

# How to File a First Report of Injury

## Campus or Department Instructions

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

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.

**Do Not use this link for Workers' Compensation injuries.**

### 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 workers' compensation carrier

**Workers' Compensation First Report of Injury**

Enter your Organization Name to get started

REPORT A CLAIM

Type your organization into the search bar and then click here.

#### 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

This guide shows members who use our FROI administration application how to file a claim.

**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.

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**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.

**Employer General Information**

Member Education ISD

Physical Address 123 1<sup>st</sup> 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? \*

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 \*

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

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"/>	<p>If you don't know the employee's SSN, enter 111-11-1111.</p>
Other Employee ID	<input type="text"/>	
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/ADMINISTR"/>	
Occupation Code *	<input type="text" value="PROFESSIONAL/CLERICAL/"/>	
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 \*

Wage Rate Type ⓘ \*

# Days Worked Per Week \*

# Hours Worked Per Week

Full Pay On Day Of Injury

Did Salary Continue?

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

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

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 \*

Time Employee Began Work

Time of Injury or Illness Exposure \*

Date Employer Notified \*

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

Type of Injury/Illness \*

Part of Body Affected \*

Cause of Injury \*

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 ⓘ

Examples include walking, cleaning, or cooking.

Was employee doing their regular job?

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

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.

How did the injury or illness exposure occur? ⓘ \*

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

Date Prepared \*

Preparer's Name \*

Preparer's Title \*

Preparer's Phone \*

E-mail address to receive confirmation

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

Leave this blank for your FROI Administrator to complete.

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

Witness

Witness Phone #

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 \*

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

### Other Information

Date Administrator Notified

Date Prepared \*

Preparer's Name \*

Preparer's Title \*

Preparer's Phone \*

E-mail address to receive confirmation

Witness

Witness Phone #

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 -

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.

Filename	Description	Folder	Entry Date
<a href="#">EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS CLAIM.pdf</a>	FROI DWC-01	Claims	12/07/2020 12:06 PM

If you have questions contact your FROI Administrator or [inquiry@tasb.org](mailto:inquiry@tasb.org) or 800.482.7276

