

Workers' Compensation Automation and Integration System

Modern User Experience
 Mobile-Friendly & Responsive

## **Self-Insurance**



Grids

0006

Single arrow next to a column title = the grid is sorted by that column Double-sided arrow = press to sort by that column

\$2.45

\$25.00

\$195.00

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FIELD CROP VEGETABLE FARM (12/1/09)





## Self-Insurance

**High-Level Screen Functions & Space-Saving Features:** Multiple features have been added to WCAIS screens to give users additional space to work, including collapsible sections and a flexible design that fills the browser.

				Press the <b>Qu</b> to the <b>Cus</b>	uestion icor tomer Serv	n to navigate ice Center.		
Press the <b>green menu</b> to expand or collapse the menu.				Press the arrow to log out.				
Workers' and Integ	Compensation A gration System	utomation			LUSER N/	AM 🗸		
=				All	✓ Nam	ne, FEIN, Da <b>Q</b>		
<ul> <li>☆ Home</li> <li>Q Search</li> <li>2 Home</li> </ul>	Self-Ins Summa	urance Progra ary	am					
WCAB	PROGRAM	Group Fund: GROUF Status S Runoff #	P FUND NAME Start date ##/##/####	Fund Type <b>Public Emp</b>	Program displays section a	Information in the top and can be		
<ul><li>WCOA</li><li>Healthcare</li></ul>	> Z	the arrow.						
S EDI	Manage Pro	Manage Program Applications and Reports Documents and Correspondences Program History						
VEGF	Self Insur	Security and Funding Contact History Self Insurance Program Entities						
🏟 Admin	> Name 1	Name 1 Tabs will display horizontally. Termination Action						
	Company N	ame Group Member Group	##/##/####	Active		0		
		Member	##/##/#### ##	#/##/#### Active				

The **menu** will display on the left and will include icons. When the menu is collapsed, only the icons will be visible.





## Self-Insurance

**Buttons, Application Progress & Icons:** Specific colors and icons will be used across WCAIS to indicate certain screen functions. These will serve to make completing tasks quicker for users. Progress bars have been added to help users visualize how many additional screens are required to complete an application.

Member Inf	ormation Modified Manual Premium	3 Dertify	A Pro	ogress Bar d completed	isplays the st to submit ar	eps which mus Application.	
Modified Manual	Premium Worksheet for						
COMPANY NAM	E						
resulting fror Premium is t 2. PLEASE ENSU per centum o Insurance Gu Make sure you pro	resulting from that payroll (or other basis of premium) using the Pennsylvania Rating Bureau classification system.Man Premium is the Loss Cost X the Basis X the SWIF LCM(State Workers' Insurance Fund Loss Cost Multiplier). 2. PLEASE ENSURE THAT THE INFORMATION PROVIDED IS ACCURATE, since the employer will be assessed at a later date 1 per centum of the applicant's calculated modified manual premium. That assessment will go towards the maintenance Insurance Guaranty Fund. Make sure you provide all applicable classification codes for your Pennsylvania Operations:						
Class Code $\downarrow$	Description 1	Loss Cost 1	Basis	Manual Premium	1 Actions		
0007	FARM MACHINERY OPERATION (4/1/	13) \$3.26	\$1,000.00	\$10,390.00	/ 1		
0006	FIELD CROP VEGETABLE FARM (12/1/	09) \$2.45	\$25.00	\$195.00	× =		
Totals	nium(\$)				Add Class Code		
Total Manual Prei \$10,585.00 Experience Modif 0.500	ication	Apply	Apply and	i Save	Blue butto	<b>n</b> = additional	
Total Manual Prei \$10,585.00 Experience Modif 0.500 Modified Manual	ication Premium(\$)	Apply	Apply and	1 Save	Blue butto task to	<b>n =</b> additional perform	
Total Manual Prei \$10,585.00 Experience Modif 0.500 Modified Manual \$5,292.00	ication Premium(\$)	Apply	Apply and	1 Save	Blue butto task to	<b>n =</b> additional perform	





## Self-Insurance

**Search:** The WCAIS search in the top-right corner will open a pop-up window to search for Matters. The search will work similarly to the way it currently does, but with an updated look and feel.

WCAIS		$\otimes$
Claim 🗸 Name, FEIN	, Date of birth (MM/DD/YYY	Type information directly into the <b>Search Bar</b> .
Matter Type Count Claim 22455	Hide Advanced Search For Claim Claim Number Claimant First Name	Select the <b>Show/Hide Additional</b> <b>Search</b> link to display/hide specific filters.
01	Claimant Address	SSN
	Date of Birth From	Calendar icon will display a date selection pop-up window.
	Claim Status	Workers Compens Down arrow indicates a drop-down menu.
	Claim File Date From	To St MM/DD/YYYY To
	MM/DD/YYYY	MM/DD/YYYY
	Clear Found 27299 records. Showing 1 of 2730 pages.	Search Records per page: 10   20   30
	Claim ######### Claimant/Employee Name: LAST, FIRST   Defendant N/A   File Date: ##/##/####   File Date: Suspended Number: #######	/Employer Name: Company Name   Business Unit:  - ACSR   Date of Injury: ##/##/####   Agency Claim