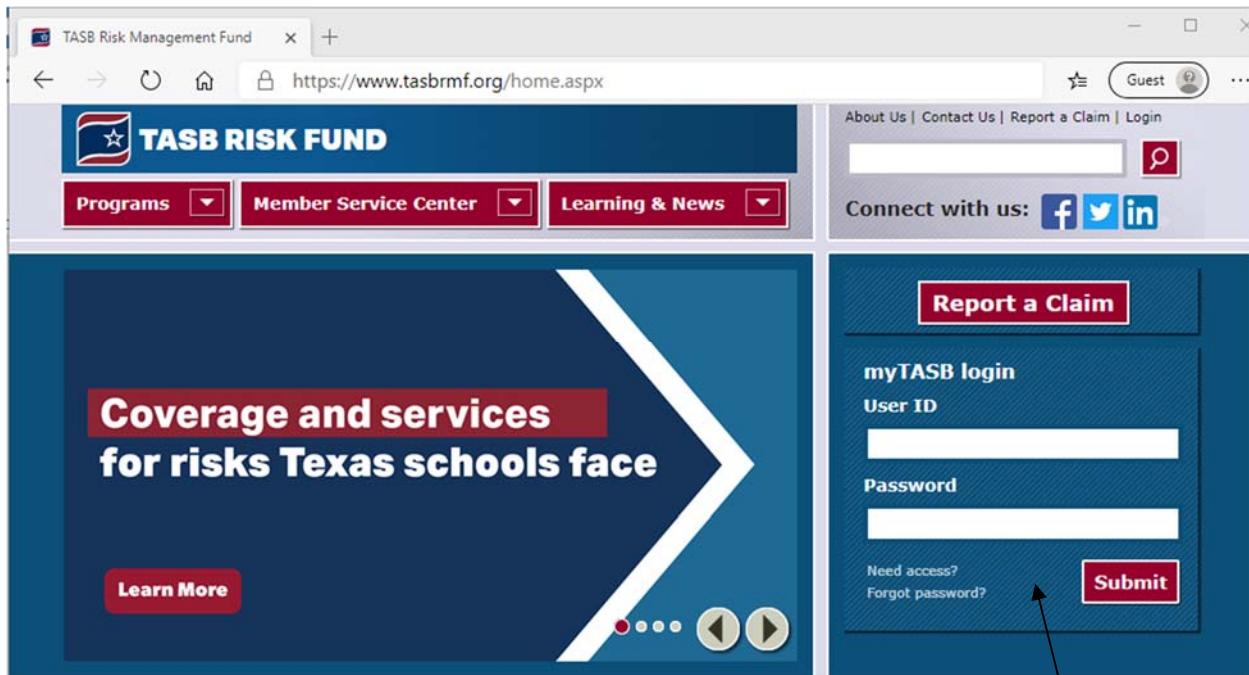


How to File DWC Forms

Go to Your dashboard

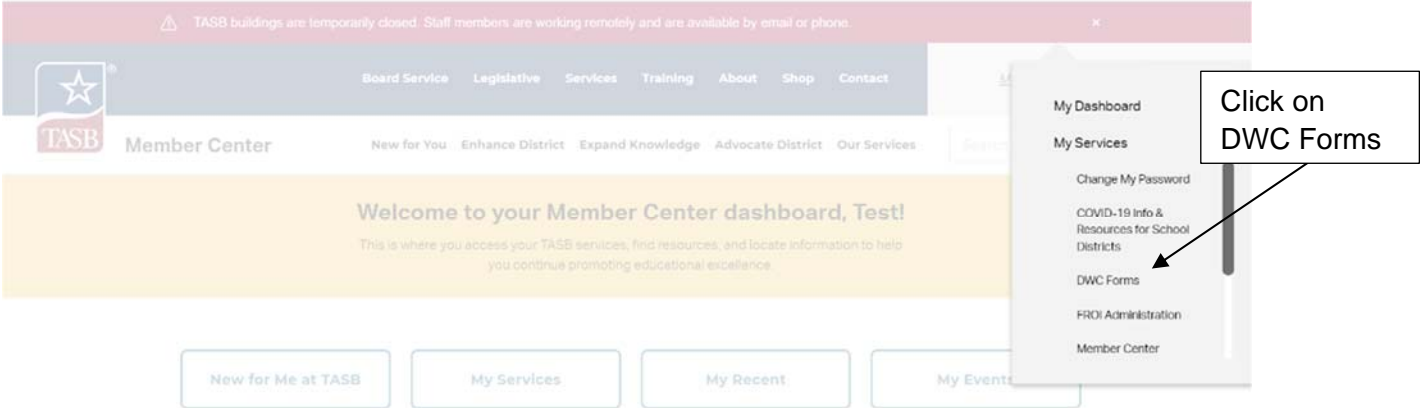
You can get to your dashboard by signing in at [tasbrmf.org](https://www.tasbrmf.org).



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 DWC Forms from the My Services dropdown.



FROI Administrators will be taken directly to the FROI Administration landing page:

Click here to view your previously submitted claims.

The screenshot shows the FROI Administration landing page. At the top, there is a navigation bar with 'Dashboards', 'Member Information', and 'Claims'. Below that, the page title is 'Workers' Compensation FROI Administration'. There is a 'More' button in the top right corner. The main content area has a 'Create New FROI' section with a link to 'Click here to add a new First Report of Injury or Illness.' Below this are two tables:

New FROIs Pending Review

Member	Date of Injury	Employee First Name	Employee Last Name	Social Security	Injury Description
Katy ISD	10/14/2020	Jane	Doe	xxx-xx-6789	Employee kicked dolly loaded with books and broke right big toe
Katy ISD	10/29/2020	Jim	Jones	xxx-xx-9999	Slipped and fell on forehead
Katy ISD	10/29/2020	Susan	James	xxx-xx-0110	Handling hot chemicals for experiment, burned right hand.

Saved FROIs Not Submitted to TASB

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

At the bottom right of the page, there is a 'Chat now' button.



You will be taken to the Claims landing page. Everyone other than-FROI Administrators will be taken directly here:

Claims

Member Claim Number	Loss Date	Employee First Name	Employee Last Name	Social Security	Injury Description
Edu ISD 24xxxxxxx	10/29/2020	Bob	Jones	xxx-xx-1111	Typing and then wrists hurt
Edu ISD 24xxxxxxx	10/24/2020	Jane	Doe	xxx-xx-1111	Slipped in puddle and fell on left hip
Edu ISD 24xxxxxxx					and glass punctured both eyes
Edu ISD 24xxxxxxx					floor mat and she took a wrong step and twisted her ankle
Edu ISD 24xxxxxxx				6789	ly loaded with books and broke right big toe
Edu ISD 24xxxxxxx	10/02/2020	Anna	De Leon	xxx-xx-9351	Walking to the true time clock & there was water on floor & no sign was posted
Edu ISD 24xxxxxxx	10/02/2020	Dancy	Powell	xxx-xx-1111	Chemical spray used on bus for cleaning has caused EE to have headaches.
Edu ISD 24xxxxxxx	09/26/2020	Test	Test		test
Edu ISD 24xxxxxxx	09/10/2020	Lily	of the Valley		testing RO to MO upgrade
Edu ISD 24xxxxxxx	09/05/2020	Daffy	Duck	xxx-xx-	Employee tripped over bag injured left knee

Page 1 Next

Claim Views

- All Claims
- Report Date is Today
- My Open Claims
- CMS Filter 9/25
- Open Subrogated Claims
- Missing Claim Details

Filter By

Claim Number

Employee First Name

Employee Last Name

Social Security

Date of Injury to

Birth Date to

Status

Search Clear

Click on the claim number of the file you wish to view and file a form.

You can search for a claim or filter the criteria here.

TASB - Origami TEST

Claims - New First Report of Injury

DWC State Forms

[DWC 350 Pre Fill](#) [DWC 350](#) [DWC Form 6](#)

Employer General Information

Member: _____

Education ISD: _____

Physical Address: 121 First St, City, State, TX, ZIP XXXXX

FEIN: 75-XXXXXXX, Phone: 555-555-1234

Location: 1234567 - Education HS

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

Employee Information

Claimant: Jones, Bob

First Name: Bob, Last Name: Jones, Street Address: 4561 First St, City, TX, State, ZIP, Phone: 555-555-1212

Birth Date: 09/01/1900, Social Security: xxx-xx-1111, Hire Date: 09/01/2000, Hire State: Texas, Gender: Male, Marital Status: Married, Occupation/Job Title: Building Maintenance, Payroll Class Code: 7300 - BUS DRIVERS

Select the type of form you would like to file.



The form will appear in a partially editable PDF prefilled with the claim information:

Part I EMPLOYER INFORMATION

1. Employer business name
Education ISD

2. Employer phone # (555) 555-1234

3. Employer mailing address
121 First St. City, TX XXXXX

4. Insurance carrier name
TASB Risk Management Fund

5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes no
If so, identify contact person and phone #

6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes Date: no

7. Has the employer requested RTW training from DWC or the insurance carrier? yes no

8. Has the insurance carrier provided accident prevention services in the past 12 months? yes Date: no

9. Has the employer requested accident prevention services from the insurance carrier? yes no

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10. a. The injured worker returned to work in either a full or limited capacity. File this report within 3 days.
 b. The injured worker is earning more or less than the pre-injury wage because of the injury. File within 10 days.
 c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury. File within 3 days.
 d. The injured worker resigned or was terminated from employment. File within 10 days.

Part III INJURED WORKER INFORMATION

11. Injured worker name
JONES, BOB

12. SSN (last 4 digits)
xxx-xx-1234

13. DOB
12/14/2020

14. Injured worker mailing address and phone #
4561 FIRST ST, CITY, TX XXXX 555-555-1212

15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)

16. First day of additional lost time or reduced wages (mm/dd/yyyy)

17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes no

DWC State Forms

DWC-3SD Pre File | DWC-3SD | DWC Form-5

Employee General Information

Member: Education ISD

Physical Address: 121 First St, City, TX, XXXXX

Phone: 75-XXXXXXXX, 555-555-1234

Location: 101914ADM - ADMINISTRATION

Employee Information

Member: Jones, Bob

First Name: Bob, Middle Name: Jones, Last Name: Jones

Street Address 1: 4561 First St, City, TX, XXXXX

Phone: 555-555-1212

Birth Date: 09/01/1900, Social Security: xxx-xx-1111, Hire Date: 09/01/2000, Hire State: Texas, Gender: Male, Marital Status: Married, Occupation/Job Title: Building Maintenance, Payroll Class Code: 7300 - BUS DRIVERS



You will receive an email with the document attached:

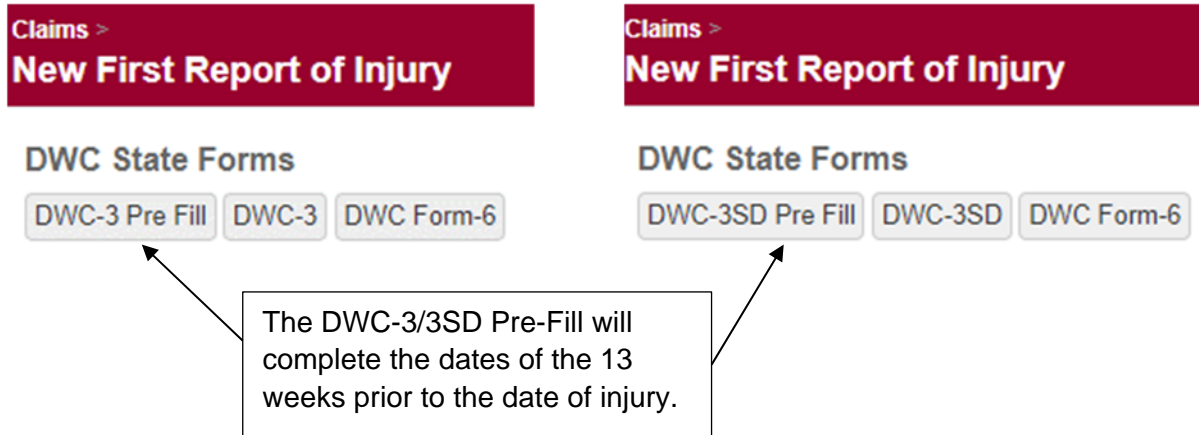


Please be sure to give a copy of the form to the employee as is required by statute.

D3/D3SD Wage Statements: The system will pull the proper wage statement based on the type of employer. Colleges, ESC's, SSA's will be given the option to pull the D3 Employer Wage Statement. School Districts and other applicable members will be given the option to pull the D3SD Wage Statement for School Districts.

Colleges, ESC's, SSA's

School Districts



For any questions about how to complete and when to file the DWC forms, please contact 800.482.7276 or Chat Online at www.tasbrmf.org.

