



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

P.O. Box 4910, Syracuse, NY 13221-4910 1-800-654-8840 Fax: 315-431-1310 www.Agri-ServicesAgency.com

Agrisurance, Inc.

Workers' Compensation



Claim Kit

2012



ASA

Agri-Services Agency
Leaders in Agricultural Insurance

AGRISURANCE, INC.

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Agrisurance, Inc.
Workers' Compensation Claim Reporting

I. Mandatory Claim Reporting Requirements

**Claims MUST be reported within 24 hours of the accident to
PMA Management Corporation.**

PMA Management Corporation is the Third Party Administrator processing your Workers' Compensation Claims.

First Reports must be submitted as follows:

Serious Injuries or Death claims should be reported as soon as possible and no later than 12 hours after the accident. Please call PMA Management Corporation at:

1-888-476-2669

All other claims must be reported within 24 hours of the accident.

(Please be sure to have your Insurance Company Name available at the time you file your report.)

You can choose one of the following options to report all claims other than Serious Injuries or Death (details under Sections II and III):

- 1) Fax,
- 2) Mail, or
- 3) Electronically via PMA Management's website

Questions or additional information after First Report has been filed:

Please refer to the Telephone Directory by State in Section IV.

REMEMBER: Prompt claim reporting ensures timely assistance for your injured worker, reduces your claim expense, and ultimately may reduce your premium.

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Workers' Compensation Claim Reporting

II. Reporting Claims via Fax or Mail

Fax first report of injury to:

1-888-329-2721

(If you fax it, you do not have to mail it.)

or

Mail first report of injury to:

PMA Management Corporation
PO Box 25250
Lehigh Valley, PA 18002

III. Reporting Claims Electronically

1. Go to PMA's website: www.pmagroup.com
2. Click on the icon "Report A Claim".
3. Enter the **User Name (your 7 digit company code):**

0042754 – United States Fidelity & Guarantee (USF&G)

0042739 – Fidelity & Guaranty Insurance Underwriters (FGIU)

0045997 – Discover Property & Casualty (DP&C)

0042747 – Fidelity & Guaranty Insurance Company (FGIC)

4. Enter the **Password - newclaim (use lower case).**

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III. Reporting Claims Electronically (cont'd)

The **Location Information** window will display:

5. Enter your **FEIN with a zero at the end** in the **Ten Digit Location Number** field.

Note: YOU MUST ENTER YOUR FEIN.

Please call 1-800-654-8840 for help if you do not know your FEIN.

6. Select the **Next** button to navigate to the next window.

The **Accident State** window will display:

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Workers' Compensation Claim Reporting

III. Reporting Claims Electronically (cont'd)

7. Select the **state where the accident occurred** from the drop-down menu.

Tips for entering information in the following windows:

- Complete **all** fields. (The mandatory fields are in **BLUE**.)
- **Tab** to navigate from field to field.
- For date formats use: **MM/DD/YYYY**.

The Employee Information window will display:

The screenshot shows a web browser window titled "The PMA Group - Risk Management Information System - Microsoft Internet Explorer". The address bar shows "https://claims.pmagroup.com/rmis/RMISframeset.asp". The browser's navigation bar includes "Home", "New Claim Entry", "Help", and "Exit". The main content area displays "Claim Entry Wizard (required fields in blue)". Below this is a form titled "Employee Information 1 of 4" with a "Next" button. The form fields are as follows:

| | | |
|-----------------------|---------------------------|--------------------------|
| Location: | 1111111110 | |
| First Name: | John | Last Name: Green |
| Street Address: | 111 Country Road | |
| City: | Any | State: Pennsylvania |
| Zip: | 11111 | |
| Telephone Number: | 1112223333 | SSN: 111111111 |
| DOB: | 12/01/1977 | |
| Marital Status: | Unmarried Single/Divorced | Sex: Male |
| Number of Dependents: | | Date of Hire: 12/20/1999 |
| Employment Status: | Full Time | |
| Occupation/Job Title: | Milker | |

8. Enter the **injured employee's** information in **all** of the fields.

9. Select the **Next** button to navigate to the next window.

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III. Reporting Claims Electronically (cont'd)

The Occurrence Information window will display:

The PMA Group - Risk Management Information System - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address <https://claims.pmagroup.com/rmis/RMI3frameset.asp>

Home New Claim Entry Help Exit

Claim Entry Wizard
(required fields in blue)

Prev Occurrence Information 2 of 5 Next

Accident State: NY Date of Injury/Illness: 1/12/2007
 Accident Cause: STRUCK OR INJURED BY - ANIMAL OR INSECT
 Injury Nature: SPECIFIC INJURY - LACERATION
 Body Part: UPPER EXTREMITIES - HAND
 Accident Description: cow pushed worker's hand into metal latch on gate
 Time Employee Began Work - Hour: 06 Min: 30 AM PM
 Time of Occurrence - Hour: 07 Min: 25 AM PM
 Last Date Worked: 1/12/2007 Date Employer Notified: 1/12/2007 Date Disability Began: 1/12/2007
 Contact Name: Jim Douglas Contact Number: 2223334444
 Date Returned to Work: 2/12/2007 If Fatal, Date of Death:
 Did Injury or Illness occur on Employer's Premises? Yes No
 Were Safeguards or Safety Equipment Provided? Yes No Were They Used? Yes No
 Department or Location where Accident or Illness Exposure Occurred: entrance to milking parlor

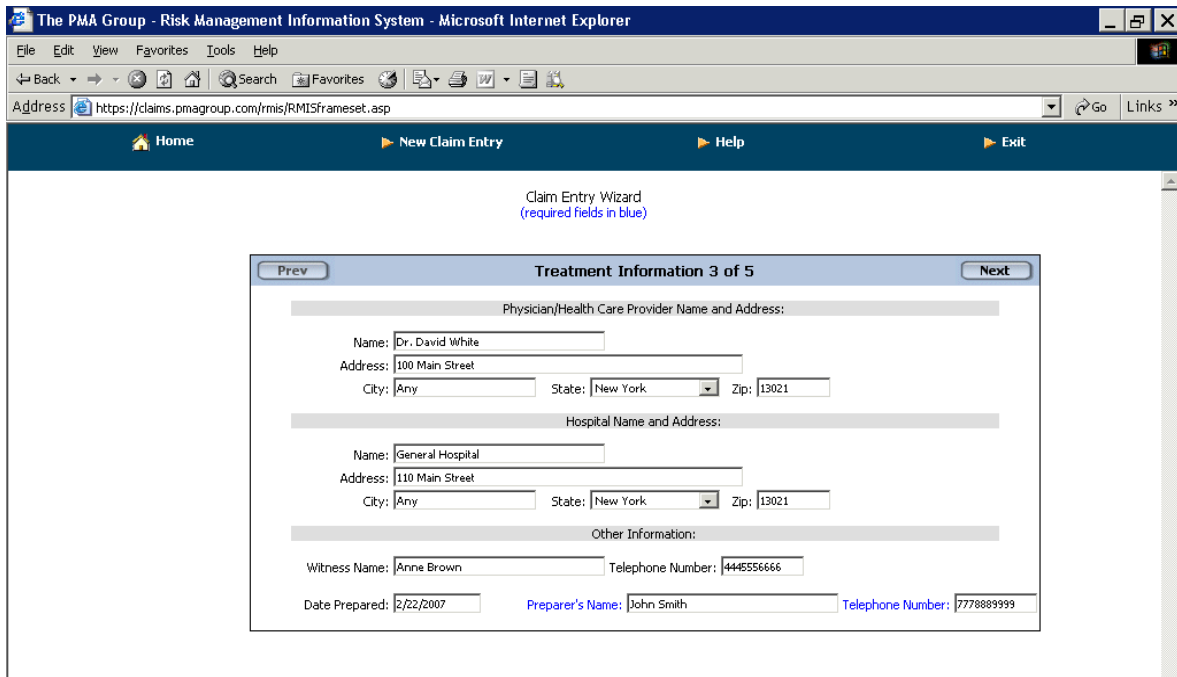
10. Select the **Next** button to navigate to the next window.

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III. Reporting Claims Electronically (cont'd)

The Treatment Information window will display:



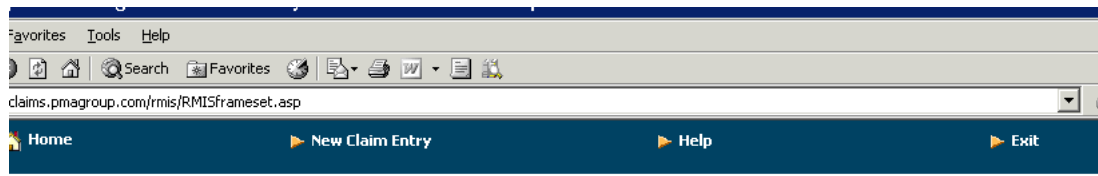
11. Enter the applicable **Physician, Hospital and "Other"** information.

12. Select the **Next** button to navigate to the next window.

Agrisurance, Inc. Workers' Compensation Claim Reporting

III. Reporting Claims Electronically (cont'd)

The Claim Submission window will display:



Claim Entry Wizard
(required fields in blue)

Claim Submission 4 of 4

The Claim Entry Wizard has been completed. You may add additional comments below and click the Submit button to send the data to PMA or click the "Prev" button to make additional changes.

Comments

Enter miscellaneous claim details including wage information or custom location codes in the comments box below.

Average weekly wage = 850

Record Only

Claim Information Email

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

Send Email copy to originator

Originator Email Address:

13. Enter any miscellaneous claim details in the **"Comments"** box.
14. Select the **"Send Email copy to the originator"** box to receive an email copy of the reported claim.
15. Enter your **Email address** in the **Originator Email Address Field**.
16. Select the **"Submit Claim"** button to transmit the claim information to PMA.

For assistance with electronic claim filing, please call the PMA Call Center at:

1-888-476-2669

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**Agrisurance, Inc.
Workers' Compensation Claim Reporting**

IV. Directory by State for questions (after claim has been reported)

| State | Third Party Provider* to call: | Phone #: | Fax #: |
|-------|--------------------------------|----------------|----------------|
| CO | Gallagher Bassett Services | 1-800-933-8143 | 1-303-796-9498 |
| CT | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |

| | | | |
|----|----------------------------|----------------|----------------|
| DE | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| GA | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| ID | Gallagher Bassett Services | 1-866-217-1192 | 1-208-345-3996 |
| IA | Gallagher Basset Services | 1-800-654-1808 | 1-515-223-1532 |
| ME | Gallagher Bassett Services | 1-800-307-5256 | 1-781-849-8558 |
| MD | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| MA | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| MI | Gallagher Bassett Services | 1-800-926-1819 | 1-517-351-5528 |
| MN | Gallagher Bassett Services | 1-800-901-8382 | 1-763-416-8879 |
| NH | Gallagher Bassett Services | 1-800-307-5256 | 1-781-849-8558 |
| NJ | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| NY | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| NC | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| PA | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| VT | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| VA | The PMA Insurance Group | 1-888-476-2669 | 1-800-432-9762 |
| WI | Gallagher Bassett Services | 1-800-345-0194 | 1-414-258-1250 |

***The PMA Management Corporation has partnered with Gallagher Bassett Services to provide claim service outside of PMA's servicing territory.**

Note: All "first reports of injury" must be reported to The PMA Management Corporation. Any additional questions or information regarding the claim should be directed to the company listed above based on your resident state.