

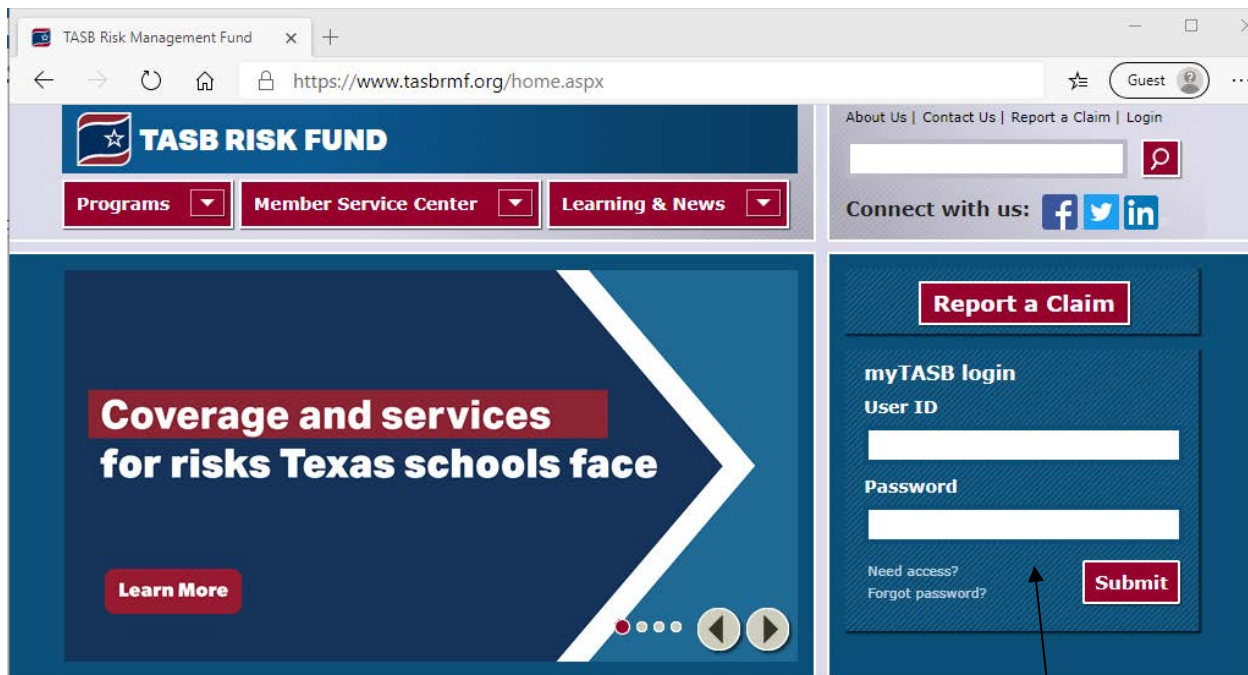
First Report of Injury (FROI) Administrator Guide

Contents

Your dashboard	- 1 -
Viewing a claim submitted by your campus	- 3 -
Completing and reviewing a FROI	- 3 -
Generating a corrected DWC 1 for Record Only	- 9 -
Filing your claim with the TASB Risk Management Fund	- 10 -

Your dashboard

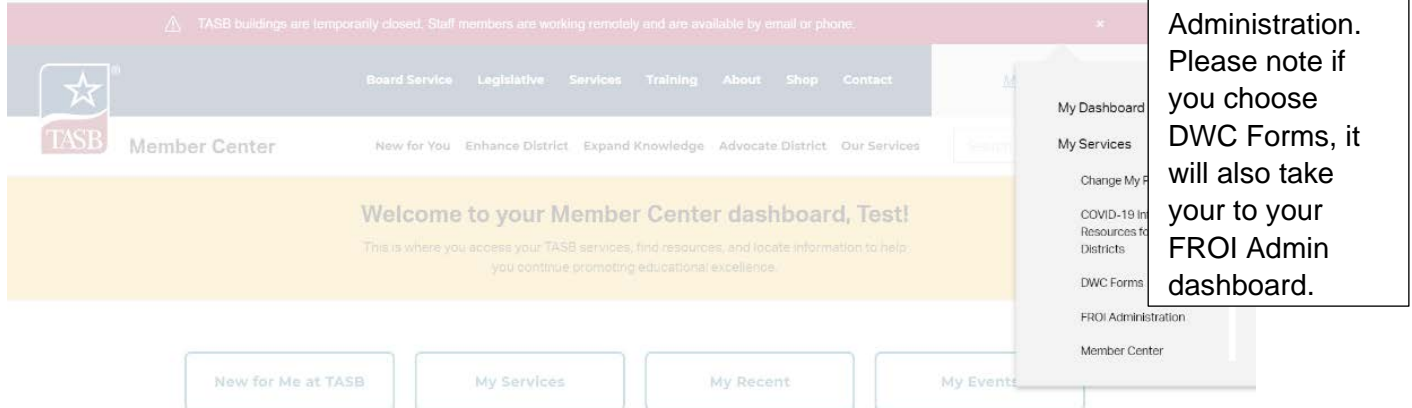
You can get to your dashboard by signing in at [tasbrmf.org](https://www.tasbrmf.org).



Sign in here. If you need help with your log in credentials, contact Laura Romaine at laura.romaine@tasb.org



In the Member Center, click on My Account at the top right and select FROI Administration from the My Services dropdown.



You are now in your dashboard.

Click here to create a new FROI.

Click here to view your previously submitted claims or to submit DWC Forms.



Data is current. [Refresh Data](#)

Create New FROI
Click [here](#) to add a new First Report of Injury or Illness.

These are all your FROIs submitted by your campus/departments that have not yet been reviewed.

New FROIs Pending Review

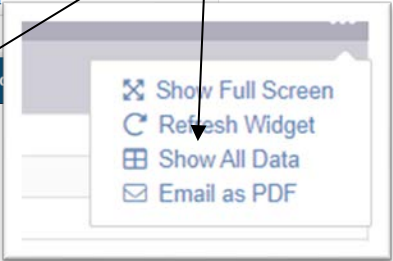
Member	Date of Injury	Employee First Name	Employee Last Name	Social Security	Injury Description
Ed ISD	10/14/2020	Jane	Doe	xxx-xx-6789	Employee kicked dolly loaded with books and broke right big toe
Ed ISD	10/29/2020	Jim	Jones		
Ed ISD	10/29/2020	Susan	James		

These are FROIs that have been reviewed but not submitted to the TASB Risk Management Fund, such as Record Only claims.

Saved FROIs Not Submitted to TASB

Member	Date of Injury	Employee First Name	Employee Last Name	Social Security	Injury Description
Ed ISD	10/29/2020	Adam	Smith	xxx-xx-1111	Tripped on stairs entering bus and hit head.
Ed ISD	10/29/2020	Anna	Lee	xxx-xx-9999	Writing on essay and sprained wrist.

To open any FROI, click on the employee's last name. Please note you can no longer delete any incident. To see a full list of FROI incidents click here and choose "Show All Data."



21xxxxxx

You can see all your submitted claims on your Claims page. Click on the claim number to review claims data.

Member	Claim Number	Loss Date	Employee First Name	Employee Last Name	Social Security	Injury Description	Adjuster
Edu ISD	21xxxxxx	02/11/2021	Sally	Smith	xxxx-xx-5367	Tripped and fell injuring left foot.	Bob Jones
Edu ISD	21xxxxxx	02/10/2021	Bob	Jones	xxxx-xx-8264	Slipped on ice and injured lower back.	Bob Jones
Edu ISD	21xxxxxx	02/19/2021	Phil	Breaux	xxxx-xx-8237	Broke right leg tripping over a backpack.	Rachel Smith
Edu ISD	21xxxxxx	02/19/2021	John	Garcia	xxxx-xx-9521	Burnt right hand on steam table.	Bob Jones
Edu ISD	21xxxxxx	02/19/2021	Cindy	Davis	xxxx-xx-7857	Student bit right hand.	Rachel Smith
Edu ISD	21xxxxxx	02/10/2021	Sarah	Crew	xxxx-xx-9993	Running after bus tripped and injured mouth and nose.	Rachel Smith
Edu ISD	21xxxxxx	02/19/2021	Al	Jolson	xxxx-xx-1175	Fell off ladder and broke right arm and injured right leg and hip.	Jack Donovan
Edu ISD	21xxxxxx	02/19/2021	Pam	John	xxxx-xx-3143	Employee injured right shoulder throwing out trash.	Bob Jones
Edu ISD	21xxxxxx	02/19/2021	Jeff	Smith	xxxx-xx-7827	Employee hurt back being tackled at recess.	Jack Donovan

Viewing a claim submitted by your campus

When a claim is reported from your campus/departments, all designated FROI Administrators will receive an email that looks like this:

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS Incident.pdf
213 KB

From: tasbriskfundnotices@tasb.org <tasbriskfundnotices@tasb.org>

Sent: Tuesday, October 20, 2020 12:07 PM

To: member@isd.org

Subject: New First Report of Injury to Review

A First Report of Injury Report has been submitted to your FROI Administration queue. [Sign in to myTASB to review it.](#) This report will not be submitted to the TASB Risk Management Fund until you review and release it.

Employee name: Jane Doe

Date and time prepared: 10/20/2020

Preparer's name and title: John Smith, Supervisor

Preparer's phone number: (234) 567-8900

Click here to view the FROI. Sign in with your myTASB credentials.

Completing and reviewing a FROI

Important: Please note that the FROI Administrator is responsible for correcting and ensuring that the FROI is complete. All fields marked with a red asterisk (*) are mandatory. When a report is submitted to you, the preparer may have used designated placeholders such as "111..." and "01/01/2010." Please replace these placeholders with correct data. In this guide, placeholders will be marked with a **red outline**.



You will need to review the FROI and replace all placeholders with the correct information in order to submit. Click Edit Incident to make your edits.

Review, edit, and verify the information in the report.

Indicate whether this is a corrected copy of an already-submitted claim.

If your organization uses employee numbers, you may enter the injured employee's number here.

Select the correct location from the list.

If you select "No" to employer premises, an address field pops up to complete location information.



Employee Information

Claimant	Doe, Jane
First Name *	Jane
Middle Name	
Last Name *	Doe
Street Address 1 *	1
Street Address 2	
City *	Your City
State *	Texas
ZIP *	11111
Phone *	1111111111
Work Phone	(xxx) xxx-xxxx
Employee Email	
Does the employee speak English?	

Enter the employee's first and last names in these boxes. The names will populate the Claimant box above.

Please enter the employee's correct mailing address and contact info. If you see any placeholders such as 111...please replace them with correct details.

Birth Date *

Social Security ⓘ *

Other Employee ID

Other Employee ID Qualifier

Hire Date *

Length of Service Years

Length of Service Months

Hire State *

Gender *

Marital Status *

Occupation/Job Title *

Payroll Class Code *

Occupation Code *

Department Code, if applicable

Employment Status *

Number of Dependents

When you see this sign, you can hover for more information about its corresponding field.

Please enter correct employee information. Replace any placeholders.

Verify that correct job title, occupation code, and payroll codes are entered.

Please select either regular or part-time.

Wages

Wage Rate *

Wage Rate Type ⓘ *

Days Worked Per Week *

Hours Worked Per Week

Full Pay On Day Of Injury

Did Salary Continue?

Please complete all mandatory wage fields. Correct any placeholders.



Gross Amount of Last Paycheck

Type of Pay

Has employee elected to use state, sick or vacation leave in lieu of temporary income benefits?

If so, how many leave hours have they elected to use?

Please make every effort to complete this information. Always alert the claim department **immediately** if employee has elected to use paid leave for any absences.

Occurrence Information

Date of Injury/Illness *

Time Employee Began Work

Time of Injury or Illness

Exposure *

Date Employer Notified *

Has the employee lost time or expected to lose time from work?

Was the injury or illness exposure fatal?

Employee's Supervisor

Supervisor Phone Number

Type of Injury/Illness *

Part of Body Affected *

Cause of Injury *

Enter the correct time and date of injury.

This is the date the secretary, principal, nurse, or supervisor first knew of the incident.

Click the magnifying glasses to select the employee's injury, affected body part, and cause of injury from the lists. You can also type the employee's injury/body part or its corresponding code number into the search bar and select from the dropdown lists.

Note: These are national, standardized codes. Choose the option that best matches your incident.



Worksite location of injury ⓘ

Examples include walking, cleaning, or cooking.

Was employee doing their regular job?

Specify activity the employee was engaged in when the injury or illness exposure occurred *

Explain how the injury occurred. Be concise and to the point. **Specify body part(s) and exact location and side of body.** This space is limited and info entered should show on the completed DWC1/FROI.

How did the injury or illness exposure occur? ⓘ *

For example, employee slipped on wet floor in hallway while walking and fell on both knees

Is the employee seeking or expected to seek medical treatment? *

Type of Claim ⓘ *

Record Only is for no medical treatment, no lost time, and no questions or concerns.
Medical Only is for initial medical and/or no more than 5 days of lost time.
Lost Time/Indemnity is for ongoing medical treatment and/or lost time and all other.

Treatment Information

Medical Provider

Physician/Hospital Name

Address

City

State

ZIP

Phone

Fax

Enter doctor/hospital information if known. These are not mandatory fields. Don't worry about inputting addresses.

Initial Treatment *

This field is mandatory. Select the appropriate option from the dropdown list.



Other Information

Date Administrator Notified

Date Prepared *

Preparer's Name *

Preparer's Title *

Preparer's Phone *

E-mail address to receive confirmation ⓘ

This is the date that the location notifies their FROI Administrator.

Administrators automatically receive confirmation, so you can leave this blank.

Please list any known witnesses and their contact information. Do not include student names.

Witness

Witness Phone #

All Other Information

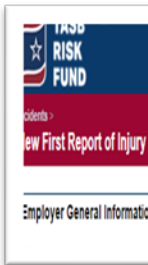
You can use this field to send add information or instructions for the claims team. This information will not appear on the FROI/DWC 1.

Do you intend to submit FROI to TASB at this time? *

Indicate whether you want to submit this report to the TASB Risk Management Fund. If you don't submit, you can access it later under "Reports not yet submitted to TASB."

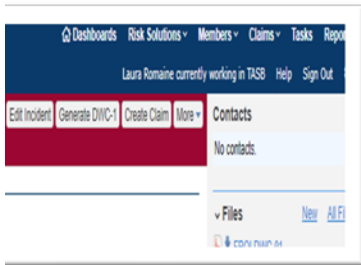
Submit to the TASB Risk Management Fund if the employee lost work time, sought treatment, reported occupational illness or disease, or if you have any questions or concerns.

Members may choose not to submit Record Only claims. These are claims with no lost time, no medical treatment, no occupational illness, and that are not questionable.



Please note: If you are not submitting the FROI to TASB, but have updated or made changes once received from the campus, you can generate a refreshed DWC-1

1. After saving your changes, click on the Generate DWC-1 button
2. Refresh your browser and the updated DWC-1 will display in the sidebar along with the first one.





Filing your claim with the TASB Risk Management Fund

TASB RISK FUND Dashboards Member Information Claims
Katy ISD currently working in TASB Help Sign Out

New First Report of Injury Save Changes or Cancel

Employer General Information

Member	Education ISD	Mailing Address	PC	PO Box 123
Physical Address	123 1 st Street	City	Ka	Your City
City	Your City	State	Te	Texas
State	Texas	ZIP	77	00000
ZIP	00000			
FEIN	12345678			
Phone	(123) 456 7890			

Is this a corrected copy? *

Insured Report Number

Location *

Did injury or illness exposure occur on employer's premises?

Once you have made all necessary changes, click Save Changes.”

TASB RISK FUND Dashboards Member Information Claims
Katy ISD currently working in TASB Help Sign Out

New First Report of Injury Edit Incident Create Claim Files New All Files
FROI DWIC-01
Drop files to attach

Save Successful.

Employer General Information

Member	Education ISD	Mailing Address	PO Box 123
Physical Address	123 1 st Street	City	Your City
City	Your City	State	Texas
State	Texas	ZIP	00000
ZIP	00000		
FEIN	12345678		
Phone	(123) 456 7890		

Is this a corrected copy?

Insured Report Number

Location [101914114 - EDNA MAE FIELDER EL](#)

Did injury or illness exposure occur on employer's premises? Yes

Street Address
City
State
Accident Postal

Leave us a message

If you need to make any more changes, select Edit Incident to make your edits. Once you have finalized the form, click Create Claim.



TASB RISK FUND | Dashboards | Member Information | Claims
Katy ISD currently working in TASB | Help | Sign Out

Select The Claim Coverage Cancel

Workers' Compensation
[Workers' Comp Aggregate Deductible \(WCAD\)](#)
[Workers' Comp ASO \(WCASO\)](#)
[Workers' Comp Fully Funded \(WCFE\)](#)
[Workers' Compensation \(WC\)](#)

Please select the first option for your WC coverage. Note that the system will correct your choice if necessary.

TASB RISK FUND | Dashboards | Member Information | Claims
Katy ISD currently working in TASB | Help | Sign Out

New First Report of Injury Save Changes or Cancel

Employer General Information

Member	Education ISD	Mailing Address	PO Box 123
Physical Address	123 1 st Street	City	Your City
City	Your City	State	Texas
State	Texas	ZIP	00000
ZIP	00000		
FEIN	12345678		
Phone	(123) 456 7890		

Is this a corrected copy?

Insured Report Number

Location

Did injury or illness exposure occur on employer's premises?

If you are ready to file your claim, you must click Save Changes.

TASB RISK FUND | Dashboards | Member Information | Claims
Katy ISD currently working in TASB | Help | Sign Out

Claims > New First Report of Injury

Save Successful

DWC State Forms
[DW-3SD Pre Fill](#) | [DW-3SD](#) | [DW-3SD Form-6](#)

Employer General Information

Member	Education ISD	Mailing Address	PO Box 123
Physical Address	123 1 st Street	City	Your City
City	Your City	State	Texas
State	Texas	ZIP	00000
ZIP	00000		
FEIN	12345678		
Phone	(123) 456 7890		

Is this a corrected copy? No

Location [101914114 - EDNA MAE FIELDER EL](#)

All Notes
No notes.

Files New All Files
[FROI DW-01](#)
 Drop files to attach

Congratulations! Once you see this page, you have successfully submitted your FROI to the TASB Risk Management Fund. You can now access pre-filled state forms for your records from these buttons.

Click on Dashboards to return to your dashboard and see any other pending

Refresh your screen to see your DW-1 FROI record. Click here to access it in PDF format.

FROIs submitted to the TASB Risk Management Fund disappear every 15 minutes, so don't forget to make a copy to give your employee and keep in your Record of Injuries.



Your DWC-1 will look like this. Click on the icons to print or save to your computer for your records.

Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, unless the Division specifically requests a direct filing.

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.) Doe, Jane M	2. Sex F <input checked="" type="checkbox"/> M <input type="checkbox"/>	15. Date of Injury (m-d-y) 10 / 20 / 2020	16. Time of Injury 8 :45 am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Last Time Began (m-d-y) 10 / 20 / 2020
3. Social Security Number - - 1234	4. Home Phone (555) 5551234	5. Date of Birth (m-d-y) 06 - 21 - 1974	18. Nature of Injury Contusion	19. Part of Body Injured or Exposed Knee
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>				
7. Race White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>				
9. Mailing Address Street or P.O. Box 123 First St City Your Town State TX Zip Code 12345 County Harris				
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>				
11. Number of Dependent Children 0		12. Spouse's Name		
13. Doctor's Name				
14. Doctor's Mailing Address (Street or P.O. Box) City State Zip Code				
20. How and Why Injury/Illness Occurred Slipped in puddle and fell on left hip				
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
22. Worksite Location of Injury (stairs, dock, etc.) Cafeteria				
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site ADMIN Street or P.O. Box 225 Second St City Your Town State TX Zip Code 12345 County Harris				
24. Cause of Injury (fall, tool, machine, etc.) liquid grease				
25. List Witnesses				
26. Return to work date (or expected) (m-d-y)		27. Did employee die? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		28. Supervisor's Name
29. Date Reported (m-d-y)				

You will receive a confirmation email upon submitting your claim. Once it is processed, you will receive an email with your adjuster information that looks like this:

From: tasbriskfundnotices@tasb.org <tasbriskfundnotices@tasb.org>
Sent: Monday, December 7, 2020 1:09 PM
To: member@isd.org
Subject: Claim Assignment Jane Doe Date of Injury: 12/1/2020

Please check your junk email folder if you don't receive your email.

The First Report of Injury or Illness (FROI) for Jane Doe with date of injury of 12/1/2020 has been processed. The claim number and adjuster assigned to the claim are:

Claim #: 123456789
 Claimant: Jane Doe
 Employer: Education ISD
 Date of injury: 12/1/2020

Adjuster name: John Smith
 Adjuster phone: 123.456.7890
 Adjuster email: john.smith@educationisd.org

If you have any questions or concerns, please contact the assigned adjuster at 800.482.7276 x2982 for assistance.

For any questions about reporting a workers' compensation claim, please contact inquiry@tasb.org or 800.482.7276.

