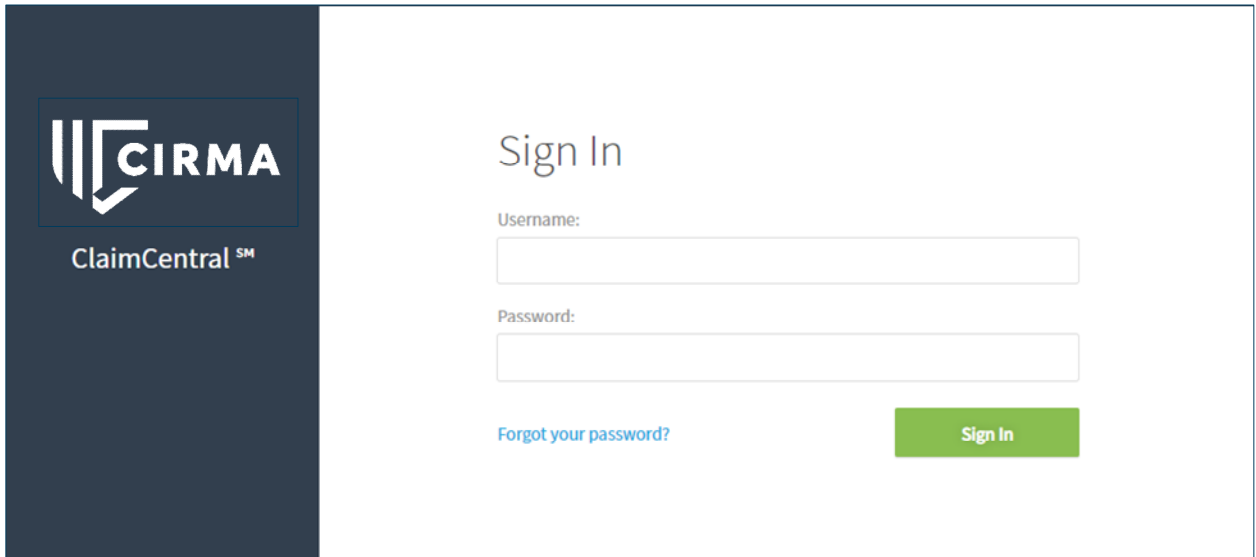


How to Report a Workers' Compensation Claim

Navigate to [CIRMA ClaimCentral](#) through your web browser

1. On the Login Screen, enter your username and password and then click Sign In.
If this is your first time using ClaimCentral, or you forgot your password for ClaimCentral, select the blue "Forgot your password?" hyperlink.



The image shows the CIRMA ClaimCentral Sign In screen. On the left is a dark blue sidebar with the CIRMA logo and the text "ClaimCentral SM". The main area is white and contains the "Sign In" heading. Below the heading are two input fields: "Username:" and "Password:". Below the password field is a blue hyperlink "Forgot your password?". To the right of the password field is a green "Sign In" button.

2. On your home screen, you can choose to file a new claim or continue working a draft claim.




Claims

All Claims

[Click here to file a new claim](#)

[File a WC Claim](#)

[Advanced Claim Search](#)

LINE	CLAIM NUMBER	CLAIMANT	DATE OF LOSS	STATUS	CLAIM CLOSE DATE	REPORTED BY	BODY PART
	A07945	AMANDA HAVENS	June 11, 2021	Draft		AMANDA HAVENS	

[Click here to continue with a draft](#)


3. When filing a new claim, it is important to review and answer all questions with the correct information.
- a. Any question denoted with the red asterisk (*) is a required field.
 - b. You may manually enter the date and time of the incident or select the calendar. Selecting the calendar only shows time in hour increments, you can select the closest hour to the incident time and update the time manually.
Example: If the incident occurred at 4:15 AM, I would select 4:00 AM and then type the minutes into the bar.
 - c. You will never select the WC Claim, this should be pre-selected for you, and driven by the date time entered in the incident information.
 - d. The Member Org Associated with the claim defines the Member (Town or Board of Education), Department, and Sub-department the injured individual is employed by.
 - e. Once you have entered the required information, you can select Next.

Claim information



Select Your Policy

New claim


Incident information


When did the incident occur? * 06/01/2021 04:00 AM 


Select a policy


POLICY NUMBER	TYPE	EFFECTIVE	EXPIRES
 WC202001252105		July 1, 2020	July 1, 2021

Member Org Associated with the Claim

Member * Member Name EX: Town or BOE 

Department * Department Name EX: Public Works 

Sub-Department * Sub-Department Name EX: Tree Dept 

Responsible Entity No information should be entered here 

Cancel

Next

4. The next page can be broken down into four sections for you to add information regarding the Injured Employee.


a. **Section 1 – Employee Demographic Information:**

You must include the Injured employee's full name, and indicate a primary phone number to reach that individual. Once you select the primary phone type, you must complete the corresponding phone number. It is important to include as much information as possible as you work your way through the claim reporting wizard.

Claim information	New claim	
Select Your Policy		
Who was injured?	Injured employee	
Describe the injury		
Where did this happen?		
Supporting information		
Who should we contact?		
Summary		

First name *	John
Last name *	Smith
Primary Phone *	Mobile
Home Phone	
Work Phone	
Mobile Phone	203-555-5555
Email	
Social security number	
Date of birth	MM/DD/YYYY
Gender which the injured employee identifies with	-- Select gender --

b. Section 2 – Employment Information & Employee’s Address:

What best describes this injured employee's job duties?	5509 - PUBLIC WORKS DRIVERS, STREET/ROAD MAINTENANCE ▼
Job title	Tree cutter
Employment status	Full-Time Employee ▼
Date of hire	10/05/2000 
Address Line 1	123 Main st
Address Line 2	
Address Line 3	
City	New Haven
ZIP Code	06511
State	Connecticut ▼

The drop-down menu provides a listing of job categories, please select the one closest to the injured employee’s responsibilities. For reference the listing contains the following options:

7711 - FIRE FIGHTERS & DRIVERS -VOLUNTEERS	8810 - CLERICAL OFFICE EMPLOYEES
8868 - SCHOOL TEACHERS, ADMINISTRATORS, CLERICAL	8831 - ANIMAL CONTROL OFFICER
7705 - AMBULANCE DRIVER - PAID	7380 - SCHOOL BUS/VAN DRIVERS
9015 - TOWN BUILDING MAINTENANCE	7380 - SCHOOL BUS/VAN DRIVERS
8833 - SCHOOL NURSES	7710 - FIRE FIGHTERS & DRIVERS
7720 - POLICE EMPLOYEES, EXCL CIVILIAN DISPATCH	9102 - PARKS & RECREATION EMPLOYEES
8868 - SCHOOL TEACHERS, ADMINISTRATORS, CLERICAL	9101 - SCHOOL CUSTODIANS
9082 - SCHOOL CAFETERIA - ALL EMPLOYEES	9410 - MUNICIPAL EMPLOYEES, ALL OTHER
6217 - EXCAVATION - LANDFILL	7580 - WPCA/SEWER DISPOSAL OPERATIONS
5509 - PUBLIC WORKS DRIVERS, STREET/ROAD MAINTENANCE	

c. **Section 3 – Supervisor Information**

Supervisor information

First name *

John

Last name *

Doe

Primary Phone *

Work

Home Phone

____-____-____

Work Phone

203-555-9999

Mobile Phone

____-____-____

Email

d. **Section 4 – Describe the injury**

Describe what happened

Injury/illness cause/source *

Struck or injured by

Detailed cause/source *

Struck or injured by falling or flying object

Tell us who or what caused the incident, and provide other details that would be helpful.

Tree limb fell when tree was being cut down striking the employees arm.

Date employer notified *

06/07/2021

What was the injured employee doing at the time of injury/illness? *

On Duty

Safety equipment provided?

Yes

No

Safety equipment used?

Yes

No

Is video footage available? *

Unknown

You will have the opportunity to send in the video on a later page.

Cancel

Previous

Next

i. The options you can choose from for Injury/Illness Cause/Source:

-- Select injury cause/source --

- Burn or Scald - Heat or Cold Exposures - Contact with
- Caught in, Under, or Between
- Cut, Puncture, Scrape, Injured by
- Fall, Slip, or Trip Injury
- Miscellaneous Causes
- Motor Vehicle
- Rubbed or Abraded by
- Strain or Injury by
- Striking Against or Stepping on
- Struck or Injured by

ii. Detailed Cause/Source by Injury Cause Source:

Burn or Scald - Heat or Cold Exposures - Contact with

-- Select detailed cause/source --

- Contact with abnormal air pressure
- Contact with chemicals
- Contact with dust, gases, fumes, or vapors
- Contact with electrical current
- Contact with fire or flame
- Contact with hot objects or substances
- Contact with miscellaneous
- Contact with radiation
- Contact with steam or hot fluids
- Contact with temperature extremes
- Contact with welding operation

Caught in, Under, or Between

-- Select detailed cause/source --

- Caught in, under, or between collapsing materials (slides of earth)
- Caught in, under, or between machine or machinery**
- Caught in, under, or between miscellaneous
- Caught in, under, or between object handled

Cut, Puncture, Scrape, Injured by

-- Select detailed cause/source --

- Cut, puncture, scrape, injured by broken glass
- Cut, puncture, scrape, injured by hand tool, utensil; not powered
- Cut, puncture, scrape, injured by miscellaneous
- Cut, puncture, scrape, injured by needle stick
- Cut, puncture, scrape, injured by object being lifted or handled
- Cut, puncture, scrape, injured by powered hand tool, appliance

Fall, Slip, or Trip Injury

-- Select detailed cause/source --

- Fall, slip, or trip injury from different level (elevation)
- Fall, slip, or trip injury from ladder or scaffolding
- Fall, slip, or trip injury from liquid or grease spills
- Fall, slip, or trip injury into openings
- Fall, slip, or trip injury on ice or snow
- Fall, slip, or trip injury on same level
- Fall, slip, or trip injury on stairs
- Fall, slip, or trip injury, miscellaneous
- Slipped, do not fall

Miscellaneous Causes

Absorption, ingestion, or inhalation, miscellaneous

Absorption, ingestion, or inhalation, miscellaneous

Exposure to Bodily Fluids

Exposure to Poison Ivy/Oak/Sumac

Exposure to Rabies

Exposure to Tuberculosis

Foreign matter (body) in eye(s)

Mental/Emotional Stress

Miscellaneous - cumulative, miscellaneous

Miscellaneous - other

Miscellaneous - other than physical cause of injury

Mold

Natural disasters

Person in act of a crime

Terrorism

Motor Vehicle

-- Select detailed cause/source --

Collision or sideswipe with another vehicle

Collision with a fixed object

Crash of airplane

Crash of rail vehicle

Crash of water vehicle

Motor vehicle, miscellaneous

Vehicle upset

Rubbed or Abraded by

-- Select detailed cause/source --

Rubbed or abraded by repetitive motion

Rubbed or abraded, miscellaneous

Strain or Injury by

-- Select detailed cause/source --

Strain or injury by continual noise

Strain or injury by holding or carrying

Strain or injury by jumping

Strain or injury by lifting

Strain or injury by miscellaneous

Strain or injury by pushing or pulling

Strain or injury by reaching

Strain or injury by repetitive motion

Strain or injury by restraining

Strain or injury by twisting

Strain or injury by using tool or machinery

Strain or injury by wielding or throwing

Striking Against or Stepping on

-- Select detailed cause/source --

Stepping on sharp object

Striking against or stepping on miscellaneous

Striking against or stepping on moving part of machine

Striking against or stepping on object being lifted or handled

Striking against or stepping on sanding, scraping, cleaning operation

Striking against or stepping on stationary object

Struck or Injured by

-- Select detailed cause/source --

Struck or injured by animal or insect

Struck or injured by explosion or flare back

Struck or injured by falling or flying object

Struck or injured by fellow worker; patient

Struck or injured by hand tool or machine in use

Struck or injured by motor vehicle

Struck or injured by moving parts of machine

Struck or injured by object being lifted or handled

Struck or injured by object handled by others

Struck or injured, miscellaneous

5. The first thing you should notice when you reach the next screen is that there is now a claim number listed at the top of the Page. This claim number is unique to the claim you are entering. From this point on you can choose to save and exit or to continue reporting the claim.

New claim	A07974
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6. The “Describe the Injury” page is broken into three distinct sections:

a. **Injury/illness Details**

Injury/illness details

Injury/illness type *

Laceration

Tell us more specific details about injury/illness *

Tree limb fell when tree was being cut down striking the employees arm.

Injury/illness result in death? *

Yes

No

Lost time from work? *

Yes

No

Did the injury happen during the injured employee's work hours?

Yes

No

i. The full listing of Injury/illness types in the drop-down menu are:

Abrasion	Fusion	Replacement - Shoulder
Air Quality Exposure	Hearing Loss/Impairment	Rotator Cuff/Impingement Syndrome
Amputation	Heart Attack	Rupture
Angina Pectoris	Heat Exhaustion	Severance
Animal Bite	Hernia	Sexual Abuse
Asphyxiation	Human Bite or Scratch	Smoke Inhalation
Burn	Hypothermia	Spinal Cord Injury
Concussion	Infection	Sprains/Strains
Contusion	Inflammation	Syncope
Crushing	Laceration	Tear - ACL
Dislocation	Lyme Disease	Tear - Meniscus
Dust Disease	No Physical Injury	Tear - Tendon
Electric Shock	Other Infectious Disease	Traumatic Brain Injury
Enucleation	Other Specific Injury	Tuberculosis
Eye Irritation	Poisoning (Not Overdose or Cumulative Injury)	Vascular
Foreign Body	PTSD	Vision Loss
Fracture	Puncture	
Fracture - Multiple	Rabies	
Fracture - Single	Replacement - Hip	
Freezing	Replacement - Knee	

b. Body Injuries:

Body injuries

Body area #1

Area of body *

Upper extremities ▼

Body part *

Upper Arm ▼

Side

Left ▼

Additional body injury?

Add another body injury

i. The Area of Body options are:

-- Select area of body --
Head
Neck
Upper extremities
Back
Trunk
Lower extremities
Body Systems
Non-Physical
Unclassified

ii. The Body Part Options by Area of the body are:

Head
-- Select body part --
Multiple Head Injuries
Skull
Brain
Ear(s)
Eye(s)
Nose
Teeth
Mouth
Soft Tissue (Head)
Facial Bones

Neck
-- Select body part --
Multiple Neck Injuries
Vertebrae
Disc (Neck)
Larynx
Soft Tissue (Neck)
Trachea

Upper extremities
-- Select body part --
Multiple Upper Extremities
Upper Arm
Elbow
Lower Arm
Wrist
Hand
Finger(s)
Thumb
Shoulder(s)
Wrist(s) and Hand(s)

Back
-- Select body part --
Upper Back
Lower Back
Disc/Vertebrae
Sacrum and Coccyx
Spinal Cord

Trunk	Lower extremities	Body Systems	Unclassified
-- Select body part --	-- Select body part --	-- Select body part --	-- Select body part --
Multiple Trunk Injuries	Multiple Lower Appendages	Respiratory System	Unclassified
Chest	Hip	Heart/Circulatory System	
Heart	Upper Leg		
Lungs	Knee	Non-Physical	
Ribs	Lower Leg	-- Select body part --	
Stomach	Ankle	No physical injury	
Internal Organs	Foot	PTSD	
Pelvis	Toes		
Abdomen including groin	Great Toe		
Buttocks			

- iii. You can add multiple areas of the body and body parts by selecting the “Add another body injury” button:

Body injuries

Body area #1

Area of body *

Unclassified

Body part *

Unclassified

Additional body injury?

Add another body injury

- iv. You will enter each subsequent body part in the same manner you selected the Body Area #1
In the event you selected the button in error you can select the garbage can to remove the additional body injury:

Body area #2

Area of body *

-- Select area of body --

Body part *

-- Select body part --

Additional body injury?

Add another body injury

- v. If you choose the delete button, you will be prompted to confirm you wish to remove the specific body injury:

The screenshot shows a confirmation dialog box titled "Remove body injury" with a warning icon. The text inside asks, "Are you sure you want to remove body injury #2?". At the bottom right are two buttons: "Cancel" and "Remove". Above the dialog, a question "Did the injury happen during the injured employee's work hours?" is visible with "Yes" and "No" radio buttons, where "Yes" is selected. Below the dialog, a label "Body part *" is shown next to a dropdown menu currently set to "Unclassified".

- c. The next section pertains to Medical Treatment. If there has been no medical treatment, this section defaults to "No".

The screenshot shows the "Medical treatment" section. It includes a label "Medical attention required? *" followed by "Yes" and "No" radio buttons. The "No" button is selected.

- i. If there has been medical treatment, select yes and you will be prompted to add information regarding the medical treatment:

The screenshot shows the "Medical treatment" section with "Yes" selected for "Medical attention required? *". Below this are several input fields: "Medical care organization", "Medical care provider first name", "Medical care provider last name", and "Examination date" (with a date picker icon). At the bottom, there are three buttons: "Save and Exit", "Previous", and "Next".

- ii. Complete all information you have regarding the injured individual's medical treatment.
- iii. Once you have completed this page, you can choose to save and exit or proceed to the next page by clicking "Next".

7. The “Where did this happen?” page provides us with details regarding where the injury occurred. You will have three options for providing this information:

Where did this happen?

Where did this happen?

☐ Use my policy address or other location

☒ Specify full address manually

☐ I just know the city

- a. If selecting the Use my policy address or other location radio button, the address information will prepopulate in the section below, and you will be asked to provide a location type:

Where did this happen?

Where did this happen?

☒ Use my policy address or other location

☐ Specify full address manually

☐ I just know the city

Address	83 Mountain Road
City	Suffield
ZIP Code	06078
State	Connecticut
Location Type	<div>Choose Location Type ▼</div>

Save and Exit

Previous

Next

- b. Choosing Specify full address manually will allow you to enter a physical address and you will be asked to provide a location type.

Where did this happen?

Where did this happen?

☐ Use my policy address or other location

☒ Specify full address manually

☐ I just know the city

Address Line 1

Address Line 2

Address Line 3

City *

ZIP Code

State *

Connecticut ▼

Location Type

Choose Location Type ▼

Save and Exit

Previous

Next

- c. Choosing I just know the city will prompt you to add the city, state and location type of the injury.

Where did this happen?

☐ Use my policy address or other location

☐ Specify full address manually

☒ I just know the city

City *

State *

Connecticut ▼

Location Type

Choose Location Type ▼

Save and Exit

Previous

Next

8. The Location types to choose from are:

Airport	Highway	Private Road
Athletic Field	Intersection	Public Parking Lot
Boiler Room / Mechanical Room	Lake / Beach / Pond	Rail Road Crossing
Bridges	Library	Roads/Streets
Bus - School	Limited Access Highway	Roof
Bus - Senior Transport	Off Road	Rotary
Cafeteria / Kitchen	Park	School Bathroom
Classroom / Lab	Police Dept - Dispatch	School Zone
Entrance / Exit Ramps	Police Dept - Holding Area	Transfer Station
Field Trip	Police Dept - On Scene	Work Zones
Fire Dept	Police Dept - Other	Workout Room
Fire Dept - On Scene	Police Dept - Training Area	Other
Fire Dept - Training Area	Pool/Pool Area	
Garage	Private Driveway	
Gymnasium / Locker Room	Private Parking Lot	

Once you have entered the address and Location Type click save and exit or Next to move to the next page.

9. The Supporting Information Page allows you a place to send documentation or provide additional supporting information for your claim. All content on this page is optional.

- a. You can send us a document, images, or video; via email, by selecting the Send us a document hyperlink:

Supporting information

Provide any other pertinent information about the claim and anything else we should know.
Add photos or documents that are relevant to the incident and may help with the claim.

[Send us a document](#)

You may only upload documents under 25 MB. If your file is larger or if you cannot access your email, contact CIRMA at 203-946-3777.

- b. You can add witness information or information regarding other parties who may have information on what caused this injury by selecting Add Person and choosing the “Another Person” option.

Witnesses or other parties

Add person ▼

Another person

Please complete as many fields as you can and select save.

1

^

First name *

Last name *

Involvement *

▼

Injured *

No

▼

Address Line 1

Address Line 2

City *

ZIP Code

State *

Connecticut

▼

Primary phone

▼

Home phone

__-__-__

Work phone

__-__-__

Mobile phone

__-__-__

Email *

Save

You can add as many individuals as is appropriate, or select the trash can to delete the individual.

- c. The Officials section allow you to enter the responding official's agency information and a report number to the claim. Simply select Add official:

Officials

Please select the agencies that responded to this incident. Enter as many as applicable.

Add official ▼

Save and Exit

Previous

Next

Once you have selected Add official, the system will populate additional fields for you to complete, such as:

Officials

Please select the agencies that responded to this incident. Enter as many as applicable.

Add official

TYPE *	AGENCY NAME *	REPORT #	REMOVE
<div></div>	<div></div>	<div></div>	<div></div>

i. The drop-down items for Type:

- Ambulance

Civil agency

Coroner

Dept. of Transportation

FEMA

Fire

Health department

Police

Regulatory agency

Security officer

Sheriff

State trooper

Utility service provider

Other

- ii. The agency name and Report # should be manually populated.
- iii. You may add multiple officials and can also select the Garbage Can to remove any fields added in error.
- iv. You may now Save and Exit or select next to move to the next page.

10. The “Who should we contact?” page allows you to specify who the contact person should be on this claim.

- a. This individual may be you, as the reporter, or another individual. If you should be the contact person, please review the information and select Next.
- b. If another person should be the claim contact, click the contact drop-down menu and select New contact.

Your First and Last Name

Your First and Last Name

New contact

- c. Enter the new contact's information:

Tell us who we should contact for additional information.

Contact	New contact ▼
First Name *	<input type="text"/>
Last Name *	<input type="text"/>
Job title	<input type="text"/>
Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
Address Line 3	<input type="text"/>
City *	<input type="text"/>
ZIP Code	<input type="text"/>
State *	Connecticut ▼
Primary Phone	<input type="text"/> ▼
Home Phone	<input type="text"/>
Work Phone	<input type="text"/>
Mobile Phone	<input type="text"/>
Email *	<input type="text"/>

[Save and Exit](#)[Previous](#)[Next](#)

- d. You may now Save and Exit or Select Next to move to the next page.

11. The summary page allows you to review the information you entered on your claim:

New claim

A07974

Summary

Review your claims submission. If you need to make changes, click the Previous button or select a specific screen in the menu under Claim Information. Once you hit Submit, your claim is filed with CIRMA.

Policy number	This is where you will confirm your policy information
Type of incident	This is where you will verify and confirm the incident type
Injured employee	This is where you will verify the name of the injured employee
When?	This is where you will confirm the incident date and time
Where?	This is where you will confirm the incident location
Contact person	This is where you will verify the contact person

Save and Exit

Previous

Submit claim

12. You may now choose to Save and Exit, submit your claim or to return to a previous page by using the navigation bar at the side of the page:

Claim information

- Select Your Policy
- Who was injured?
- Describe the injury
- Where did this happen?
- Supporting information
- Who should we contact?
- Summary

13. When you choose to submit your claim, you will receive confirmation that the claim has been submitted successfully.



Your claim was successfully submitted

Your claim number: A07974

Thank you for submitting a claim. A member of our Claims team will be in contact with you. Should you need immediate assistance or have questions, call 203-946-3777.

Kind regards, CIRMA

[Back to Homepage](#)