

How to File a First Report of Injury

This guide is for members who do not use the FROI Administration application.

Start here: tasbrmf.org/claims

The screenshot shows the TASB Risk Fund website interface. At the top, there is a navigation bar with the TASB Risk Fund logo and links for 'About Us', 'Contact Us', 'Report a Claim', and 'Login'. Below this is a secondary navigation bar with 'Programs', 'Member Service Center', and 'Learning & News' buttons. A search bar is located in the top right corner. The main content area is titled 'Report a Claim' and contains the following sections:

- Report a Claim**: A section with contact information (800.482.7276) and a 'Jump to' list of categories: [Auto](#), [Liability](#), [Property](#), [Cyber](#), and [Unemployment compensation Quarterly Wage Statement](#).
- Workers' Compensation claims**: A section titled 'First Report of Injury' with a list of bullet points: 'Program administrators who do not use the FROI Administration application, or' and 'Campuses and departments who need to report an employee injury to their organization's workers' compensation program administrator:'.
- First Report of Injury WC Claim**: A section with a form titled 'Please type in your organization below to report a worker's compensation First Report of Injury'. The form has a label 'Organization' and a text input field with the placeholder 'Type In Your Organization Here'. Below the input field is a red button labeled 'Report a WC Claim'. A callout box with an arrow points to this button, containing the text: 'Type your organization into the search bar, and then click here.'
- First Report of Injury guides**: A list of links to PDF guides: 'How to File a First Report of Injury (PDF)', 'How to File a First Report of Injury for Campus or Department (PDF)', and 'FROI Administration Guide (PDF)'.

On the right side of the page, there are two sidebars: 'myTASB Access' and 'Your Marketing Consultant'.



TASB[™] RISK FUND

Reporting a Claim Log Out and Exit

What you will need:

- Basic information about what happened, including date, location, etc.
- Additional details about the employee who was injured, such as name, address, and wage information

What you should know:

- The reporting form will timeout after 120 minutes of inactivity.
- You can find detailed instructions on how to report a workers' compensation claim [in this guide](#).

When you are finished filling out the First Report of Injury (FROI) on the next page, be sure to click on the "Save Changes" button at the top of the page to submit to TASB.

[Start a FROI](#)

Click here to get started.

Chat now

Please note that all boxes marked with a red asterisk (*) are **mandatory**. As you work on the form, ensure all required boxes are completed and contain correct information.



Employer General Information

Member	Education ISD		
Physical Address	123 1 st Street	Mailing Address	PO Box 123
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? *

Select "Yes" if you have already submitted a claim for this incident and need to update any information or if you are submitting a FROI on an already-created claim.

Insured Report Number

If your organization uses employee numbers, you may enter the injured employee's number here. If not, leave this blank.

Location *

Click on the magnifying glass to select the applicable location from the list.

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

If the injury occurred off campus, select "No" and enter the address of the injury in a box that will appear to the right.

Insured Report Number

Location *

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

Address where Injury/Illness Occurred

Since you selected Injury did not occur on employer's premises, please complete the accident address fields to the right.



Employee Information

First Name *
 Middle Name
 Last Name *
 Street Address 1 *
 Street Address 2
 City *
 State *
 ZIP *
 Phone *
 Work Phone
 Employee Email
 Does the employee speak English?

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

Enter the employee's first and last names in these boxes. The names will populate the Claimant box above.
 Enter complete employee contact information.
 When you see this sign, you can hover over it for more information about its corresponding field.
 Complete all required fields of employee information.
 Enter employee's job title and select the employee's appropriate payroll and occupation categories from the dropdown lists.
 Please select either regular/full-time 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?

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?

Complete all mandatory wage information fields with accurate information.

Please make every effort to complete this information. Always alert the claim department **immediately** if the 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 time and date of injury.

This is the date the secretary, principal, nurse, or supervisor first knew of 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. This is not a mandatory field. 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

This is the date that the location notifies administration.

Date Prepared *

Preparer's Name *

Preparer's Title *

Preparer's Phone *

Don't forget to enter your email address so you can get confirmation of claim submission.

E-mail address to receive confirmation ⓘ

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.



New First Report of Injury

Employer General Information

Member Abbott ISD


Physical Address 219 S First St
 City Abbott
 State Texas
 ZIP 76621

FEIN 74600001
 Phone (254) 582-3011

Is this a corrected copy? * No

Mailing Address PO Box 226
 City Abbott
 State Texas
 ZIP 76621-0226

Insured Report Number

Location * ADMINISTRATION (Main Memb) 

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

Employee Information

After you've filled out all the required fields, click here to submit the FROI to the TASB Risk Management Fund.



live.ongamirisk.com says
Are you ready to complete this incident?
OK Cancel

New First Report of Injury Complete Incident or Cancel

Employer General Information

Member Education ISD

Physical Address 123 1st Street
City Your City
State Texas
ZIP 00000

FEIN 12345678
Phone (123) 456 7890

Mailing Address PO Box 123
City Your City
State Texas
ZIP 00000

Is this a corrected copy

Insured Report Number
Location ADMINISTRATION (Main Memb)
Did injury or illness exposure occur on employer's premises?

Click Ok

TASB RISK FUND

Upload Claim File Documentation

Save Successful

Please upload any relevant documentation such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices. Otherwise, you've provided enough information for us to begin processing. Click I'm done below to finish reporting your claim. If submitting a First Report of Injury (FROI), it has been sent to your TASB FROI Administrator for review. To download a copy of the FROI, use your browser's refresh button to display a link.

#1 Doe, John (EV2020004582-1) Upload File

No files uploaded.

I'm done or Click here to edit

Congratulations! You have successfully completed your FROI. If you want a PDF copy of your report, refresh your browser and a link will appear.

How to Refresh your browser:

- Chrome: Hold down Ctrl and press F5
- Chrome & Mac: Hold down Command, Shift and click the 'R'key
- Firefox & Windows: Hold down Ctrl and press F5
- Firefox & Mac: Hold down Command, Shift and the 'R' key
- Safari: Hold down the option and command key then press the 'E'key
- Internet Explorer: Hold the Control key, press the F5 key.



I'm done or [Click here to exit](#)

Click here to download a copy of the FROI to give to the employee.

When you're ready, click here to exit the application.

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:

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

