



## **Internet Reporting for Columbia University**

**User Name: 1012962 (PMA account # for CU)**

**Password: newclaim (all lower case)**

**Once a new claim is filed, a PMA claim number is provided immediately.**

**If the individual reporting the claim wants an e-mail acknowledgement of the claim filing, they need to provide an e-mail address for all parties that require the notification on the last screen (claim submission)**

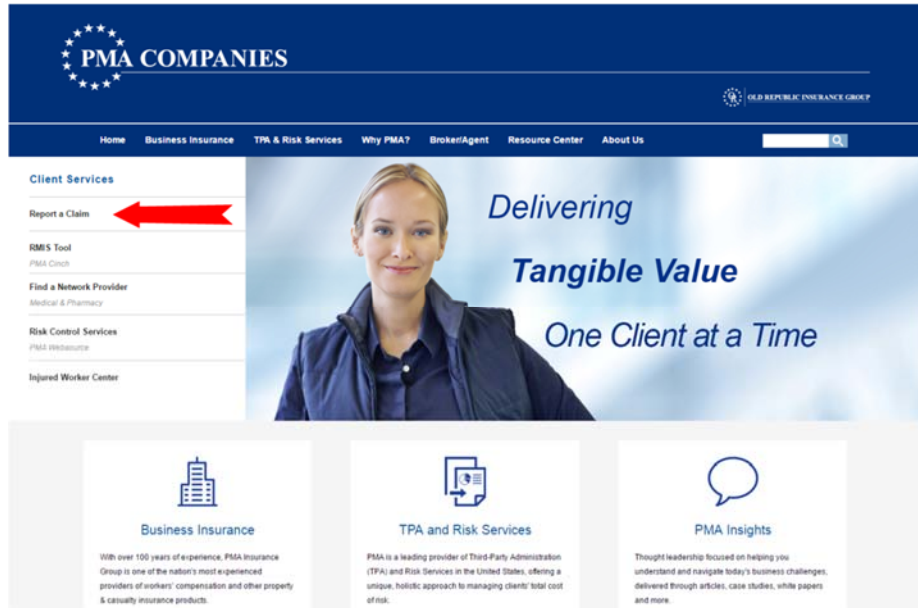
**Note: If filing a Record Only claim, the box to check the claim is record only is on the last screen (claim submission)**

# LOGON INSTRUCTIONS

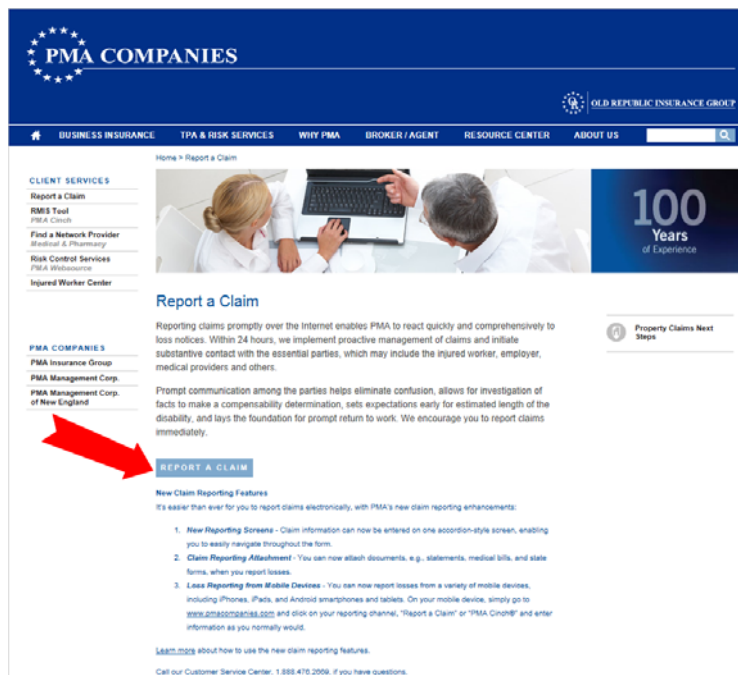
User Name:

Password: newclaim

Open an Internet browser session. On the URL address line, type **www.pmacompanies.com**  
You will see PMA's Home Page.

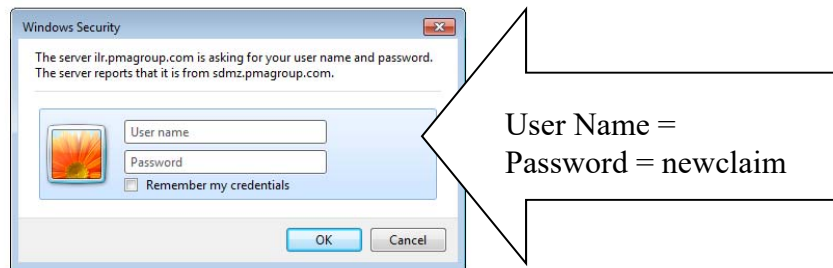
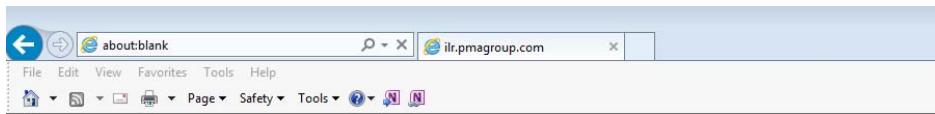


Click "Report a Claim."  
See the Report A Claim landing page.



Click REPORT A CLAIM.

You will see a login screen. Type your User Name and your Password in the spaces provided. Click OK.

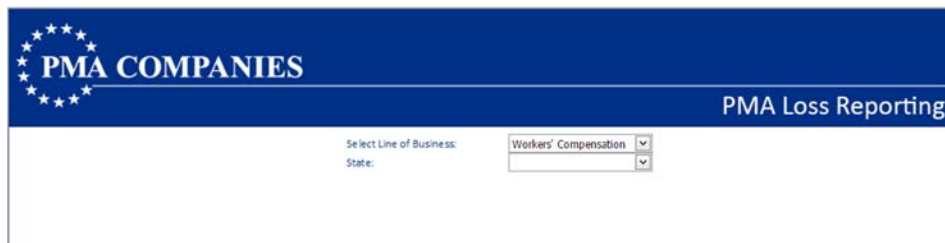


After a few seconds, you will see the New Claim Entry main screen.

From the drop-down, choose the type of claim you want to report (Workers' Compensation, Automobile, Liability, Property). If you only have one type with PMA, you will not see this screen.



For Worker's Compensation only, choose your accident state and click **Go**.



Complete each of the screens. Click the blue headings to move between the various screens. Note required fields are blue and begin with an asterisk (\*). For all dates, use the format mm/dd/yyyy, like 06/20/2017 for June 20, 2017.

\* Fields in Blue are required

### Workers' Compensation

**Employee Information** ^

<p>* Location: <input type="text"/></p> <p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text" value="Select One"/></p> <p>* Address: <input type="text"/></p> <p>Address2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text" value="Select One"/></p> <p>* Zip: <input type="text"/></p> <p>* Birth Date: <input type="text"/></p> <p>* SSN: <input type="text"/></p> <p>* Occupation/Job Title: <input type="text"/></p>	<p><b>Other Information</b></p> <p>Sex: <input type="text" value="**Select One**"/></p> <p>Home Phone: <input type="text"/></p> <p>Work Phone: <input type="text"/></p> <p>Mobile Phone: <input type="text"/></p> <p>Hire Date: <input type="text"/></p> <p>Marital Status: <input type="text" value="Select One"/></p> <p>Employment Status: <input type="text" value="Select One"/></p> <p>Number of Dependents: <input type="text" value="Select One"/></p>
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**Occurrence Information** v

**Contact Information** v

**Claim Submission** v

If you missed entering any required fields, you will see a screen reminding you (in red) about missing information. Open each red section, complete the missing information, and return to the Claim Submission section.

**PMA COMPANIES** PMA Loss Reporting

\* Fields in Blue are required

### Workers' Compensation

**Employee Information** ^

<p>* Location: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>* First Name: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>Suffix: <input type="text" value="Select One"/></p> <p>* Address: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>* City: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>* State: <input type="text" value="Select One"/> <span style="color: red;">! Required Field</span></p> <p>* Zip: <input type="text"/> <span style="color: red;">! Invalid Format</span></p> <p>* Birth Date: <input type="text"/> <span style="color: red;">! Required Field</span></p> <p>* SSN: <input type="text"/> <span style="color: red;">! Invalid Format</span></p> <p>* Occupation/Job Title: <input type="text"/> <span style="color: red;">! Required Field</span></p>	<p><b>Other Information</b></p> <p>Sex: <input type="text" value="**Select One**"/></p> <p>Telephone: <input type="text" value="( ) - -"/></p> <p>Hire Date: <input type="text"/></p> <p>Marital Status: <input type="text" value="Select One"/></p> <p>Employment Status: <input type="text" value="Select One"/></p> <p>Number of Dependents: <input type="text" value="Select One"/></p>
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**Occurrence Information** v

**Contact Information** v

**Claim Submission** v

Sample Workers' Compensation screens continue below.

### Occurrence Information

\* Date of Injury/Illness:  \* State: Alabama

\* Accident Cause:

\* Injury Type:

\* Body Part:

Side Of Body:

\* Accident Description:

Maximum 500 Characters. Characters remaining: 500

### Injury Information

Time Employee Began Work:  Time of Occurrence:

\* Date Employer Notified:  Last Date Worked:

Date Expected to Return to Work:  Date Returned to Work:

Full Pay For Date of Injury?  Payment Frequency:

Hours Worked Per Day:  Days Worked Per Week:

If Fatal, Date of Death:

\* Is the Injured Worker Losing Time?  Date Disability Began:

\* Is the Injured Worker On Modified Duty?  Date Modified Duty Began:

### Loss Location Address

Where did injury/illness occur?

Make Loss Location as

\* Address:

\* City:

\* State:  \* Zip:

### Primary Physical Work Location

Make Primary Physical Work Location the same as Loss Location

\* Address:

\* City:

\* State:  Zip:

Physical Work Location Unknown

Did Injury or Illness Occur on Employer's Premise?

Were Safeguards or Safety Equipment Provided?  Were They Used?

Does Employer Question the Claim?  Was Employee Injured During Employment?

Were Drugs or Alcohol Involved?  Is Employee Represented By Attorney?

### Contact Information

#### Physician/Health Care Provider Name and Address

Name:  Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address:

City:  State:  Zip:

#### Hospital/Provider Information

Name:  Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Address:

City:  State:  Zip:

#### Other Information

Date Prepared:

#### Preparer's Information

\* First Name:  \* Last Name:

\* Telephone:

#### Employer Contact Information

First Name:  Last Name:  Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

#### Witness Contact Information

First Name:  Last Name:  Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Claim Submission**

Comments (Enter miscellaneous claim details in the comments box below)

Maximum 900 Characters. Characters remaining: 900

Record Only - no medical treatment and no lost time

**Claim Information Email**  
Click on the checkbox below to receive an email copy of the claim information just entered.

Send Email Copy  
Email Address(es) - Multiple addresses can be entered separated by a comma.

**Submit** **Cancel**

Check the **Record Only** box when the claim is for informational purposes only. For Workers' Compensation, this means an injured worker who will **not** be seeking medical treatment.

Type any additional information about the claim into the Comments box.

Click the **Send Email Copy** and **type** your email address in order to receive a copy of these screens after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next address.

Click **Submit** when you are finished. You will receive a claim number immediately. Record this claim number for your records.

**PMA COMPANIES** PMA Loss Reporting

**Workers' Compensation** **Submit** **Cancel**

\* Fields in Blue are required  
The claim information you entered has been recorded and saved.

Employee Information  
Occurrence Information  
Contact Information  
Claim Submission  
Claim Number

Claim Number : **W002033877**

**Add Attachments**

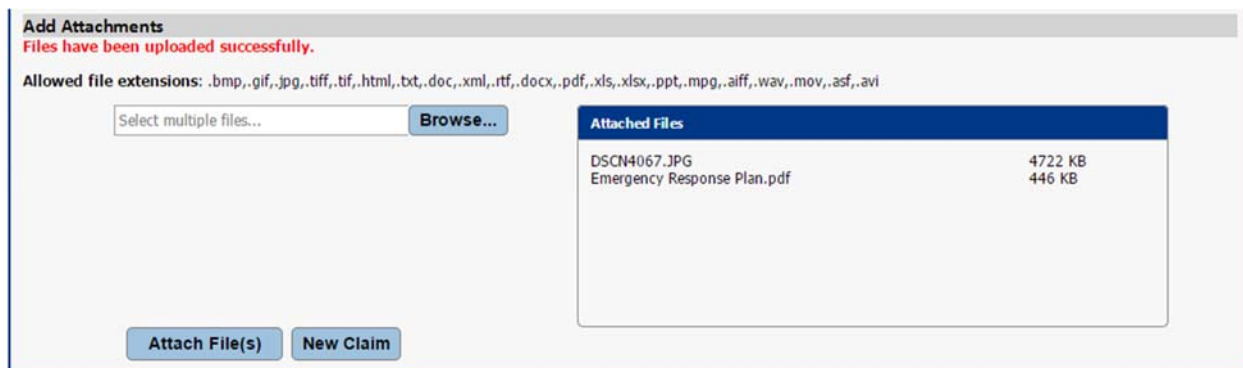
Allowed file extensions: .bmp, .gif, .jpg, .tiff, .tif, .html, .txt, .doc, .xml, .rtf, .docx, .pdf, .xls, .xlsx, .ppt, .mpg, .aiff, .wav, .mov, .asf, .avi

Select multiple files... **Browse...**

**Attached Files**

**Attach File(s)** **New Claim**

To submit additional documentation, such as internal investigation reports, surveillance footage, medical reports, or photographs, click the browse button. You will see the folders and files on your computer. Select the files you would like to include with the claim and then click Attach File(s). When the upload is complete, you can attach more files, close the application or start entering a new claim.



To enter another claim, choose New Claim from bottom of the screen. When you are finished entering claims, close the application window.

**Supported Types of Attachments, in file sizes up to 50 megabytes each:**

Document Type	Extension	File Type	Document Type	Extension	File Type
BITMAP	.bmp	Image	RTF	.rtf	Text
GIF	.gif	Image	MSEXCEL	.xls	Excel Document
JPEG	.jpg	Image	MSEXCEL	.xlsx	Excel Document
TIF	.tif	Image	POWERPOINT	.ppt	Powerpoint Document
TIFF	.tiff	Image	MPEGAUDIO	.mpg	Audio File
HTML	.html	Browser File	AIFFAUDIO	.aiff	Audio File
TEXT	.txt	Text	WAVAUDIO	.wav	Audio File
XML	.xml	Browser File	MPEGVIDEO	.mpg	Video File
DCARFT	.rtf	Text	QUICKTIME	.mov	Video File
MSWORD	.doc	Word Document	VIDEOCHARGER	.mpg	Video File
MSWORD	.docx	Word Document	ASFVIDEO	.asf	Video File
PDF	.pdf	PDF	AVIVIDEO	.avi	Video File