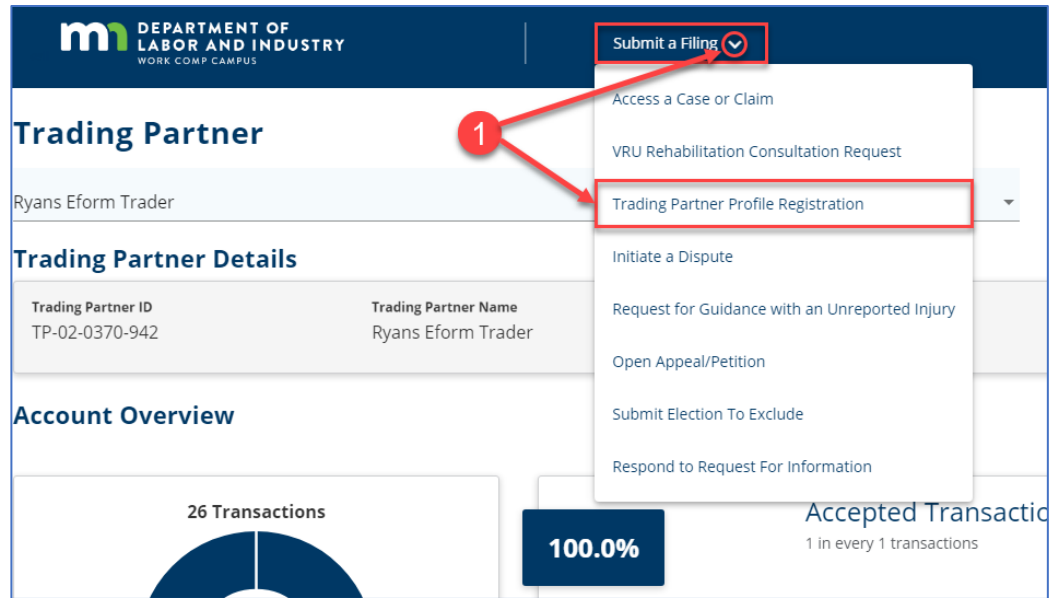
Use the navigation buttons to advance forward or backwards through the pages.

Items per page: 50

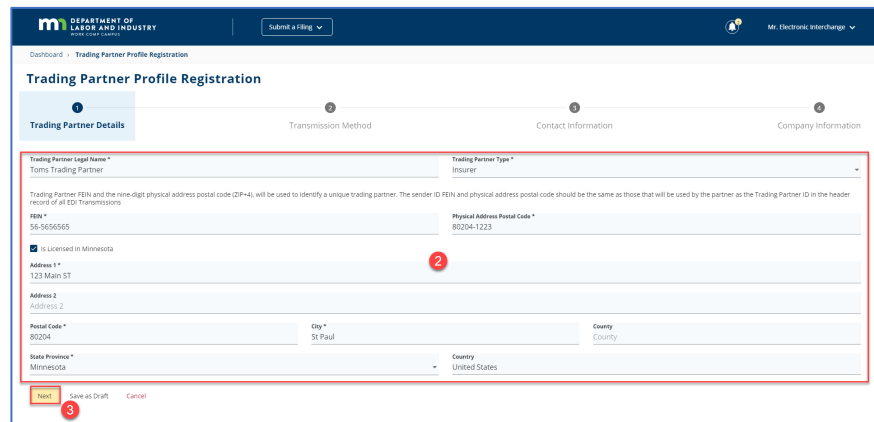
Trading partner registration webform

A user can submit a trading partner registration webform to register as a trading partner and submit transactions.

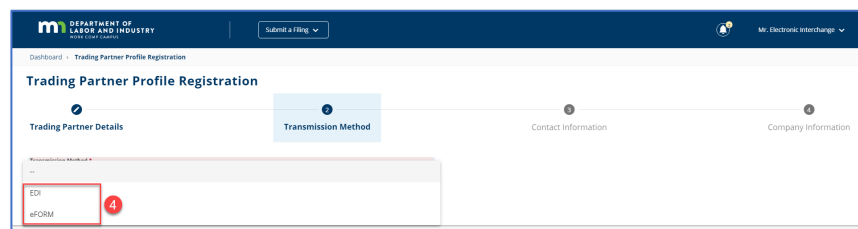
1. Click the **Submit a Filing** drop-down menu and select **Trading Partner Profile Registration**.



2. Enter the required information, including **Trading Partner Legal Name**, **FEIN** and **address**.
3. Click **Next**.



4. Select the **Transaction Method** the trading partner will use to submit transactions to DLI, either **EDI** or **eFORM**, and click **Next**.



5. Enter the required information for **Business Contact**, **Technical Contact** and **Preparer Contact**.

6. Click **Next**.

7. This step requires the user to list the insurers for which the trading partner will be submitting claims. Click **+ Add** under **Companies within Campus** to lookup an existing record or add the required information and click **+ Add** for **Companies not within Campus**.

8. Click **Submit Form** to transmit the registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address in Campus.

*DLI will review the request. If it is approved, you will be able to submit transactions to DLI.

The screenshot shows the 'Business Contact' form, which is the third step in a four-step registration process. The form includes fields for First Name, Last Name, Phone Number, Email Address, Address Line 1 and 2, Postal Code, City, County, and State Province. A red box highlights the 'Business Contact' header and a red circle with the number '5' is placed over the 'First Name' field.

The screenshot shows the 'Technical Contact' form, which is the second step in the registration process. It has the same layout as the Business Contact form, with fields for personal and contact information. A red box highlights the 'Technical Contact' header and a red circle with the number '5' is placed over the 'First Name' field.

The screenshot shows the 'Preparer Contact' form, which is the first step in the registration process. It has the same layout as the other contact forms. A red box highlights the 'Preparer Contact' header and a red circle with the number '5' is placed over the 'First Name' field. At the bottom, a 'Next' button is highlighted with a red box and a red circle with the number '6'.

The screenshot shows the 'Insurer Information' section, which is the fourth step in the registration process. It includes a section for 'Companies within Campus' with a '+ Add' button, and a section for 'Companies not within Campus' with a table containing one entry: 'Toms Insurer' with FEN# '12-1212121' and Insurer Type 'Insurer'. A red box highlights the '+ Add' buttons and the table entry, with a red circle with the number '7' pointing to the '+ Add' button under 'Companies not within Campus'. At the bottom, a 'Submit Form' button is highlighted with a red box and a red circle with the number '8'.

Profile updates

A user can update their existing profile information at any time from the **Trading Partner Dashboard**.

1. From the **Trading Partner Dashboard**, click the **View Profile** button.

The screenshot shows the Trading Partner Dashboard for 'Ryans Eform Trader'. The header includes the Department of Labor and Industry logo and a 'Submit a filing' button. The main content area is titled 'Trading Partner' and shows details for 'Ryans Eform Trader' with a 'View Profile' button highlighted with a red circle '1'. Below this is an 'Account Overview' section with a donut chart showing 26 transactions and 100.0% accepted. There are also sections for 'Rejected Transactions', 'Average Days For Employer to Notify Claim Admin', 'Average Claim Submission Time', and a table for 'New Claims', 'Claims with Paid Benefits', and 'Claims Awaiting Benefits'.

2. Your profile screen that shows existing information is displayed. Click the **Update My Profile** button.

The screenshot shows the 'Trading Partner Profile Update' screen for 'Ryans Eform Trader'. It displays various details including 'Trading Partner Details', 'Submission Method - Production Connection', and 'Submission Method - Test Connection'. A red circle '2' highlights the 'Update My Profile' button in the top right corner.

3. Update your profile as needed and click **Next**.

The screenshot shows the 'Trading Partner Profile Update' form. It has a progress bar with four steps: 1. Trading Partner Details, 2. Transmission Method, 3. Contact Information, and 4. Company Information. The 'Trading Partner Details' step is active. The form fields include: 'Trading Partner Legal Name *' (Philip Gallagher), 'Trading Partner Type *' (Third Party Administrator (TPA)), 'Trading Partner FEIN *' (12-3456789), 'Physical Address Postal Code *' (55555-0000), 'Address 1 *', 'Address 2', 'Postal Code *', 'City *', 'County', and 'State Province *' (United States). A red circle '3' highlights the 'Address 1' field. At the bottom, there are buttons for 'Next', 'Save as Draft', and 'Cancel'.

4. Select **EDI** or **eForm** from the **Transmission Method** drop-down menu and click **Next**.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CLAIMS

Dashboard > Trading Partner Profile Update

Trading Partner Profile Update

1 2 3 4

Trading Partner Details Transmission Method Contact Information Company Information

Transmission Method *
EDI

Vendor

Next Back Save as Draft Cancel

5. Update any information for **Business Contact**, **Technical Contact** and **Preparer Contact** as needed.
6. Click **Next**.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CLAIMS

Dashboard > Trading Partner Profile Registration

Trading Partner Profile Registration

1 2 3 4

Trading Partner Details Transmission Method Contact Information Company Information

Business Contact 5

First Name *
First Name

Last Name *
Last Name

Phone Number *
Phone Number

Email Address *
Email Address

Same as Primary Address

Address Line1 *
Address Line1

Address Line2
Address Line2

Postal Code *
Postal Code

City *
City

County
County

State Province *
United States

Technical Contact 5

First Name *
First Name

Last Name *
Last Name

Phone Number *
Phone Number

Email Address *
Email Address

Same as Primary Address

Address Line1 *
Address Line1

Address Line2
Address Line2

Postal Code *
Postal Code

City *
City

County
County

State Province *
United States

Preparer Contact 5

First Name *
First Name

Last Name *
Last Name

Phone Number *
Phone Number

Email Address *
Email Address

Same as Primary Address

Address Line1 *
Address Line1

Address Line2
Address Line2

Postal Code *
Postal Code

City *
City

County
County

State Province *
United States

Next 6 Back Save as Draft Cancel

- Update the information for the insurer for which the trading partner will be submitting claims. Click **+ Add** under **Companies within Campus** to lookup an existing record or add the required information and click the **+ Add** for **Companies not within Campus**.
- Click **Submit Form** to transmit the updated registration form. You will be directed to a confirmation page and an email message will be sent to your registered email address in Campus.

Signing up for EDI versus eForm

Trading partners will sign up for their submission method via the trading partner registration webform or the amended trading partner registration webform. If submitting via electronic data interchange (EDI), there are additional fields that are required.

- During the registration process, under **Transmission Method**, select **EDI**.
- Complete all the required fields shown with an asterisk (*).
- Click **Next** to submit the information.

Transaction history, viewing transactions and viewing batch details

After navigating to a claim details page, you can see the transactions that have been submitted to the claim.

1. Click the **Reporting History** tab. Information such as the transaction type and how the transaction was submitted can be viewed on this screen.
2. Click on a description hyperlink of a transaction.
3. The transaction's **Document Details** page will display, where you can view the data submitted about that transaction.

*Note: Not all transactions will have a transaction details page.

Date Received	Description	Submitted By	Source
5/2/2020	SU - Sync Up	Ryans Eform Trader	eForm
4/29/2020	PY - Payment Report	Ryans Eform Trader	eForm
4/29/2020	00 - New First Report of Injury	Ryans Eform Trader	eForm

Showing (1-3) of 3 | Items per page 10

Document: DO-03-4328-400

Document Details

- Document Type: Notice of Benefit Payment
- Document Source: Webform
- Description: Notice of Payment
- Created By: Mr. Electronic Interchange
- Created Date: 4/29/2020
- Updated By: Mr. Electronic Interchange
- Updated Date: 4/29/2020
- Confidential: No

Related Links

- Related Transaction: [CL-03-4328-397](#)
- [PY Payment: Injury on 04/01/2020](#)

4. To view a batch details page, click on a hyperlinked batch ID, which is available in various places, such as in the **Reporting History** tab. To view this, click the drop-down menu on your username in the top right corner and select **My Groups**.

Dashboard > Claim: CL-03-4328-397

PY Payment: Injury on 4/1/20
Claim: CL-03-4328-397

Default Status Placeholder Assignee: Owner:

+ Submit Filing eSROI / Webform

Campus File Number 034328397	Employee PY Payment	Date of Injury 4/1/2020	Part of Body Injured 61: Abdomen Including Groin
Employer PY Payment Employer	Insurer	Claim Administrator Claim Number PYPMT23420984	

Claim Overview

Claim Involved in Dispute Claim Denied by Insurer Employee Returned To Work Employee Consulted for Vocational Rehab

Employee Receiving Indemnity Benefits

5. Click the kebab menu on the applicable group and click **View Group**.

Dashboard > My Groups

My Groups

Ryans Eform Trader
Trading Partner
1 Members

My Permissions
Group Administrator
Service of Process Designee
Designated Contact for Information Requests from DU
Profile Management Designee

Group Admins
Mr. Electronic Interchange (DLITestExt1-tradingpartner@gmail.com)

Date Joined
4/22/2020

Toms Trading Partner
Trading Partner
1 Members

My Permissions
Group Administrator

Group Admins
Mr. Electronic Interchange (DLITestExt1-tradingpartner@gmail.com)

Date Joined
5/22/2020

6. At the bottom of the screen, select the **Reporting History** tab.

7. Click the **Batch ID** hyperlink to navigate to the batch details page.

Relationships Addresses Contact **Reporting History** Related Claims & Cases

JCN	Date Received	Description	Source	Status	Batch ID	Insurer
> 034328393	5/6/2020 3:57:47 PM	SX - Full Suspension	eForm	Accepted	1844067	
> 034328397	5/2/2020 7:57:06 PM	SU - Sync Up	eForm	Accepted	1843963	
> 034328393	5/1/2020 12:08:26 PM	AB - Add Concurrent B...	eForm	Accepted	1843950	
> 034328550	4/30/2020 6:30:23 PM	UI - Under Investigation	eForm	Accepted	1843931	
> 034328397	4/29/2020 9:48:34 PM	PY - Payment Report	eForm	Accepted	1843911	
> 034328397	4/29/2020 9:45:51 PM	00 - New First Report...	eForm	Accepted	1843910	
> 034328393	4/29/2020 9:33:27 PM	IP - Initial Payment	eForm	Accepted	1843909	
> 034328393	4/29/2020 9:28:39 PM	00 - New First Report...	eForm	Accepted	1843908	
> 034328339	4/29/2020 12:29:06 PM	UI - Under Investigation	eForm	Accepted	1843863	
> 034222383	4/27/2020 6:24:09 PM	00 - New First Report ...	eForm	Accepted	1843570	

Showing (1-10) of 10 << < 1 > >> Items per page 10

- The batch details page displays showing **Batch Summary** information, **Acknowledgement Details** and **Transactions**.

Batch: 1850808

EDI Batch Submitted by RiskAdminServices 5/27/2020

Total Transactions	Accepted/Rejected Count	Trading Partner	Date Received
2	0/2	RiskAdminServices	5/27/2020

Acknowledgement Date: 5/27/2020

JCN	Date Received	Description	Status
034565815	5/27/2020 8:33:02 AM	PY - Payment Report	Rejected
002156830	5/27/2020 8:33:02 AM	IP - Initial Payment	Rejected

Reporting capabilities

Reporting capabilities within Campus include exportable claim-level reports a user can perform.

- Navigate to the claim details page, scroll to the bottom and select the **Documents** tab. Click the **Download All Documents** button.
- The **Download Documents** window displays. Click the **Include Claim Summary Report** checkbox if you would like to download a printable version of the claim summary report.
- Click the **Download Documents** button and a ZIP file will be prepared. You will be notified when it is ready to download to your computer.

Document ID	Document Type	Created By - Party	Created By - User	Created On
DO-03-4560-477	Discontinuance		Mr. Electronic Interchange	5/6/2020 9:58 pm
DO-03-4328-396	Notice of Insurer's Primary Liability Determ...		Mr. Electronic Interchange	4/30/2020 3:33 am
DO-03-4328-395	Claim Data		Mr. Electronic Interchange	4/30/2020 3:29 am

Download Documents

Select the documents to be downloaded.

The selected documents, and their related attachments associated to this transaction will be prepared. You will receive an email when your zip file is ready for download; this process can take a few minutes.

All Select Subset of Documents

Include Claim Summary Report

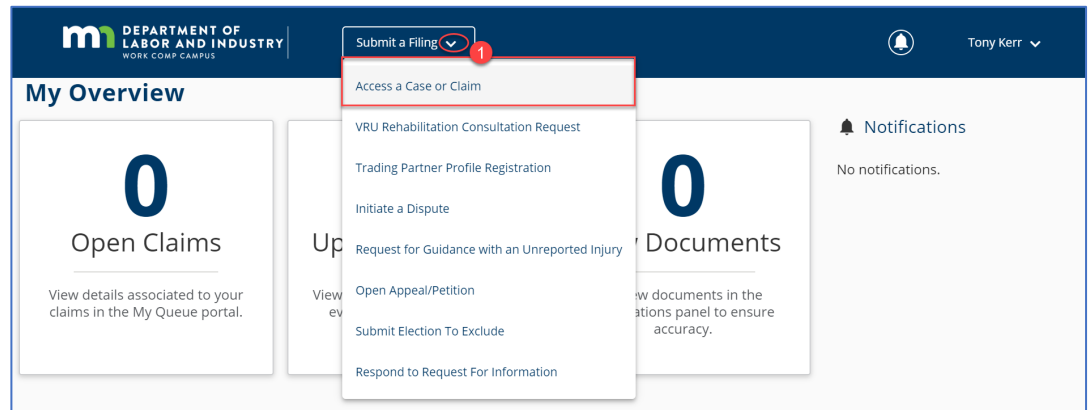
Download Documents Cancel

Claim access

Requesting and redeeming a unique access code – employee

To gain access to a claim as an employee (injured worker) or a representative of an employer, you will first need to generate a unique claim access code.

1. From the **Dashboard** (homepage), click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.



2. Click on the drop-down menu and select **Request or Redeem an Access Code**.
3. Click **Next** to continue or **Close** to exit.



4. Select **I am the employee named on a claim**.
5. Select **I need a code**.
6. Fill in the required information.
7. Check the box to attest the information is accurate and complete.
8. Click **Submit Form** to send the request.

Request or Redeem an Access Code

Who are you?*

If you are the employee named on a claim, or a representative of an employer named on a claim, the Minnesota Department of Labor and Industry needs to verify your identity with a custom, one-time-use code. Once you redeem this code, you will have access to all of your work comp claims. To request or redeem a code, first select the option below that applies to you.

I am the employee named on a claim I am a representative of an employer named on a claim

Are you requesting or redeeming an access code?*

I have a code I need a code

Confirm your social security number or department-provided PIN, date of birth and zip code below. The zip code should be that which your employer has on file for you. If you need assistance, contact the Minnesota Workers' Compensation Hotline at [Support Phone Number] or email us at [Support Email Address].

Social Security Number *****	Edit	Department-provided PIN 123-45-6789
Date of Birth * 1/1/2000 (mm/dd/yyyy)		Preferred Zip Code * 12345

Confirm

Attestation

By checking this box, I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Cancel

*A code will be sent via email. After receiving the code, log back in and navigate to the same webform (Submit a Filing>Access a Case or Claim>Request or Redeem an Access Code).

9. Select **I am the employee named on a claim.**
10. Select **I have a code** and type the code in the **Enter Code** box.
11. Check the box to attest the information is accurate and complete.
12. Click **Submit Form** to send the request.

*If submitted successfully, you will see a confirmation message and receive a confirmation email message. You should now be able to access the claim on your **Dashboard** under the **Claims** tab.

13. You can now see and access the claim on your **Dashboard** under the **My Queues, My Claims** tab.

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-03-4328-571	Carol Jeffries	The Brick Store		5/1/2020	Default Status Placeholder

Requesting and redeeming a unique access code – employer

A member of an employer group must generate an access code to enable anyone in the employer group to get access to claims the employer is on (see the *Group management* section within this manual for instructions for setting this up). After redeeming the unique access code, the **Claim and Case Management** page will be unlocked (see the *Claim and case management* section).

*When your employer group is established, a member of the group must generate the access code.

1. From the **Dashboard**, click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.

2. Click on the drop-down menu and select **Request or Redeem an Access Code**.

3. Click **Next** to continue.

4. Select **I am a representative of an employer named on a claim**.

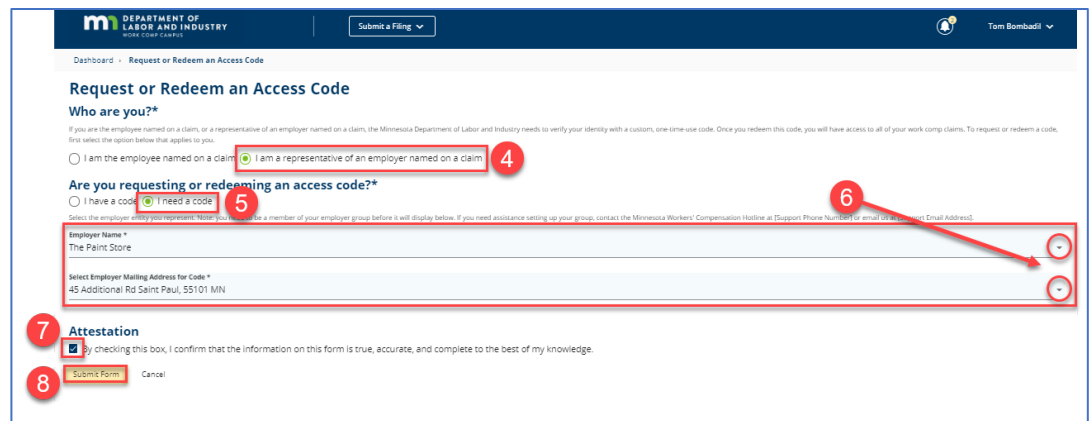
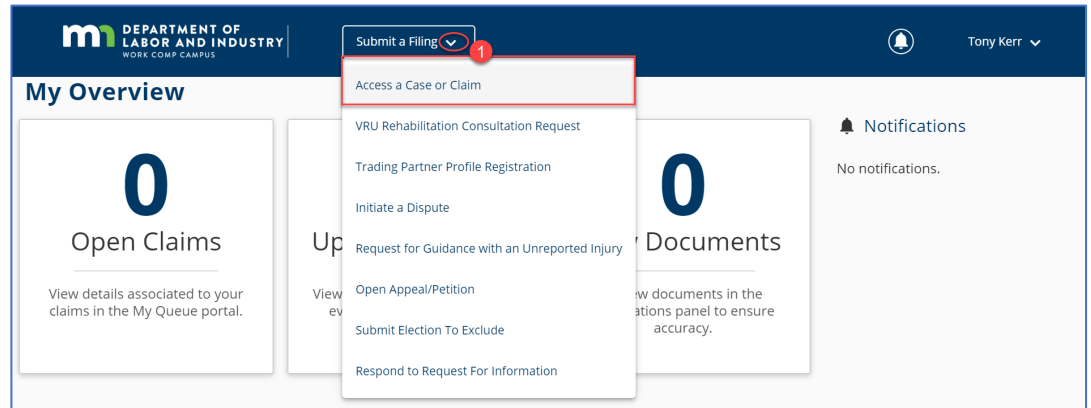
5. Select **I need a code**.

6. Select the **Employer Name** and **Mailing Address** from the drop-down menu.

7. Check the box to attest the information is accurate and complete.

8. Click **Submit Form** to send the request.

*A code will be mailed to the address that was submitted. After receiving the Code, log back in and navigate to the same webform (Submit a Filing>Access a Case or Claim>Request or Redeem an Access Code).



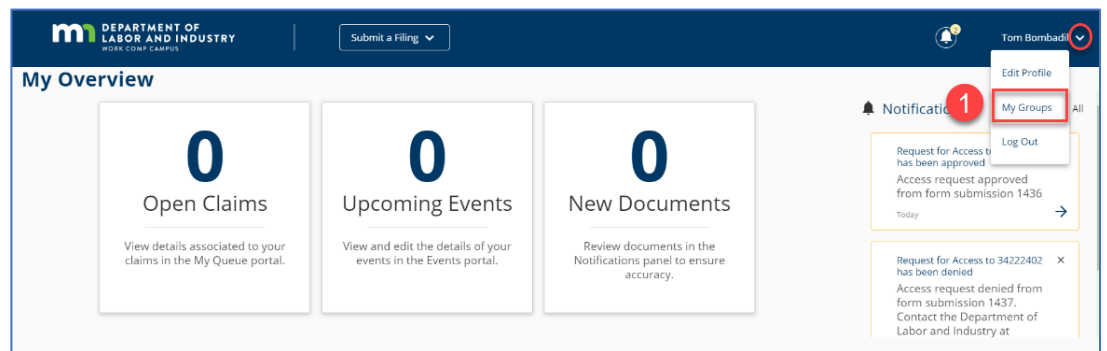
**Your group administrator will then be able to access the case/claim management page to assign case and claim access permissions (see the section below).

Claim and case management page

Employer, insurer and third-party administrator (TPA) groups will have a **Group Case and Claim Management** page where access can be granted or removed for members (users) of that group. For employer groups, the access PIN process needs to be completed to enable access to this page (see the *Requesting and redeeming a unique access code – employer* section).

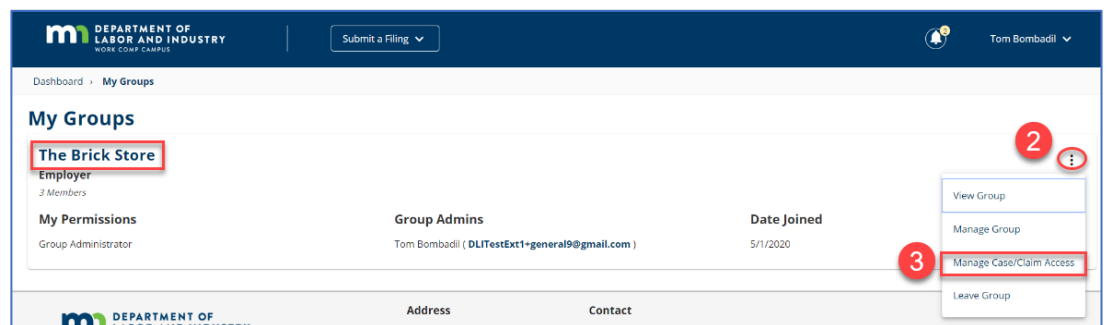
The **Claim and Case Management** page is accessible only by users who have group administrator or claim access permissions (see the *Group management* section).

1. Click on the drop-down menu next to your account name in the **Dashboard** and select **My Groups**.



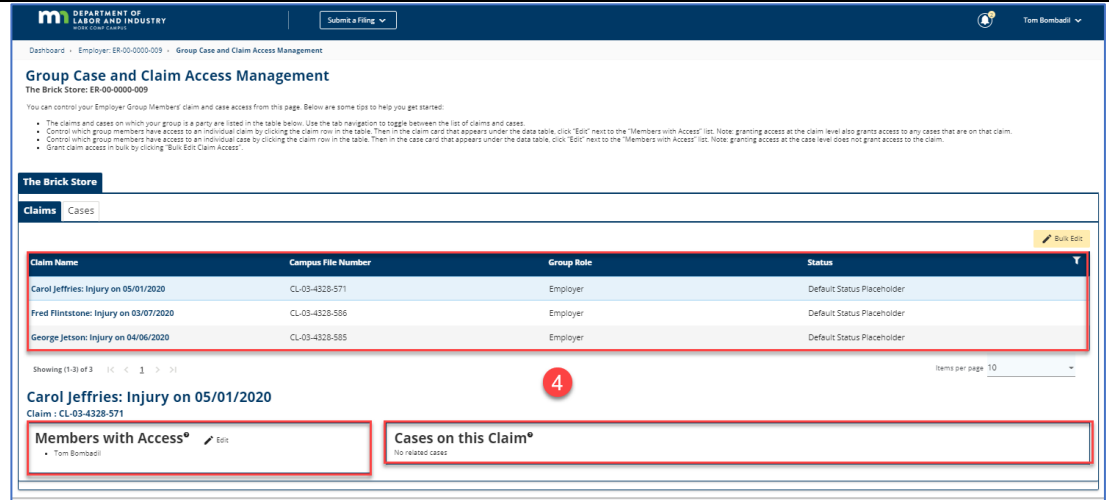
2. Locate the group for which you have the appropriate claim access or group management permissions and expand the kebab menu on the right.

3. Select **Manage Case/Claim Access**.

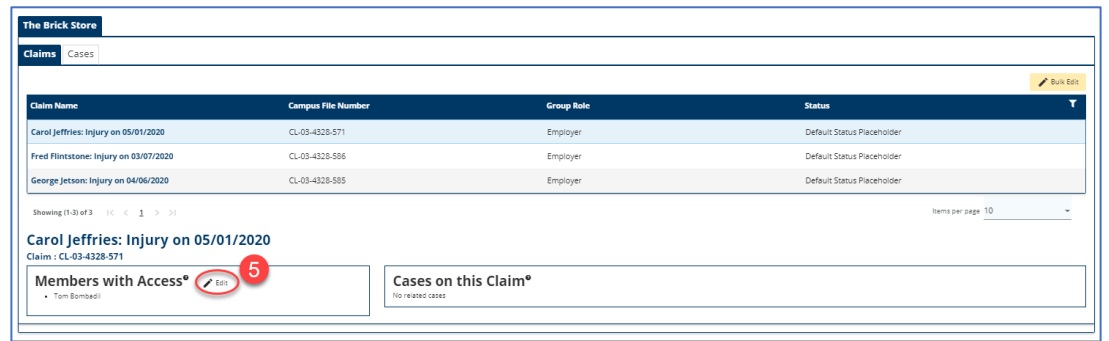


4. The **Group Case and Claim Access Management** page displays showing the associated **Claims, Members with Access and Cases**.

*If you are associated to an employer group that has not yet been verified, you will see a page instructing you to complete the access code process (see the *Requesting and redeeming a unique access code – employer* section).

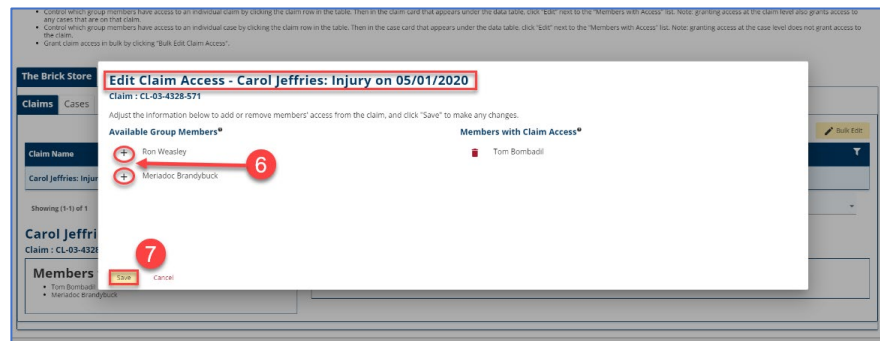


5. On this page, you can grant or remove claim access to members of your group on an individual claim basis by clicking on the **Edit** button.

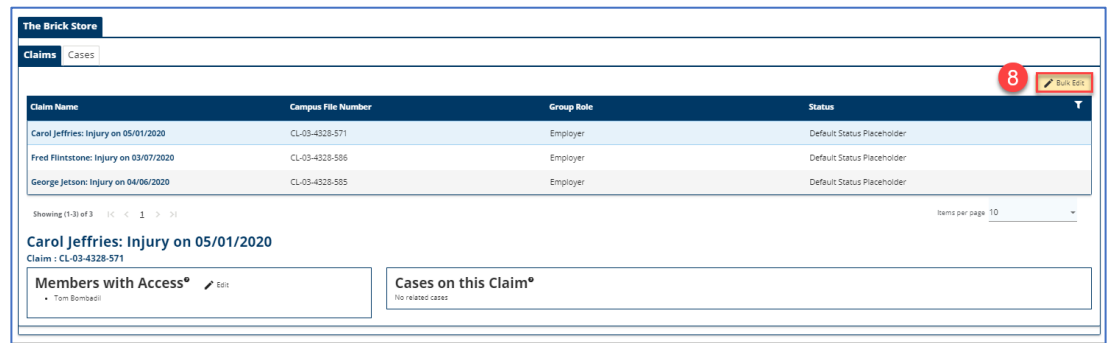


6. The **Edit Claim Access** window displays allowing you to select from the **Available Group Members** list by clicking on the plus sign.

7. Click the **Save** button.

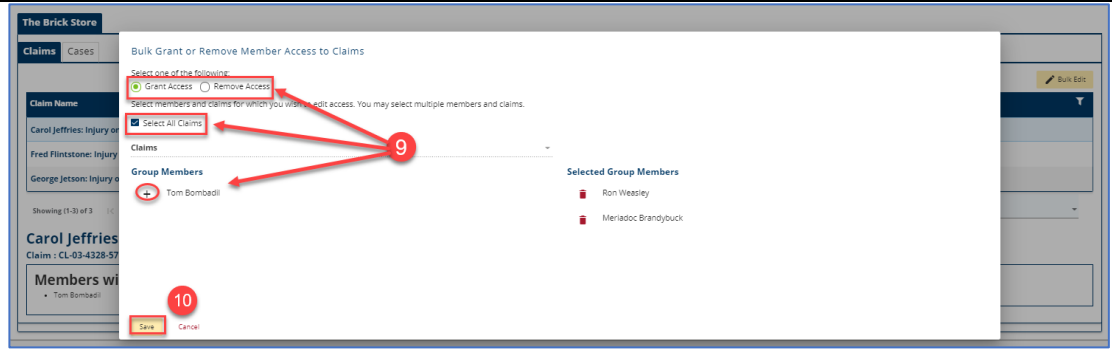


8. You can also grant or remove access to all claims in bulk by clicking **Bulk Edit** above the claims list.



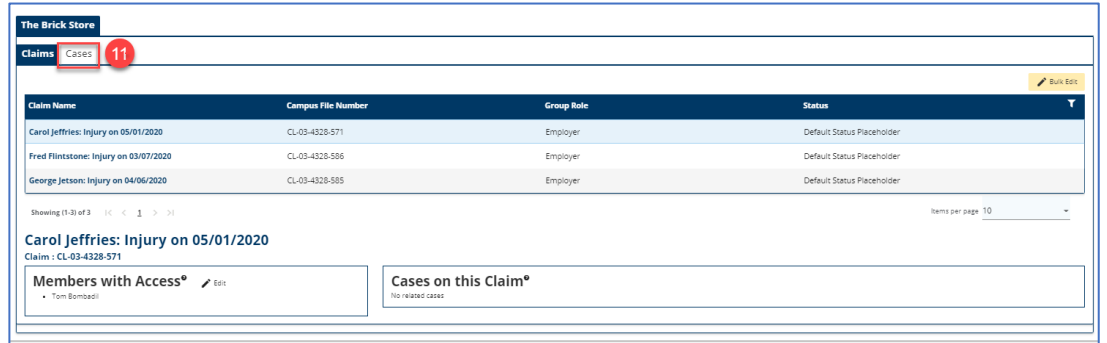
9. Click on **Grant Access** or **Remove Access**, check the box for **Select All Claims** and select the plus sign to add **Group Members**.

10. Click **Save** to continue.



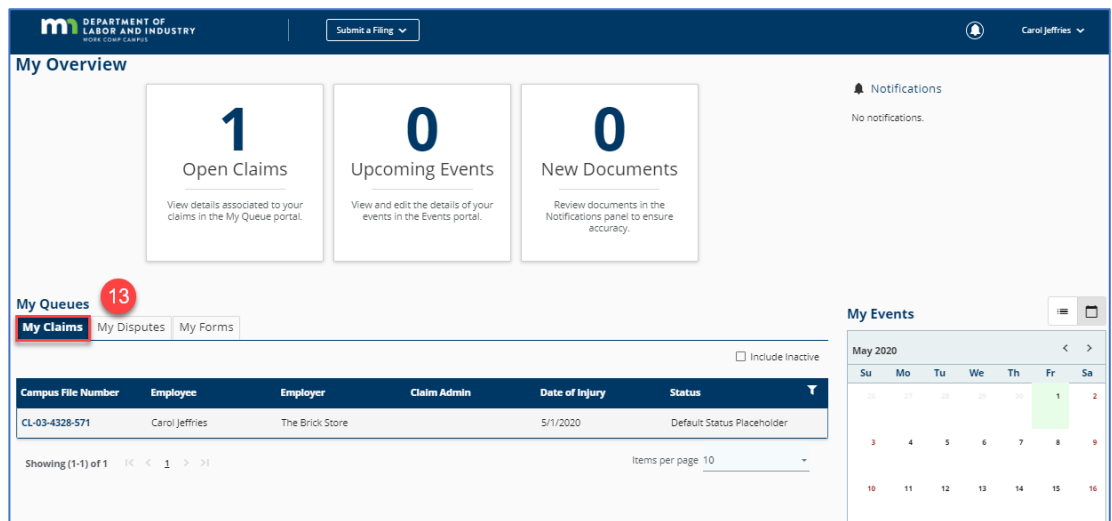
11. Members given access to a claim will automatically receive access to any case on that claim. You can see the cases associated to your group by toggling the **Cases** tab.

*This will display disputes, appeals and rehabilitation transactions your group is a party to.



12. When assigning access at the case level, you will see all members inheriting access from the claim. If you wish to assign case-only access to a member, you can do so on this screen.

13. After assigning access, members will be able to see the newly accessible claims and cases under the **My Queues** section of their **Dashboard**.



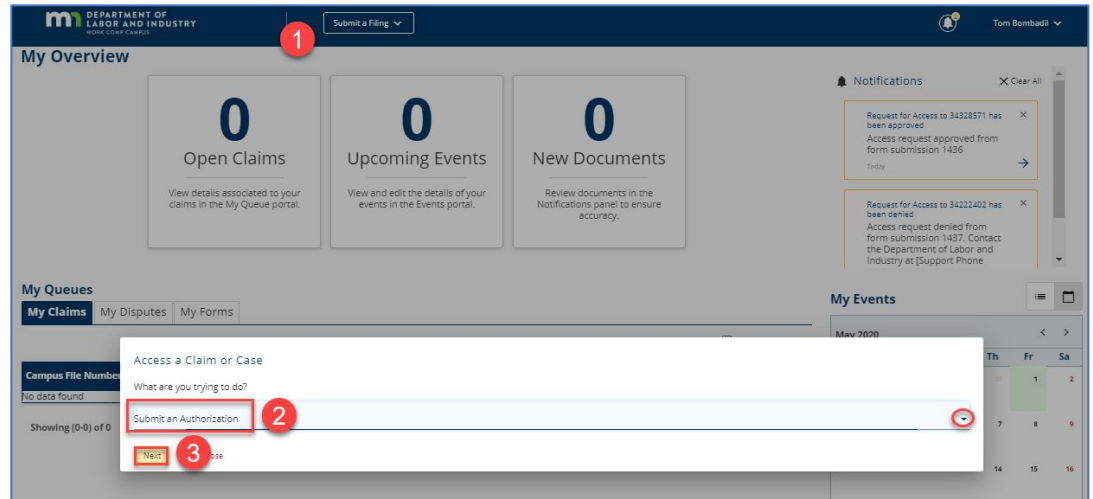
Claim access authorization webform

Campus users who are not foundational parties to the claim (for example the spouse of an injured worker, qualified rehabilitation consultants and representative of employee’s estate) must submit the

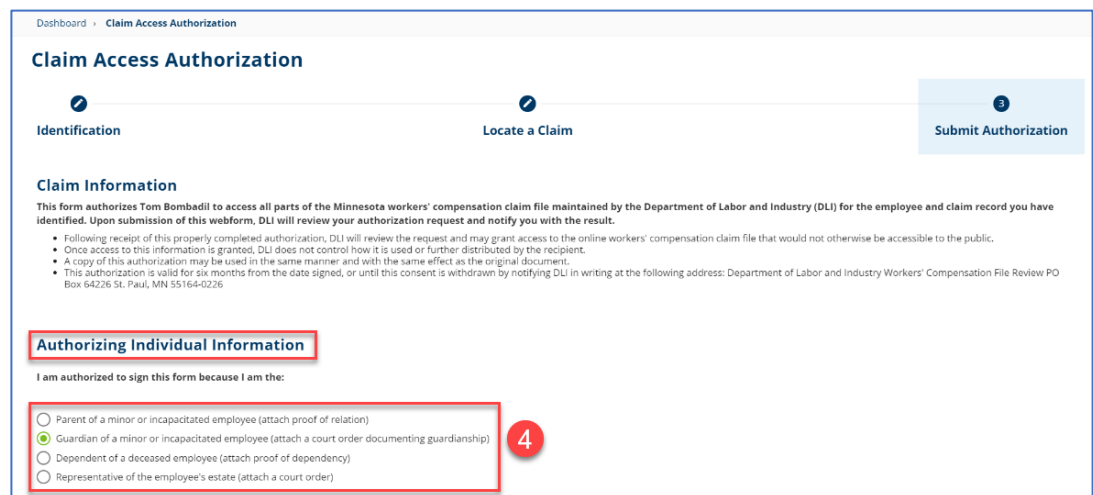
claim access authorization webform to DLI. DLI will then review the submission and determine whether claim access will be granted.

If the user has been authorized by the employee or other appropriate individual to access the claim, he or she must attach the authorization to the webform submission.

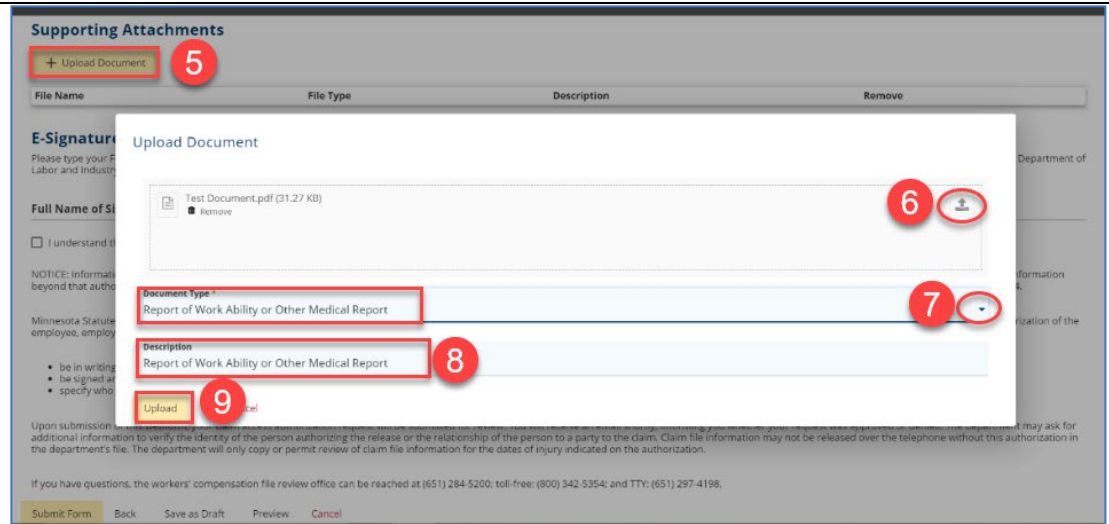
1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.
2. Click on **Submit an Authorization**.
3. Click **Next** to continue.



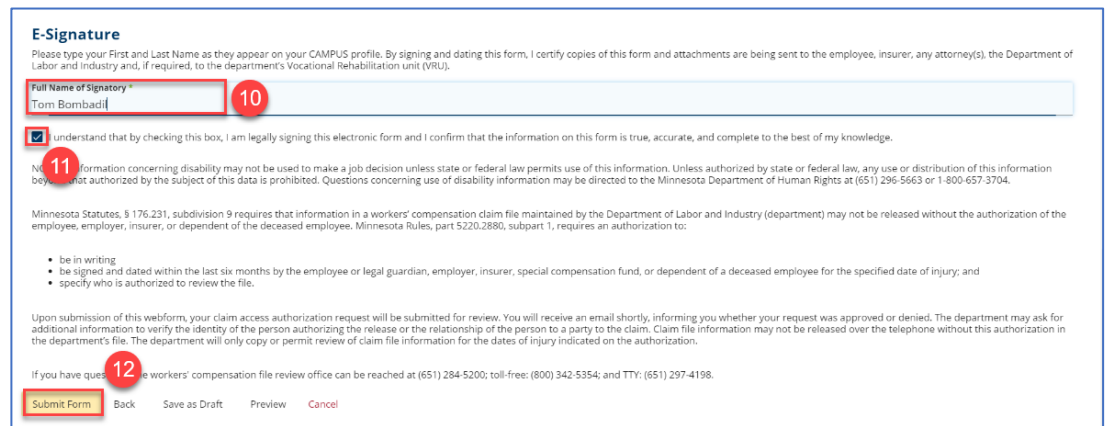
4. Carefully read the webform and select the options that apply to your submission.



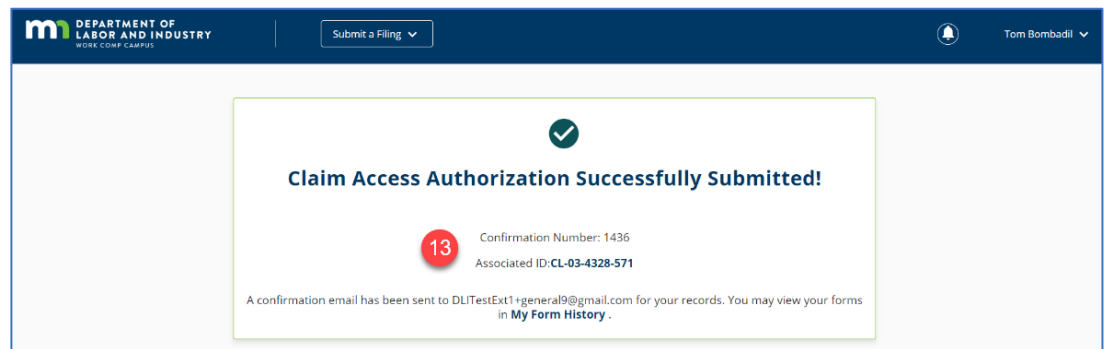
- Upload the required supporting attachments and, if applicable, the physical authorization form by clicking on the **+ Upload Document** button.
- Select the file(s) using the upload button.
- Select the **Document Type** from the drop-down menu.
- Enter a brief **Description**.
- Click **Upload** to continue.



- Type your full name in the **Full Name of Signatory** field (this must match your Campus user-profile name) to sign electronically.
- Click the checkbox to attest you are legally signing and confirming the accuracy.
- Click the **Submit Form** button to save and continue.



- Upon submission you will see a confirmation screen showing the **Confirmation Number** and **Associated ID**. You will also receive a confirmation email message to the email address you have on file.



14. A DLI representative will then review your submission, and either accept or reject it.
15. If approved, you will receive an email message to the account on file informing you of access approval and you will now see the claim displayed on your **My Claims** tab.
16. If denied, you will receive an email message to the account on file informing you of the access denial and providing you with the Campus support help desk information.

*Access will be granted for a six-month period beginning on the approval date. When your access expires, you will receive an automated email message informing you of your access removal.

**If at any point during a claim's lifetime your access is removed, you will receive an email message indicating your removal.

My Overview

1 Open Claims
View details associated to your claims in the My Queue portal.

0 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues
My Claims (15) My Disputes My Forms

Include Inactive

Campus File Number	Employee	Employer	Claim Admin	Date of Injury	Status
CL-03-4328-571	Carol Jeffries	The Brick Store		5/1/2020	Default Status Placeholder

Showing (1-1) of 1 Items per page 10

My Events
May 2020

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16

Filing a notice of representation

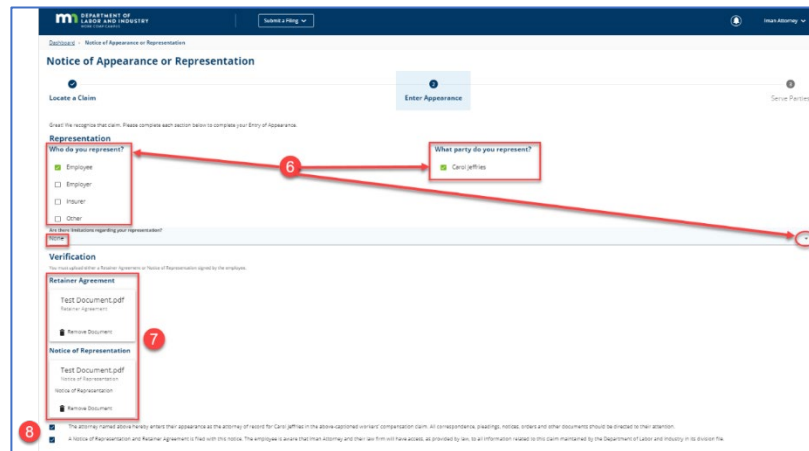
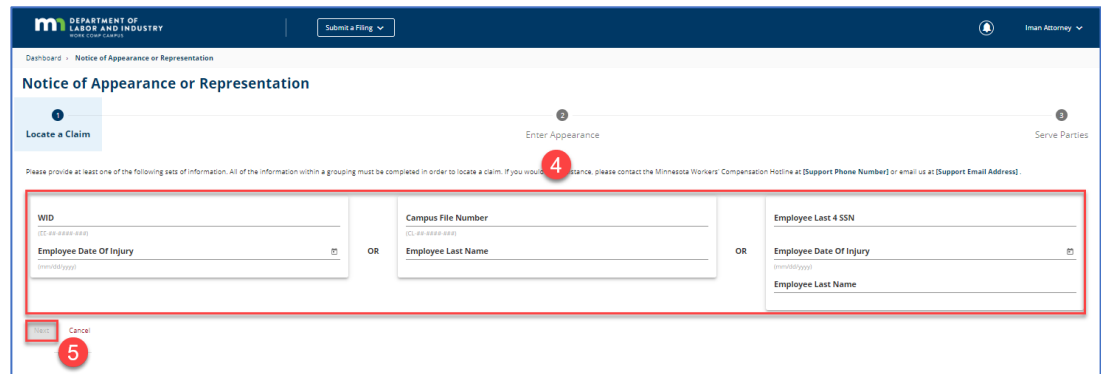
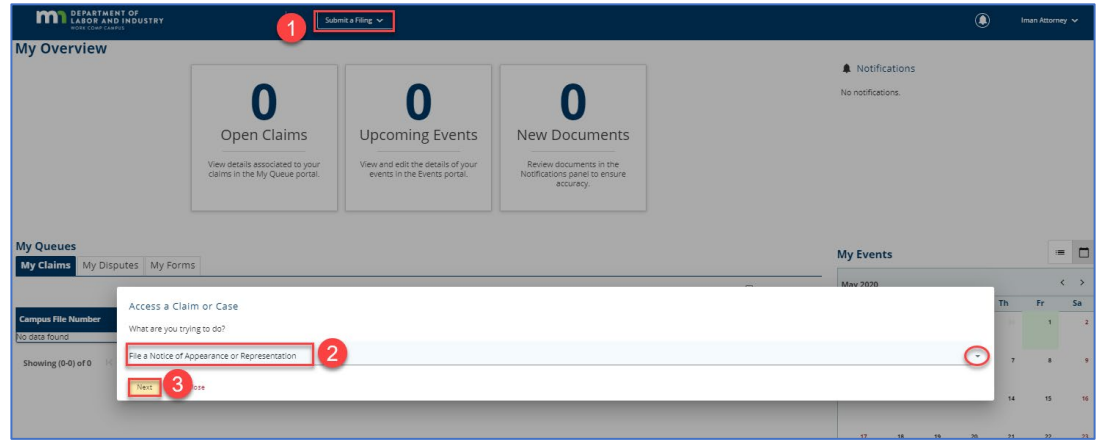
As an attorney trying to gain access to a claim, you will need to file a notice of representation.

1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**
2. Select **File Notice of Appeal or Representation** from the drop-down menu.
3. Click **Next** to continue.

*You will need to be associated to a law firm group to proceed (see the *Group management* section).

4. Enter claim-identifying information to access the claim.
5. Click **Next** to proceed to the webform.

6. Select the party **Representation** information.
7. Attach either a **Retainer Agreement** or **Notice of Representation** signed by the employee.
8. Click both checkboxes to acknowledge and confirm representation.



9. Enter the required **Attorney Information**.

10. Click **Next**.

11. Select the parties to serve by clicking on the applicable checkboxes in the **Serve Party** column.

12. Check the **Declaration** to confirm the accuracy.

13. Type your full name in the **Full Name of Signatory** field.

14. Click the checkbox to legally sign electronically and click **Submit Form**.

15. The parties selected will be served and you will see a submission confirmation page showing the **Confirmation Number** and **Associated ID**.

*If you answered "Yes/other" to the question "Are there limitations regarding your representation," you will need to wait for access approval or denial from DLI.

If approved, you will now have access to the claim and can access it from your **Dashboard>My Queues>My Claims.

Attorney Information
Attorney Name
Iman Attorney

Details an address from the list below. This address will be used if you receive service by mail for this Claim and Case(s) if applicable only and will not update the address on your profile. If you do not see the address listed below, contact your group administrator to get it set up or update the address on your profile.

Address*
1313 Cemetery Lane Saint Paul, Minnesota 55155

Phone Number
1234567890

Email Address
dlitestext1-attorney@gmail.com

Attorney ID*
1234567

Next Cancel Save as Draft

Notice of Appearance or Representation

Locate a Claim Enter Appearance Serve Parties

Affidavit of Service
Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

→ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Carol Jeffries	Employee		Electronic	5/1/2020
<input checked="" type="checkbox"/>	The Brick Store	Employer		Electronic	5/1/2020
<input type="checkbox"/>	Ron Weasley	Other Representative	N/A	None	
<input type="checkbox"/>	Marlboro Brandybuck	Other Representative	N/A	None	
<input type="checkbox"/>	TA Insurer Test	Insurer		Electronic	5/1/2020

Declaration
I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 355.116

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory*
Iman Attorney

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Back Cancel Preview Document

Notice of Appearance or Representation Successfully Submitted!

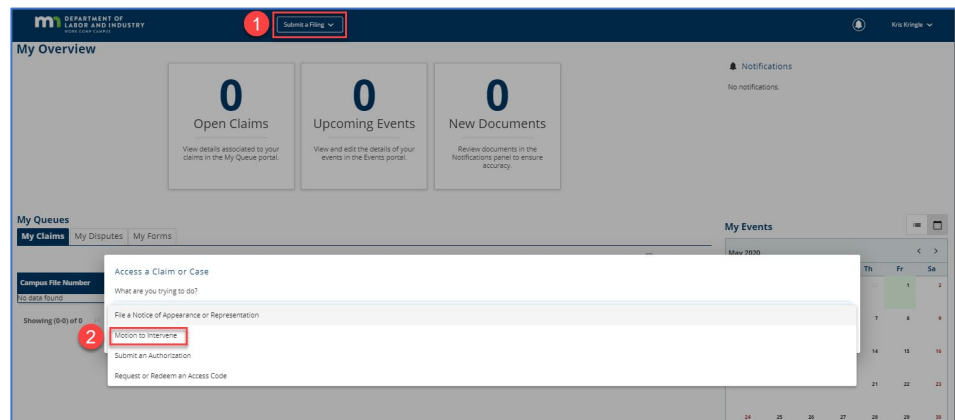
Confirmation Number: 1449
Associated ID: CL-09-4328-971

A confirmation email has been sent to dlitestext1-attorney@gmail.com for your records. You may view your forms in **My Form History**.

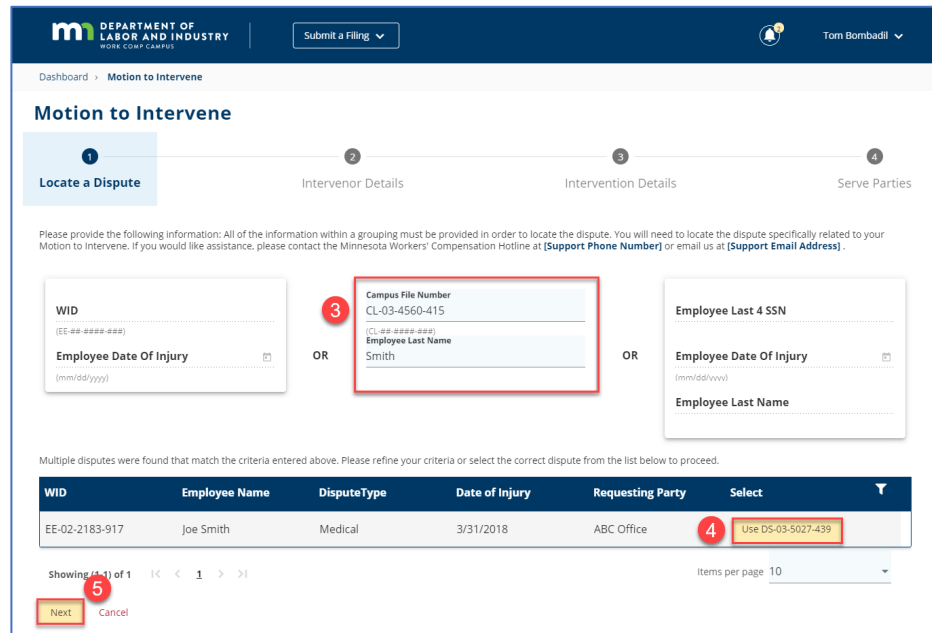
Filing a motion to intervene

As a potential intervenor needing to gain access to a dispute, you will need to file a motion to intervene.

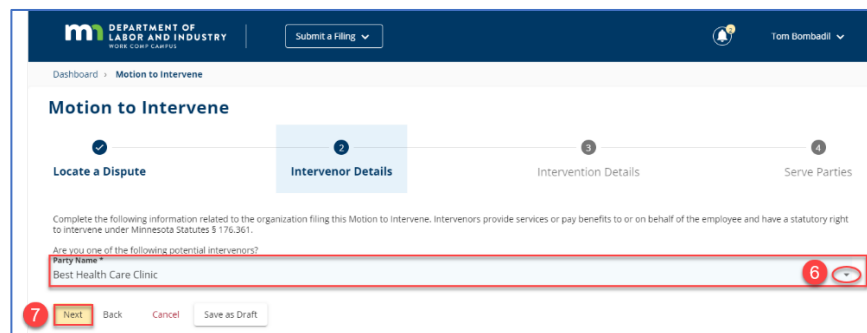
1. Click on the **Submit a Filing** drop-down menu and select **Access a Case or Claim**.
2. Select **Motion to Intervene** from the drop-down menu.



3. To locate a dispute, enter dispute-identifying information.
4. Select the applicable dispute.
5. Click **Next** to continue.



6. Under **Intervenor Details** select a **Party Name** in the drop-down menu.
7. Click **Next** to continue.



8. Under **Intervention Details**, fill in the required fields.
9. Select the **Acknowledge Intervention** checkbox.
10. Click the **+ Upload Document** button to attach supporting documentation.
11. Click **Next** to continue.

Dashboard > Motion to Intervene

Motion to Intervene

Locate a Dispute Intervenor Details **Intervention Details** Serve Parties

The applicant is filing this Motion to Intervene in the following disputes: DS-03-5027-439

Medical Request Date *
5/27/2020
(mm/dd/yyyy)

The applicant, APPLICANT, has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes § 176.361. Attached to this Motion to Intervene is an exhibit(s) itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant for the dates below.

Total Claim Amount to Date *	\$ 500	Start Date *	5/14/2020	End Date *	5/25/2020
			<small>(mm/dd/yyyy)</small>		<small>(mm/dd/yyyy)</small>

Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.

Acknowledge Intervention
Acknowledgment in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).

The applicant's representative, who has authority to settle on behalf of the applicant can be contacted using the information below.

First Name *	Tom	Last Name *	Bombadil	Title *	Other Rep
Phone *	(101) 111-1111	Email *	DLITestExt1+general9@gmail.com		

Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made, plus appropriate statutory interest.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
Intervention_Doc.docx	Other	Other	

Next Back Cancel Save as Draft

12. Under **Serve Parties**, select the parties to serve by clicking on the applicable checkboxes.
13. Check the **Declaration** box.
14. Type your full name and click the checkbox to confirm your electronic signature.
15. Click **Submit Form**.

Dashboard > Motion to Intervene

Motion to Intervene

Locate a Dispute Intervenor Details Intervention Details **Serve Parties**

Affidavit of Service Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	ABC Office	Petitioner		None	N/A
<input checked="" type="checkbox"/>	Clifton Employer	Other Representative	wcmptester+employer@gmail.com	Electronic	5/28/2020
<input checked="" type="checkbox"/>	Clifton Employer	Service of Process Designee for ABC Office	wcmptester+employer@gmail.com	Electronic	5/28/2020
<input type="checkbox"/>	Joe Smith	Employee	321 Snow Street St Paul, MN 55101	None	N/A
<input type="checkbox"/>	Best Health Care Clinic	Potential Intervenor		None	N/A
<input type="checkbox"/>		Insurer	Minneapolis, MN 55101	None	N/A
<input checked="" type="checkbox"/>	Andy Insurer	Service of Process Designee for UPNORTHINSURANCE	tcrange637+if5@gmail.com	None	N/A

Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Electronic Signature

Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

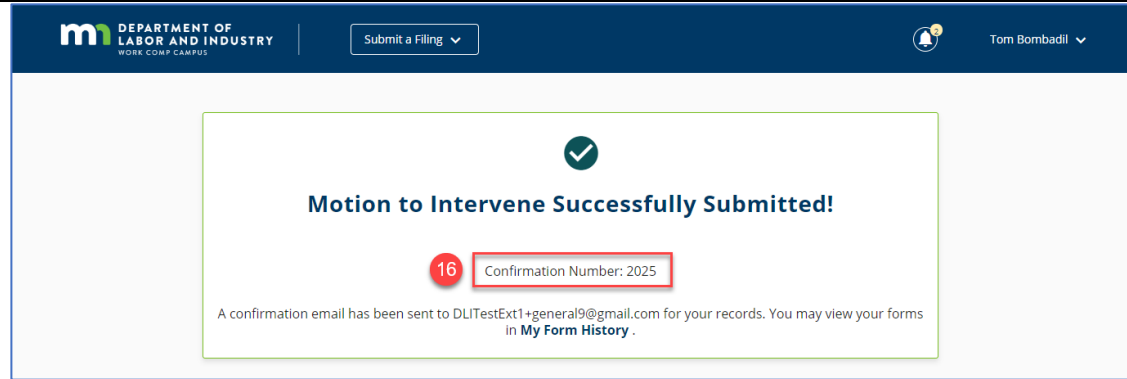
Full Name of Signatory *
Tom Bombadil

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Back Cancel Preview Document

- The confirmation page displays indicating your request has been sent to DLI for processing. A **Confirmation Number** is shown and you will receive confirmation to your email address on file.

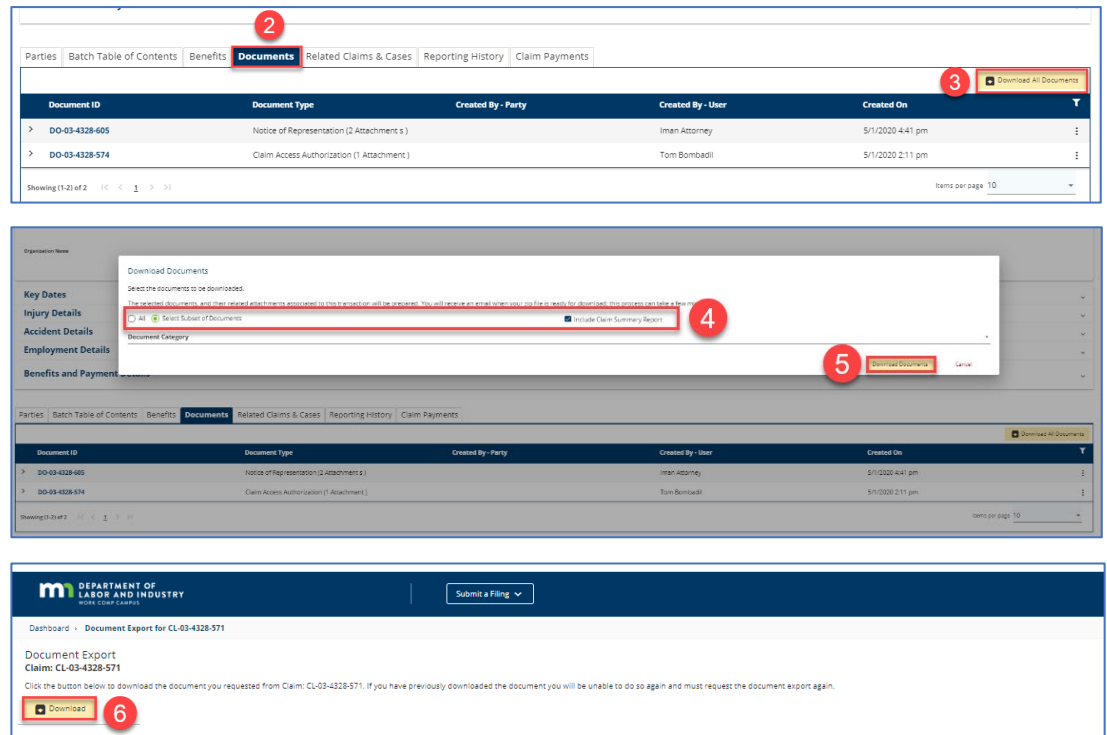
*Upon approval, it will appear in your dashboard **My Disputes** tab.



Exporting documents to a ZIP file

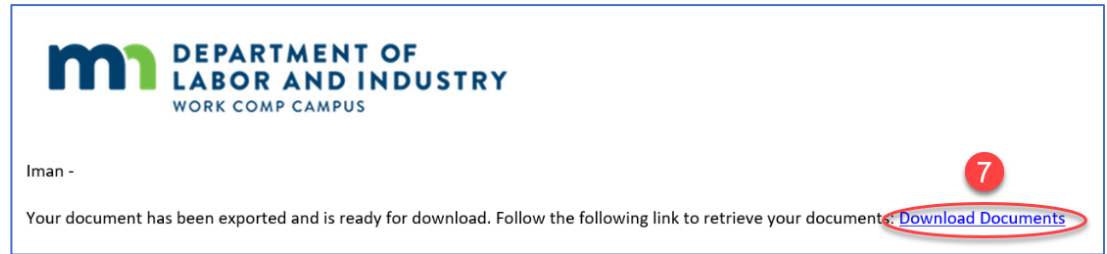
Documents relating to a claim or other case in Campus can be downloaded as a ZIP file that will contain all of the files.

- Navigate to a claim (or case) details page for which you have access (**Dashboard>My Queues>My Claims>Claim Details Page**).
- Select the **Documents** tab at the bottom of the page.
- Click the **Download All Documents** button.
- You can download **All** or **Select Subset of Documents**, and include the **Claim Summary Report**.
- Click the **Download Documents** button to continue.
- Next, you will see a notification that your documents are being prepared. Click the **Download** button to continue.



7. You will receive an email message from Campus when they are ready. Open the email message and select the **Download Documents** hyperlink.

*The ZIP file will begin downloading to your browser.



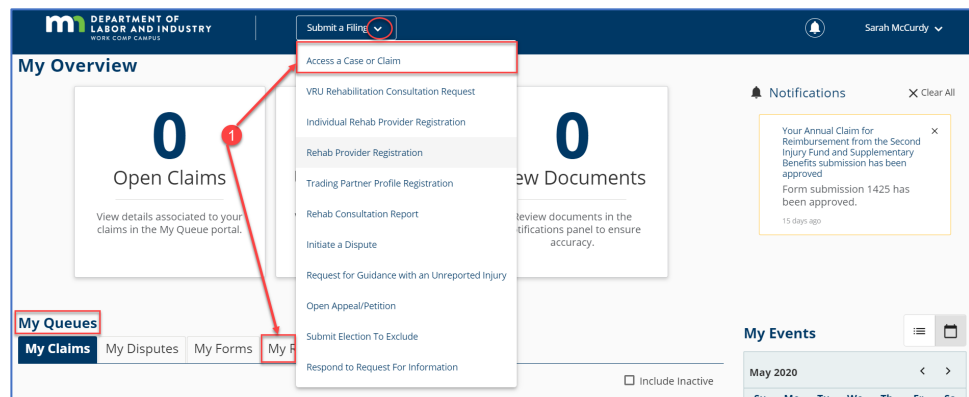
R-form submission

R-forms are submitted by qualified rehabilitation consultants (QRCs), QRC interns and their staff members at various stages throughout the rehabilitation process. They are used to both initiate rehabilitation plans and change various aspects of the rehabilitation plan. For example, these forms could be used to change the assigned QRC, adjust the rehabilitation timeline, change the rehabilitation activities, or indicate rehabilitation has been completed or is no longer needed. Each form has its own purpose and is submitted at different points in the rehabilitation process.

Navigating to R-forms

1. Access the rehabilitation case you would like to submit an R-form for by clicking the **Submit a Filing** drop-down menu and selecting **Access a Case or Claim**, then use the search parameters. You can also access these via the **My Queues** section of the dashboard by clicking on the **My Rehab Cases** tab and selecting from that list of cases.

*This step is only necessary if you don't already have access to the case or claim. If you do have access, there is no need to do this step because R-forms can either be submitted from the **Details** page or from the **Submit a Filing** drop-down menu.



2. The **Vocational Rehab Details** page displays for the case you selected. Click on the **R-form Details** button to access the menu of R-forms.

Dashboard - Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Owner: 2 R-Form Details →

VocRehabCase: RT-03-4328-923

Rehab Summary

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filled Date

Rehab Dates

Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	

3. To submit, select the applicable **R-form** from the list and click **Submit**.

4. Clicking the **Next** button will take you into the steps for your selected form.

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

Submit

PPR

R-3

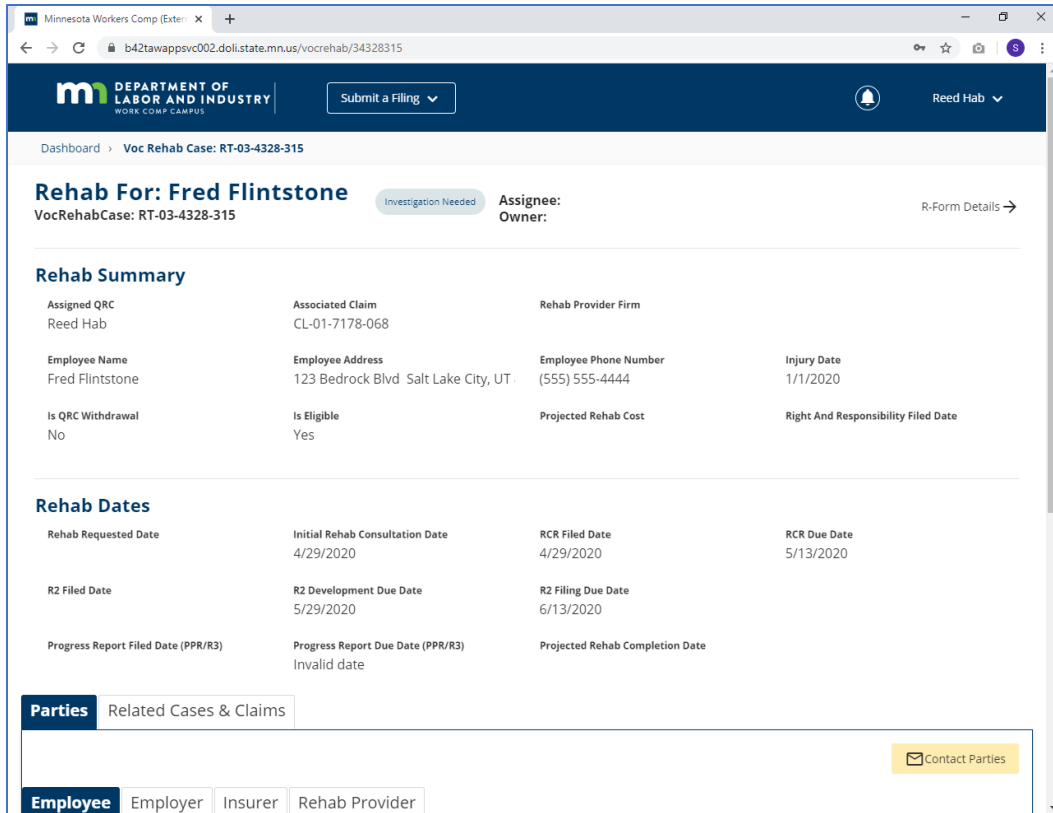
R8

4 Next Cancel

*Depending on the status of the rehabilitation case, different R-forms will be available for filing. Only those R-forms that can be filed at this time will present the option for submitting.

Vocational rehabilitation details page

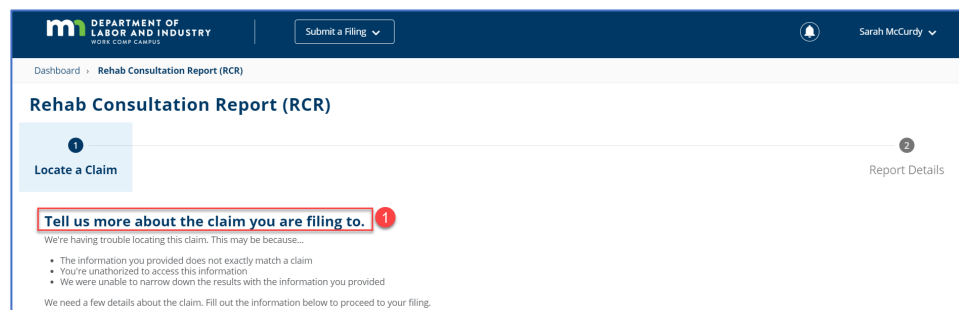
The vocational rehabilitation details page shows the **Rehab Summary, Rehab Dates, Parties and Related Cases and Claims** for the specific case selected. From here, you can navigate to R-forms and contact parties that are attached to the case.



Claim shell webform step

The claim shell webform step allows you to create a claim shell based on the information entered. For example, if you are trying to submit a Rehabilitation Consultation Report and you are unable to locate a claim, this will allow you to file against the claim shell that was created by this step. It is important to note this is a step in the webform, not the webform itself.

1. After attempting to locate the claim, you will see the statement **Tell us more about the claim you are filing to**, with additional fields to fill in.



- Fill in all required fields marked with an asterisk (*) and other known information for **Claim details** and **Employee**.

Claim details 2

Date of Injury * (mm/dd/yyyy) Cause of Injury Nature of Injury Type of Loss

Employee 2

Social Security Number (SSN) PIN Employee ID (WID) Date of Birth * (mm/dd/yyyy)

Social Security Number (SSN) PIN Employee ID (WID) Suffix

First Name * Middle Name Last Name * Suffix

First Name Middle Name Last Name

Phone Type Phone Country Code Phone Number Phone Extension

Phone Number Phone Extension

Email Address

Address 1

Address 1

Address 2

Address 2

Outside US

Postal Code City County

Postal Code City County

- Enter the **Employer** and **Insurer** using the **Lookup** function.
- If you are unable to find the employer or insurer, click on the **I can't find a matching employer/insurer** checkboxes and fill in the required information.
- Click **Next** to continue or **Cancel** to exit without saving.

Employer

If you are unable to find the related Employer via the look-up please select 'I can't find a matching employer' and provide the employer details you know.

Employer Lookup 3 Lookup I can't find a matching employer 4

Employer Name * Employer Phone Type Employer Phone Country Code Employer Phone Number

Employer Name Employer Phone Type Employer Phone Country Code Employer Phone Number

Employer Phone Extension Employer Email Address

Employer Phone Extension Employer Email Address

Address 1

Address 1

Address 2

Address 2

Outside us

Postal Code City County

Postal Code City County

State Province Country United States

Country United States

Insurer

If you are unable to find the related Insurer via the look-up please select 'I can't find a matching insurer' and provide the insurer details you know.

Insurer Lookup 3 Lookup I can't find a matching insurer 4

Insurer Name * Insurer Phone Type Insurer Phone Country Code Insurer Phone Number

Insurer Name Insurer Phone Type Insurer Phone Country Code Insurer Phone Number

Insurer Phone Extension Insurer Email Address

Insurer Phone Extension Insurer Email Address

Address 1

Address 1

Address 2

Address 2

Outside us

Postal Code City County

Postal Code City County

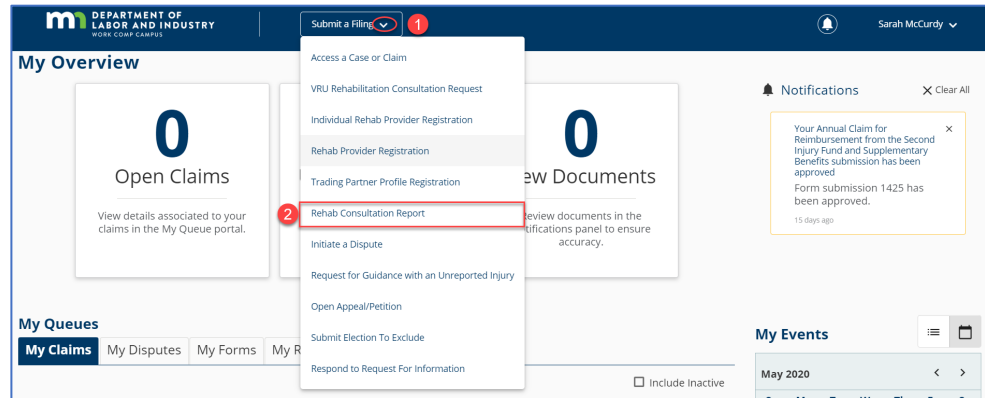
State Province Country United States

Country United States

5 Cancel **Next**

Rehabilitation Consultation Report (RCR)

1. Click on the **Submit a Filing** drop-down menu.
2. Select **Rehabilitation Consultation Report**.



3. The **Rehabilitation Consultation Report (RCR)** page shows two steps that need to be completed. Under **Locate a Claim**, enter search information in one of the three boxes to find the claim. Click **Next** to continue or **Cancel** to exit.

Dashboard > Rehab Consultation Report (RCR)

Rehab Consultation Report (RCR)

1 Locate a Claim 2 Report Details

Please provide at least one of the following sets of information. All of the information within a grouping must be completed in order to locate a claim. If you would like assistance, please contact the Minnesota Workers' Compensation Hotline at [Support Phone Number] or email us at [Support Email Address].

WID EE-88-9787-876 (EE-##-####-####) Employee Date Of Injury 5/20/2020 (mm/dd/yyyy)	OR	Jurisdictional Claim Number (JCN) (CL-##-####-####) Employee Last Name	OR	Employee Last 4 SSN Employee Date Of Injury (mm/dd/yyyy) Employee Last Name
--	----	--	----	--

Next Cancel

4. On the **Claim Details** page, some of the claim information will already be populated; however, you can also add new claim representative information.

Rehab Consultation Report (RCR)

3 Locate a Claim 4 Report Details

Claim Details

Please provide the following information.

Campus File Number CL	Date of injury 4/20/2020	Claim Admin Claim Number TBG	Claim Representative First Name *	Claim Representative Last Name *	Claim Representative Phone Num...
			Claim Representative First Na	Claim Representative Last Na	Claim Representative Phone

Employee Details

WID Number EE	Employee Z
Employee Address 9	
City C	State MN
	Zip Code 5

5. Further down the page is the **Qualification Details** section. Answer the questions by clicking on the appropriate response.
6. Provide a narrative by either typing in the **Narrative Report** field or uploading an electronic version of the report.
7. Click the **+ Upload Document** button to attach the *Rights and responsibilities* document. Note: This is optional and must be submitted prior to closing the rehabilitation case.
8. Click the **+ Upload Document** button to attach the required supporting attachments.
9. Enter your first and last names in the **Full Name of Signatory** field, check the box to confirm and legally sign electronically, and enter the **Initial Rehab Consultation Date** in the mm/dd/yyyy format.
10. Click **Submit Form**. You can also use other buttons: **Back** to go back one screen; **Save as Draft** to save a copy to return to; **Download PDF** to download a copy; **Preview** to view it on screen; or **Cancel** to exit without saving.

Qualification Details 6

In my opinion, the employee is permanently precluded or likely to be permanently precluded in engaging from the employee's usual and customary occupation or from engaging in the job the employee held at the time of injury.
 No Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment with the date-of-injury employer.
 No Yes

In my opinion, the employee is reasonably expected to return to suitable gainful employment through the provision of rehabilitation services, considering the treating physician's opinion on the employee's work ability.
 No Yes

I have consulted with the date-of-injury employer regarding the above issues.
 No Yes

Eligibility Statement

In my opinion the employee is a qualified employee and eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22
 In my opinion the employee is not a qualified employee and is not eligible for rehabilitation services at this time according to Minn. Rules 5220.0100, subp.22
 The parties have informed me that they wish to initiate statutory rehabilitation services at this time

Narrative Report

Please provide a Narrative either by filling out the field below or attaching a document in the provided attachment section

Narrative Report * 6

Rights and Responsibilities

The Rights and Responsibilities must be received by the Department of Labor and Industry prior to closing the rehab case

+ Upload Document 7

File Name	File Type	Description	Remove
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Supporting Attachments

QRIC: This form and a narrative report must be received by the Department of Labor and Industry within 14 days of the initial rehab consultation date (Minn. Rule 5220.0130). If the employee is eligible for rehabilitation services, a Rehabilitation Plan (R-2) must be developed and circulated to the parties within 30 days of the initial meeting and filed with the Department within 45 days of the initial meeting (Minnesota Rule 5220.0410).

Employee: If you disagree with or have questions about the information provided on this form, you are encouraged to contact the Qualified Rehabilitation Consultant (ORC) and insurer to discuss any concerns. If your concerns are not resolved, you may call the Department at placeholder telephone, or request a determination by filing a Rehabilitation Request with the Department.

Any person who, with intent to defraud, receives workers' compensation benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to Minnesota Statutes 609.52. SUBDIVISION 3.

+ Upload Document 8

File Name	File Type	Description	Remove
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Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory * 9

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date 4/28/2020

Submit Form 10 Save as Draft Download PDF Preview Cancel

R-2 submission

1. On the rehabilitation case details page, click on the **R-form Details** button to begin the R-2 form submission process.

Dashboard > Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Owner: 1 R-Form Details →

VocRehabCase: RT-03-4328-923

Rehab Summary

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date

Rehab Dates

Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	

2. In the new window, select which type of R-form you wish to submit or amend. Select **R-2, Submit** and **Next** to continue.

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

2

Submit

PPR

R-3

R8

Next Cancel

3. The **R-2 Rehabilitation Plan** page opens showing three main steps, **Rehab Details**, **Services Provided**, and **Attachments and Instructions**, that will need to be completed.

R2 Rehabilitation Plan

Please provide the following information 3

1 **2** **3**

Rehab Details Services Provided Attachments and Instructions

Claim Details 4

Campus File Number CL-00-21	Date Of Injury 4/19/2020	Claim Admin Claim Number WC-20-	Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name * Claim Rep Last Name	Phone Number * Phone Number
--------------------------------	-----------------------------	------------------------------------	--	--	--------------------------------

4. Fill in all required information denoted with an asterisk (*) for the **Claim Details** and **Occupation Details**.
5. Click the **Next** button at the bottom of the screen. You can also choose **Save as Draft** to save a copy to return to or **Cancel** to exit without saving the information.

Occupation Details 4

Occupation At Time Of Injury * Occupation At Time Of Injury	Pre-injury AWW * Pre-injury AWW	Occupational Demands * Occupational Demands *
Job at Date of Injury *	Employee's Current Work Status *	Vocational Goal *
Highest Grade Completed *	Employee May Require an Interpreter *	Initial Rehab Consultation Date 4/30/2020

QRC Comments

5

Next Save as Draft Cancel

- Complete the **Initial Evaluation Report** by either typing in the provided field or by using the **+ Upload Document** to upload a previously created report.
- Fill in all **Services Provided** required fields marked with an asterisk (*). Use the **+ Add** button for additional lines or **Next** to continue.
- Upload **Supporting Attachments** by using the **+ Upload Document** button.
- Enter your first and last names in the **Full Name of Signatory** field and check the box to confirm and legally sign electronically. Click the **Submit Form** button.

Initial Evaluation Report

Please provide an Initial Evaluation Report either by filling out the field below or attaching a document in the provided attachment section. Your Initial Evaluation Report should include: Medical status, Vocational history, educational history, social history, relevant economic factors, transferable skills, employment barriers, and recommendations.

Initial Evaluation Report *

+ Upload Document

Initial Evaluation Report Attachment is required when no report is provided

Services Provided

List only the services to be provided at this time.

Service Category *	Description *	Projected Cost *	Projected Completion Date *	
D0 - Rehab Consultation	Consultation to determine eligibility, Eligibility Determination	\$ Projected Cost	4/30/2020 <small>(mm/dd/yyyy)</small>	Remove

+ Add

Next Back Save as Draft Cancel

Total Projected Cost: \$0.00

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date
4/30/2020

R-3 submission

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-3 form submission process.
- In the new window, select which type of R-form you wish to submit or amend. Select **R-3, Submit** and **Next** to continue.

Dashboard > Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Sarah McCurdy Owner: Carol Jeffries

VocRehabCase: RT-03-4328-923

Rehab Summary

Assigned ORC	Associated Claim	Rehab Provider Firm	
Sarah McCurdy	CL-03-4328-571		
Employee Name	Employee Address	Employee Phone Number	Injury Date
Carol Jeffries	139 Main St, Mendota, MN, 55150	(908) 292-8903	4/30/2020

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

Submit

PPR

R-3

R8

Next Cancel

- The **Rehab Plan Amendment (R-3)** page opens showing three main steps, **Assigned QRC**, **Amendments** and **Supporting Information**, that will need to be completed.
- Select the appropriate bubble for the **Assigned QRC**: **Continue as Assigned QRC**, if there is no change; **Change of QRC**, if a new QRC is taking over this case; or **Withdrawal of QRC**, if the QRC is withdrawing on this case.

Rehab Plan Amendment (R3)
Please provide the following information

Assigned QRC Amendments Supporting Information

Assigned QRC
Please select if you are filing this R-3 as a QRC who will be taking over this case (Change of QRC) or if you are withdrawing as QRC on this case, then verify the information below. If there is no change to the assigned QRC, select "Continue as Assigned QRC" and proceed to the next step.

Continue as Assigned QRC Change of QRC Withdrawal of QRC

- Fill in the **Proposed Amendment and Rationale** field with a brief explanatory statement.
- Fill in all of the **Services to be Provided** required fields marked with an asterisk (*). Use the **+ Add** button to add additional lines or **Next** to continue.

Rehab Plan Amendment (R3)
Please provide the following information

Assigned QRC Amendments Supporting Information

Proposed Amendment & Rationale
Please provide a brief statement that covers the proposed amendments and the rationale for these amendments.

Proposed Amendment And Rationale *

Services to be Provided
Below are the currently provided services. Please make any adjustments as necessary to the description, projected cost, and projected completion date. If a service is no longer needed, click the delete button next to it.

Service Category *	Description *	Projected Cost *	Projected Completion ...	
		\$	mm/dd/yyyy	
				Remove

+ Add Total Projected Cost: \$0.00

Projected Cost and Duration
The cost and duration below are calculated based on the plan-to-date plus any amendments you have made thus far on this form. Please verify that the updated cost and duration look correct, and proceed to the next step.

Costs	Projected additional costs to completion	Estimated total cost
Plan costs to date \$0.00	\$0.00	\$0.00

- Now, you may upload **Supporting Information**. Provide a narrative (if applicable) by typing in the **Plan Barrier Narrative Report** field or using the **+ Upload Document** button to upload a completed report.
- Attach any other supporting documents to the R-3 using the **+ Upload Document** button.

Assigned QRC Amendments Supporting Information

Plan Barrier Narrative Report
Please provide a Narrative if applicable, either by filling out the field below or attaching a document in the provided attachment section

Plan Barrier Narrative Report

Plan Barrier Narrative Document Upload

+ Upload Document

Supporting Attachments
Attach any other supporting documentation to this R3. Examples might include commentary from the Employee or proof that this form was sent for signatures. NOTE: If you are a Withdrawing QRC, you are required to attach documentation including services provided and associated costs to date.

+ Upload Document

- Enter your first and last names in the **Full Name of Signatory** field and check the box to confirm and legally sign electronically, then and click the **Submit Form** button.

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Initial Rehab Consultation Date
4/30/2020

R-8 submission

- On the rehabilitation case details page, click on the **R-form Details** button to begin the R-8 form submission process.
- In the new window, select which type of R-form you wish to submit or amend. Select **R-8, Submit** and **Next** to continue.
- The **Plan Closure Report** page opens showing three steps, listed at the top of the screen – **Rehab Details, Services Provided and Attachments and Information** – that will need to be completed. On the first page, provide **Closure Details** by filling in all required fields marked with an asterisk (*). Click **Next** to continue.

Dashboard > Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Owner: 1 R-Form Details →

VocRehabCase: RT-03-4328-923

Rehab Summary

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020
Is QRC Withdrawal	Is Eligible	Projected Rehab Cost	Right And Responsibility Filled Date

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

PPR

R-3

R8

Closure Details

Employment Status at Plan Closure *

Name of Employer at Plan Closure *	Job Title at Plan Closure *	Gross AWW at Plan Closure *
M	Job Title at Plan Closure	\$ 1279.6

RTW Date * Return to Work Job * Occupational Demands *

Reason for Rehabilitation Plan Closure * Did Employee Have an Attorney? No Yes

Number Of Weeks Suspended Training Services * Total Number of Previous Assigned QRCs *

4. Next, fill in all numerical amounts for the **Total Cost Details**. Click the **Next** button at the bottom of the screen to continue.

Plan Closure Report
Please provide the following information

Rehab Details | **Services Provided** | Attachments and Information

Total Cost Details

			Prior QRC Firm Costs	Current QRC Firm Costs
00 - Rehab Consultation	N/A	N/A	\$ Prior QRC Firm Costs	\$ Current QRC Firm Costs
01 - Medical Management	N/A	N/A	\$ Prior QRC Firm Costs	\$ Current QRC Firm Costs
	Prior Placement Firm Costs	Current Placement Firm Costs	Prior QRC Firm Costs	Current QRC Firm Costs
	\$ Prior Placement Firm Co	\$ Current Placement Firm	\$ Prior QRC Firm Costs	\$ Current QRC Firm Costs
03 - Coordinate RTW Same ER	N/A	N/A	\$ Prior QRC Firm Costs	\$ Current QRC Firm Costs

5. Next, you may provide additional information for the **Plan Closure Report** by using the **Summary Closure Report** field to type in information summarizing the services provided or by clicking the **+ Upload Document** button to attach a previously completed report.

Plan Closure Report
Please provide the following information

Rehab Details | Services Provided | **Attachments and Information**

Summary Closure Report
Attach a Summary Closure Report summarizing services from beginning to end of rehabilitation plan (Minn. Rules 5220.0510, subp. 7 F (4))

Summary Closure Report *

+ Upload Document

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

6. Attach any other **Supporting Attachments** to the R-8 using the **+ Upload Document** button.

7. Enter your first and last names in the **Full Name of Signatory** field and click the checkbox to confirm and legally sign electronically.

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Submit Form | Back | Save as Draft | Download PDF | Preview | Cancel

8. Click the **Submit Form** button to finalize. You can also use the other buttons: **Back** to go back one screen; **Save as Draft** to save a copy to return to; **Download PDF** to download a copy; **Preview** to view it on the screen; or **Cancel** to exit without saving.

***Save as Draft** forms will be in the **My Forms** tab and will automatically be removed after 21 days if not updated or submitted.

Electronic service

Standard practices of workers' compensation require a variety of documents to be served to different parties, both within and outside of DLI. Situations that require legal servicing of documents are outlined in Minnesota Statutes; Campus allows documents to be served both via paper and electronically.

External users will submit webforms that will require proof of service. Depending on the user profile, they will have the ability to submit filings from the dashboard, as well as from cases, claims, disputes and penalties. While not all filings will require legal service, this section shows an example of a submitted webform that requires legal service.

Filing a form with an affidavit of service

The following example shows an external user submitting a motion to intervene on a dispute, which requires legal service.

1. From the dashboard, click the **My Disputes** tab.
2. Click on the applicable **Dispute ID** hyperlink.

My Overview

1 Open Claims
View details associated to your claims in the My Queue portal.

1 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues 1

My Claims **My Disputes** My Forms

Dispute ID	Dispute Type	Petitioner	Employee	Date of Injury	Status
DS-03-5028-391 2	Medical	Shawn Spencer	Shawn Spencer: EE...	05/04/2020	Pending Review
DS-03-5028-395	Rehabilitation	Shawn Spencer	Shawn Spencer: EE...	05/04/2020	Pending Review
DS-03-5028-422	Medical	Shawn Spencer	Shawn Spencer: EE...	05/04/2020	Open
DS-03-5028-426	Medical	Shawn Spencer	Shawn Spencer: EE...	05/04/2020	Open

Showing (1-4) of 4 | Items per page 10

Notifications Clear All

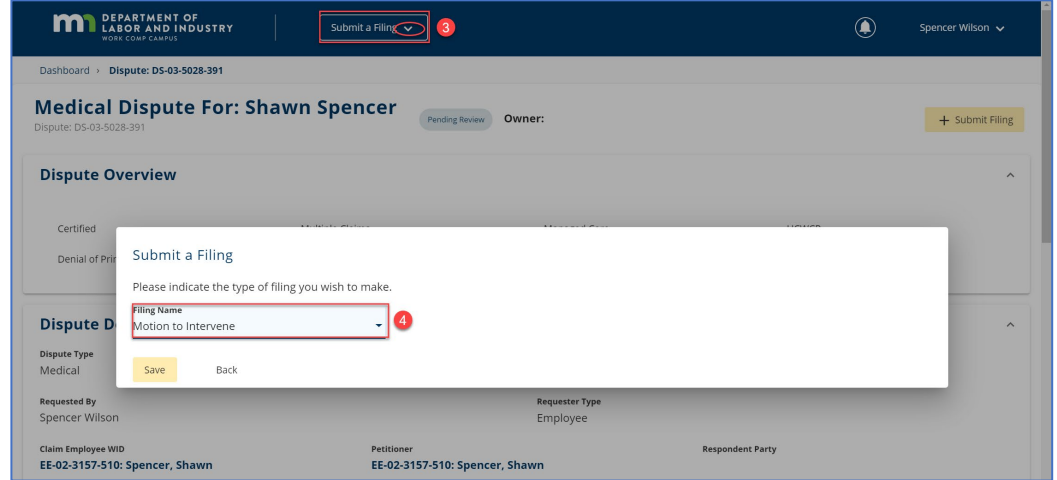
- Respond to Scheduling Poll
A scheduling poll is available for your response. This scheduling poll will be available for 7 days after initiation.
18 hours ago
- Respond to Scheduling Poll
A scheduling poll is available for your response. This scheduling...

My Events

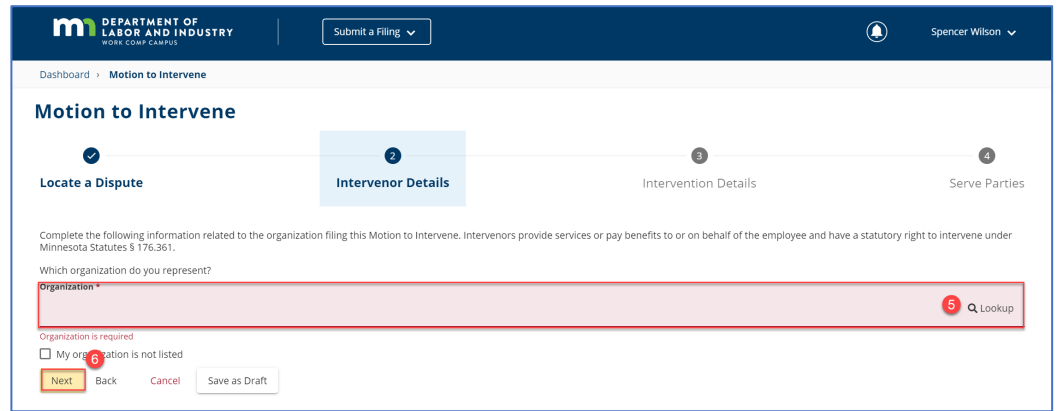
June 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20

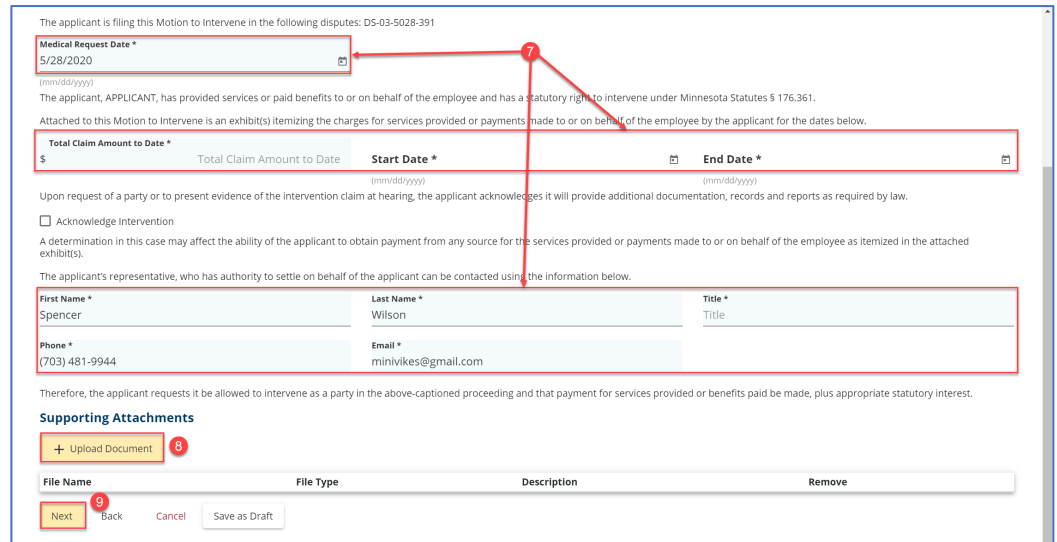
- On the dispute details page, click the **Submit a Filing** drop-down menu to choose which type of filing you would like to submit.
- Select **Motion to Intervene** from the drop-down menu.



- You will now go through the steps of filing the motion. Choose the intervening **Organization**.
- Click **Next** to continue.



- Fill in all of the **Intervenor Details**; anything with an asterisk (*) is required.
- Add any **Supporting Attachments** by clicking the **+ Upload Document** button.
- Click **Next** to continue to the **Serve Parties** step.



Affidavit of service

The next step in the process is to serve the intervention. Serving documents allows you to serve the intervention to select parties on the dispute.

1. In the **Serve Parties** step, all parties on the dispute will be displayed. Click the checkbox in the **Serve Party** column to select who gets served.
2. Each party will set their own preferred **Service Method**, which is how the motion will be served. In this example, the party has chosen to be served via U.S. mail and their mailing address is displayed. (If the user has chosen electronic service, their email address will show in the address field.)
3. You can also manually add service recipients by clicking on the **+ Add Service Recipient** button.
4. Enter all required information indicated with an asterisk (*).
5. Click **Save** to add the recipient.

Affidavit of Service

Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient 3

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/> 1	Shawn Spencer	Employee	123 Main Street Lone Tree, CO 80124 2	US Mail	Choose a date * 6/2/2020

Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Form Back Cancel Preview Document

Add Service Recipient

Complete the fields below to add a service recipient. This recipient must be served via mail. Adding a recipient during this step will not add them as a party to the Case or Claim.

Name *

Role *

Address 1 *
Address 1

Address 2
Address 2

Outside US

Postal Code * **City *** **County**

Postal Code City County

State Province **Country**

United States

Save 5 Cancel

6. All boxes must then be checked to declare and confirm, and your **Electronic Signature** must be entered exactly as it is in your Campus profile.
7. Click **Submit Form**.

Locate a Dispute **Intervenor Details** **Intervention Details** **Serve Parties**

Affidavit of Service

Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

[+ Add Service Recipient](#)

Serve Party	Name	Role	Address	Service Method	Service Date	
<input checked="" type="checkbox"/>	Shawn Spencer	Employee	123 Main Street Lone Tree, CO 80124	US Mail	Choose a date * 6/2/2020	Edit Address
<input checked="" type="checkbox"/>	Burton Guster	Claim Admin	124 Main Street Denver, CO 80205	US Mail	Choose a date * 6/2/2020	Edit Address

Notice
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *
Spencer Wilson

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

[Submit Form](#) [Back](#) [Cancel](#) [Preview Document](#)

8. After the filing is submitted, you can find a record of it by going to the **My Forms** queue on the dashboard and clicking on the hyperlink under **Form Type**.

*Filings that do not result in documents do not have a hyperlink.

My Overview

1 Open Claims
View details associated to your claims in the My Queue portal.

1 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

Notifications
No notifications.

My Queues

My Claims My Disputes **My Forms**

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Nu...
Motion to Intervene		None	6/2/2020	Submitted	2048
Request for Inform...		None	5/28/2020	Submitted	2024
Initiate Dispute		None	5/28/2020	Submitted	2023

My Events

June 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13

9. This will take you to a page to view a PDF version of the filing you submitted.
10. If you scroll to the last page of the document, you will see the **Affidavit of Service** included.
11. For any parties being served by U.S. mail, you can print this document and **Address Labels**, which can be found directly beneath the document.

to the following parties, through the service methods listed below:

By depositing the copy in the United States Mail postage prepaid on June 2, 2020, addressed to:

Shawn Spencer, Employee
123 Main Street
Lone Tree, CO 80124

Burton Guster, Claim Admin
124 Main Street
Denver, CO 80205

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronically Signed by Spencer Wilson
On 6/2/2020 at 11:46 AM CT
In County, Minnesota

Description
Motion To Intervene

Created By
Spencer Wilson

Created Date
6/2/2020

Updated By
Spencer Wilson

Updated Date
6/2/2020

Confidential
No

Related Links
Associated To
DS-03-5028-391
Medical Dispute For Shawn Spencer

Related Attachments

AddressLabel.pdf
Address Label
Address labels for parties served via mail

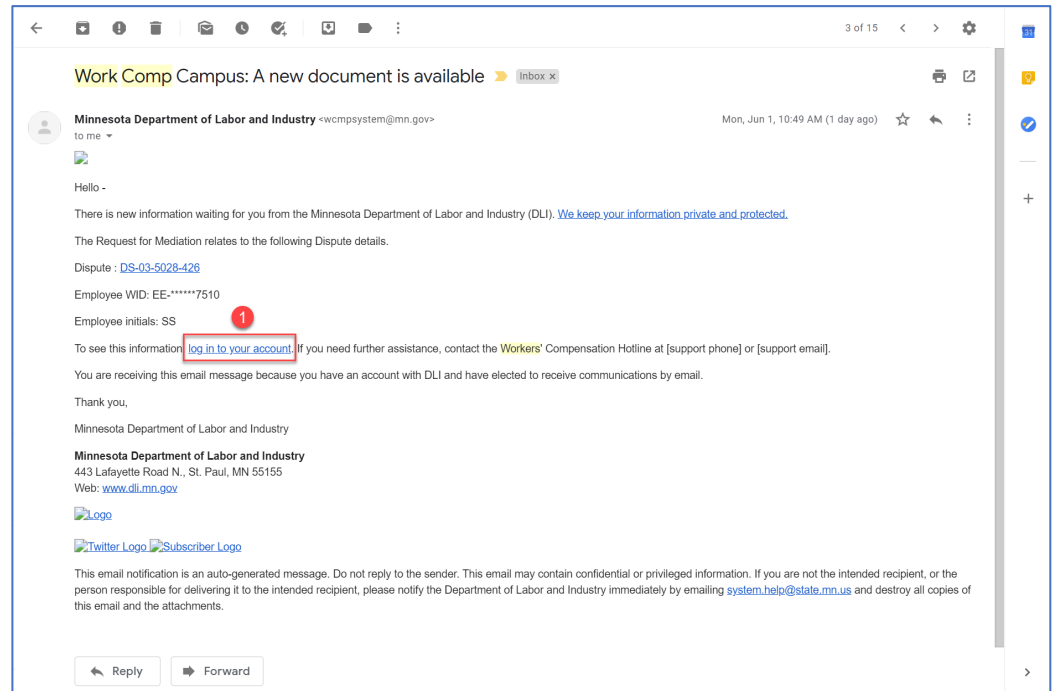
[Download](#) [View Details](#)

Receiving service email

When you are served a document electronically, you will receive an email message indicating there is a document available for you to view. This email message will only contain basic information about the document and associated transaction.

1. Access your email inbox and locate the email message sent from Campus. Click the hyperlink to login and enter your login credentials to get to the document details page.

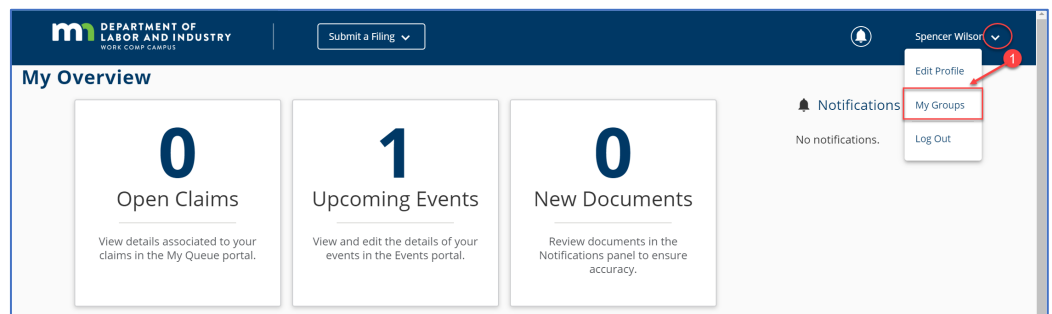
*See the *Document details page* section for further information.



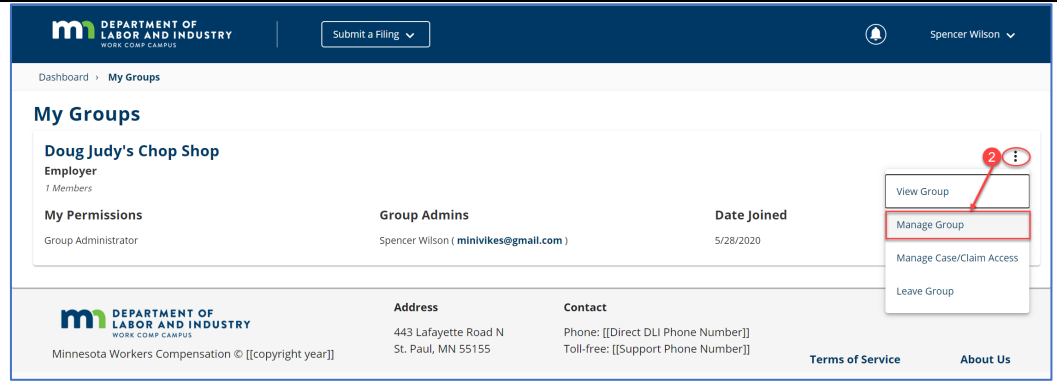
Setting up service of process designees

External users will also be served documents. Each external entity will have an assigned group administrator; the group administrator can assign another user or themselves as the service of process designee.

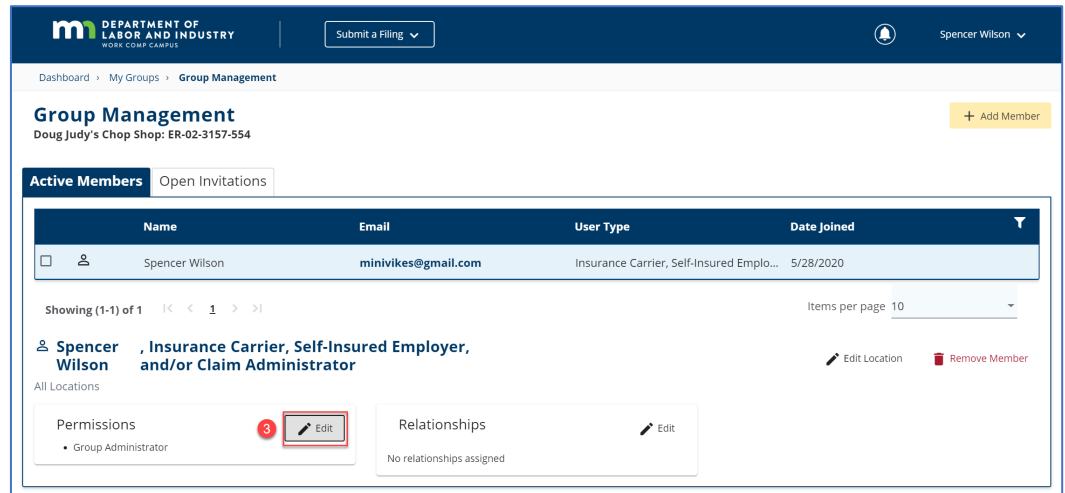
1. From the dashboard, click on your username at the top right and select **My Groups** from the drop-down menu.



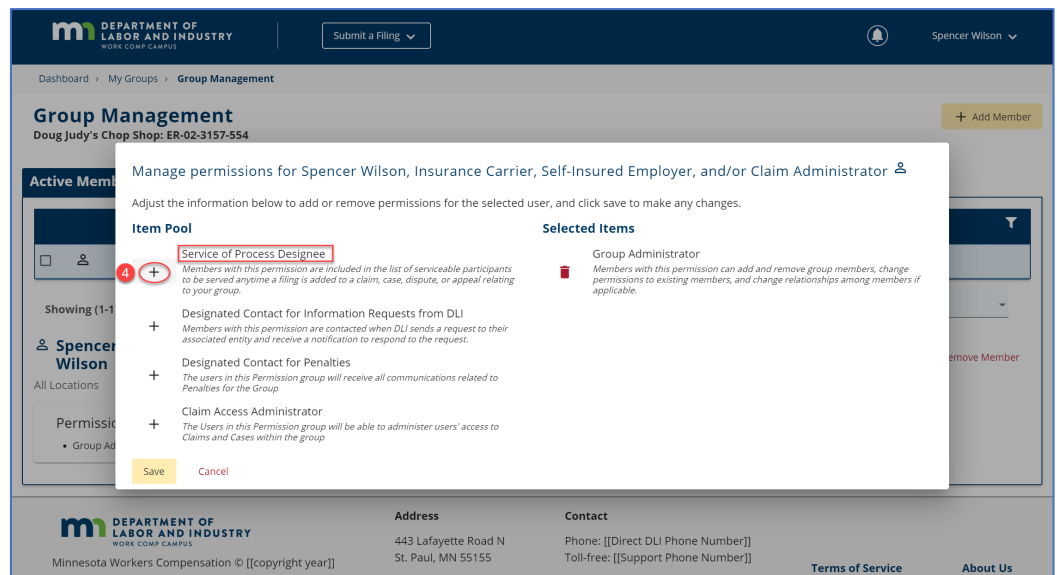
2. You will then see the groups you are associated with. To assign a service of process designee, click the kebab menu and choose **Manage Group**.



3. This page shows all **Active Members** and their roles. To assign a role to a user, click the **Edit** option in the **Permissions** box under their name.



4. Click the plus sign next to the role you would like to assign.



5. The item you selected will display in the **Selected Items** column.

6. Click the **Save** button.

*After this is done, if a document needs to be served on the entity, the user assigned to this role will receive that document.

DEPARTMENT OF LABOR AND INDUSTRY
WORKERS COMPENSATION

Submit a Filing

Dashboard > My Groups > Group Management

Group Management
Doug Judy's Chop Shop: ER-02-3157-554

Active Members

Showing (1-1)

Spencer Wilson

All Locations

Permissions

Group Administrator

Manage permissions for Spencer Wilson, Insurance Carrier, Self-Insured Employer, and/or Claim Administrator

Adjust the information below to add or remove permissions for the selected user, and click save to make any changes.

Item Pool

- + Designated Contact for Information Requests from DLI
Members with this permission are contacted when DLI sends a request to their associated entity and receive a notification to respond to the request.
- + Designated Contact for Penalties
The users in this Permission group will receive all communications related to Penalties for the Group
- + Claim Access Administrator
The Users in this Permission group will be able to administer users' access to Claims and Cases within the group

Selected Items

- Group Administrator
Members with this permission can add and remove group members, change permissions to existing members, and change relationships among members if applicable.
- Service of Process Designee
Members with this permission are included in the list of serviceable participants to be served anytime a filing is added to a claim, case, dispute, or appeal relating to your group.

Save Cancel

DEPARTMENT OF LABOR AND INDUSTRY
WORKERS COMPENSATION

Address: 443 Lafayette Road N, St. Paul, MN 55155

Contact: Phone: [[Direct DLI Phone Number]], Toll-free: [[Support Phone Number]]

Minnesota Workers Compensation © [[copyright year]]

Terms of Service About Us

Document details page

The document details page shows additional information about a document, with related links to associated transactions that can be viewed.

1. From the dashboard, click the **My Forms** tab and click the hyperlink under **Form Type**.

My Overview

Notifications: No notifications.

1 Open Claims
View details associated to your claims in the My Queue portal.

1 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims My Disputes **My Forms**

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation Nu...
Motion to Intervene		None	6/2/2020	Submitted	2048
Request for Inform.		None	5/28/2020	Submitted	2024
Initiate Dispute		None	5/28/2020	Submitted	2023
Initiate Dispute		None	5/28/2020	Submitted	2022
Initiate Dispute		None	5/28/2020	Submitted	2017
Initiate Dispute		None	5/28/2020	Submitted	2016
Request for Inform.		None	5/27/2020	Submitted	1936

My Events

June 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

- A document preview window will open with the **Document Details**.
- The **Related Links** section will show any additional transactions associated to the document and can be viewed by clicking on the hyperlink.

Dashboard > Document: DO-03-5593-769

Document: DO-03-5593-769

MI Department of Labor and Industry
Workers' Compensation Division
(811) 294-6032 or 1-800-342-6364

MOTION TO INTERVENE

Campus File Number(s): CL-03-0011-797
Employee WID: BE-03-243-950
Date(s) of Injury: 5/4/2020
Spouse Spender: Employee
Is New Insurer: Insurer

- The applicant is filing this Motion to Intervene in the following dispute(s):
Medical Request dated: 5/28/2020 Rehabilitation Request dated:
Claim Petition for Only Medical Benefits or Rehabilitation Benefits dated:
- The applicant, New Insurer (name of entity filing this Motion to Intervene), has provided services or paid benefits to or on behalf of the employee and has a statutory right to intervene under Minnesota Statutes § 176.261.
- Attached to this Motion to Intervene is an exhibit(s) itemizing the charges for services provided or payments made to or on behalf of the employee by the applicant from 5/1/2020 (date) to 6/1/2020 (date). The claim to-date is \$100.00. Upon request of a party or to present evidence of the intervention claim at hearing, the applicant acknowledges it will provide additional documentation, records and reports as required by law.
- A determination in this case may affect the ability of the applicant to obtain payment from any source for the services provided or payments made to or on behalf of the employee as itemized in the attached exhibit(s).
- The applicant's representative, who has authority to settle on behalf of the applicant, Spencer Wilson Employee, can be contacted at: (763) 451-0944 (phone number) and minnieka@gmail.com (email address).
- Therefore, the applicant requests it be allowed to intervene as a party in the above-captioned proceeding and that payment for services provided or benefits paid be made plus appropriate statutory interest.

Date signed: 6/2/2020 Signature of person filing motion: Spencer Wilson
Electronic Signature By: Spencer Wilson
Date Signed: 6/2/2020 at 11:48:00 CT
Name: Spencer Wilson
Mailing address: Email address: minnieka@gmail.com
Telephone: (763) 451-0944

Page: 1 of 2 Automatic

Document Details

If document details or the Case/Claim to which the document was uploaded should be updated, please contact the Department of Labor and Industry at [Support Phone Number] or [Support Email Address].

Document Type: Motion to Intervene

Document Source: Webform

Description: Motion To Intervene

Created By: Spencer Wilson

Created Date: 6/2/2020

Updated By: Spencer Wilson

Updated Date: 6/2/2020

Confidential: No

Related Links

Associated To: [DS-03-5028-391](#)

Disputes

Reviewing a dispute

When an external user is a party on a dispute or an associated user to a party on a dispute the **My Disputes** tab will show on the external dashboard.

1. Click on the **Dispute ID** to view any relevant disputes.

*The **Dispute Details** page will display.

My Overview

3 Open Claims
View details associated to your claims in the My Queue portal.

1 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims | **My Disputes** | My Forms | My Rehab Cases | My SCF Assessment Reports

Dispute ID	Dispute Type	Requesting Pa...	Employee	Date of Injury	Status
DS-05-9192-798	Medical	Craig Robinson	Craig Robinson...	06/01/2020	Closed
DS-05-9706-265	Medical	Taylor Tools	Greg Maddox: ...	06/04/2020	Open
DS-06-9843-265	Rehabilitation	Joe Harris	Joe Harris:	Invalid date	Open
DS-06-9843-269	Rehabilitation	Joe Harris	Joe Harris:	Invalid date	Open
DS-06-9843-273	Rehabilitation	Joe Harris	Joe Harris:	Invalid date	Open
DS-06-9843-277	Rehabilitation	Joe Harris	Joe Harris:	Invalid date	Open

My Events

June 2020

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

Rehabilitation Dispute For: Joe Harris Open + Submit Filing

Dispute: DS-06-9843-265

Dispute Overview

Certified	Multiple Claims	Managed Care	UCWCP
Denial of Primary Liability	Asbestos Claim	Minor	Employee Deceased

Dispute Details

Dispute Type Rehabilitation	Date Received 6/26/2020
Requested By Spencer Wilson	Requester Type Employee
Claim Employee WID	Requesting Party SE-02-5789-933: Joe Harris
Certification Decision Pending	Respondent Party
Mediation Requested No	Dispute Jurisdiction DLI ADR
	Interpreter Services Requested
	Source Online Forms

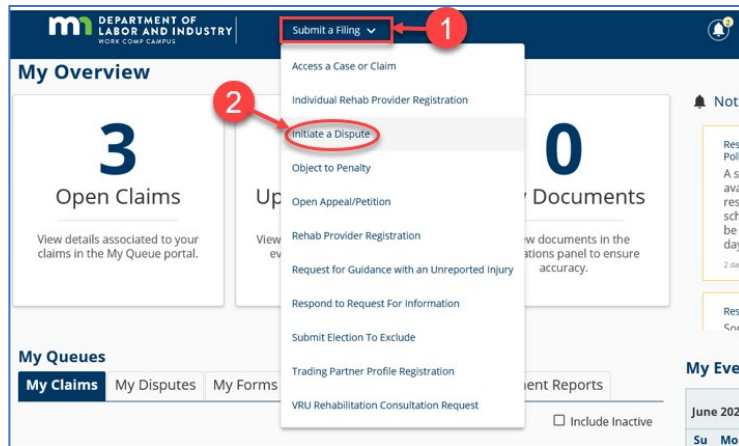
Medical Details - Summary

Managed Care Plan		
Total Medical Issues 0	Total Unresolved Medical Issues 0	Total Unpaid Balances \$0.00

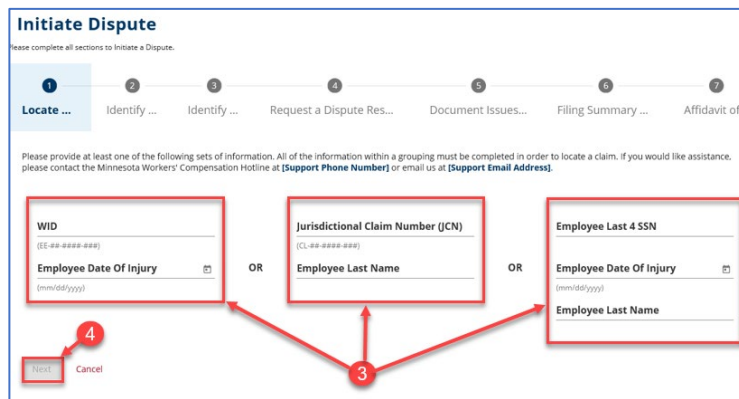
Initiating a dispute from the dashboard

External users will have the ability to initiate a dispute in Campus.

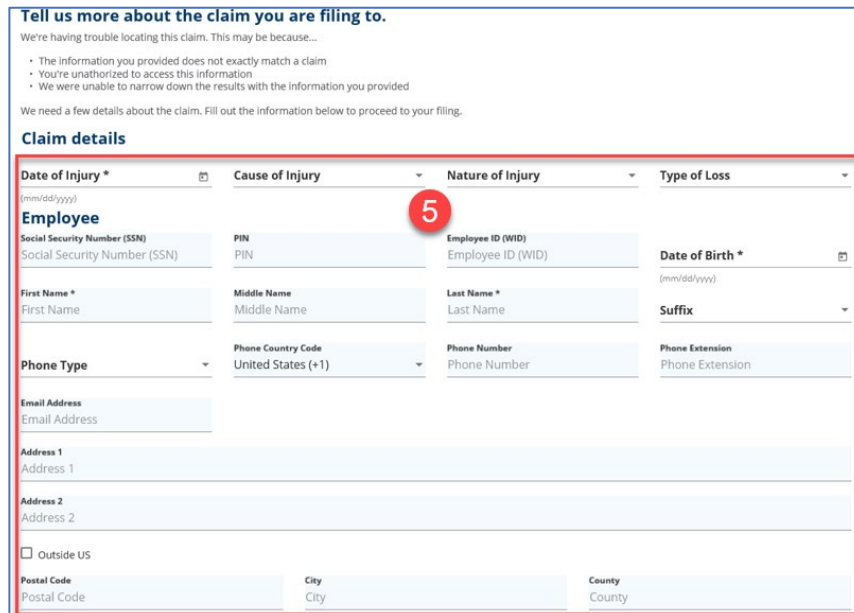
1. Click on the **Submit a Filing** drop-down menu.
2. Select **Initiate a Dispute**.



3. Enter the information for the related claim in one of the three boxes to activate the **Next** button to move forward.
4. Click **Next**. (The button will highlight after information is provided.)



5. If the information does not match a claim on file, enter the relevant claim information to create a claim shell.



6. Choose the party you represent.
7. Select the other parties in the dispute.

*This step will automatically pull in the parties from the related claim and will give you the option to add others.

8. Click **Next**. (The button will highlight after information is provided.)

9. Choose a dispute action, for example, **Certify this Dispute**.

10. In the drop-down menu, select whether the dispute is medical or rehabilitation related.

11. Add any disputed issues.

Initiate Dispute
Please complete all sections to Initiate a Dispute.

1 Locate a ... 2 **Identify P...** 3 Request a Dispute Resoluti... 4 Document Issues in ... 5 Filing Summary & Si... 6 Affidavit of Ser

A Party record shall be added for each Employee, Employer, and Insurer Name fields populated on the Claim Shell step

6 **Identify the Party You Represent**
Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

Select Party * My party is not in this list

Identify Other Parties in Dispute
Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input type="checkbox"/>	Joe Harris	Employee	None identified
<input type="checkbox"/>	Taylor Tools	Employer	None identified
<input type="checkbox"/>	New Brighton Insurance	Insurer	None identified

You must select one or more parties to continue

+ Add Party

Back **Next** Save as Draft Preview Cancel

Initiate Dispute
Please complete all sections to Initiate a Dispute.

1 Locate a ... 2 Identify P... 3 **Request a Dispute Resoluti...** 4 Document Issues in ... 5 Filing Summary & Si... 6 Affidavit of Ser

Choose a Dispute Resolution Service
Select a Resolution Service you would like to help resolve your Dispute. If you want to request an Administrative Conference, there must be documented issues on this Dispute. To add issues to a Dispute, choose 'Amend this Dispute' from the Dispute details page.

9 **Certify this Dispute**
Request a Mediation
Request an Administrative Conference
Request no service now, only initiate the dispute.

Minnesota Workers Compensation © [[copyright year]]

Contact
Phone: [[Direct DLI Phone Number]]
Toll-free: [[Support Phone Number]]

Terms of Service About Us

Initiate Dispute
Please complete all sections to Initiate a Dispute.

1 Locate a ... 2 Identify P... 3 Request a Dispute Resoluti... 4 **Document Issues i...** 5 Filing Summary & S... 6 Affidavit of Ser

10 Select the type that most applies to the reason you are filing this dispute *
Rehabilitation

I Prefer Not to Answer This Question
We found a potential duplicate dispute that matches the information you have entered on this form. You can gain access to the claim in Campus to view the details and to file this request to the existing file. Contact the Minnesota Department of Labor Alternative Dispute Resolution team for support.

Disputed Issues
+ Add Issue

Request Type	Benefit Issue
Seeking Reimbursement	Penalties & Interest

Description
I would like to be reimburs...

12. Add any support attachments.
13. Click **Next**.

Disputed Payments
Add any unpaid bills you are seeking reimbursement for. All unpaid bills should be related to the issues you added above.

[+ Add Disputed Payment](#)

Health Care Bill Payors Section
Add any people or organizations other than the Workers' Compensation Insurer that have paid health care bills related to this dispute. Attach any supporting documentation below.

Add Payor

[+ Add Health Care Payor](#)

Proof of Attempt to Resolve Managed Care Plan
If medical services are being provided or managed by a certified managed care plan, please attach information showing that the dispute resolution process of the certified managed care plan has already been exhausted.

[+ Upload Document](#)

File Name	File Type	Description	Remove

Supporting Attachments

[+ Upload Document](#)

File Name	File Type	Description	Remove

Instructions
If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, retraining, or other service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above.

Explain the details of your request

A decision can be reached so long as the documents provided below and the explanation provided here.

[Back](#) [Next](#) [Save as Draft](#) [Preview](#) [Cancel](#)

14. Provide an **Electronic Signature**.
15. Check the box.
16. Click **Next**. (The button will highlight after information is provided.)

Claims Associated to this Dispute
No claim found on file. We will research this claim when your form is processed.

Parties in Dispute

Name	Role	Address
Joe Harris	Requesting Party	None identified
Taylor Tools	Employer	None identified
New Brighton Insurance	Insurer	None identified

Dispute Issue and Document Summary

Dispute Type	Number of Issues	Document to be filed with DLI	Date Processed
Rehabilitation	2	Request for Certification	6/26/2020

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

The name provided does not match that of your CAMPUS profile.

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

[Back](#) [Next](#) [Save as Draft](#) [Preview](#) [Cancel](#)

17. Add **Service Recipients**.
18. Select any parties who require service.
19. Click the **Declaration** box.
20. Provide an **Electronic Signature**.
21. Check the box.
22. Click **Submit Form**.

*The webform is now completed and the dispute has been created. If you did not previously have any disputes, the **My Disputes** queue will now show on the dashboard. If you already had this, then a new dispute will be added to the queue.

Affidavit of Service

Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

17 →

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Taylor Tools	Employer	123 Main Street Saint Paul, MN 55111	US Mail	Choose a date * 6/26/2020

18 →

Notice
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

19 → **Declaration**
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

20 → **Electronic Signature**
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

20 → Full Name of Signatory *
Spencer Wilson

21 → I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

22 →

Initiating a dispute webform from the claim details page

1. Select the **Submit Filing** button.
2. Select the option **Initiate Dispute** from the drop-down menu.
3. Click **Save**.

*The webform will open. The claim you navigated from will automatically be linked to the dispute.

Rehabilitation Dispute For: Harris 1 →

Dispute: DS-06-9843-265

Dispute Overview

Certified	Multiple Claims	Managed Care	UCWCP
Denial of Primary Liability	Asbestos Claim	Minor	Employee Deceased

Dispute Details

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Greg Maddox: Injury on 6/04/2020: CL-05-9705-715

Please indicate the type of filing you wish to make.

2 → Filing Name
Initiate Dispute

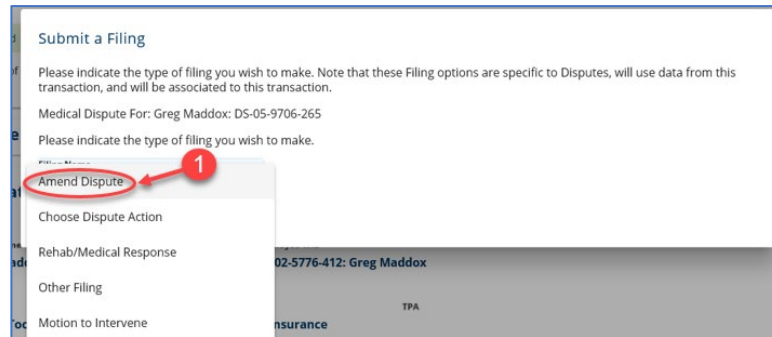
3 →

Editing a dispute

Through this process, you can add or remove parties, add or remove issues, and add documents to the dispute. Here are different amendments that can be made.

Amending a dispute

1. Select **Amend Dispute** to start the process.



Submit a Filing

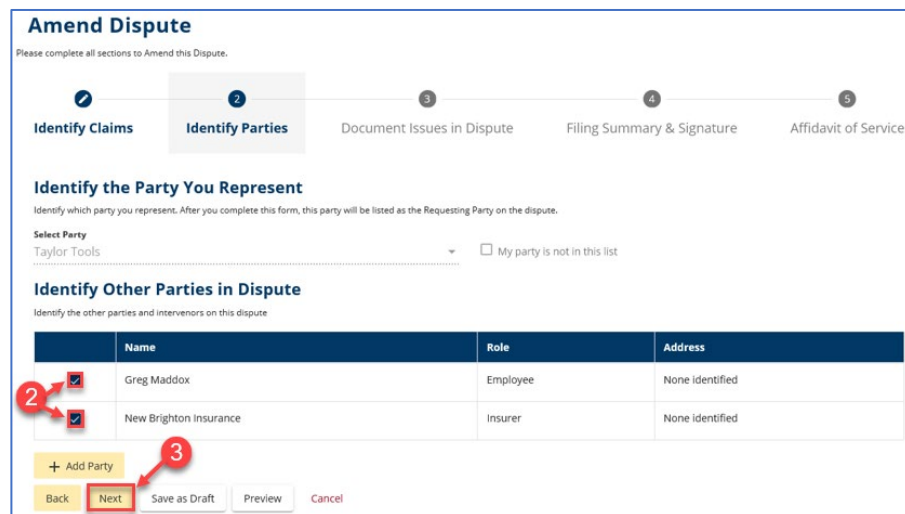
Please indicate the type of filing you wish to make. Note that these Filing options are specific to Disputes, will use data from this transaction, and will be associated to this transaction.

Medical Dispute For: Greg Maddox: DS-05-9706-265

Please indicate the type of filing you wish to make.

- Amend Dispute
- Choose Dispute Action
- Rehab/Medical Response
- Other Filing
- Motion to Intervene

2. Add or remove any parties to the claim as necessary.
3. Click **Next**.



Amend Dispute

Please complete all sections to Amend this Dispute.

Identify Claims Identify Parties Document Issues in Dispute Filing Summary & Signature Affidavit of Service

Identify the Party You Represent

Identify which party you represent. After you complete this form, this party will be listed as the Requesting Party on the dispute.

Select Party
Taylor Tools My party is not in this list

Identify Other Parties in Dispute

Identify the other parties and intervenors on this dispute

	Name	Role	Address
<input checked="" type="checkbox"/>	Greg Maddox	Employee	None identified
<input checked="" type="checkbox"/>	New Brighton Insurance	Insurer	None identified

+ Add Party

Back Next Save as Draft Preview Cancel

3. [Use of 3 repeated] Change the reason type for filing the dispute.
4. Add **Disputed Issues**.
5. Add **Supporting Attachments**.
6. Click **Next**.

Document Issues in Dispute

Select the type that most applies to the reason you are filing this dispute *

Medical

I Prefer Not To Answer This Question

We found a potential duplicate dispute that matches the information you have entered on this form. You can gain access to the claim in Campus to view the details and to file this request to the existing file. Contact the Minnesota Department of Labor Alternative Dispute Resolution team for support.

Disputed Issues

+ Add Issue

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
<p>Instructions</p> <p>If you are requesting reimbursement, attach copies of the itemized bills, prescriptions, mileage or parking expenses, medical reports, doctor's office notes or other information that supports your position. If the employer or insurer has denied the expense was necessary for treatment or rehabilitation related to the work injury, attach documentation that the expense was necessary. If you are requesting approval of prescribed treatment, surgery, equipment, rehabilitation, retraining, or other service, you will need to submit a report from a provider recommending the treatment or describing the physical restrictions or permanent partial disability. Include any treatment parameter or departure that supports your request in your description of the issue above.</p> <p>Explain the details of your request</p> <p>Initiate the dispute</p> <p>A decision can be reached with the documents provided below and the explanation provided here.</p>			

Back **Next** Save as Draft Preview Cancel

6. [Use of 6 repeated] Provide your full name for the **Electronic Signature**.
7. Check the box.
8. Click **Next**. (The button will highlight after information is provided.)

Selected Claim

CL-05-9705-715	6/4/2020
----------------	----------

Related Claims

There are no related claims with the same employee

Parties in Dispute

Name	Role	Address
Taylor Tools	Requesting Party	None identified
Greg Maddox	Employee	None identified
Taylor Tools	Employer	None identified
New Brighton Insurance	Insurer	None identified

Dispute Issue and Document Summary

Dispute Type	Document to be filed with DLI	Date Processed
Medical	Request for Certification	6/26/2020

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by clicking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Back **Next** Save as Draft Preview Cancel

9. Issue the **Affidavit of Service** to required parties.
10. Click **Declaration** box.
11. Provide your full name for the **Electronic Signature**.
12. Check the box.
13. Click **Submit Form**.

Affidavit of Service

Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

[+ Add Service Recipient](#)

Serve Party	Name	Role	Address	Service Method	Service Date
<input checked="" type="checkbox"/>	Greg Maddox	Employee		Electronic	6/26/2020
<input checked="" type="checkbox"/>	Taylor Tools	Employer		Electronic	6/26/2020
<input checked="" type="checkbox"/>	Spencer Wilson	Service of Process Designee for Taylor Tools	minivikes@gmail.com	Electronic	6/26/2020
<input checked="" type="checkbox"/>	New Brighton Insurance	Insurer		Electronic	6/26/2020
<input checked="" type="checkbox"/>	Spencer Wilson	Service of Process Designee for New Brighton Insurance	minivikes@gmail.com	Electronic	6/26/2020
<input checked="" type="checkbox"/>	Tom Bombadil	Service of Process Designee for New Brighton Insurance	DLITestExt1+general9@gmail.com	Electronic	6/26/2020

Notice
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

[Back](#) [Submit Form](#) [Save as Draft](#) [Preview](#) [Cancel](#)

Choosing a dispute action

Through this process, you can request a mediation or an administrative conference, or simply request certification of your dispute. Note that to request an administrative conference or certification, there must be at least one issue in dispute.

Choose a Dispute Resolution Service

Select a Resolution Service you would like to help resolve your Dispute. If you want to request an Administrative Conference, there must be documented issues on this Dispute. To add ...

[Request a Mediation](#)

[Request an Administrative Conference](#)

Your selected request will generate a Document to be distributed to all parties, it also may request an Event. Please see below for details on what your submission will create for your Dispute.

Claims Associated to this Dispute

Claim Name	Employee ID (WID)	Employer	Insurer	TPA
Joe Harris: Injury on 06/01/2020	Joe Harris	Taylor Tools	New Brighton Insurance	

Parties in Dispute

Name	Role	Address
Joe Harris	Requesting Party	None identified
Taylor Tools	Employer	None identified
New Brighton Insurance	Insurer	None identified

After this is submitted, and only if the user requested a mediation, a poll can be initiated or assigned to someone else to initiate. The poll will be used to see what days and times identified other parties for the event are available. *See the *External scheduling* section for more details about this process.

Rehabilitation, medical response

The **Rehab/Medical Response** can only be filed after an RFA has been filed and an administrative conference is scheduled but has not yet taken place. The form cannot be submitted by the user who initiated the dispute.

1. Choose the party you represent.
2. Click **Next**.
3. Add intervenors or potential intervenors as parties on the dispute.
4. Click **Next**.

Dispute Response
Please complete all sections to file a Dispute Response.

1 Filing Party 2 Locate Additional Parties 3 Response to Disputed Issues & Payments 4 Supporting Attachments

Filing Party

The claimant - Requesting Party New Brighton Insurance - Insurer Taylor Tools - Employer Taylor Tools - Potential Intervenor

Next Save as Draft Cancel

Dispute Response
Please complete all sections to file a Dispute Response.

1 Filing Party 2 Locate Additional Parties 3 Response to Disputed Issues & Payments 4 Supporting Attachments

Add any additional parties which should be associated to this Dispute as Potential Intervenor or intervenors.

Name * Lookup

Next Save as Draft Cancel

5. Address each disputed issue.
6. If you disagree, enter a reason for disagreeing.
7. Click **Next**.

Dispute Response
Please complete all sections to file a Dispute Response.

Progress: 1. Filing Party, 2. Locate Additional Parties, 3. **Response to Disputed Issues & Payments**, 4. Supporting Attachments

Response to Disputed Issues
Please add your response to the issues below.

Issue ID	Request Type	Benefit at Issue	Issue Type
IS-06-9843-266	Seeking Reimbursement	Penalties & Interest	
Certificate Decision: Pending	Description: I would like to be reimbursed.	Response to Issue * Disagree with Requesting Part...	
IS-06-9843-267	Service	Plan Content	Other
Certificate Decision: Pending	Description: I would like service.	Response to Issue * Agree to Requesting Party Req...	

Response to Disputed Payments
Please add your response to the disputed payments below.

Reason for Disagreement to Requesting Party Request *

Next Save as Draft Cancel

8. Upload any supporting attachments.
9. Sign the webform.
10. Check the box.
11. Click **Submit**.

Dispute Response
Please complete all sections to file a Dispute Response.

Progress: 1. Filing Party, 2. Locate Additional Parties, 3. Response to Disputed Issues & Payments, 4. **Supporting Attachments**

If you disagree with the request of the Requesting Party in this Dispute, attach any documentation to support your disagreement. A written decision may be based solely upon review of this form, its attachments, the Workers' Compensation Division file, and the initiate Dispute form.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit Save as Draft Preview Cancel

Other filing

The **Other Filing** option should be chosen when you want to upload a document to the dispute that does not fit any of the filing options. There is no information to fill in other than to upload the necessary documents, provide an **Electronic Signature**, check the required boxes and click **Submit**.

Scheduling

Scheduling an event in Campus

External users will be able to use Campus to organize and request the scheduling of events related to workers' compensation.

On the dashboard, there is a card that shows how many coming events you have. There is also a calendar in the bottom right that will show a colored dot to indicate you have an event that day.

The screenshot displays a dashboard titled "My Overview" with three summary cards: "0 Open Claims", "3 Upcoming Events" (highlighted with a red border), and "0 New Documents". Below these is a "My Queues" section with tabs for "My Claims", "My Disputes", "My Forms", and "My SCF Assessment Reports". A table below the tabs shows "No data found" with columns for "Campus File ...", "Employee", "Employer", "Claim Admin", "Date of Injury", and "Status". To the right, a "Notifications" panel shows a message about a scheduling poll. Below that is a "My Events" calendar for June 2020, where the 24th and 25th are highlighted in green, and a red dot is visible on the 24th.

Campus File ...	Employee	Employer	Claim Admin	Date of Injury	Status
No data found					

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27

The dashboard calendar can be toggled to a daily view by clicking the list icon (three bulleted items) next to **My Events**. To open the full calendar, click on any day when you are in the calendar view or click the **Open Calendar** link in the bottom right.

My Overview

0 Open Claims
View details associated to your claims in the My Queue portal.

3 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

Notifications
No notifications.

My Queues
My Claims | My Disputes | My Forms | My Rehab Cases | My SCF Assessment Reports

Include Inactive

Campus File ...	Employee	Employer	Claim Admin	Date of Injury	Status
No data found					

Showing (0-0) of 0 items per page

My Events

Thursday June 25, 2020

- 10:00 AM - 01:00 PM: Mediation DS-05-9192-798 : Medical Dispute For Craig Robinson
- 12:00 PM - 05:00 PM: Administrative Conference DS-05-9192-798 : Medical Dispute For Craig Robinson

[Open Calendar](#)

In the opened calendar, there is a legend that shows which types of events are scheduled each day.

< June 2020 >

Month Week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Legend

- Mediation
- Administrative Conference
- Employee Meeting
- Hearing
- Unavailability

External users are only able to view events from the calendar, not schedule them. If you click on a day with an event scheduled, it will show you the summary details of the event.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4

Mediation 10:00 AM - 1:00 PM at Bemidji
 DS-05-9192-798 : Medical Dispute For Craig Robinson
 Created by Spencer Wilson
 DLI Staff: Spencer Wilson, Spencer Wilson

Administrative Conference 12:00 PM - 5:00 PM at Rochester
 DS-05-9192-798 : Medical Dispute For Craig Robinson
 Created by Spencer Wilson
 DLI Staff: Spencer Wilson, Spencer Wilson, test person, Spencer Wilson, Spencer Wilson, test person

To view more information, click on one of the events to be taken to the event details page, which lists all relevant information for the scheduled event.

Event: EV-05-9705-815 Export Event Details

For Case: Medical Dispute For Craig Robinson DS-05-9192-798

Event Details

Event Type Mediation	Event Status Scheduled	Related Claim(s) CL	Related Case(s) undefined
Unit Responsible for Event SCF	Date 6/25/2020	Start Time 10:00 am	End Time 01:00 pm
Location Type Physical Location	Physical Location Name B		
Address 1 6	Address 2		
City B	State MN	ZIP Code 5	
Source Campus	Number Of Times Rescheduled 0		

To add an event to a calendar outside of Campus, click the **Export Event Details** button in the top right. This will allow you to download an .ics file, which can be added to most other online calendars, including Microsoft Outlook, Google Calendar and Apple Calendar. **An external user cannot schedule events in Campus.** Events can be requested by the user and a poll can be sent to see what days and times work for people to attend an event. To do this for a dispute, click on the **Dispute ID** on the **My Disputes** queue

on the external dashboard. Then, on the **Dispute Details** page, click the **Submit Filing** button in the top right.

Medical Dispute For: Will Hunting Open + Submit Filing

Dispute: DS-05-9191-199

Dispute Overview

Certified	Multiple Claims	Managed Care	UCWCP
Denial of Primary Liability	Asbestos Claim	Minor	Employee Deceased

Dispute Details

Dispute Type Medical	Date Received 6/15/2020	
Requested By Spencer Wilson	Requester Type Employee	
Claim Employee WID	Requesting Party SE-02-5696-947: Will Hunting	Respondent Party

The **Submit a Filing** pop-up will display with several filing options. Select **Choose Dispute Action** to request a mediation.

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Disputes, will use data from this transaction, and will be associated to this transaction.

Medical Dispute For: Will Hunting: DS-05-9191-199

Please indicate the type of filing you wish to make.

- Amend Dispute
- Choose Dispute Action**
- Rehab/Medical Response
- Other Filing
- Motion to Intervene

Requesting Party: SE-02-5696-947: Will Hunting

Respondent Party

Dispute Jurisdiction

A page will display where you can select the dispute action and attendees.

Choose a Dispute Resolution Service

Select a Resolution Service you would like to help resolve your Dispute. If you want to request an Administrative Conference, there must be documented issues on this Dispute. To add issues to a Dispute, choose 'Amend this Dispute' from the Dispute details page.

Dispute Action *
Request a Mediation

Summary & Signature

Your selected request will generate a Document to be distributed to all parties, it also may request an Event. Please see below for details on what your submission will create for your Dispute.

Claims Associated to this Dispute

Claim Name	Employee ID (WID)	Employer	Insurer	TPA
Will Hunting: Injury on 06/01/2020	Will Hunting			

Parties in Dispute

Name	Role	Address
Will Hunting	Requesting Party	None identified
Will Hunting	Employer	None identified
Will Hunting	Insurer	None identified

Dispute Issue and Document Summary

Dispute Type	Document to be filed with DLI	Date Processed
Medical	Request for Mediation	6/14/2020

After submitting a request, a page will display to initiate a poll. If you would like someone else to initiate the poll, choose **Yes**; if you would like to initiate the poll, choose **No**. Then click **Next**.

Initiate Scheduling Poll

Please fill out the sections below, choosing up to 3 potential mediators, 3 potential dates, and 6 potential time blocks, to allow attendees to vote on the best time to hold your event.

1 Set Another Poll Initiator 2 Basic Information 3 Potential Mediators, Dates, and Times 4 Confirm and Submit

Select if you would like to continue as the initiator of this scheduling poll. If you would like to pass this to another person in this Dispute, choose that person below. You may also pass this responsibility to the Alternative Dispute Resolution unit of DLI to initiate the poll.

Would you like to set another Poll Initiator?
 No Yes

Next Submit

Choose the poll responders and note any special accommodations for the event. If the event time and location has already been agreed to, you can select **Yes** for the final question. If not, select **No**. Click **Next** when finished.

Set Poll Responders

Select the required Attendees from the list below. Note that you do not need to invite all members from a Party, or even a member from each party. You may choose only those who must attend. If there are no Associated Users to select below, please continue to fill out the poll, and a DLI specialist will schedule the Mediation upon submission.

Party Name	Associated User	Title	Set as Poll Responder
Will Hunting	Spencer Wilson	Other Representative	<input checked="" type="checkbox"/>
Will Hunting	There are no associated users for this Party		
New Brighton Insurance	Tom Bombadil	Administrator	<input checked="" type="checkbox"/>
Will Hunting	There are no associated users for this Party		
Los Pollos Hermanos	Richard Hendricks	Other Representative	<input checked="" type="checkbox"/>

Special Accommodations

Add any special accommodations or notes to consider when holding this event. Please enter preferred location or city as well.

Enter Event Special Accommodations

Have all attendees already agreed upon event date, time, and preferred mediator?

If your group has already agreed upon a desired Mediator, and a Date & Time that works for all required attendees, select Yes, then enter this information below to ensure that the desired Mediator is free to run your event.

Have all attendees already agreed upon event parameters?

No Yes

Select up to three potential mediators and up to three potential dates and times. Click **Next** when finished.

Potential Mediators

<input type="checkbox"/> Parth AAA	<input type="checkbox"/> Corinne Abele	<input type="checkbox"/> Christie Ahern	<input type="checkbox"/> Saleh Ahmed	<input type="checkbox"/> Angie Andresen	<input type="checkbox"/> Angie Andresen	<input type="checkbox"/> Sandra Barnes
<input type="checkbox"/> David Bateson	<input type="checkbox"/> Mason Bender	<input type="checkbox"/> Todd Bosch	<input type="checkbox"/> Walter Bowser	<input type="checkbox"/> Troy Brekke	<input type="checkbox"/> Dave Brown	<input type="checkbox"/> Jason Burkholder
<input type="checkbox"/> Pam Carlson	<input type="checkbox"/> Brandon Carter	<input type="checkbox"/> Richard Davis	<input type="checkbox"/> Karen Durbin	<input type="checkbox"/> Emily Fath	<input type="checkbox"/> Berkeley Fergusson	
<input type="checkbox"/> Aaron Frederickson	<input type="checkbox"/> Maggie Garratt	<input type="checkbox"/> Steven Gilmore	<input type="checkbox"/> Tom Glavin	<input type="checkbox"/> Krista Goodyear	<input type="checkbox"/> Jitender Goswami	
<input type="checkbox"/> Laura Grimes	<input type="checkbox"/> William Hauck	<input type="checkbox"/> Debra Heisick	<input type="checkbox"/> Mike Ireland	<input type="checkbox"/> Mike Ireland	<input type="checkbox"/> Lee Keller	<input type="checkbox"/> Victoria Kettler
<input type="checkbox"/> Victoria Kettler	<input type="checkbox"/> Nicolette Lerch	<input type="checkbox"/> Tyler Leskanic	<input type="checkbox"/> Brian Mak	<input type="checkbox"/> Jack Mallahan	<input type="checkbox"/> Keith Maurer	<input type="checkbox"/> Caitlyn Mayers
<input type="checkbox"/> Kyle McLean	<input type="checkbox"/> Owen McMillan	<input type="checkbox"/> Mark Mellinger	<input type="checkbox"/> Stacey Moore	<input type="checkbox"/> Roy Neuman	<input type="checkbox"/> Michael Newman	
<input type="checkbox"/> Brenda Niemann	<input type="checkbox"/> Derrick O'Brien	<input type="checkbox"/> Donna Olson	<input type="checkbox"/> Mary Peper	<input type="checkbox"/> Mary Peper	<input type="checkbox"/> Christina Pierno	
<input type="checkbox"/> Theresa Rangel	<input type="checkbox"/> Chris Raymond	<input type="checkbox"/> Trey Schmohl	<input type="checkbox"/> Angel Severson	<input type="checkbox"/> Tyler Shepherd	<input type="checkbox"/> Robby Stigler	
<input type="checkbox"/> Steven Sullivan	<input type="checkbox"/> Dorothy Wang	<input type="checkbox"/> Tonka Wayne	<input type="checkbox"/> Rick Willimott	<input checked="" type="checkbox"/> Spencer Wilson		

Potential Dates

Select Potential Date 1 * 7/31/2020 <small>(mm/dd/yyyy)</small>	Select Potential Date 2 7/30/2020 <small>(mm/dd/yyyy)</small>	Select Potential Date 3 7/29/2020 <small>(mm/dd/yyyy)</small>
---	---	---

Potential Times

Select Potential Times for Date 1 * Morning (9:00am to 12:00pm), Afternoon (1:00pm to 4:00pm)	Select Potential Times for Date 2 * Morning (9:00am to 12:00pm)	Select Potential Times for Date 3 * Afternoon (1:00pm to 4:00pm)
--	--	---

The **Initiate Scheduling Poll** page will display. After confirming the information, click **Submit**.

Initiate Scheduling Poll

Please fill out the sections below, choosing up to 3 potential mediators, 3 potential dates, and 6 potential time blocks, to allow attendees to vote on the best time to hold your event.

1
Set Another Poll Initiator

2
Basic Information

3
Potential Mediators, Dates, and Times

4
Confirm and Submit

Confirm & Submit

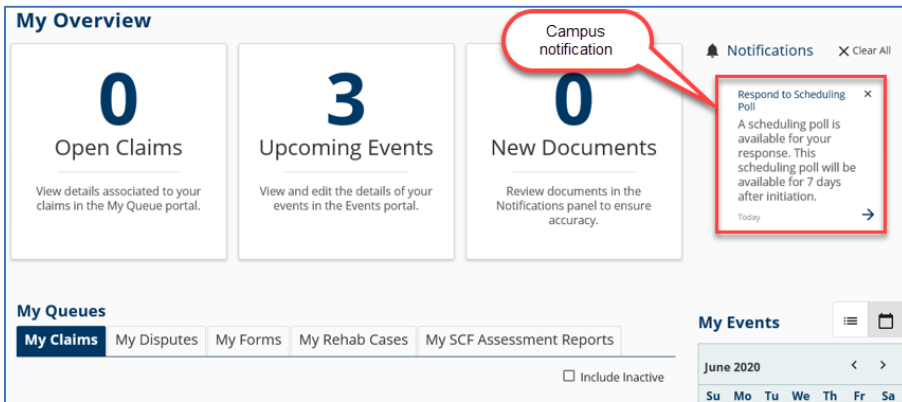
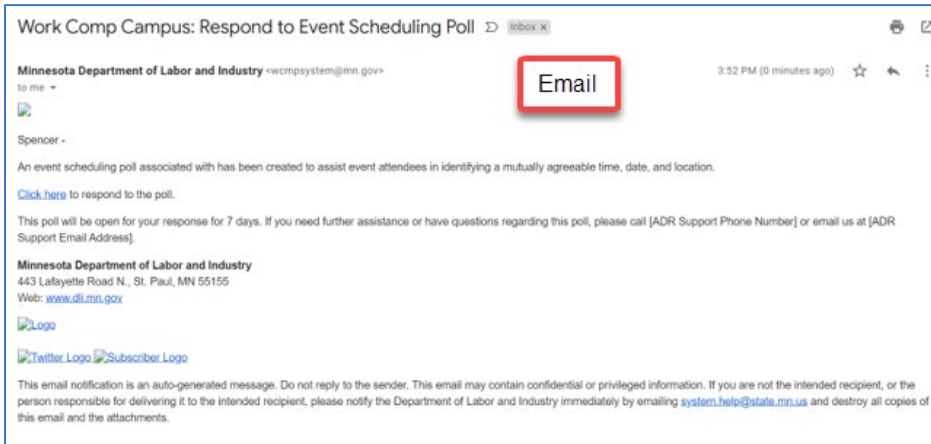
Confirm that the information below reflects your request, then click Submit.

Request Type
Send a Scheduling Poll

Potential Mediators
Spencer Wilson

Select Potential Date 1 7/31/2020	Select Potential Date 2 7/30/2020	Select Potential Date 3 7/29/2020
Select Potential Times for Date 1 Morning (9:00am to 12:00pm), Afternoon (1:00pm to 4:00pm)	Select Potential Times for Date 2 Morning (9:00am to 12:00pm)	Select Potential Times for Date 3 Afternoon (1:00pm to 4:00pm)

If you are sent a scheduling poll, you will receive both an email message and a Campus notification.



Responding to a poll

1. Select the dates and times in Campus that work for you.
2. Click **Confirm**.

*The **Confirm** button will highlight after the dates and times are selected.

*The **Events Details** page will display.

Respond to Mediator, Date & Time Choices

Spencer Wilson

Wednesday, July 29, 2020		
Morning (9 am to 12 pm)	1	<input type="checkbox"/>
Afternoon (1 pm to 4 pm)		<input type="checkbox"/>
Thursday, July 30, 2020		
Morning (9 am to 12 pm)		<input type="checkbox"/>
Afternoon (1 pm to 4 pm)		<input type="checkbox"/>
Friday, July 31, 2020		
Morning (9 am to 12 pm)		<input type="checkbox"/>
Afternoon (1 pm to 4 pm)		<input type="checkbox"/>

I cannot attend any of the dates and times listed

Respond to Special Accommodation Notes

Below are the Special Accommodations and Notes that the Poll Initiator wrote when initiating this poll. If you have any additional accommodations needed or would like to add your own thoughts on location, please add them in the field below.

Event Special Accommodations

Respond to Special Accommodations

2 Confirm
Cancel

2. [Use of 2 repeated] Click the **Currently Polling** link under **Date, Start Time** and **End Time** to view the response to the poll.

Event: EV-06-0217-418

For Case: DS-05-9191-199 Export Event Details

Event Details

Event Type Mediation	Event Status Polling	Related Claim(s)	Related Case(s) undefined
Unit Responsible for Event	Date Currently Polling	Start Time Currently Polling	End Time Currently Polling
Location Type Physical Location	Physical Location Name		
Address 1	2		
Address 2			
City	State MN	ZIP Code	
Source Campus	Number Of Times Rescheduled 0		

Special Accommodations

Interpreter Needed?
No

Other Accommodations

Attendees

PPR submission

1. On the **Rehab Case Details** page, click on the **R-form Details** button to begin the PPR submission process.

Dashboard > Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Owner:

VocRehabCase: RT-03-4328-923 1 R-Form Details →

Rehab Summary

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date

Rehab Dates

Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	

2. A new window allows you to select which type of R-form to submit or amend. Select **PPR, Submit** and **Next** to continue.

R-Form Details

Submit or Amend an R-Form

RCR
Submitted

2

Submit

PPR

R-3

R8

Next Cancel

3. The **Plan Progress Report** page opens. You will need to complete all required fields marked with an asterisk (*) for the **Claim Details** and **Employee Details**.

Plan Progress Report

Please provide the following information

Claim Details

Campus File Number CL-00-2157-324	Date Of Injury 4/19/2020	Claim Admin Claim Number WC-20-00846	3 Claim Rep First Name * Claim Rep First Name	Claim Rep Last Name * Claim Rep Last Name	Phone Number * Phone Number
--------------------------------------	-----------------------------	---	--	--	--------------------------------

Employee Details

Date of this Report *
5/7/2020

WID Number
EE-01-2401-378

Employee Address
93563 PINE TREE LN

City
STURGEON LAKE

State
MN

Zip Code
55783

Phone Number *
Phone Number

Employee
CHRISSEY GAMST

- Attach any other **Supporting Attachments** to the Plan Progress Report using the **+ Upload Document** button.
- Enter your first and last names in the **Full Name of Signatory** field and click the checkbox to confirm and legally sign electronically.
- Click the **Submit Form** button to finalize. You can also use the **Back** button to go back one screen, **Save as Draft** to save a copy to return to, **Download PDF** to download a copy, **Preview** to view on the screen or **Cancel** to exit without saving.

***Save as Draft** forms will appear in your **My Forms** tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

Supporting Attachments

+ Upload Document ⁴

File Name	File Type	Description	Remove
Electronic Signature ⁵ Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).			
Full Name of Signatory * <input type="text"/>			
<input type="checkbox"/> I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.			
Submit Form ⁶ Save as Draft Download PDF Preview Cancel			

Retraining plan

- On the **Rehab Case Details** page, click on the **R-form Details** button to begin the retraining plan submission process.

Dashboard > Voc Rehab Case: RT-03-4328-923

Rehab For: Carol Jeffries Investigation Needed Assignee: Owner: ¹ R-Form Details →

VocRehabCase: RT-03-4328-923

Rehab Summary

Assigned QRC Sarah McCurdy	Associated Claim CL-03-4328-571	Rehab Provider Firm	
Employee Name Carol Jeffries	Employee Address 139 Main St, Mendota, MN, 55150	Employee Phone Number (908) 292-8903	Injury Date 4/30/2020
Is QRC Withdrawal No	Is Eligible Yes	Projected Rehab Cost	Right And Responsibility Filed Date

Rehab Dates

Rehab Requested Date	Initial Rehab Consultation Date 5/2/2020	RCR Filed Date 5/3/2020	RCR Due Date 5/17/2020
R2 Filed Date	R2 Development Due Date 6/2/2020	R2 Filing Due Date 6/17/2020	

2. A new window allows you to select which type of R-form you wish to submit or amend. Select **Retraining Plan**, **Submit** and **Next** to continue.

3. The **Retraining Plan** page opens. You will need to complete all required fields marked with an asterisk (*) for the **Claim Details** and **Employee Details**.

4. Use the **+ Upload Document** button to attach all required items according to Minnesota Rules.

5. Enter your first and last names in the **Full Name of Signatory** field and click the checkbox to confirm and legally sign electronically.
6. You will need to **Print, Sign and Scan** the form because it requires additional signatures. After you have the signed form scanned electronically, use the **+ Upload Document** button to upload to Campus.
7. Finally, click the checkbox to attest the document has been signed by all parties and click the **Submit Form** button. You can also use the **Back** button to go back one screen, **Save as Draft** to save a copy to return to, **Download PDF** to download a copy, **Preview** to view on the screen or **Cancel** to exit without saving.

***Save as Draft** forms will appear in your **My Forms** tab on the dashboard and will automatically be removed after 21 days if not updated or submitted.

Electronic Signature 5

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Accepted plan: If all parties are in agreement with (and have signed) this Retraining Plan form, submit it to the department with the required attachments for approval or denial (see Minn. Rules 5220.0750, subp. 5).

Print, Sign, & Scan

This form requires additional signatures. To finish your submission, you will need to obtain a signed copy of the document. You may save this form as a draft. Please print this document and get all signatures prior to scanning, attaching, and submitting this form.

1. Download document
2. Obtain the necessary signatures
3. Upload signed document

+ Upload Document 6

I attest that the attached document is signed by all required parties.

7

Submit Form Save as Draft Download PDF Preview Cancel

WCCA cases

The Workers' Compensation Court of Appeals (WCCA) has statewide authority to review workers' compensation cases ruled or decided upon by judges within the Office of Administrative Hearings (OAH). The mission of WCCA is to provide high quality and consistent decisions in a timely manner to ensure efficient, expeditious delivery of workers' compensation benefits to injured workers at a reasonable cost to employers.

There are two type of WCCA cases – appeals and petitions to vacate – but both are contained on the same page in Campus.

WCCA case details page

When you are logged into Campus, you can view a WCCA case that you are involved with.

1. Click on the **My Appeals** tab on the dashboard to view your appeals or petition to vacate cases.
2. Click the **WCCA Case ID** hyperlink to view the WCCA case details page.

*WCCA cases have ID numbers that are shorter than others in Campus. They follow a different ID convention than every other transaction in Campus. This is to help integrate with other statewide systems.

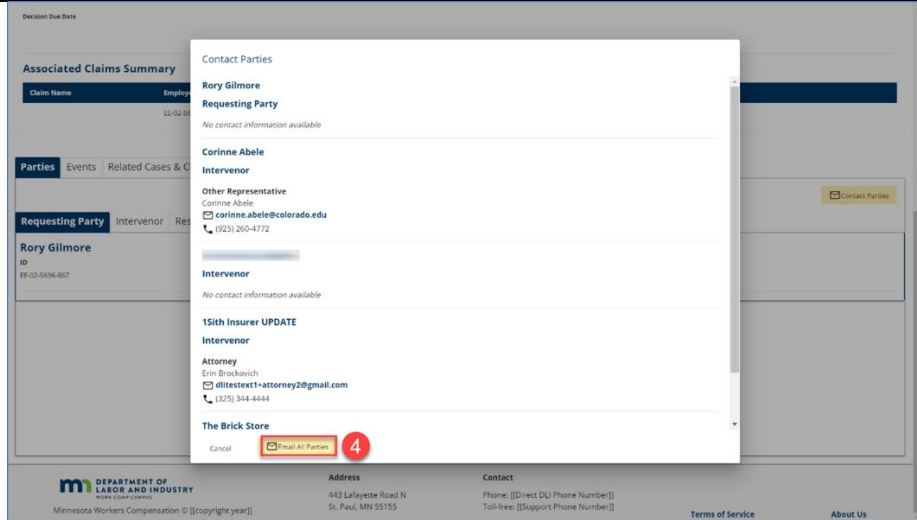
*This details page shows the **Petition to Vacate**.

3. Select the **Parties** tab and click on the **Contact Parties** button to email selected contacts.

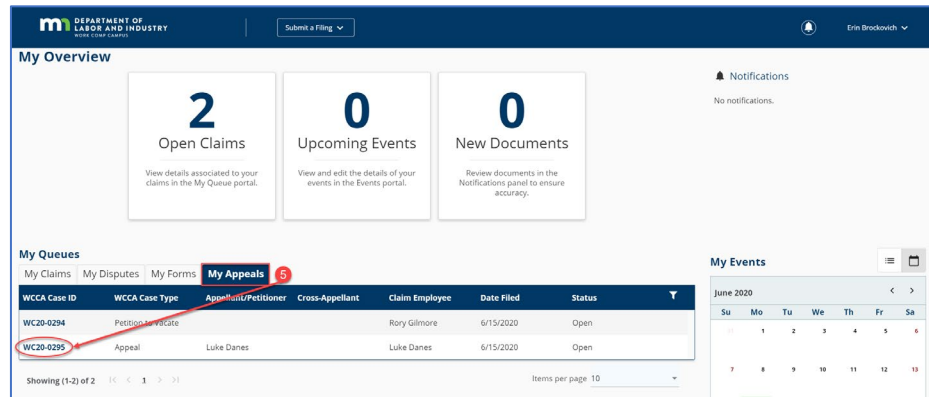
The screenshot shows the 'My Overview' dashboard. At the top, there are three summary cards: 'Open Claims' with a count of 2, 'Upcoming Events' with a count of 0, and 'New Documents' with a count of 0. Below these is a 'My Queues' section with tabs for 'My Claims', 'My Disputes', 'My Forms', and 'My Appeals' (which is selected and has a red circle with the number 1). Under 'My Appeals', there is a table with columns: 'WCCA Case ID', 'WCCA Case Type', 'Appellant/Petitioner', 'Cross-Appellant', 'Claim Employee', 'Date Filed', and 'Status'. Two rows are visible: one for case ID 'WC20-0294' (Petition to Vacate) and one for 'WC20-0295' (Appeal). The 'WC20-0294' row has a red circle with the number 2 next to the case ID. To the right of the table is a 'My Events' calendar for June 2020.

The screenshot shows the 'Petition to Vacate for Rory Gilmore' details page. The page is divided into several sections: 'Case Details', 'Petition to Vacate Details', 'Case Dates', and 'Associated Claims Summary'. The 'Case Details' section includes fields for Case Type, Date Appeal/Petition Filed, Filer, and Claim Employee Name. The 'Petition to Vacate Details' section includes fields for Argument Date, Case Decision, and Case Decision Date. The 'Case Dates' section includes fields for Request Oral Argument Due Date, Appellant Brief Due Date, Appellant Brief Received Date, Response Brief Due Date, Reply Brief Due Date, Reply Brief Received Date, and Vacating Motion Due Date. The 'Associated Claims Summary' section includes a table with columns: Claim Name, Employee WID, Employer, Insurer, and TPA. Below this is a 'Parties' section with tabs for 'Parties', 'Events', 'Related Cases & Claims', and 'Documents'. The 'Parties' tab is selected and has a red circle with the number 3 next to it. A red arrow points from the 'Parties' tab to a 'Contact Parties' button in the bottom right corner of the page.

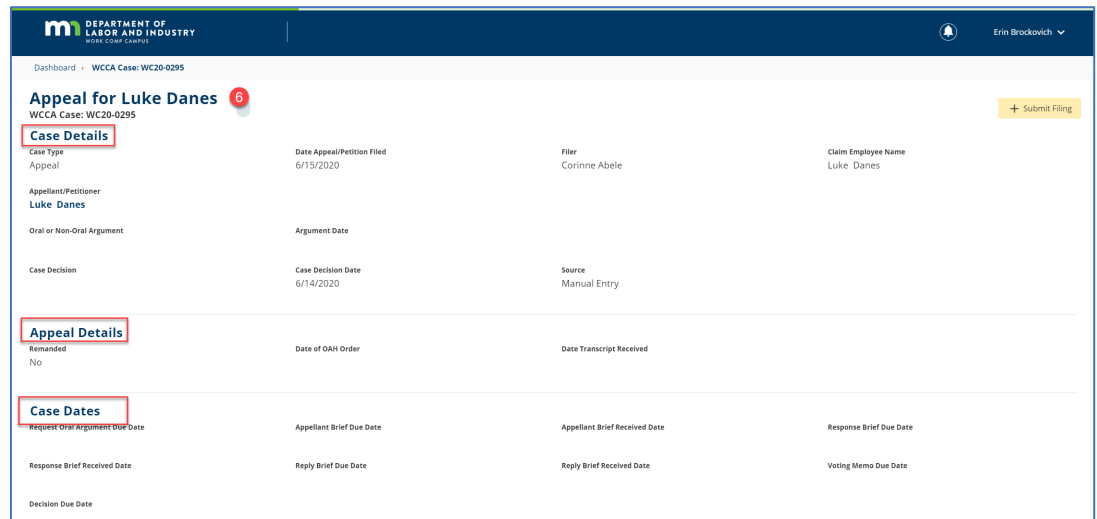
- Click the **Email All Parties** button to email the parties listed on the WCCA case.



- If you return to the **My Appeals** tab, you can click on the **WCCA Case ID** for Luke Danes (in this example), to see the appeals details page.



- The appeals details page shows the **Case Details**, **Appeal Details** and **Case Dates**.



Petition to vacate webform

Within the WCCA case details page is the option to submit a filing. You can choose to open a petition to vacate a case or submit an other filing.

1. Click the **+ Submit Filing** button on the top right of the page.
2. Select **Open Petition to Vacate** from the drop-down menu.
3. Click the **Save** button to continue and access the open petition to vacate webform.

The screenshot shows the 'Petition to Vacate for Rory Gilmore' page. A modal window titled 'Submit a Filing' is open, displaying a dropdown menu with 'Open Petition to Vacate' selected. A 'Save' button is visible at the bottom of the modal. Red circles with numbers 1, 2, and 3 highlight the '+ Submit Filing' button, the dropdown menu, and the 'Save' button respectively.

4. The first step of the webform is to **Locate a Claim**. Enter any known information about the claim.
5. Click **Next** to continue.

The screenshot shows the 'Open Petition to Vacate' webform. A progress bar at the top indicates five steps: 1. Locate a Claim, 2. Identify Parties, 3. Award to Vacate, 4. Summary & Signature, and 5. Affidavit of Service. The 'Locate a Claim' step is highlighted with a red box and a red circle with the number 4. Below the progress bar, there are three input fields for claim information, each with a red box and a red circle with the number 5. The first field is 'WID' (Employee Date Of Injury). The second field is 'Jurisdictional Claim Number (JCN)' (Employee Last Name). The third field is 'Employee Last 4 SSN' (Employee Date Of Injury and Employee Last Name). A 'Next' button and a 'Cancel' button are at the bottom left.

6. Next, fill in the information to **Identify Parties** on the claim you represent.
7. You can also click the **+ Add Party** button if a contact is not listed.
8. Click **Next** to continue.

9. Add the **Award to Vacate** information marked with an asterisk (*).
10. Click **Next** to continue.

11. Add additional **Supporting Attachments**, if needed.
12. Add your **Electronic Signature** and click the checkbox to confirm accuracy.
13. Click **Next** to continue.

14. Add the **Affidavit of Service** information.
15. Click the checkbox to confirm the information and the **Submit Form** button to complete the steps.

DEPARTMENT OF LABOR AND INDUSTRY
WORK CAMPUS

Dashboard > Open Petition to Vacate

Open Petition to Vacate

Appeals are currently required to be filed directly with the Office of Administrative Hearings and cannot be filed in Campus. To open an appeal, please contact the Office of Administrative Hearings. If you are filing a Petition to Vacate, please complete all sections in this webform.

Locate a Claim Identify Parties Award to Vacate Summary & Signature **Affidavit of Service**

Affidavit of Service

Parties
Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

[+ Add Service Recipient](#)

Serve Party	Name	Role	Address	Service Method	Service Date

Notice
Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration
 I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature
Please type your First and Last Name as they appear on your CAMPLUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory*

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

[Submit Form](#) Back Preview Document Cancel

16. If you choose **Other Filing** and click the **Save** button, the **Submit Other Filing** webform opens.

DEPARTMENT OF LABOR AND INDUSTRY
WORK CAMPUS

Dashboard > WCCA Case: WC20-0294

Petition to Vacate for Rory Gilmore

WCCA Case: WC20-0294

[+ Submit Filing](#)

Case Details

Case Type Petition to Vacate	Date Appeal/Petition Filed 6/15/2020	Filer Corinne Abele	Claim Employee Name Rory Gilmore
---------------------------------	---	------------------------	-------------------------------------

Appellant/Petitioner
Rory Gilmore

Oral or Non-Oral Argument	Argument Date
---------------------------	---------------

Case Decision

Petition to Va

Award No.

Reasons for Basis

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to WCCA Cases, will use data from this transaction, and will be associated to this transaction.

Petition to Vacate for Rory Gilmore: WC20-0294

Please indicate the type of filing you wish to make.

Filing Name
Other Filing

[Save](#) [Check](#)

Case Dates

Request Oral Argument Due Date 6/25/2020	Appellant Brief Due Date	Appellant Brief Received Date	Response Brief Due Date 7/30/2020
Response Brief Received Date	Reply Brief Due Date	Reply Brief Received Date	Voting Memo Due Date
Decision Due Date			

17. Use the **+ Upload Document** button to upload a document to submit as a filing and add **Supporting Attachments** to the parent document.
18. Enter your full name as your **Electronic Signature** and click the checkbox to confirm.
19. Click the **Submit** button to finalize.

Submit Other Filing
Appeals are currently required to be filed directly with the Office of Administrative Hearings and cannot be filed in Campus. To open an appeal, please contact the Office of Administrative Hearings. If you are filing a Petition to Vacate, please complete all sections in this webform.

Filing Details

Upload Your Filing
Please prepare your filing offline, and save as a PDF. When you complete this form, your filing will be added to the record for all parties to see. If you do not see your Filing Type in the list, contact [Placeholder Phone Number] for filing process.

Supporting Attachments
Please upload any documents to support your filing.

Attorney Information
Attorney Name
Erin Brockovich

Electronic Signature
Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit

20. On the dashboard, you can also open the webform by selecting **Submit a Filing** at the top of the screen and choosing **Open Appeal/petition** from the drop-down menu.

Submit a Filing 20

My Overview

Access a Case or Claim

Initiate a Dispute

Open Appeal/Petition

Request for Guidance with an Unreported injury

Respond to Request For Information

Submit Election To Exclude

Trading Partner Profile Registration

VRU Rehabilitation Consultation Request

Open Claims
0
View details associated to your claims in the My Queue portal.

New Documents
0
Review documents in the Notifications panel to ensure accuracy.

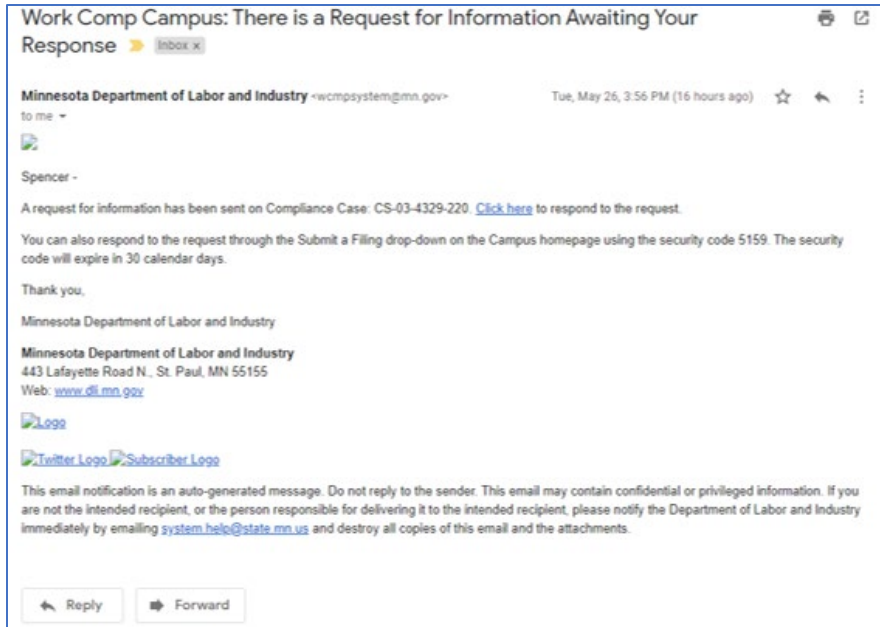
Notifications
No notifications.

Request for information

“Request for information” covers a broad number of topics, but is used by DLI to formalize the process when it requires information or documentation from any individual or entity who is a part of the workers’ compensation ecosystem.

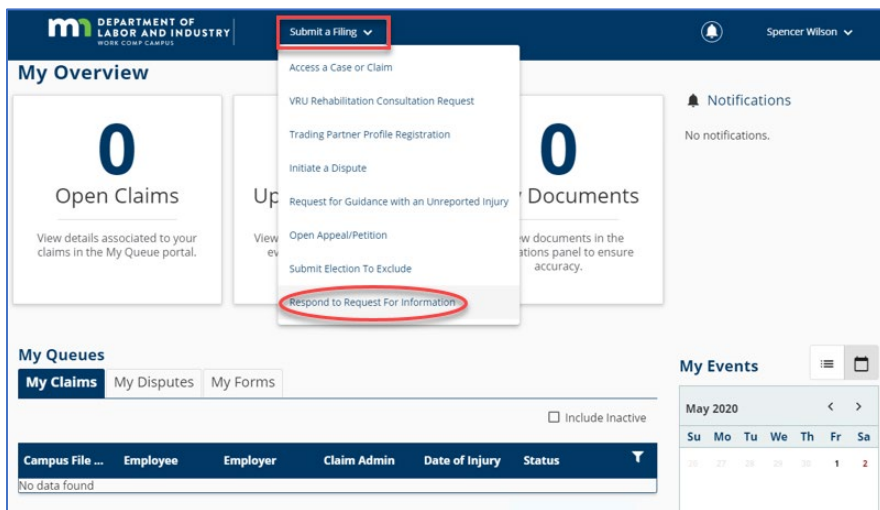
Requesting information by email or webform

When an internal user sends a request for information to an external user, they will receive an email message with instructions about how to respond, as well as the number of days they are expected to respond within.



Navigation to the response is possible in two ways:

1. do not navigate from the email link and use the PIN, which was sent in the email message; or
2. navigate via the **Submit a Filing** drop-down menu in the dashboard (see screenshot below).



This will prompt you to enter a PIN, which will link responses to the correct request for information.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP CAMPUS

Submit a Filing

Spencer Wilson

Dashboard > Request For Information

Request For Information

1 PIN Validation 2 Response Details

A one time PIN has been provided via email or US Mail. Enter the PIN below to respond to the Request for Information.

Pin *

Enter Cancel

Clicking the link in the email message, will not require you to enter a PIN. The login page will display and, from there, the user will go directly to the webform submission. (If you are already logged into Campus, the webform will display.)

There are two buttons on the next page: **Download** and **View Document**. The **Download** button allows the download of the actual request for information; the **View Document** button allows you to view the document in the browser. To respond to the request for information, click **Upload Document**.

Request For Information

There has been a request for additional information regarding Compliance Case: CS-03-4329-220.

1 PIN Validation 2 Response Details

Read the details of the request in the document below and attach all requested information and supporting documents.

RFI Test Template.pdf
Request For Information

Download View Document

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
RFI Response.docx	Supporting Attachment for Response to Request for Information	Supporting Attachment for Response to Request for Information	

Submit Form Back Cancel

The response cannot be submitted without an uploaded document. After a document or multiple documents have been uploaded, click **Submit** to complete the response.

Supporting Attachments

+ Upload Document

File Name	File Type	Description	Remove
RFI Response.docx	Supporting Attachment for Response to Request for Information	Supporting Attachment for Response to Request for Information	

Submit Form Back Cancel

After a response has been submitted, the process is complete. The user who submitted the response can view it on the **My Forms** queue on their dashboard.

My Overview

0
Open Claims

View details associated to your claims in the My Queue portal.

0
Upcoming Events

View and edit the details of your events in the Events portal.

0
New Documents

Review documents in the Notifications panel to ensure accuracy.

Notifications
No notifications.

My Queues

My Claims My Disputes **My Forms**

Form Type	Associated To	Associated ID	Last Updated	Status	Confirmation ...
Request for Info	Complaint Inve...	CS-03-4329-220	5/27/2020	Submitted	1936

Showing (1-1) of 1 Items per page 10

My Events

May 2020

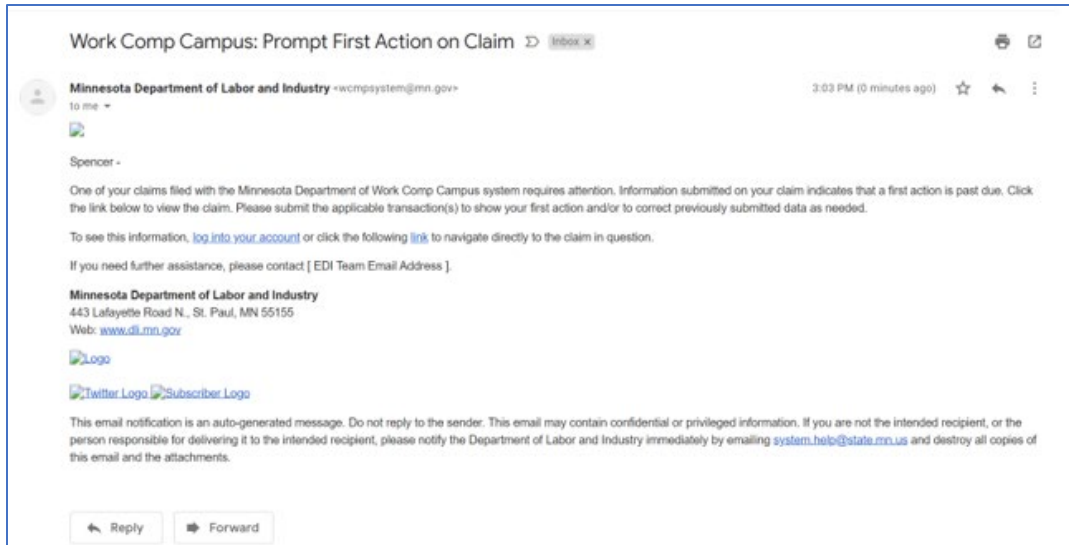
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9

Specific requests

DLI may also request specific information, which may follow a different process than the standard requests for information. Several examples are laid-out below.

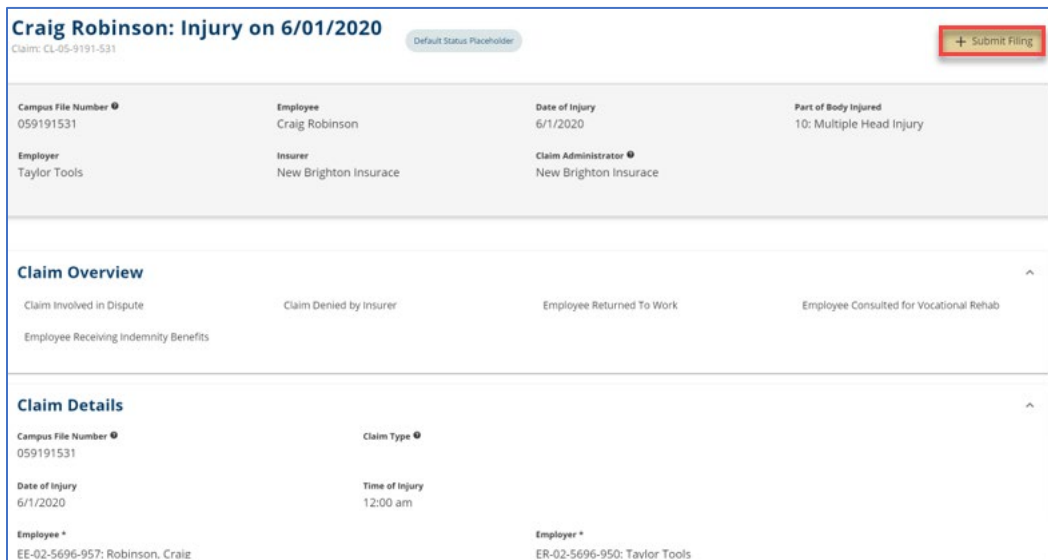
Prompt action

DLI can send alerts to claim administrators when their first action is past due. The claim administrator will receive an email message indicating what is needed and with a link that will take them to the associated claim. In the claim, the claim administrator can view the details of the request and take the necessary action. Any filing can be done by using the **Submit a Filing** button and choosing the appropriate submission.

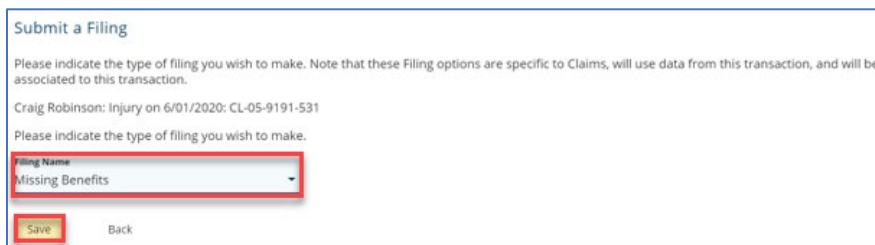


Missing benefits webform

Campus can be used by external parties to submit missing benefits. To file, go to the **External Claim Details** page and click the **Submit a Filing** button.



In the **Filing Name** drop-down menu, select **Missing Benefits**. Click **Save** when complete.



Select the **Benefit Period** for where to file missing benefits. Click **Next**.

The screenshot shows the 'Benefits Addendum' form at Step 1: Benefit Period Selection. A progress bar at the top indicates three steps: 1. Benefit Period Selection (highlighted), 2. Benefit Addendum, and 3. Additional Details. Below the progress bar, there is a text block explaining the form's purpose and an 'Associated Claim' with ID 'CL-05-9191-531: Robinson, Craig'. A dropdown menu labeled 'Benefit Period *' is highlighted with a red box. At the bottom, there are three buttons: 'Next' (highlighted with a red box), 'Cancel', and 'Save as Draft'.

After the benefits and benefits period are selected, input the changes that should be made by editing existing benefits or adding new benefits, and click **Next**.

The screenshot shows the 'Benefits Addendum' form at Step 2: Benefit Addendum. The progress bar now shows Step 1 as completed and Step 2 as the current step. The 'Benefits' section is visible, and the 'Next' button is highlighted in yellow.

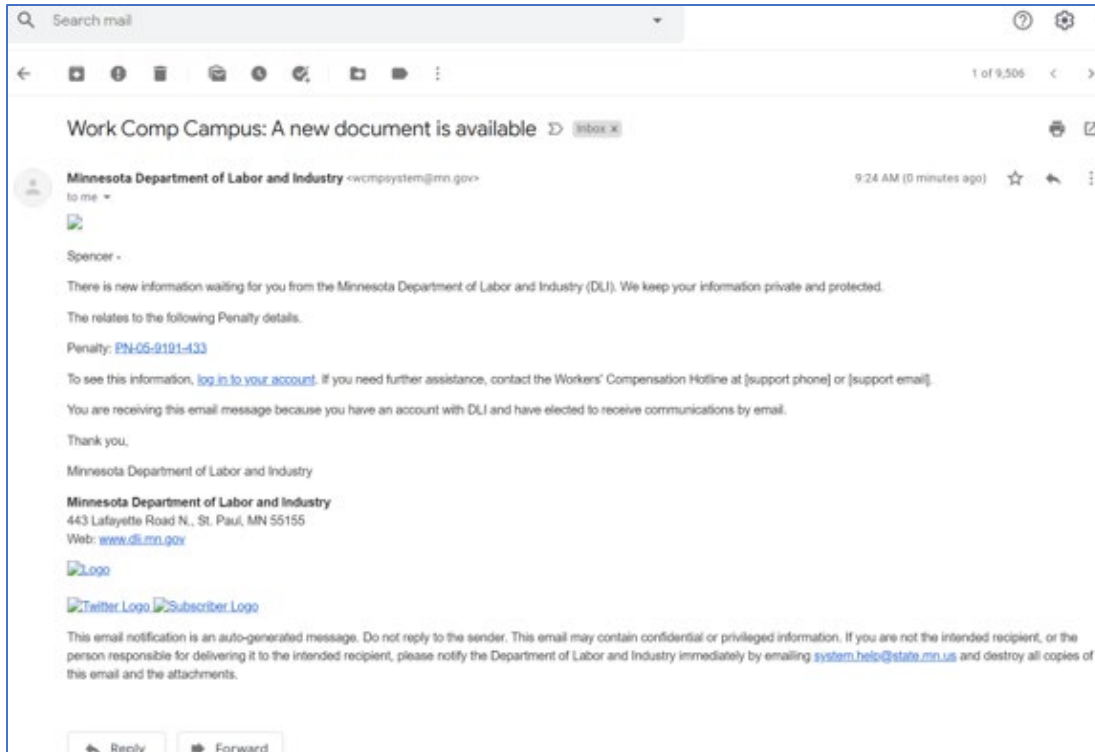
Provide any attachments or additional details and click **Submit Form**.

The screenshot shows the 'Benefits Addendum' form at Step 3: Additional Details. The progress bar shows Steps 1 and 2 as completed. The 'Explanation' field is present. Below it is the 'Supporting Attachments' section with an 'Upload Document' button highlighted in red. A table with columns 'File Name', 'File Type', 'Description', and 'Remove' is visible. At the bottom, the 'Submit Form' button is highlighted in red.

Penalties

In some ways penalties are similar to requests for information because users are able to object to penalties and can provide information to DLI to support why they believe they should not be penalized.

When a penalty is issued on a user with an email address in Campus, they will be sent an email message.



In the email message, clicking the penalty number hyperlink (PN-##-####-###) will open the **Penalty Details** page.

The screenshot shows a web page titled "Insurance Coverage Gap Penalty on Taylor Tools". At the top right, there are two buttons: "+ Submit Filing" and "+ Object to Penalty". The main content is as follows:

Penalty: PN-05-9191-433

Penalty Details

Penalty Type
Insurance Coverage Gap

Due Date
6/30/2020

Balance Due
\$500.00 due as of 07/01/2020

Penalty Status	Days to Object
1	9

Responsible Party

Responsible Party
ER-02-5696-950: Taylor Tools

Penalty Amounts

Warning
No

Total Amount
\$1,100.00

Additional Details

The actual document, which serves as the official penalty notice, will be in the **Documents** tab at the bottom of the page.

Payment and Adjustment History **Documents**

[Download All Documents](#)

Document ID	Document Type	Created By - Party	Created By - User	Created On
> DO-06-9888-104	Default Demand Letter		Spencer Wilson	7/1/2020 9:22 AM
> DO-05-9930-088	Objection to Penalty Assessment		Spencer Wilson	6/22/2020 11:26 AM
> DO-05-9929-894	Objection to Penalty Assessment		Spencer Wilson	6/22/2020 8:31 AM
> DO-05-9191-608	Placeholder Doc for Penalty		Parth AAA	6/15/2020 3:37 PM
> DO-05-9191-439	Placeholder Doc for Penalty		Spencer Wilson	6/15/2020 1:49 PM

Showing (1-5) of 5 items per page 10

From the details page, you can either object to the penalty or submit an “other” filing. Depending on the penalty type, you must file the penalty objection within either 10 or 30 calendar days of being issued the penalty notice. If you hover over the ? next to **Object to Penalty**, you will see how many more days you are able to object to the penalty. After this period passes, you are unable to object and the penalty becomes final.

Insurance Coverage Gap Penalty on Taylor Tools [+ Submit Filing](#) [+ Object to Penalty](#)

Penalty: PN-05-9191-433

Penalty Details

Penalty Type
Insurance Coverage Gap

Due Date
6/30/2020

Balance Due
\$500.00 due as of 07/01/2020

Penalty Status
1

Days to Object
9

Responsible Party

Responsible Party
ER-02-5696-950: Taylor Tools

Penalty Amounts

Warning
No

When objecting to the penalty, the first part of the form will populate with information from the penalty page you navigated from.

Object to Penalty

1 Penalty Information 2 Objection Information 3 Filing Party Information

Penalty Information

Penalty ID
PN-05-9191-433

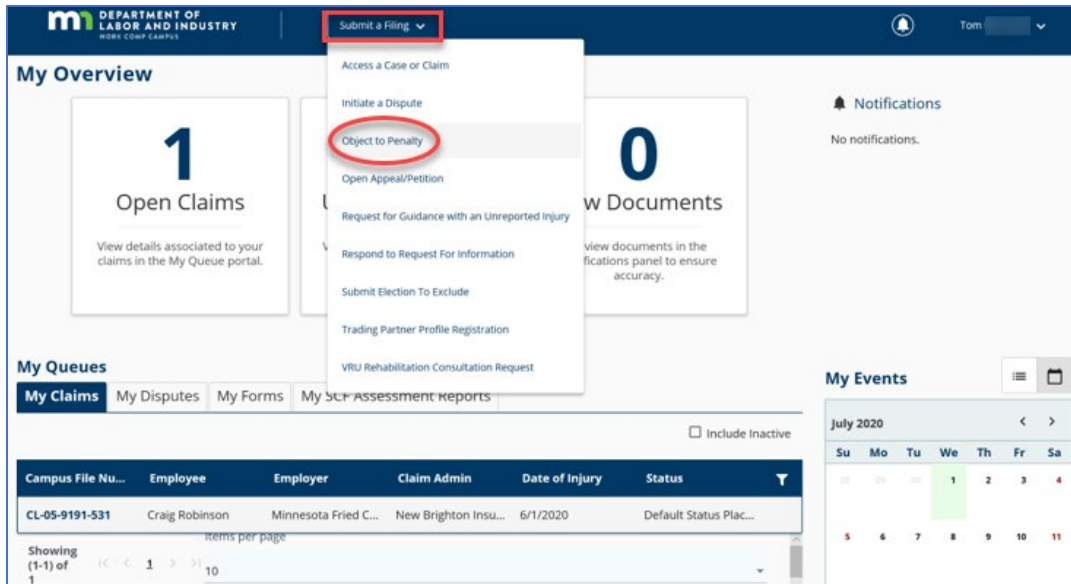
(PN-05-9191-433)

Transaction Name
Insurance Coverage Gap Penalty on Taylor Tools

Penalty Type Name
Insurance Coverage Gap

[Next](#) [Cancel](#) [Save as Draft](#)

Filing penalty objections from the **Submit a Filing** drop-down menu on the dashboard is also available. When navigating from the dashboard, the penalty information will not populate, so you will have to know the penalty number.



The next step of the penalty objection webform is to provide the reason for why you are objecting. If you choose **Other** as the objection reason, you must enter an explanation. To submit the objection, you also must either attach documents or provide additional information in the narrative section and click **Next**.

The screenshot shows the 'Objection Information' step of the webform. It includes a section for 'Objection Information' with a text box for a detailed statement and a 'Supporting Attachments' section with an 'Upload Document' button. The 'Other' option is selected, and a red callout bubble points to it with the text 'If chosen, must enter an explanation.' The 'Narrative' text box is also highlighted with a red border. At the bottom, there are 'Next', 'Back', 'Cancel', and 'Save as Draft' buttons.

After entering the required information, click **Submit Form**.

Object to Penalty

Penalty Information Objection Information Filing Party Information

Party Information

First Name * Last Name *
 First Name Last Name

Company Name * Filing Party Type *
 Company Name

Address 1 * Address 2
 Address 1 Address 2

City * State * Zip Code *
 City State Zip Code

Phone Number *
 Phone Number

If there is a *, the information must be provided to continue.

Claim reporting eForms

Navigating to claim reporting eForms

Login to Campus with the appropriate external user account, such as a trading partner account that is configured for eForm submission. You will see the **Submit eForm or Webform** button in the top right corner of the screen. You can choose to use this button for submitting an eForm or you can choose a specific claim from your **My Queues** tab and submit an eForm from the **Claim Details** page.

Trading Partner
Ryans Cycle 15 Trader

Trading Partner Details

Trading Partner ID TP-02-5696-965	Trading Partner Name Ryans Cycle 15 Trader	Account Name	FEIN 92-838850	Status Active	View Profile
--------------------------------------	---	--------------	-------------------	------------------	------------------------------

Account Overview View: Last 30 days Notifications [Clear All](#)

5 Transactions

100.0%
Accepted Transactions
1 in every 1 transactions

N/A
Rejected Transactions
No rejected transactions

Your Trading Partner Profile Registration submission has been approved.
Form submission 1551 has been approved.
x My eFP

Average Days For Employer to Notify Claim Admin

0 days

0 days | 14+ days

Average Claim Submission Time

0 days

0 days | 14+ days

New Claims 0

Claims with Paid Benefits 0

Claims Awaiting Benefits 0

My Queues [First Actions](#) [My Form History](#)

Insurer: All Insurers

Reporting Year

	2020	2019	2018	2017	2016
Total Reportable Claims	0	0	0	0	0
Timely Claims	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
Untimely Claims	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%

Reporting Year	Reporting Date	Date of Injury	Claim Admin Claim #	Employee Name	JCN	Timely	MTC
2020	6/18/2020	6/1/2020	3482304	Natasha Romanoff	59706013		PD
2020	6/18/2020	6/3/2020	3423444444444444	Peter Parker	59705971		PD
2020	6/17/2020	6/1/2020	FifteenCycle8283049	CycleFifteen Guy	59193417		

Submitting eForms

After clicking the **Submit eForm or Webform** button the **eForm Submission** modal opens.

1. Choose an action from the drop-down menu.
2. Click **Next** to open the webform.

*The eFROI webform will display.

eFORM Submission

What would you like to do?

Submit New Claim

Next
Cancel

- Populate all required fields before clicking **Submit**.

*The FROI form has now been filed electronically, generating a new workers' compensation claim.

Key Dates

Date Employer Had Knowledge of the Injury * Date Claim Administrator Had Knowledge of Inju... First Day of Disability After the Waiting Pe...
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Initial Period of Disability Details

Initial Date Disability Began * Initial Date Last Day Worked Initial Date Employer Had Knowledge of Date of ...
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Current Period of Disability Details

Current Date Disability Began * Current Date Last Day Worked Current Date Employer Had Knowledge of Curren... Current Date Claim Administrator Had Knowledg...
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Return to Work

Initial RTW Date * Latest RTW/Status Date Initial RTW Type Is there Initial RTW Physical Restrictions?
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Is there Initial RTW with the Same Employer? * Latest RTW Type Does the latest RTW have Physical Restrictions? Is the latest RTW with the Same Employer?
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Benefits & Payments Details

Full Wages Paid for Date of Injury? * Employer Paid Salary in Lieu of Compensation? Maintenance Type Code Date
(mm/dd/yyyy) (mm/dd/yyyy) 6/18/2020

3 Submit Save as Draft Cancel

How to submit to an existing claim

- Returning to the dashboard, click **Submit an eForm or Webform**.

Using a discontinuance webform to submit an existing claim

- Select **Submit to Existing Claim** for the action item.
- Select the claim to associate with this webform submission.
- Choose the **Discontinue** webform from the action list.
- Click **Next**.
- Fill in all required fields within the **Notice of Intention to Discontinue Benefits** webform.
- Click **Submit**.

Trading Partner

Ryans Cycle 15 Trader

Trading Partner Details

Trading Partner ID	Trading Partner Name	Account Name	FEIN	Status	
TP-02-5696-965	Ryans Cycle 15 Trader		92-838850	Active	View Profile

4 Submit an eForm or Webform

eFORM Submission

5 What would you like to do?
Submit to Existing Claim

6 My Claims
CL-05-9705-971 - Peter Parker

7 Next Action
Discontinuance Webform

8 Next Cancel

Notice of Intention to Discontinue Benefits

The following information is required to process your request for discontinuance. Please enter the information in the appropriate fields. If you are unable to enter the information, please contact your employer or the Department of Labor and Industry.

Claim Information

Employer Name: Peter Employer Name: Peter Parker Date Claim Administrator Had Knowledge of Injury: 6/18/2020

Benefits to be Discontinued

Temporary Total Disability Temporary Partial Disability Permanent Total Disability Impairment

Discontinuance Information

Initial Service Date * Date Served on Employee * Date Served on Employer's Attorney * Payment will be made through *
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

Please explain why benefits are being discontinued:

Attachments

Supporting Attachments

File Name	File Type	Description	Actions
10-Discontinuance			

Attitude of Service

Parties

Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	Peter Parker	Employee	123 Main St Anytown, NY 12345	None	N/A
<input type="checkbox"/>	Peter Parker	Employer	123 Main St Anytown, NY 12345	None	N/A
<input type="checkbox"/>	Great Insurance	Insurance	456 Main St Anytown, NY 12345	None	N/A
<input type="checkbox"/>	John Doe	Agent	789 Main St Anytown, NY 12345	None	N/A
<input type="checkbox"/>	Ryans Cycle 15 Trader	Trading Partner		None	N/A

10 Submit Save as Draft Previous Cancel

Using a PPD follow-up webform to submit an existing claim

11. Choose **PPD Follow Up Webform** from the action list.
12. Click **Next**.

*The **Permanent Partial Disability Benefit** webform will display.

13. Populate all required fields.
14. Click **Submit Form**.

Using a dependency information webform to submit an existing claim

15. Choose the **Dependency Info** webform from the action list.
16. Click **Next**.
17. Enter information regarding the employee's dependent(s).
18. Click **Add Dependent** to add another dependent to the form.
19. Click **Submit Form** when complete.

Submitting a webform via the external claim details page

1. On the trading partner dashboard, in the **My Queues** section, click on one specific claim from the list to view the **Claim Details** page (this example uses employee Natasha Romanoff).

*By clicking the hashtag (#) in the **JCN** column, the user will be hyperlinked to the **Claim Details** page.

*The **Claim Details** page for Natasha Romanoff will display.

2. Click the **Submit eFROI/Webform** button in the top right corner of the screen to submit an eFROI or webform to this specific claim.

Submitting an eSROI webform to an existing claim

3. Select the initial payment (IP) action from the drop-down menu.
4. Click **Next**.

*The **eSROI** webform will display.

Claims Awaiting Benefits 0

My Queues

First Actions My Form History

Insurer: All Insurers

Reporting Year

	2020	2019	2018	2017	2016	
Total Reportable Claims	0	0	0	0	0	
Timely Claims	0	0.0%	0	0.0%	0	0.0%
Untimely Claims	0	0.0%	0	0.0%	0	0.0%

Reporting Year	Reporting Date	Date of Injury	Claim Admin Claim #	Employee Name	JCN	Timely	MTC
2020	6/18/2020	6/1/2020	3482304	Natasha Romanoff	59706013		PD
2020	6/18/2020	6/3/2020	3423444444444444	Peter Parker	59705971		PD
2020	6/17/2020	6/1/2020	FifteenCycle8283049	CycleFifteen Guy	59193417		

Showing (1-3) of 3

Natasha Romanoff: Injury on 6/01/2020

Claim: CL-05-9706-013

+ Submit Filing + Submit eFROI/eSROI/Webform

Campus File Number: 059706013 Employee: Natasha Romanoff Date of Injury: 6/1/2020 Part of Body Injured: 53: Knee

Employer: Avengers Insurer: Great Insurance Claim Administrator Claim Number: 3482304

Claim Overview

Claim Involved in Dispute Claim Denied by Insurer Employee Returned to Work Employee Consulted for Vocational Rehab

Employee Receiving Indemnity Benefits

Claim Details

Campus File Number: 059706013 Claim Type:

eFORM Submission

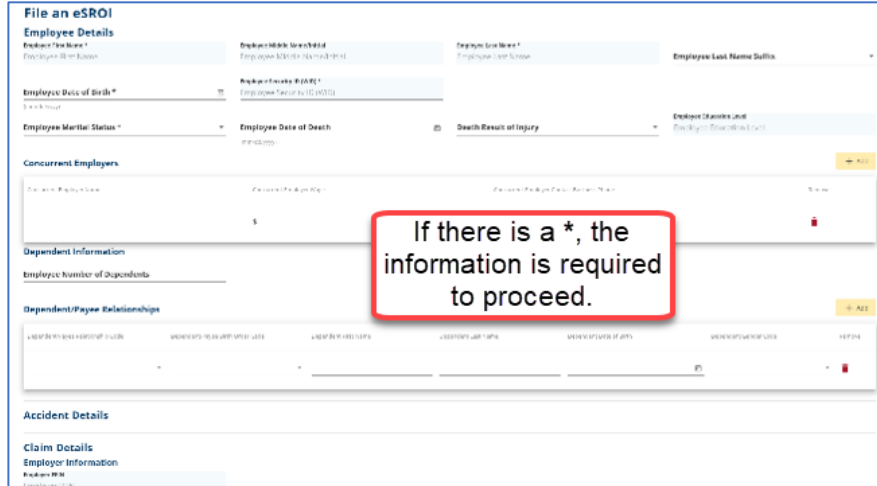
What would you like to do?
Submit to Existing Claim

My Claims
CL-05-9706-013 - Natasha Romanoff

Next Action
P - Initial Payment

Next Cancel

5. Populate all required fields.



File an eSROI

Employee Details

Employee Details

Employee Birth Date * Employee Middle Initial Employee Last Name * Employee Last Name Suffix

Employee Birth Date * Employee Middle Initial Employee Last Name * Employee Last Name Suffix

Employee Date of Birth * Employee Middle Initial Employee Last Name * Employee Last Name Suffix

Employee Marital Status * Employee Date of Death Death Result of Injury Employee Claims Unit

Concurrent Employers

Dependent Information

Employee Number of Dependents

Dependent/Payee Relationships

Accident Details

Claim Details

Employer Information

6. Click the **Submit** button this specific claim.



Benefit Credit

Benefit Credit

Benefit Redistribution

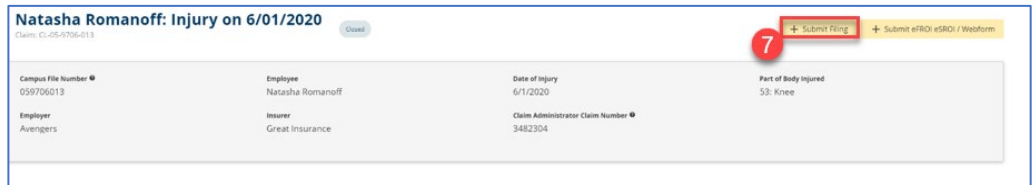
Reduced Earnings

Suspension Details

Submit

Submit a disability status report

7. Returning to the **Claim Details** page for Natasha Romanoff, click **Submit Filing** to see a different list of webforms to submit.



Natasha Romanoff: Injury on 6/01/2020

Claim: CL-05-9706-013

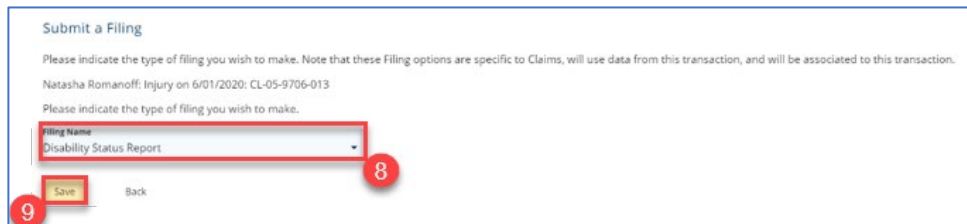
Submit Filing

Submit of ROI / eSROI / Webform

Campus File Number *	Employee	Date of Injury	Part of Body Injured
059706013	Natasha Romanoff	6/1/2020	53: Knee
Employer	Insurer	Claim Administrator Claim Number *	
Avengers	Great Insurance	3482304	

8. Choose the filing name **Disability Status Report** from the drop-down menu.

9. Click **Save**.



Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Natasha Romanoff: Injury on 6/01/2020: CL-05-9706-013

Please indicate the type of filing you wish to make.

Filing Name

Disability Status Report

Save Back

*The **Disability Status Report** webform will display.

- Populate all required fields.
- Click **Submit Form**.

Disability Status Report

Please provide the following information:

Employee Details		
Employee Number EE-02-5779-433	Date of Injury 6/1/2020	Employee Name Natalsha Romanoff
Employee Address 123 West St	City Saint Paul	State Minnesota
Postal Code 55101	Phone Number *	

Employer Details		
Employer Avengeers	Employer Contact Name *	Phone Number *

Insurer Details		
Insurer Name Great Insurance	Insurer Address 123 Insurer St	Postal Code 55101
City Saint Paul	State Minnesota	
Claim Administrator 3482304		

Disability Details		
Title at Date of Injury *	Average Weekly Wage at Date of Injury *	Job Type at Date of Injury *
Assistant	\$ 50000	
Number of Days of Disability *	Is the Employer Currently Working *	Will the Disability Likely Extend Beyond 12 Weeks
	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>

Reason For Filing The Disability Report

Was a Consultation Requested?
 No Yes

Referred for Rehabilitation Consultation? *

Instructions to Insurer

The Disability Status Report (DSR) issued to notify parties that you are either referring the injured worker for a rehabilitation consultation or requesting a waiver of the consultation. The DSR, with the treating physician's work ability report, must be mailed to the injured worker as filed with the Department of Labor and Industry:

- Within 14 calendar days of knowledge that the employee's temporary total disability is likely to exceed 18 consecutive weeks, or
- Within 90 calendar days of date of injury when the employee has not returned to work following a work injury, or
- Within 14 calendar days after receiving a request for a rehabilitation consultation, whichever is earlier; or
- Within 14 calendar days of expiration of an approved waiver of rehabilitation services.

Instructions to Employee

If you have a question about this form or rehabilitation services, call the Workers' Compensation Division at 1-800-542-6364 or 651-284-5502.

Any person who, with intent to defraud, receives workers' compensation benefits benefits if the person is not entitled by knowingly misrepresenting, restating, or failing to disclose any material fact regarding their and shall be sentenced pursuant to section 609.52, subdivision 5.

Supporting Documents

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and filing this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and if required to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Accepted plan: If all parties are in agreement with (and have signed) this Retaining Plan form, submit it to the department with the required attachments for approval or denials (see Minn. Rules 5200.1750, subd. 3).

Phone Number * **11** Extension Date Served On Employee No Yes

Submit Form **11** **Download PDF** **Preview** **Cancel**

If there is a *, the information is required to proceed.

Affidavit of service and serving documents

Some of the webforms in Campus allow you to serve documents to all parties on the claim through the affidavit of service. Using the **Initiate Dispute** webform, you can see the **Affidavit of Service** webform page.

- From the claim details page, select **Submit Filing**.

Natalsha Romanoff: Injury on 6/01/2020

Claims: CL-05-0708-013 Close

1 **Submit Filing** **Submit eROI eSROI / Webform**

Campus File Number 059706013	Employee Natalsha Romanoff	Date of Injury 6/1/2020	Part of Body Injured 53: Knee
Employer Avengeers	Insurer Great Insurance	Claim Administrator Claim Number 3482304	

- In the **Filing Name** drop-down menu, select **Initiate Dispute**.
- Click **Save**.

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Natasha Romanoff: Injury on 6/01/2020: CL-05-9706-013

Please indicate the type of filing you wish to make.

Filing Name
Initiate Dispute

Save Back

Affidavit of service via the initiate dispute webform

*The **Initiate Dispute** webform will display, showing the last step of the webform is the affidavit of service page.

Initiate Dispute

Please complete all sections to initiate a Dispute.

1 Identify Claims 2 Identify Parties 3 Request a Dispute Resolution Service 4 Document Issues in Dispute 5 Filing Summary & Signature 6 Affidavit of Service

Associated Claims

Select any additional claims to include in this dispute

You can only link to this employee's claims that you have access to view

Campus File Number	Date of Injury	Claim Administrator Claim Number
Selected Claim		
CL-05-9706-013	6/1/2020	3482304
Related Claims		
There are no related claims with the same employee		

Next Back Save as Draft Preview Cancel

- The Affidavit of Service screen and the required information needed to serve parties on the claim are shown.
- Choose one or more parties to serve or use the **+ Add Service Recipient** button.
- Click **Submit form** for the parties to be served.

Initiate Dispute

Please complete all sections to initiate a Dispute.

1 Identify Claims 2 Identify Parties 3 Request a Dispute Resolution Service 4 Document Issues in Dispute 5 Filing Summary & Signature 6 Affidavit of Service

Affidavit of Service

Parties

Select the parties to serve below. You may update service addresses for parties served via mail. Click the Add Service Recipient button to add parties to the service list.

+ Add Service Recipient

Serve Party	Name	Role	Address	Service Method	Service Date
<input type="checkbox"/>	Natasha Romanoff	Employee	123 West St Saint Paul, MN 55101	US Mail	Choose a date * 6/18/2020
<input type="checkbox"/>	Avengers	Employer	123 Stark St Saint Paul, MN 55101	US Mail	Choose a date * 6/18/2020
<input type="checkbox"/>	Great Insurance	Insurer		US Mail	Choose a date * 6/18/2020
<input type="checkbox"/>		Claim Admin		US Mail	Choose a date * 6/18/2020
<input type="checkbox"/>	Ryans Cycle 15 Trader	Trading Partner		US Mail	Choose a date * 6/18/2020

Notice

Upon clicking Submit, Campus will:

- Create and merge an Affidavit of Service with your filed document
- Send an email to all parties who receive service via Campus

To serve parties by mail you must print a copy of the filed document and your Affidavit of Service.

Declaration

I declare under penalty of perjury that everything that I have stated in this document is true and correct. Minn. Stat. § 358.116

Electronic Signature

Please type your first and last name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VR).

Full Name of Signatory *

I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

Submit form Save as Draft Preview Cancel

Submit form button will highlight when required information has been filled out.

Annual claim submissions

External users can submit requests for reimbursement for either supplementary or second-injury benefits.

1. Click on any claim from the **My Claims** queue on your dashboard.

Campus File Num...	Employee	Employer	Claim Admin	Date of Injury	Status
CL-05-9191-531	Craig Robinson	Taylor Tools		6/1/2020	Default Status Plac...

2. Click the **Submit a Filing** button in the top right.

Craig Robinson: Injury on 6/01/2020
Claim: CL-05-9191-531

Campus File Number: 059191531
Employee: Craig Robinson
Date of Injury: 6/1/2020
Part of Body Injured: 10: Multiple Head Injury

Employer: Taylor Tools
Insurer: New Brighton Insurance
Claim Administrator: New Brighton Insurance

3. In the drop-down menu, select **Annual Claim Reimbursement**.

Submit a Filing

Please indicate the type of filing you wish to make. Note that these Filing options are specific to Claims, will use data from this transaction, and will be associated to this transaction.

Craig Robinson: Injury on 6/01/2020: CL-05-9191-531

Please indicate the type of filing you wish to make.

- Annual Claim Reimbursement
- Dependency Info
- Disability Status Report
- Initiate Dispute
- Missing Benefits

4. Select a **Preparer** and **Preparer Address**.
5. Choose whether you would like reimbursements for **SI, SB** or **both**.

*The webform sections will be different depending on what is selected here.

6. Select a **Claim Status**. By choosing **Final Claim**, you must choose a reason. If you select **Ongoing**, you can upload attachments to support the eligibility of the benefits claimed.

7. Click **Next**.

8. Fill out the reimbursement details and click **Next**.

9. Indicate whether there was a lump sum and, if there was, the amount, and click **Next**.

10. Fill in the filing summary and click **Next**.

Employee Details
WID Number: EE-02-5696-957 | Date Of Injury: 6/1/2020 | Employee Name: Craig Robinson

Employer Details
Employer Name: Taylor Tools

Insurer Details
Insurer Claim Number: | Insurer Name: New Brighton Insurance | Address: |

Preparer Details
Name of Preparer: Spencer Wilson | E-mail Address: minivikes@gmail.com | Date: 6/16/2020
Preparer: New Brighton Insurance | Phone Number: (703) 481-9944 | Address: 11317 Bright Pond Lane, Saint Paul MN 55111

Form Submission Type
Form Submission Type: SB

10 **Next** Back Save as Draft Cancel

11. Add any supporting attachments and click **Next**.

Annual Claim for Reimbursement
Please provide the following information

Choose Benefit ... Choose Claim St... Reimbursement D... Lump Sum De... Filing Sum... Supporting Attach... (Optional) Electronic Sign...

Use this section to upload any miscellaneous documents that support your reimbursement claim.

Supporting Attachments
+ Upload Document

File Name	File Type	Description	Remove
-----------	-----------	-------------	--------

11 **Next** Back Save as Draft Cancel

- 12. Electronically sign the webform.
- 13. Check the box.
- 14. Add the date.
- 15. Click **Submit**.

Annual Claim for Reimbursement
Please provide the following information

Choose Benefit ... Choose Claim S... Reimbursement D... Lump Sum De... Filing Sum... Supporting Attach... (Optional) Electronic Sign...

Electronic Signature
Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

12 **Full Name of Signatory ***

13 I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

14 **Date ***
6/16/2020

15 **Submit** Back Save as Draft Cancel

Any person who, with intent to defraud, receives Workers' Compensation Benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, SUBDIVISION 3.

1. If second-injury is selected, choose the **Claim Status**.
2. Upload documents, as needed.
3. Click **Next**.

Annual Claim for Reimbursement

Please provide the following information

Choose Benefit T... Choose Claim St... Benefit Det... Lump Sum Det... Filing Summ... Supporting Attachm...
Optional Electronic Signat...

Claim Status

Final Claim Ongoing

Evidence of Contact with Employee

Attach **EVIDENCE** of contact with employee during the time period claimed which **SUPPORTS ELIGIBILITY** for benefits claimed (i.e., status check confirming employee remains disabled, medical and/or rehabilitation reports from the time period claimed, etc.)

File Name	File Type	Description	Remove
Test.pdf.pdf	Award on Stipulation	Award on Stipulation	<input type="button" value="X"/>

4. Fill in the medical and indemnity benefits.

Medical and Rehabilitation Expense Details

Attach detailed description/iternization of rehabilitation and/or medical expenses. Include the dates of service, dates paid, amounts paid and names of providers.

Medical expenses exceed permissible limits

Start date for reimbursement *

End date for reimbursement *

Medical and rehabilitation expenses claimed *

\$

(Less) Deductible to this date of injury *

\$

Subtotal
\$0.00

Medical Percent Apportioned *

%

Lump sum amount to be reimbursed
\$0.00

Indemnity Expense Details

Start date for reimbursement *

End date for reimbursement *

Temporary Partial Benefits Paid *

\$

Retraining Benefits Paid *

\$

If there is a *, the information is required to proceed.

5. Enter the **Lump-sum Details**.
6. Click **Next**.

Annual Claim for Reimbursement

Please provide the following information

Choose Benefit T... Choose Claim St... Benefit Det... **Lump Sum Det...** Filing Summ... Supporting Attachm...
Optional Electronic Signat...

Lump Sum Details

No Lump Sum

Lump Sum Amount

\$

Award On Stip Filed Date

7. Fill in the filing summary and click **Next**.

Employee Details

WD Number: EE-02-5696-957 Date Of Injury: 6/1/2020 Employee Name: Craig Robinson

Employer Details

Employer Name *
Taylor Tools

Insurer Details

Insurer Claim Number: Insurer Name *
New Brighton Insurace Address *
11317 Bright Pond Lane, Saint Paul MN 55111

Preparer Details

Name of Preparer: Spencer Wilson E-mail Address: minivikes@gmail.com Date: 6/16/2020

Preparer: New Brighton Insurace Phone Number *: (703) 481-9944 Address: 11317 Bright Pond Lane, Saint Paul MN 55111

Form Submission Type

Form Submission Type: SI

7 **Next** Back Save as Draft Cancel

8. Upload supporting attachments, as needed.
9. Click **Next**.

Annual Claim for Reimbursement

Please provide the following information

Choose Benefit T... Choose Claim St... Benefit Det... Lump Sum Det... Filing Summ... Supporting Attachm...
Optional Electronic Signat...

Use this section to upload any miscellaneous documents that support your reimbursement claim.

Supporting Attachments

8 **+ Upload Document**

File Name	File Type	Description	Remove

9 **Next** Back Save as Draft Cancel

10. Electronically sign the webform.
11. Check the box.
12. Add the date.
13. Click **Submit**.

Annual Claim for Reimbursement

Please provide the following information

Choose Benefit ... Choose Claim S... Reimbursement D... Lump Sum De... Filing Sum... Supporting Attach...
Optional Electronic Sign...

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorneys, the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

10 Full Name of Signatory *

11 I understand that by checking this box, I am legally signing this electronic form and I confirm that the information on this form is true, accurate, and complete to the best of my knowledge.

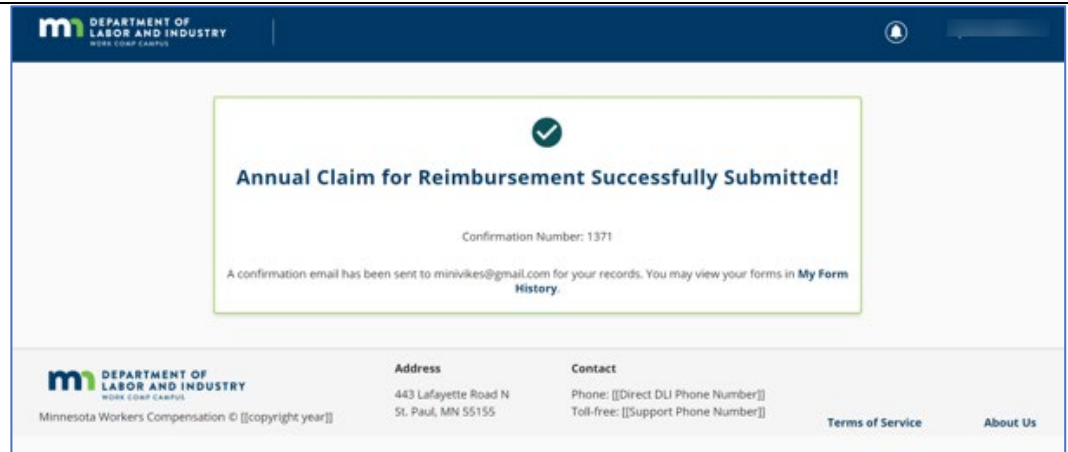
12 Date *
6/16/2020

Any person who, with intent to defraud, receives Workers' Compensation Benefits to which the person is not entitled by knowingly misrepresenting, misstating, or failing to disclose any material fact is guilty of theft and shall be sentenced pursuant to section 609.52, SUBDIVISION 3.

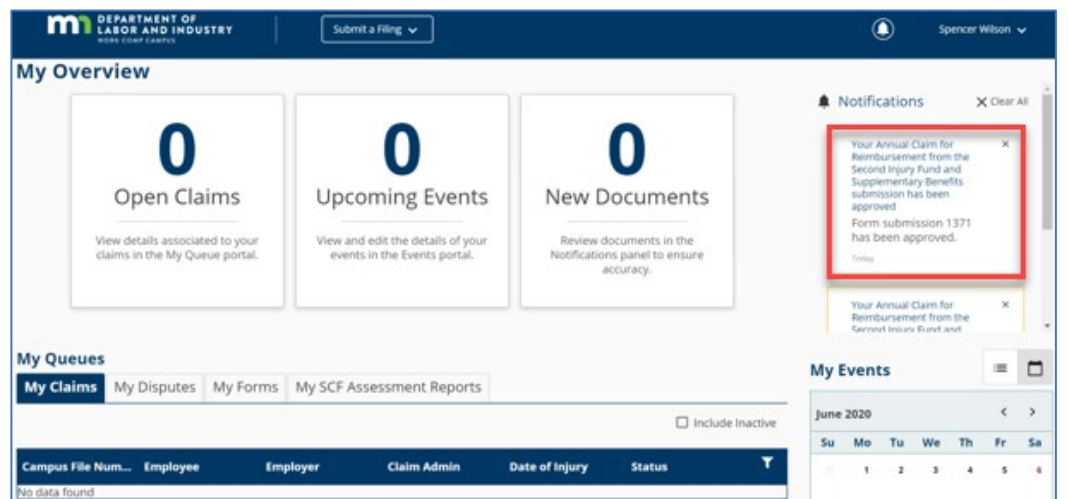
13 **Submit** Back Save as Draft Cancel

*If SI/SB is selected, both steps will appear and are the same as detailed above.

*It then goes to DLI for approval.



*When the webform has been approved or denied, you will get a notification in Campus.



Assessments

The annual Special Compensation Fund assessment is for all insurers with reported benefits in the previous year. The Special Compensation Fund receives money from insurers each year, which goes toward funding supplementary and second-injury benefit programs. Each year, insurers and self-insured employers are required to report indemnity benefits paid in the previous year and are invoiced according to the reported benefits and the rate of that year's Special Compensation Fund assessment. Each insurer and self-insured employer has a group administrator and the ability to designate a contact for assessments. Each Feb. 14, these individuals are contacted via email to inform them they are now able to report benefits from the previous year, which must be done by April 1.

On each Feb. 14, Campus will automatically generate the insurer report details page for all insurers and self-insured employers that paid indemnity benefits in the previous year. This Campus page is accessible only to the insurer's group administrator and designated contact for assessments. Users will navigate to the page in two primary ways.

1. Users will have a **My SCF Assessments** tab in their **My Queues** dashboard that shows all assessments for insurers if they are either the group administrator or designated contact for assessments. In the queue, will be a hyperlink to the details page and some summary information about the assessment.

My Overview

3 Open Claims
View details associated to your claims in the My Queue portal.

0 Upcoming Events
View and edit the details of your events in the Events portal.

0 New Documents
Review documents in the Notifications panel to ensure accuracy.

My Queues

My Claims My Disputes My Forms My Rehab Cases **My SCF Assessment Reports**

Insurer Name	Assessment ID	Assessment Year	Until Due
New Brighton Insurance	AS-05-9705-787	2020	Submitted

Showing (1-1) of 1 | Items per page 10

Notifications X Clear All

Your Annual Claim for Reimbursement from the Second Injury Fund and Supplementary Benefits submission has been approved. Form submission 1654 has been approved. Today

Your Annual Claim for Reimbursement of Supplemental Benefits

My Events

June 2020

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13

2. Users can also navigate to the insurer report details page from the **Insurer Details** page. The **Insurer Details** page has a **SCF Assessment History** tab that will show past and present assessments for that insurer. There will be a hyperlink to the details page and some summary information about the assessment.

Insurance

Insurer: IR-02-5696-958 [Submit Insurer's Report](#)

Insurer Details

Insurer Name: New Brighton Insurance [Edit](#) Insurer Type: Insurer NAIC FEIN: 86-7530909

NCCI

Insurer Status

Status: Active
Bankrupt: No

Addresses Contacts Insurer's Transaction History Insurer's Relationships **SCF Assessment History** First Action Related Claims & Cases

Assessment Id	Assessment Year	Total Amount Due	Assessment Status	Penalty Status
AS-05-9705-787	2020	\$3,750.00	Report Received	No Penalty Assessed

Showing (1-1) of 1 | Items per page 10

The insurer report details page starts out sparsely populated outside of the insurer's information, which is pulled in from the **Insurer Details** page. The only action an external user can take from this page is to click the **Submit Insurer's Report** button in the top right, which allows them to report benefits from the previous year.

Insurance
Insurer: IR-02-5776-418 Submit Insurer's Report

Insurer Details

Insurer Name Capital City Insurance	✎ Edit	Insurer Type Insurer	NAIC	FEIN 86-7530999
--	--------	-------------------------	------	--------------------

NCCI

Insurer Status

Status
Active

Bankrupt
No

Addresses | Contacts | Insurer's Transaction History | Insurer's Relationships | SCF Assessment History | First Action | Related Claims & Cases

+ Add Address

Address Type	Address 1	City	Effective Range
0 data found			

The webform is used to report benefits and replacement policies, which are then used to populate the insurer report details page. **Indemnity Benefits** is a required field, but **Replacement Policy** is not. All insurers are required to file this form by each March 31, even if they are reporting zero benefits.

Submit Insurer Report
Report the indemnity amount paid by 21ST CENTURY ADVANTAGE INSURANCE CO during the 12-month reporting period 1/1/2019 - 12/31/2019

1 Report Details

Use the fields below to report benefits paid by 21ST CENTURY ADVANTAGE INSURANCE CO. A report must be submitted even if no benefits were paid during the reporting period.

Indemnity Benefits *
\$ Indemnity Benefits

Replacement Policy
\$ Replacement Policy

The **Submit** button will highlight after the required information is provided.

An insurer can only have one webform submitted each year. After the webform is submitted, the insurer will not be able to make any edits to the page in Campus. The rest of the information on the details page is handled within the Special Compensation Fund or by the application itself. For insurers, the Special Compensation Fund enters a designated statistical reporting (DSR) value and DSR upload date. For self-insurers, these fields will not show and neither will the fields **True-up Total** or **True-up Rate**. The current year rate is maintained by the Special Compensation Fund in the database and will have one value for all insurers and one value for all self-insured employers.

Based on the results of the assessment, most insurers will be required to pay two different invoices of equal amounts. The first invoice is due by Aug. 1 of the year the assessment was started; the second invoice is due by Feb. 1 of the following year. The amounts, once calculated, can be found on the insurer report details page.

Insurer's Report for
Insurance
Submit Insurer's Report

Insurer's Report: AS-05-9705-818

Assessment Details

Total Benefits Reported \$12,000.00	Report Submission Date 6/17/2020	2020 Rate 25%	Assessment Result \$3,000.00
DSR Value \$12,750.00	DSR Upload Date 6/17/2020	True Up Rate 30%	True Up Total \$3,825.00
Amount Due 8/1/20 \$1,912.50	Amount Due 2/1/21 \$1,912.50	Amount Paid	Payment Date

Assessment Year
2020

Insurer Information

Insurer Name IR-02-5776-418: Capital City Insurance	FEIN 86-7530999	Type Insurer	
Address Line 1	City	State	Zip Code

Insurer Contacts

Name	Phone Number	Email Address
Spencer	(703) 481-	@gmail.com

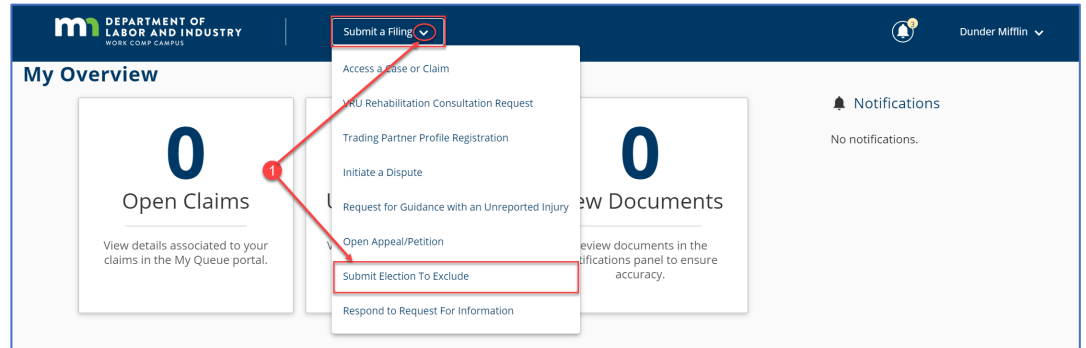
Elections

Employers, including corporations and limited liability companies (LLCs), are required to provide workers' compensation coverage for their employees, unless there is a specific exception in the law. The workers' compensation law states certain categories of workers are excluded from coverage or can be excluded from coverage. Minnesota workers' compensation law dictates employers are able to submit elections to exclude coverage for employees with certain relationships to executive officers of a corporation's or LLC's managers.

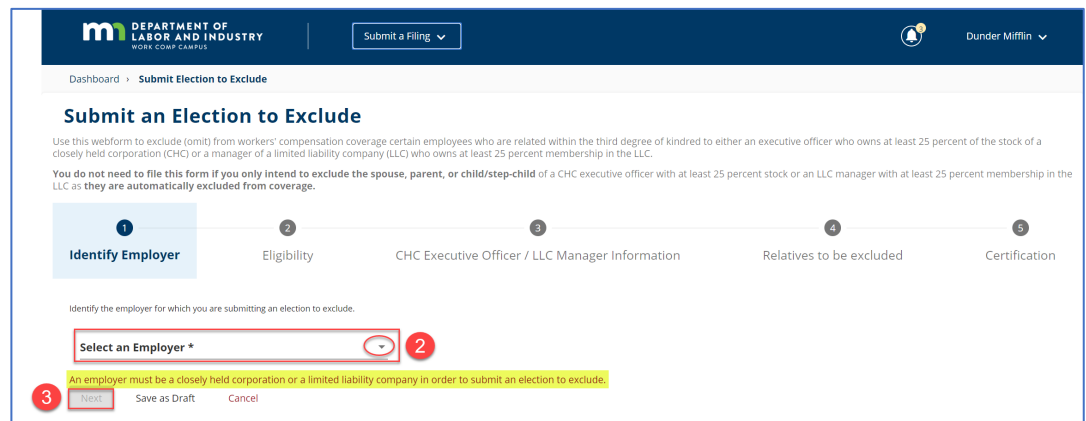
Election to exclude coverage webform

The **Election to Exclude Coverage** webform in Campus is used to enter the required information for exclusion and submit for approval.

1. From the dashboard, click on the **Submit a Filing** drop-down menu and select **Submit Election To Exclude**.



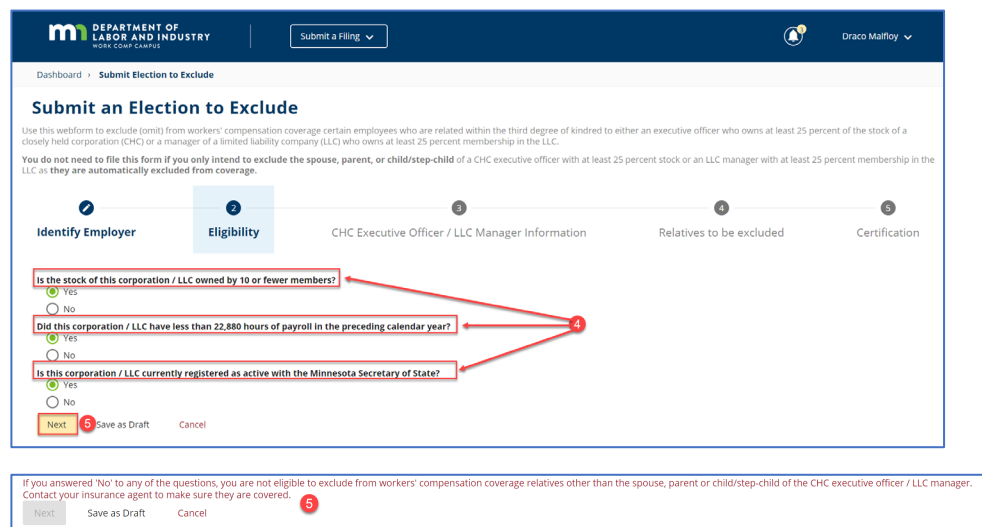
2. The first step of the webform is to **Identify the Employer** you are submitting the election for. The drop-down menu shows all employers to which the user is associated. You must select an employer that is an incorporated entity or an LLC.



3. Click **Next** to continue. (The **Next** button will highlight after the required information is provided.)

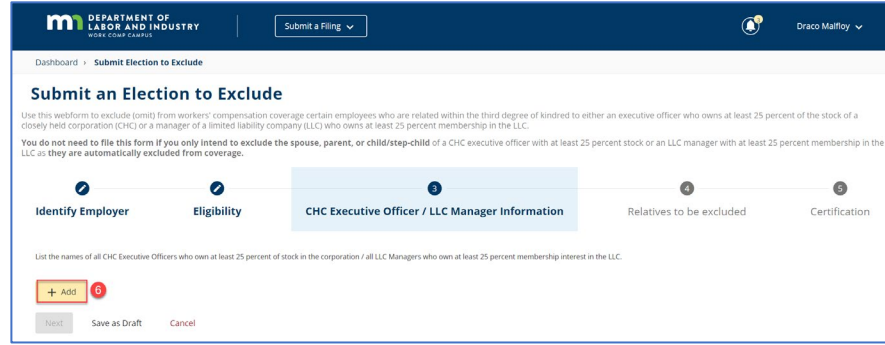
*The **Eligibility** screen will display.

4. Answer the series of questions to identify if the employer is able to exclude coverage for certain employees.

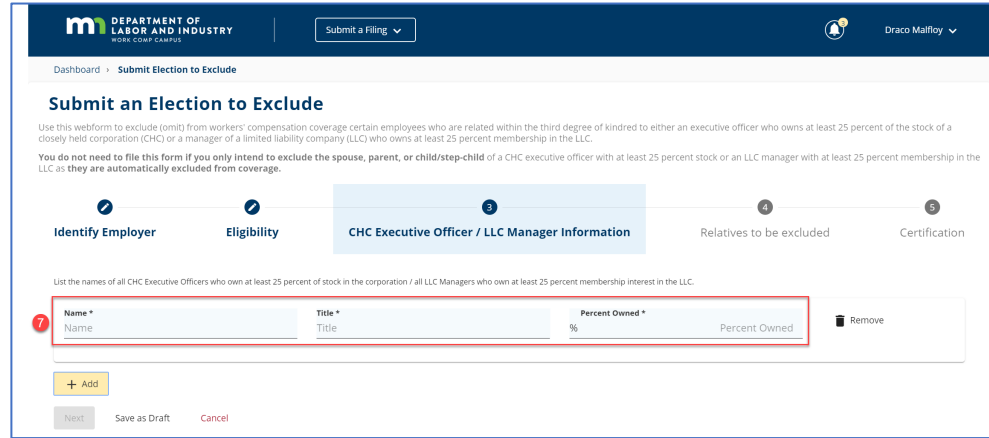


5. "Yes" must be answered for all questions or the ineligibility message will appear. Click **Next** to continue.

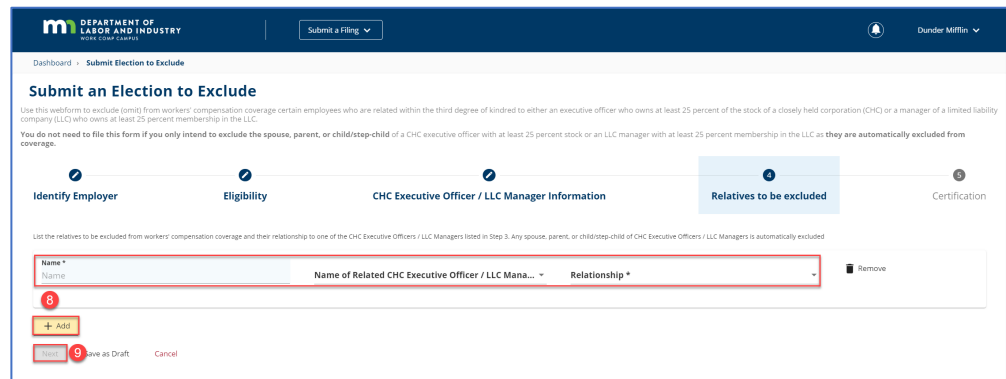
6. Click the **+ Add** button to add executive officers and managers who own at least 25% of stock in the corporation or membership in the LLC.



7. Enter information for the required fields (**Name, Title, Percent Owned**). They are to identify the executive officer or manager who is related to the employee identified in the following step. You can add multiple executive officers or managers.



8. Next, add the employees you wish to exclude from coverage. You can add one or multiple employees to a single election to exclude coverage form.



9. Click **Next** to continue. (The **Next** button will highlight after required information is provided.)

10. Add your **Electronic Signature** by entering your full name, clicking the checkbox to confirm and entering your **Executive Title** and **Phone Number**.
11. Add **Supporting Attachments**.
12. Click **Submit** for final approval.

*The **Submit** button will highlight after required information is provided.

DEPARTMENT OF LABOR AND INDUSTRY
WORK COMP LEAFLET

Submit a Filing

Dashboard > Submit Election to Exclude

Submit an Election to Exclude

Use this webform to exclude (omit) from workers' compensation coverage certain employees who are related within the third degree of kindred to either an executive officer who owns at least 25 percent of the stock of a closely held corporation (CHC) or a manager of a limited liability company (LLC) who owns at least 25 percent membership in the LLC.

You do not need to file this form if you only intend to exclude the spouse, parent, or child/step-child of a CHC executive officer with at least 25 percent stock or an LLC manager with at least 25 percent membership in the LLC as they are automatically excluded from coverage.

Identify Employer Eligibility CHC Executive Officer / LLC Manager Information Relatives to be excluded **5 Certification**

By signing this form I certify that all information provided is complete and accurate to the best of my knowledge and that I have the authority to sign this form for the corporation / LLC named in Step 1.

Electronic Signature

Please type your First and Last Name as they appear on your CAMPUS profile. By signing and dating this form, I certify copies of this form and attachments are being sent to the employee, insurer, any attorney(s), the Department of Labor and Industry and, if required, to the department's Vocational Rehabilitation unit (VRU).

Full Name of Signatory *

I am not the signatory signing this election form and I confirm that the signatory is not a relative. 10

Executive Title *

Executive Title

Phone Number *

Phone Number

Have the relatives listed in Section 4 been notified that this form to exclude them from workers' compensation coverage is being filed? *

Submit a copy of this form to your workers' compensation insurance company, if any. If you change insurance companies, submit a copy of this form to the new insurance company. Refile this form with the Department of Labor and Industry (DLI) and your workers' compensation insurer if any information in Sections 2, 3, or 4 changes and you still want to exclude relatives from workers' compensation coverage.

Notice

- The election to exclude relatives from workers' compensation coverage is not effective unless the information provided on this form is accurate and meets the statutory requirements. If so, then the effective date of this exclusion will be based on the date DLI receives this form.
- DLI does not guarantee that this election to exclude the relatives listed in Section 4 from workers' compensation coverage is legally effective. The CHC Executive Officer / LLC manager signing this form is responsible for determining the CHC's / LLC's legal obligations and for correctly and accurately completing this form. DLI will notify you of potential defects if they are apparent, but you are encouraged to consult an attorney about the legal effect of this election. If the information provided is not accurate and complete, or the information changes, the CHC, LLC or CHC executive officer(s) / LLC manager(s) may be liable for workers' compensation injuries of the relatives listed in Section 4.
- The information you provide on this form may be available to the public upon request.

Supporting Attachments

Upload Document 11

File Name	File Type	Description	Remove
12	Save as Draft	Preview	Cancel