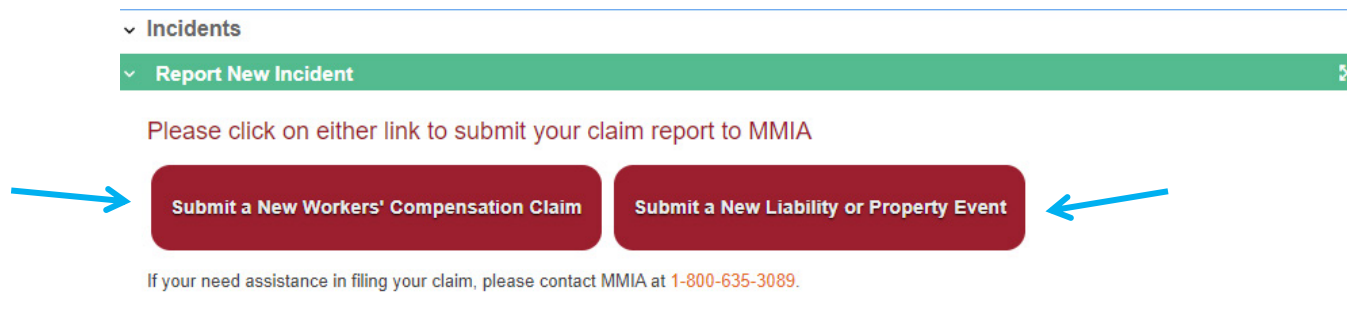


Reporting a Claim

The Report New Incident widget allows submission of new claims.

- 1) For workers' compensation claims, select the "Submit a New Workers' Compensation Claim" button, and for liability or property claims, select the "Submit a New Liability or Property Event" button.





- 2) The required fields indicated with a red asterisk must be completed to submit a claim. Once the information has been entered, select the "Complete Incident" button.



Member Portal Guide



Liability/Property Example

Dashboards Property Documents
Test User currently working in MMIA Help Sign Out 

New Incident Complete Incident Cancel

IMPORTANT
REPORTING TIPS - PLEASE READ
You have reached the reporting page for new liability or property event.
Be advised that all required fields are marked with an asterisk (*).

Is the Owner of the Property or the Injured Party a Company? *

Claimant (Individual)

Legal Owner of Damaged Property and/or Name of Injured Party

First Name *

Middle Initial or Name

Last Name *

Claimant Information

Claimant	<input type="text" value="Will Populate"/>	Primary Phone *	<input type="text" value="(xxx)xxx-xxxx"/>
Mailing Address *	<input type="text"/>	Secondary Phone	<input type="text" value="(xxx)xxx-xxxx"/>
City *	<input type="text"/>	Email	<input type="text"/>
State *	<input type="text" value="Montana"/>		
Postal Code *	<input type="text"/>		



Member Portal Guide



Workers' Compensation Example



[Dashboards](#) [Property](#) [Documents](#)

Test User currently working in MMIA [Help](#) [Sign Out](#)

New Incident

[Complete Incident](#) or [Cancel](#)

Workers' Compensation Incident

Worker Information

Claimant First Name *

Claimant Middle Name

Claimant Last Name *

Claimant

Date of Birth *

Social Security *

Mailing Address *

Mailing Address 2

City *

State *

Postal Code *

Primary Phone *

Phone 2

Email

Education Level

Gender *

Marital Status *

Number Of Dependents

Department *

Supervisor

Occupation *

Wages

Hire Date *

Work Week Sun Mon Tue Wed Thu Fri Sat

Days Worked Per Week

Hours Worked Per Week

Worked Next Scheduled Shift *

Off Work more than 4 Days? *

Date Last Worked ⓘ

Date Returned to Work ⓘ

Employment Status

Wage Rate *

Wage Rate Type

Extra Benefit Type

- Bonus
- Commissions
- Other
- Overtime
- Room and Board

Full Pay On Day Of Injury check if yes

Salary Continued

Payroll Classification Code *

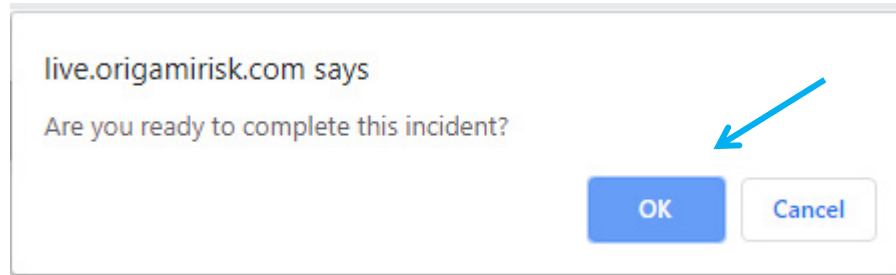
Gross Earnings Pay Period 1

Gross Earnings Pay Period 2

Gross Earnings Pay Period 3

Gross Earnings Pay Period 4

- 3) A pop-up window will appear asking if the incident is complete. To complete the incident, select "OK". To continue working on the incident, select "Cancel".



- 4) Once the incident completion is confirmed, photos or documents may be attached to the incident by following the instructions in this guide for [Attaching Files](#). If there are no photos or documents, proceed to step 5.

Member Portal Guide

5) The submission is now complete. Return to the dashboard or sign out using the menu links.

