First Report of Injury
Online Claim Reporting

Important: Workplace injuries occurring outside the state of Rhode Island should be reported to the Argo Group through the Argo Online portal. For help with the online report of injury for Massachusetts or other states, read the Argo Online Claim Reporting Guide.

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Overview

Beacon Mutual's new Online Claim Reporting software will supply our BEACONNECT users with a streamlined entry process. The Online Claim Reporting application will guide you go through the entry process with ease.

Once the claim is submitted, an online claim summary will display, which includes the claim number, the claim representative name, and the claim representative's phone number and email address. The BEACONNECT user, and any additional contact provided, will receive an email confirmation.

You will not be able to report a claim online in some situations:

- The claimant's last name, date of birth, and social security number must match the information previously reported and stored by Beacon Mutual.

- Your organization must have an active policy or TPA partnership with Beacon Mutual.

- You must be authorized to report claims. See the BEACONNECT User Requirements below.

If the claimant information differs from what Beacon Mutual has on file, or if you do not have an active policy or TPA partnership with Beacon, a message will display instructing you to call Beacon Mutual during normal business hours.

Important: If you submit a claim online from 8:30 p.m. to midnight, Monday through Friday, the email confirmation with the claim information will not be sent to you until the next business day.

BEACONNECT User Requirements

You must be a registered BEACONNECT user with the Report Claim role to be able to enter a claim online. In addition to reporting claims, BEACONNECT users can also access other claim and loss information.

Need Help?

401.825.2667
BeaconClaims@beaconmutual.com

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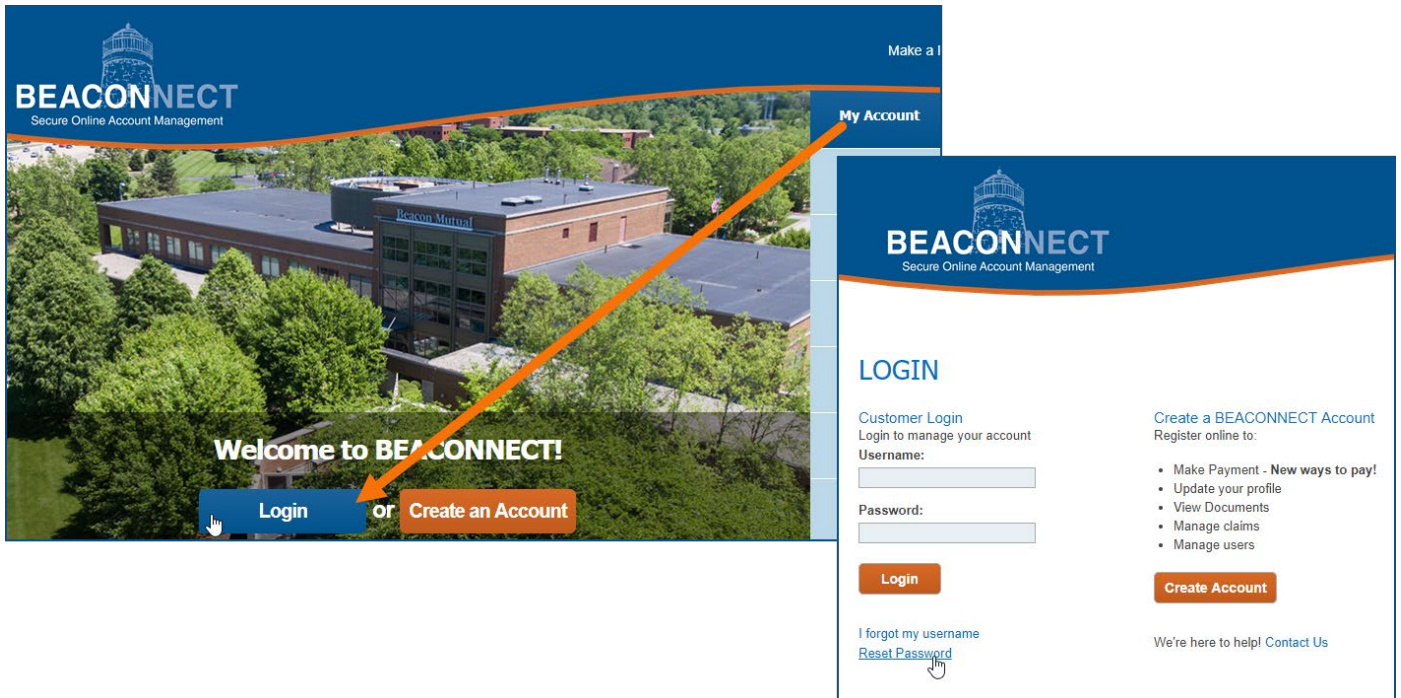# Required Claim Information

The following information is required to submit a First Report of Injury:

- Address where the injury occurred

- Has the employee been, or does the employee plan to be, treated for this injury?

- Has the employee been taken out of work for more than 3 full days (not including injury date)?

- Employee Injury information
    - Body Part/Location
    - Nature of Injury
    - Action that caused injury
    - What was the employee working on or with when the injury occurred?
    - Description of how the injury occurred.

- Employee Information
    - Social Security Number
    - Date of Birth
    - Name
    - Gender
    - Marital Status
    - Address
    - Phone
    - Job Title
    - Employment Status (Full Time / Part Time)

- Dates Needed:
    - Date of Injury
    - Date of Death (if a fatality)
    - Last Date Worked
    - Date Employee Started Work with the company
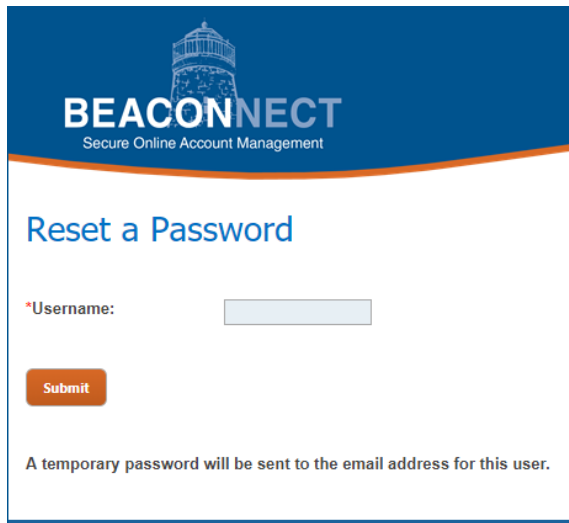   - Date you were notified of the injury
    - Date of Hire

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Getting Started

Sign in to BEACONNECT

1. Go to the BEACONNECT website:
    a. https://beaconnect.beaconmutual.com

2. Enter your username and password:

    a. If you do not remember your username:
        - Usernames include the first letter of your first name and your last name. For example: Mary Smith would be msmith.
        - If you are still unable to determine your username, please contact your company's key contact.

    b. If you do not remember your password:
        - Click the **Reset Password** and a temporary password will be sent to the email address associated with your username:

This link opens the Reset a Password window:

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c. Enter your username and select **Submit**.
An email with a temporary password will be sent to your email address on file.

d. If you do not receive an email within the day, please notify your Key Contact to ensure your email address is correct.

3. Once you sign in successfully, the BEACONNECT "Home" page will redisplay with a new slider and additional options in the top menu. Options include Report an Injury as well as links to other pages depending on your access permission in BEACONNECT.

4. Select My Business > **Report an Injury** to continue and place a claim:
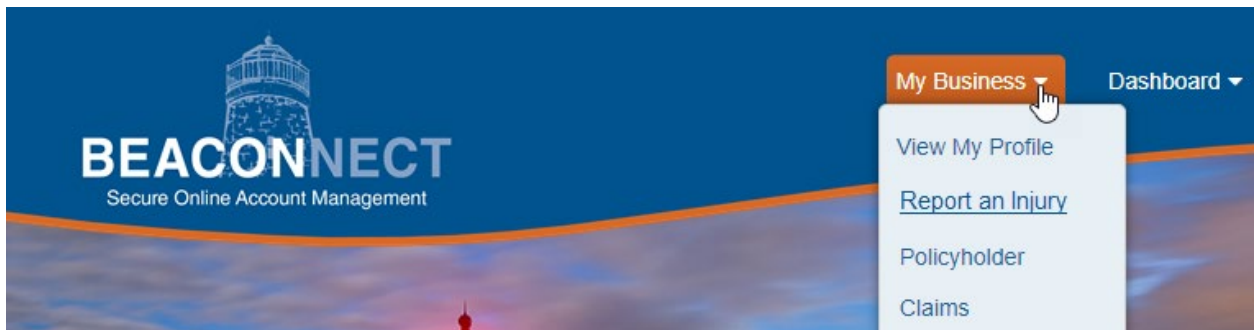
A new window, Report an Injury, will open to welcome you to Beacon's Online Claim Reporting application.

Note: BEACONNECT will remain open in the original browser window.

Review all the information that you will need to report a claim.

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Welcome to Beacon Mutual's Online Claim Reporting

Incident-only claim: An incident occurred, no medical treatment was received, and no time was lost from work.

Medical-only claim: An incident occurred and medical treatment was received.

Lost-time claim: An incident occurred, medical treatment was received, and the injured worker was out of work for more than three full days.

For more information go to the Guide to Online Claim Reporting

You will need the following information to report a claim:

- Address of where the injury occurred
- Has the employee been, or does the employee plan to be, treated for this injury? If so, where and what date?
- Has the employee been taken out of work for more than 3 consecutive full days (not including injury date)?
- Employee Injury Information
      Body Part/Location
      Nature of Injury
      Action that caused injury
      What was the employee working on or with when the injury occurred?
      Description of how the injury occurred.
- Employee Information (Required)
      Social Security Number
      Date of Birth
      Name
      Gender
      Marital Status
      Address
      Phone
      Job Title
      Employment Status (Full Time/Part Time)
- Dates Needed
      Date of Injury
      Date of Death (if a fatality)
      Last Date Worked
      Date Employee Started Work with the company
      Date you were notified on the injury
      Date of Hire

Print this Page   **Create New Report**   **Open Pending Draft Report (7)**

5. Select one of the three button options:
    - **Print this Page**: Allows you to print the information that you will need to report a claim.

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- **Create New Report**: Opens a blank form where you can start entering claim information. See the next section in this guide for steps to enter a new claim.
- **Open Pending Draft Report**: Opens a list of claims that were started but have not yet submitted to Beacon Mutual. See the section later in this guide for details about editing claim reports that you previously saved.

Create New Report

1. Policy and Claimant page

2. Injury Description page

3. Contacts page

   A red asterisk (*) indicates the required information.

Policy and Claimant Page – Where did injury occur?

The Policy and Claimant window is the first page of three in the online claims report process.
In this first page, enter information about the injured worker (claimant), and the location where the injury occurred.

1. Enter the **First Name** and **Last Name** of the injured employee and the **Date of Injury**: These are fields which must be filled out to save the claim report for the first time.

2. Click **Save Draft** at any time to finish the report later, or continue to fill out the form.

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Report an Injury

BEACONNECT
Secure Online Account Management

Policy and Claimant > Injury Description > Contacts

Injured Employee

* First Name: Sally   * Last Name: Sample

When did the injury occur?

* Date of Injury: 04/18/2019 11 ∨ 00 ∨ am ∨

* Did the injured employee receive or intends to receive medical treatments?: Yes ∨

* Did a medical provider take the employee out of work for more than 3 full days (excluding date of injury)? : No ∨

* Hire Date: 06/03/2012   * Work Started: 04/18/2019 08 ∨ 00 ∨ am ∨

* Hire State: Rhode Island ∨

Return to Work Date: mm/dd/yyyy

* When did you learn of the injury?: 04/19/2019

Is this a Fatality?: ☐

Employee Work Location and Title

Please select the employee's primary work location: ⊕

Location: DOT Maintenance - DOT- Highway & Bridge Maint (Traffic Maintenance Unit)

Address: 360 Lincoln Avenue, Warwick, 02886-

* What is the employee's job title?: Maintenance   * Employment Type: Full Time ∨

* Which of the following groups is the employee part of?: 9991-000 (STD) TPA Services ∨

Injured Employee Information

First Name: Sally   Last Name: Sample

* Social Security Number: ●●●●●●●●   * Confirm Social Security Number: ●●●●●●●● Example: 999999999

* Date of Birth: 06/15/1970

* Gender: Female ∨   * Marital Status: Married ∨

* Address 1: 50 Main Street

Address 2:

* Zip: 02886   👓 Override Address: ☐

* City: Warwick * County: Kent

* State: Rhode Island * Country: United States

* Phone Number: 401-444-2525 x_____ Email Address:

[Previous] [Next] [Save Draft]

3. Select Yes or No. Selecting No for this question automatically defaults the next question to No, and sets the claim type to incident only.

- Did a medical provider take the employee out of work for more than three (3) full days (excluding date of injury)? Select Yes or No.

  o Selecting Yes will set the claim type to Lost Time.
     Worked Started Date and Time and Last Date Worked are required for a Lost Time claim.

  o Selecting No for question 2 will set the claim type to Medical Only.

4. Hire Date is required.

5. Hire State is required and defaults to Rhode Island, but it can be changed to a different state.

6. Enter the date you learned of the injury.

- If the injury was a fatality, click the check box next to the question "Is this a Fatality?" The Date of Death field will display and you will be required to enter the date of death.

7. Enter Work Location and Title information:

- Click the green plus sign to display your policy and risk locations:

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- A popup window displays a list of policy periods and risk locations for the last three years. The first column Cov? displays Yes or No to indicate if the injury date is covered for the policy period:

- Highlight the policy and risk location, and click the **Select** button. The popup will close and your policy information and risk location will be entered in the form window.

- Enter the employee's job title (if available).

- Answer the question "Which of the following groups is the employee part of?"
  This is the class code for the employee.
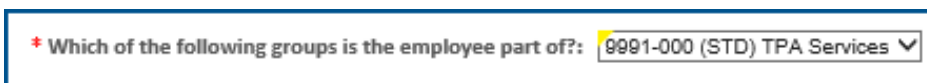
8. Enter the Social Security Number
   a. Enter the employee's Social Security Number.
   b. Enter the employee's Social Security Number a second time in the Confirm Social Security Number field.
   c. SSN fields are masked so you will not see the data you are entering.
   d. Social Security Numbers must match for you to continue.

9. Enter the following data about the employee:
   e. Date of Birth
   f. First Name
   g. Last Name
   h. Gender
   i. Marital Status
   j. Address
   k. Zip Code (City and State will default from Zip Code)
   l. Phone Number
   m. Email Address

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10. Click **Save Draft** at any time to finish the report at a later.

11. Select **Next** to continue to the second window.

Injury Description Page – Injury Details

The second page in the claim report process, Injury Description, allows you to enter more details about the injury, a description, witnesses, and other information you would like to include.

1. Fill in the information on the second page.

2. Click **Save Draft** at any time to store your claim report.

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3. **Where did the injury occur?**

Where did the injury occur?

Same as employee work location: ☑

Where did the injury occur?

Same as employee work location: ☐

* Address 1: 12 Main Street

* Zip: 02888   Override Address: ☐

* City: Warwick   * County: Kent

* State: Rhode Island   * Country: United States

Where did the injury occur?

Same as employee work location: ☐

* Address 1: 12 Main Street

* Zip: 02888   Override Address: ☑

* City: [   ]   * County: [▾]

* State: Rhode Island [▾]   * Country: United States [▾]

4. **Enter the information about the Body Part(s) that were injured:**

Please select body part

* Description		* Location		Primary	➕
Foot	▾	Left	▾	◉	
	▾	Left	▾	○	❌

- Select the primary body part from the description drop-down list.

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- Select the location for that body part.

- You can enter more than one body part/location and change the primary body part if needed.

- Click the radio button next to the body part to select the primary location of the injury.

5. **What was the nature of the injury?** For example: Cut, Burn, Fracture
   Refer to the Injury Descriptions Codes list for more information.

6. **What action caused the injury?** For example: Slip, Fall

7. What was the employee working on or with when the injury occurred?
   For example: Hand Tool or Machine in use.

8. **Enter a brief description of how the injury occurred:**
   This is a required field. The description can be up to 500 characters.

9. **Is there any other information that you would like to include?**

   Enter additional information in the field following this question.
   This is Not a required field. The description can be up to 500 characters.

   - The information entered in this field will NOT be sent to the Department of Labor and Training.

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Is there any other information you would like to include about this claim?

Please note that this information is not sent to the Department of Labor and Training.

We are checking into injury

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10. **Did the injured employee go to a Treatment Center?**

- Enter the hospital, walk-in treatment center, or facility where the employee was treated:

Did the injured employee go to a Treatment Center?

Treatment Center: Rhode Island Hospital Emergency Room

Previous   Next

11. Select **Next** to continue.

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Contacts Page – Additional Contact Information

The third and last page in the process to submit a claim allows you to enter additional contact information.

1. Review the Injured Employee information at the top of the window.

2. Review your Contact Information.

3. **Add Additional Contact Information** if necessary. This section is not required.

4. Click **Save Draft** at any time. See the Pending Claim Reports section for information on how to resume the report process from a previously saved draft.

5. Click **Submit Claim** to report the injury.

   Note: If you are completing a claim that you previously saved as a draft report, when you click Submit Claim, it will be removed from the Pending Draft Reports list.

   A new window will display stating that your claim submission was successful.

6. Review the Claim Summary window that displays.

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The Claim Information includes the Beacon claim representative who will handle the claim and his or her contact information:

7. Click the **Print this Page** button to print this confirmation page for your records.

A copy of the Claim Confirmation will be sent to the email address associated with your BEACONNECT account.

Note: This claim confirmation will not be sent immediately if the claim was submitted between 8:30 p.m. and midnight. You will receive the information on the next business day.

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Pending Claim Reports

If at any time during the Online Claim Reporting process, you click **Save Draft**, the claim report will not be submitted. Instead, it will be saved as a Pending Draft Report. Once you save a draft claim, the Pending Draft Reports window will display.

Continue the claims process from the list of Pending Draft Reports

1. Locate your saved draft in the list of draft reports:

2. Click the **Employee Name** link to open the claim.
   Note: If you log out and return to complete the claim report at a later time, you will need to log back into BEACONNECT:

   ▪ After you log into BEACONNECT, select the My Business tab from the top menu and click the **Report Injury** option. The Report an Injury window will open:

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- At the bottom of the window, click **Open Pending Draft Report**.
  Note: In the button, Open Pending Draft Reports, a number will appear to indicate the number of pending claim reports that you have started but have not yet submitted. In this example, there are seven (7) pending reports.

3. In the Pending Draft Reports window, you have the option to do one of the following steps:

4. Start a new claim by clicking the **Create New Report** button.

5. **Delete a Pending Draft Report** by clicking on the red **X** next to the claim report that you want to delete, and then click the **Delete Pending Draft Report** button. This action will remove the claim report from the system and it will no longer appear in the list.

   Note: To delete more than one draft at the same time, click the red **X** next to the reports you would like to delete, and then click the **Delete Pending Draft Report** button.

6. Click an **Employee Name** link for any pending report to resume entering information for that pending claim.

   Refer to the Create New Claim section for details.

   When you complete the claim report, you can then submit the claim, and it will be removed from the Pending Draft Reports list.

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