

Utah School Boards Insurance Worker's Compensation On-Line Reporting Instructions

There are three ways to get to the website:

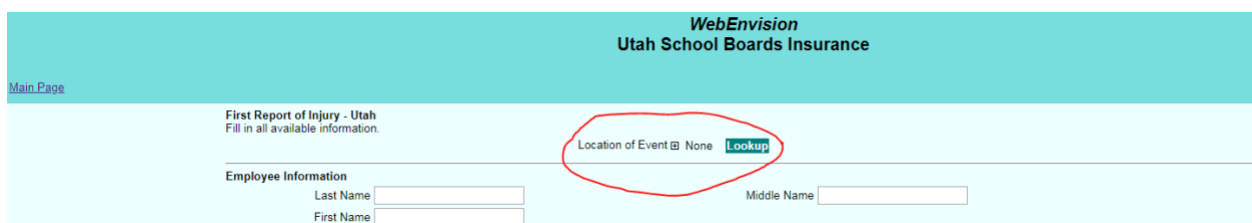
1. Go directly to the secure website: <https://usb.webenvision.com/>
2. Go to www.usbawc.com and you will automatically be redirected to the secure website
3. From USBA's main website, www.usba.cc go to Members Services-Workers Compensation-click on the link in Item 2. You will be redirected to the secure website

General Instructions

If your employee did not seek medical care and currently is not planning on seeking medical care, a claim does not need to be entered. Simply keep the information on file so that if they change their minds, a claim can then be entered in the system.

Any changes need to be made prior to clicking on Submit as changes cannot be made afterwards. Also, if a copy is retained for your records, it will need to be printed prior to Submitting (Right Click and Print). Remember to use CAPS to enter the information and you can tab from field to field. Use only numbers with no dashes or slashes or commas e.g. mmddyy for dates and 555555555 for SSN and 3000 for wages.

Location of Event



The screenshot shows the 'WebEnvision Utah School Boards Insurance' interface. At the top, there is a teal header with the text 'WebEnvision Utah School Boards Insurance'. Below the header, there is a navigation link 'Main Page'. The main content area is light blue and contains the following elements:

- 'First Report of Injury - Utah' with the instruction 'Fill in all available information.'
- A dropdown menu for 'Location of Event' with 'None' selected and a 'Lookup' button next to it. This dropdown and button are circled in red.
- 'Employee Information' section with input fields for 'Last Name', 'First Name', and 'Middle Name'.

- Click on Look Up
-

This will open another screen with the school districts listed.

- Click on the Plus Sign to get a list of all schools in the district

Select A Location [Cancel](#)

- Utah School Boards Risk Management
- ALPINE SCHOOL DISTRICT [Select!](#)
- BEAVER SCHOOL DISTRICT [Select!](#)
- BOX ELDER SCHOOL DISTRICT [Select!](#)
- CACHE SCHOOL DISTRICT [Select!](#)
- CANYONS SCHOOL DISTRICT [Select!](#)
- CARBON SCHOOL DISTRICT [Select!](#)

- Click on Select for the correct School

Most of the fields are self-explanatory-only the fields with special instructions are included.

Employee Information

Employee Information			
Last Name	<input type="text" value="COMISH"/>	Middle Name	<input type="text" value="L"/>
First Name	<input type="text" value="SHERIE"/>	Date of Birth	<input type="text" value="11/11/1111"/>
Social Security Number	<input type="text" value="555-55-5555"/>	Home Phone	<input type="text" value="(555) 555-5555"/>
Gender	<input checked="" type="radio"/> Female <input type="radio"/> Male	City	<input type="text" value="SLC"/>
Home Address	<input type="text" value="555 S 5555 E"/>	Zip Code	<input type="text" value="55555"/>
State	<input type="text" value="UTAH"/>	Number of Dependents	<input type="text" value="0"/>
Marital Status	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input checked="" type="radio"/> Unknown		

- Social Security Number-use only numbers e.g. 555555555 (the system adds the dashes)
- Date of Birth-use mmddyy (If the DOB is prior to 1950 use the full year mmddyyyy)
- State-will automatically populate with Utah but can be changed

Employment Information

Employment Information			
Date Hired	<input type="text" value="01/01/1998"/>	Occupation / Job Title	<input type="text" value="TEACHER"/>
Wage Rate	<input type="text" value="45.000"/>	Pay Basis	<input type="text" value="Annually"/>
Full pay for day?	<input checked="" type="checkbox"/>	Did salary continue?	<input type="checkbox"/>

- Job Title-use drop down menu, scroll and click to select
- Pay Basis- use drop down menu, scroll and click to select
- Full Pay for Day-optional, only enter if known
- Did Salary Continue-optional, only enter if known

Do not use a comma when entering wage information, it will generate an error.

Injury/illness Dates

Injury / Illness Dates

Date of Injury/Illness
Last Work Date
Date Employer Notified
Date of Fatality

Time of Occurrence
Date returned to work

- Time of Occurrence-use military time
- Date of Fatality-optional, complete only if applicable

Injury/Illness Details

Injury / Illness Details

Type of Injury/Illness Part of Body Affected

Initial Treatment Cause of injury code

Did injury/illness exposure occur on employer's premises? Yes No

Department or location where accident or illness exposure occurred

Were safeguards provided? Yes No

Were safeguards used? Yes No

Physician Hospital

- Did injury/illness exposure occur on employer's premises-this automatically populates as Yes but can be changed to No.
- Department or location where accident or illness exposure occurred-only complete this if the accident/illness exposure was not on school premise. For example a motor vehicle accident, then list the approximate address of the accident.

Injury/Illness Notes

Injury / Illness Notes

All equipment, materials, or chemicals employee was using when accident or illness exposure occurred

Brief description of activity

Work process the employee was engaged in when accident or illness exposure occurred

How injury or illness occurred. Describe the sequence of events & include substances that directly injured the employee or made the employee ill. Include specific body part injured (e.g left or right limb).

Review all information, remember it can't be changed or printed once Submitted.

- Click on Submit

Submit