

How to File a First Report of Injury

This guide is for members who do not use the FROI Administration application.

Go to <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. We can collect more information later.

REPORT NOW

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

Type your organization here and click on "Report A Claim"

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 employer. Here's how to stay connected with...

How to File a First Report of Injury

This guide shows members who do not use our FROI administration application how to report injuries online.

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

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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 get started.

[Chat now](#)

Please note that all boxes marked with a red asterisk (*) are **mandatory**. As you work on the form, ensure all required boxes are completed and contain correct information.



Employer General Information

Member	Education ISD		
Physical Address	First 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? *	<input type="text"/>		

Select "Yes" if you have already submitted a claim for this incident and need to update any information or if you are submitting a FROI on an already-created claim.

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?

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

First Name *

Middle Name

Last Name *

Street Address 1 *

Street Address 2

City *

State *

ZIP *

Phone *

Work Phone

Employee Email

Does the employee speak English?

Enter the employee's first and last names in these boxes. The names will populate the Claimant box above.

Enter complete employee contact information.

When you see this sign, you can hover over it for more information about its corresponding field.

Birth Date *

Social Security ⓘ *

Other Employee ID

Other Employee ID Qualifier

Hire Date *

Length of Service Years

Length of Service Months

Hire State *

Gender *

Marital Status *

Occupation/Job Title *

Payroll Class Code *

Occupation Code *

Department Code, if applicable

Employment Status *

Number of Dependents

Complete all required fields of employee information.

Enter employee's job title and select the employee's appropriate payroll and occupation categories from the dropdown lists.

Please select either regular/full-time or part-time.

Wages

Wage Rate *

Wage Rate Type ⓘ *

Days Worked Per Week *

Hours Worked per Week

Full Pay On Day Of Injury

Did Salary Continue?

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?

Complete all mandatory wage information fields with accurate information.

Please make every effort to complete this information. Always alert the claim department **immediately** if the employee has elected to use paid leave for any absences.


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.

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? ⓘ *

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

Type of Claim ⓘ *

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 and info entered should show on the completed DWC1/FROI.

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.

Enter doctor/hospital information if known. This is not a mandatory field. Don't worry about inputting addresses.

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

Treatment Information

Medical Provider

Physician/Hospital Name

Address

City

State

ZIP

Phone

Fax

Initial Treatment *



Other Information

Date Administrator Notified

MM/DD/YYYY 

This is the date that the location notifies administration.

Date Prepared *

MM/DD/YYYY 

Preparer's Name *

Preparer's Title *

Preparer's Phone *

(xxx) xxx-xxxx

Don't forget to enter your email address so you can get confirmation of claim submission.

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 field to send add information or instructions for the claims team. This information will not appear on the FROI/DWC 1.



New First Report of Injury

Employer General Information

Member

Education ISD

Physical Address

City

123 First St

State

ZIP

Your Town, TX

FEIN

Phone

Mailing Address

City

State

ZIP

Is this a corrected copy? *

No

Insured Report Number

Location *

ADMINISTRATION (Main Memb) 

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

After you've filled out all the required fields, click here to submit the FROI to the TASB Risk Management Fund.

Employee Information



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

New First Report of Injury

Employer General Information

Member: Education ISD

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

FEIN: 12345678
Phone: (123) 456 7890

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

Is this a corrected copy? No

Insured Report Number: [Field]
Location: ADMINISTRATION (Main Memb.)
Did injury or illness exposure occur on employer's premises? [Field]

Click Ok

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, John (EV2020004582-1)

No files uploaded.

I'm done or [Click here to end](#)

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.



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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) [Upload File](#)

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 here to exit the application.

You will receive a confirmation email upon submitting your claim. Once it is processed, you will receive an email with your adjuster information that looks like this:

From: tasbriskfundnotices@tasb.org <tasbriskfundnotices@tasb.org>
Sent: Monday, December 7, 2020 1:09 PM
To: member@isd.org
Subject: Claim Assignment

The First Report of Injury or Illness (FROI) for [REDACTED] with date of injury of 12/1/2020 has been processed. The claim number and adjuster assigned to the claim are:

Claim #: 20200005510
 Claimant: Jane Doe
 Employer: Education ISD
 Date of injury: 12/1/2020

Adjuster name: John Smith
 Adjuster phone: 123.456.7890
 Adjuster email: john.smith@educationisd.org

If you have any questions or concerns, please contact the assigned adjuster at 800.482.7276 x2982 for assistance.

Please check your junk email folder if you don't receive your email.

For any questions about reporting a workers' compensation claim, please contact inquiry@tasbrmf.org or 800-482-7276.