



FOLLOW INSTRUCTIONS BELOW WHEN THERE IS AN INJURY ON THE JOB

- ✓ **Immediately** contact Cindy Torres Vargas, Leave and Benefits Specialist and then complete the online **FIRST REPORT OF INJURY REPORT** at tasbrmf.org/claims (You do not need an account to file this report.)
- ✓ Detailed instructions for completing the online report are included in this packet (STARTS ON PAGE 7!). It looks complicated, but once you get started you'll see that it's pretty simple. You must follow the instructions at the end of this packet as you are entering the information.
- ✓ The injured employee can complete the online report if they are able to do so, otherwise the campus must complete the online report upon notice of the injury.
- ✓ If employee feels he/she may seek medical treatment, complete and return the attached **Verification of Employment for a WC Injury or Illness Form** to the employee to take to Physician/Urgent Care. (Principal, Nurse, Office Staff can complete this form.)
- ✓ Give this entire packet to the employee for future reference.
- ✓ Let the employee know that they will be contacted via phone by a Worker's Comp Claims Adjuster within 24-48 hours. **IT IS IMPORTANT THAT THEY TAKE THIS CALL**

IMPORTANT:

All treatment must be from an Alliance Provider listed at www.pswca.org. (See attached recent listing of local providers.)

EXTREMELY IMPORTANT!!! DO NOT USE ALLY OR FASTAID URGENT CARE

ALLY and/or FastAid Urgent Care ARE NOT APPROVED FACILITIES. EMPLOYEES SHOULD NOT SEEK TREATMENT FROM EITHER FACILITY AT THIS TIME. VISITS TO THESE FACILITIES WILL NOT BE COVERED BY TASB.

Please refer injured employee directly to the Leave and Benefits Manager for any further questions or issues regarding any workers' compensation injury.

To search for Worker's Compensation Primary Care Physicians in the Bastrop area, refer to the Primary Care Provider list enclosed in this packet or the website: www.pswca.org.

For true emergencies, go to the nearest hospital emergency room.

Be sure to alert Cindy Torres Vargas, Leave and Benefits Specialist, immediately if employee misses any time due to the reported accident, **or** returns to work from extended leave due to the accident. Please don't hesitate to call with questions or concerns, 512-772-7160.

Please note that failure to complete this information in an efficient and timely manner can result in fines up to \$25,000 a day per occurrence.



**TAKE THIS FORM WITH
YOU WHEN YOU SEEK
MEDICAL CARE**

**906 Farm Street
Bastrop, TX 78602
512-772-7160 ph 512-548-7678 fax**

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Employee Name _____ Date of Injury _____

Date of Birth _____ Social Security Number _____

Brief explanation of work Related Injury or Illness that occurred:

Post-Accident Drug Test Not Required Unless Previously Notified.

Bastrop ISD workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider included in this packet, or listed at www.pswca.org.

**Ally Medical and/or FastAid Urgent Care in Bastrop ARE NOT APPROVED FACILITIES.
PLEASE DO NOT SEEK TREATMENT FROM EITHER FACILITY AT THIS TIME.**
Visits to these facilities at this time will not be accepted by TASB.

Please submit all claim and medical billing information to:

TASB Risk Management Fund	Phone: (800) 482-7276
PO Box 2010	Fax: (800) 580-6720
Austin, TX 78768-2010	Pre-Authorization
	Phone: (800) 482-7276 ext. 6654
	Fax: (888) 777-8272

Campus Signature _____

Title _____

Phone Number _____

Date _____

Providers, please submit Work Status Reports and all Job Description enquiries to:

**Cindy Torres Vargas –BISD Leave and Benefits Specialist
ctorresvargas@bisdtx.org
Ph. 512-772-7160
Fax 512-548-7678**



Optum
PO Box 152539
Tampa, FL 33684-2539

NOTE: This First Fill card is only valid for your workers' compensation injury or illness. Fill in your information and present the card to your pharmacy.

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for TASB Risk Management Fund. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Management Fund	Bastrop ISD
CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com .	

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789. Tmesys is the designated PBM for this patient. This card is not valid for compound medications.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	TASBFF		





Provider Listing - 8/30/2023

Primary Care Providers

Within 10 miles of Bastrop, TX 78602

3 Providers Located

Sammy Lerma MD, Sammy Lerma III, MD, PA
Family Medicine

1109 Church St.
Bastrop, TX 78602
Phone: (512) 321-3311
Fax: (512) 321-2611

0.4 miles Additional Languages: Spanish

Augustin Batlle MD, Bastrop Medical Clinic, P.A.
Internal Medicine, Occupational Medicine

195 S. Hasler Blvd., Ste. B-1
Bastrop, TX 78602
Phone: (512) 308-1555

1.3 miles Additional Languages: Spanish

CareNow - St. David's , CareNow
Urgent Care

717 TX-71 W., Ste. 500
Bastrop, TX 78602
Phone: (512) 332-2273
Fax: (512) 308-9842

2.2 miles



Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose a treating doctor.

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however,

changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation claim information to be kept confidential.

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.

2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.

5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.

How to File a First Report of Injury

2023-24 Campus or Department Instructions

Start at <https://www.tasbrmf.org/claims/report-a-claim>

The screenshot shows the TASB Risk Fund website's 'Report a Claim' page. At the top, there is a navigation bar with 'Contact Us' (800-482-7276), 'REPORT A CLAIM', and 'LOG IN'. Below this is a header with the TASB Risk Fund logo and a menu: 'RISK SOLUTIONS & SERVICES', 'COVERAGES', 'CLAIMS', 'TRAINING & EVENTS', 'RESOURCES', and 'ABOUT'. The main heading is 'Report a Claim'. A breadcrumb trail reads 'Home > Claims > Report a Claim'. A note states: 'If you need immediate assistance, please call 800-482-7276. Calls are answered 24/7. Any calls made after business hours or on weekends will be returned by an adjuster within an hour.' The primary heading for the section is 'Auto, Liability, Property, Cybersecurity, and Violent Act', followed by a subtext: 'To report auto, liability, property, and cybersecurity claims, gather as much information about what has happened as you can. Don't worry if you don't have all the details — just tell us what you know. We can collect more information later.' Below this is a red button labeled 'REPORT A CLAIM' with a large red 'X' over it. A red-bordered box with red text says: 'Do Not use this link for Workers' Compensation injuries.' The next heading is 'Workers' Compensation First Report of Injury'. Below it, text says 'Use this option to report a claim if you are a:' followed by a bulleted list: 'Program administrator who does not use the FROI Administration application' and 'Campus or department employee who needs to report an employee injury to your organization's work'. A yellow-bordered box with black text says: 'Type BASTROP ISD into the search bar and then click here.' Below the list is a form titled 'Workers' Compensation First Report of Injury' with the instruction 'Enter your Organization Name to get started'. It features a text input field and a 'REPORT A CLAIM' button. At the bottom, there are three informational boxes: 'What Injured Workers Need to Know' (Employees must report every on-the-job injury or illness immediately to their supervisor), 'How to File a First Report of Injury' (This guide shows members who do not use our FROI administration application how to file a claim), and 'How to File a First Report of Injury for Campuses and Departments'.

Contact Us | 800-482-7276 | REPORT A CLAIM | LOG IN

TASB RISK FUND RISK SOLUTIONS & SERVICES COVERAGES CLAIMS TRAINING & EVENTS RESOURCES ABOUT

Report a Claim

Home > Claims > Report a Claim

If you need immediate assistance, please call 800-482-7276. Calls are answered 24/7. Any calls made after business hours or on weekends will be returned by an adjuster within an hour.

Auto, Liability, Property, Cybersecurity, and Violent Act

To report auto, liability, property, and cybersecurity claims, gather as much information about what has happened as you can. Don't worry if you don't have all the details — just tell us what you know. We can collect more information later.

REPORT A CLAIM

Workers' Compensation First Report of Injury

Use this option to report a claim if you are a:

- Program administrator who does not use the FROI Administration application
- Campus or department employee who needs to report an employee injury to your organization's work

Workers' Compensation First Report of Injury

Enter your Organization Name to get started

REPORT A CLAIM

What Injured Workers Need to Know
Employees must report every on-the-job injury or illness immediately to their supervisor

How to File a First Report of Injury
This guide shows members who do not use our FROI administration application how to file a claim

How to File a First Report of Injury for Campuses and Departments

**TASB
RISK
FUND**

Reporting a Claim [Log Out and Exit](#)

What you will need:

- Basic information about what happened, including date, location, etc.
- Additional details about the employee who was injured, such as name, address, and wage information

What you should know:

- The reporting form will timeout after 120 minutes of inactivity.
- You can find detailed instructions on how to report a workers' compensation claim [in this guide](#).


When you are finished filling out the First Report of Injury (FROI) on the next page, be sure to click on the "Save Changes" button at the top of the page to submit to TASB.

[Start a FROI](#) Click here to start your FROI.

[Chat now](#)

Important: Please note that all items marked with a red asterisk (*) are mandatory. If you are unsure of the correct information, please use the applicable placeholders listed in this guide. Placeholders are outlined in red.

Any placeholders or incorrect information will be corrected by your administrator upon submission.



New First Report of Injury

[Complete Incident](#) or [Cancel](#)

Employer General Information

Member	Education ISD				
Physical Address	123 1 st Street		Mailing Address	PO Box 123	
City	Your City		City	Your City	
State	Texas		State	Texas	
ZIP	00000		ZIP	00000	
FEIN	12345678				
Phone	(123) 456 7890				

Is this a corrected copy? * No

If you have already submitted a FROI to your administrator please call or email them to advise of any changes or additions prior to filing a corrected copy.

Insured Report Number

Location * ADMINISTRATION (Main Memb Q

Did injury or illness exposure occur on employer's premises? ▼

If your organization uses employee numbers, you may enter the injured employee's number here. If not, leave this blank.

Click on the magnifying glass to select the applicable location from the list.

If the injury occurred off campus, select "No" and enter the address of the injury in a box that will appear to the right.

Insured Report Number

Location * ADMINISTRATION (Main Memb Q

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

Address where Injury/Illness Occurred ⓘ

Since you selected Injury did not occur on employer's premises, please complete the accident address fields to the right.

Employee Information

Claimant	<input type="text" value="Doe, Jane"/>	<p>Enter the employee's first and last names in these boxes. The names will populate the Claimant box above.</p>
First Name *	<input type="text" value="Jane"/>	
Middle Name	<input type="text"/>	
Last Name *	<input type="text" value="Doe"/>	
Street Address 1 *	<input type="text" value="1"/>	<p>Please enter the employee's correct mailing address and contact info. If you are uncertain about any information, use these placeholders.</p>
Street Address 2	<input type="text"/>	
City *	<input type="text" value="Your City"/>	
State *	<input type="text" value="Texas"/>	
ZIP *	<input type="text" value="11111"/>	
Phone *	<input type="text" value="1111111111"/>	
Work Phone	<input type="text" value="(xxx) xxx-xxxx"/>	
Employee Email	<input type="text"/>	
Does the employee speak English?	<input type="text"/>	
Birth Date *	<input type="text" value="01/01/2010"/>	<p>Enter 01/01/2010 if you don't know the employee's date of birth.</p>
Social Security ⓘ *	<input type="text" value="111-11-1111"/>	
Other Employee ID	<input type="text"/>	<p>If you don't know the employee's SSN, enter 111-11-1111.</p>
Other Employee ID Qualifier	<input type="text"/>	
Hire Date *	<input type="text" value="01/01/2010"/>	<p>Enter 01/01/2010 if you don't know when the employee was hired.</p>
Length of Service Years	<input type="text" value="0"/>	
Length of Service Months	<input type="text"/>	
Hire State *	<input type="text" value="Texas"/>	
Gender *	<input type="text" value="Not Specified"/>	
Marital Status *	<input type="text" value="Unknown"/>	
Occupation/Job Title *	<input type="text" value="Teacher"/>	<p>Enter employee's job title and select the employee's appropriate payroll and occupation categories from the dropdown lists.</p>
Payroll Class Code *	<input type="text" value="PROFESSIONAL/ADMINISTRATIVE"/>	
Occupation Code *	<input type="text" value="PROFESSIONAL/CLERICAL/INSTRUCTION"/>	
Department Code, if applicable	<input type="text"/>	
Employment Status *	<input type="text" value="Regular/Full-time Employee"/>	<p>Please select either regular/full-time or part-time.</p>
Number of Dependents	<input type="text"/>	

Wages

Wage Rate *

1.00

Please enter 1.00. Your administrator will input exact wage rate later.

Wage Rate Type ⓘ *

Daily

Select daily for now. Your administrator will correct this later.

Days Worked Per Week *

5

Hours Worked Per Week

Full Pay On Day Of Injury

Yes

Did Salary Continue?

Please enter 5 days for full time and 1 for substitutes. If necessary, your administrator will correct this.

Gross Amount of Last Paycheck

Type of Pay ⓘ

Has employee elected to use state, sick or vacation leave in lieu of temporary income benefits?

If so, how many leave hours have they elected to use?

Leave these boxes blank for now.

Occurrence Information

Date of Injury/Illness *

10/20/2020



Time Employee Began Work

12:00PM

Time of Injury or Illness

10:00 PM

Exposure *

Date Employer Notified *

10/20/2020



Has the employee lost time or expected to lose time from work?

Was the injury or illness exposure fatal?

Employee's Supervisor

Supervisor Phone Number

(xxx) xxx-xxxx

Type of Injury/Illness *

Contusion

Part of Body Affected *

Knee

Cause of Injury *

Fall, Slip, or Trip - Liquid or Grease

Enter the time and date of injury. If time is unknown, enter 10:00 p.m.

This is the date the secretary, principal, nurse, or supervisor first knew of incident.

Click the magnifying glasses to select the employee's injury, affected body part, and cause of injury from the lists. You can also type the employee's injury/body part or its corresponding code number into the search bar and select from the dropdown lists.

Note: These are national, standardized codes. Choose the option that best matches your incident.

Worksite location of injury ⓘ

Was employee doing their regular job?

Specify activity the employee was engaged in when the injury or illness exposure occurred *

How did the injury or illness exposure occur? ⓘ *

Examples include walking, cleaning, or cooking.

Explain how the injury occurred. Be concise and to the point. **Specify body part(s) and exact location and side of body.** This space is limited so please be brief.

For example, employee slipped on wet floor in hallway while walking and fell on both knees

Is the employee seeking or expected to seek medical treatment? *

Type of Claim ⓘ *

Record Only is for no medical treatment, no lost time, and no questions or concerns.
Medical Only is for initial medical and/or no more than 5 days of lost time.
Lost Time/Indemnity is for ongoing medical treatment and/or lost time and all other.

Treatment Information

Medical Provider

Physician/Hospital Name

Address

City

State

ZIP

Phone

Fax

Enter doctor/hospital information if known. These are not mandatory fields. Don't worry about inputting addresses.

Initial Treatment *

This field is mandatory. Select the appropriate option from the dropdown list.

Other Information

Date Administrator Notified

10/20/2020



This is the date that the location notifies their FROI Administrator.

Date Prepared *

10/20/2020



Preparer's Name *

John Smith

Preparer's Title *

Supervisor

Preparer's Phone *

(234) 567-8900

Leave this blank for your FROI Administrator to complete.

E-mail address to receive confirmation ⓘ

Please list any known witnesses and their contact information. Do not include student names.

Witness

Witness Phone #

(xxx) xxx-xxxx

All Other Information

You can use this space to enter additional information or alerts for your administrator. This information will not be visible on the FROI.

New First Report of Injury

[Complete Incident](#) or [Cancel](#)

Address

City

State

ZIP

Phone

Fax

Initial Treatment *

Minor clinic/hospital medical re

After you've filled out all the required fields, click here to submit the FROI to your administrator.

Other Information

Date Administrator Notified

10/20/2020



Date Prepared *

10/20/2020



Preparer's Name *

John Smith

Preparer's Title *

Supervisor

Preparer's Phone *

(234) 567-8900

E-mail address to receive confirmation ⓘ

Witness

Witness Phone #

(xxx) xxx-xxxx

All Other Information

Once the form is complete, click on [Complete Incident](#) (located at the top right of the form) to submit the FROI to your TASB FROI Administrator.

[Chat now](#)



Campus or Department Instructions for Filing a First Report of Injury (Updated 12/01/22) - 8 -

live.origamirisk.com says
Are you ready to complete this incident?

OK Cancel

Complete Incident or Cancel

Employer General Information

Member Education ISD

Physical Address 123 1st Street
City Your City
State Texas
ZIP 00000

Mailing Address PO Box 123
City Your City
State Texas
ZIP 00000

FEIN 12345678
Phone (123) 456 7890

Is this a corrected copy? *

Insured Report Number
Location * ADMINISTRATION (Main Memb
Did injury or illness exposure occur on employer's premises?

Chat now

TASB RISK FUND

Upload Claim File Documentation

Save Successful.

Please upload any relevant documentation such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices. Otherwise, you've provided enough information for us to begin processing. Click I'm done below to finish reporting your claim. If submitting a First Report of Injury (FROI), it has been sent to your TASB FROI Administrator for review. To download a copy of the FROI, use your browser's refresh button to display a link.

#1 Doe, Jane R (EV2020004398-1)

No files uploaded.

I'm done or Click here to exit

Congratulations! You have successfully completed your FROI. If you want a PDF copy of your report, refresh your browser and a link will appear.

How to Refresh your browser:

Chrome: Hold down Ctrl and press F5

Chrome & Mac: Hold down Command, Shift and click the 'R' key

Firefox & Windows: Hold down Ctrl and press F5

Firefox & Mac: Hold down Command, Shift and the 'R' key

Safari: Hold down the option and command key then press the 'E' key

Internet Explorer: Hold the Control key, press the F5 key.

TASB RISK FUND

Upload Claim File Documentation

Please upload any relevant documentation such as videos, photos, passenger lists, police reports, damage estimates, medical, or legal notices. Otherwise, you've provided enough information for us to begin processing. Click I'm done below to finish reporting your claim. If submitting a First Report of Injury (FROI), it has been sent to your TASB FROI Administrator for review. To download a copy of the FROI, use your browser's refresh button to display a link.

#1 Doe, Jane (20200005506)

Filename	Description	Folder	Entry Date
EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS CLAIM.pdf	FROI DWC-01	Claims	12/07/2020 12:06 PM

I'm done or Click here to exit

Click here to download a copy of the FROI to give to the employee.

When you're ready, click I'M DONE to exit the application.

If you have questions contact your FROI Administrator, Cindy Torres Vargas at 512-772-7160/ ctorresvargas@bisdx.org or inquiry@tasb.org or 800.482.7276