

Step-by-Step Guide:

Filing eFROI with NYSIF

Developed by:

FLEURY



RISK MANAGEMENT

fleuryrisk.com

Accessing eFROI via NYSIF Website

- Navigate to: <https://ww3.nysif.com/>
- Select “REPORT AN INJURY” on homepage (circled in orange below)

The screenshot displays the NYSIF website homepage. At the top, the NYSIF logo is on the left, and the names of the Governor (Andrew M. Cuomo), Chairman (Kenneth R. Theobalds), and Executive Director & CEO (Eric Madoff) are on the right. Below this is a navigation bar with links for EMPLOYER, CLAIMANT, INSURANCE REPRESENTATIVE, MEDICAL PROVIDER, WHERE'S MY CHECK?, REPORT AN INJURY (circled in orange), LOGIN, and SEARCH. A large banner on the left features a woman's face and the text "Looking for Insurance? Use Our New Combined eQuote/eApp" with a "GET A QUOTE" button. On the right, a "QUICK LINKS" section contains six icons: PRINT A CERTIFICATE, GET A QUOTE, PAY MY BILL, UNDERSTANDING MY BILL, FIND MY UNDERWRITER, and FIND MY CASE MANAGER.

Employer's Role in Workers' Comp Claims

Home > Employer's Role

Employer's Role

Claimant Info Packet

Recordkeeping Requirements

Medical Provider Network

Compensation Benefits

Claims Resolution

Return-to-Work

The employer's role is critically important in the claims process with respect to the following:

- [Filing a timely first report of injury using NYSIF eFROI® \(See \[When to File a Report of Injury/Illness\]\(#\)\)](#)
- Providing details of the accident
- Verifying the injured worker's account of the incident or illness

Begin eFROI

When to File a Report of Injury/Illness

Employers must file a report of work-related injury or illness with NYSIF and the Workers' Compensation Board (WCB) immediately upon becoming aware of the injury or illness, and no later than 10 days after the employer's knowledge of the injury or illness, in all cases where the injury/illness:

- Has caused or will cause the employee's loss of time from regular duties of one day beyond the workday or shift during which the incident occurred, or
- Has required or will require medical treatment beyond ordinary first aid, or more than two treatments by a person rendering first aid

Note: Employees have 30 days to notify employers of an injury and two years to file a report of injury or illness.

Use our [eClaims worksheet](#) to assist you in submitting a first report of injury using [NYSIF eFROI](#). You can also [review previously filed eFROI](#) submissions.

Review previous eFROI submissions

First-Aid Option

Employers may handle non-reportable, minor injuries as first aid cases. In such cases, instruct claimants and medical providers to send medical bills directly to you for prompt payment so your claims history is unaffected. Notify NYSIF, if necessary. **Note:** If the injury escalates to a lost time case, or exceeds two medical treatments, you **must** immediately file a claim with NYSIF and the WCB.

Filing Questionable Injury/Illness Reports

The WCB may hold statements made in the report binding. If you question a claim, start the report with "It is alleged that..." or "The employee claims that..." Contact NYSIF if you are suspicious about a claim, or whenever new information about a claim comes to your attention.

Claimant Information Packet

Employers must give injured workers a [Claimant Information Packet](#) when filing claims.

See our guide for more detailed information about the claims process:

[A Claims Guide for the Employer \(English\)](#)

[A Claims Guide for the Employer \(Spanish\)](#)

Download Claimant Information Packet to give to injured employee

Starting a New Electronic Claim Form

NYSIF

Login

eFROI

PolicyHolder Info Employee Info Accident Info Injury Cause Medical Work Info Submit

- All fields marked with an asterisk(*) are required.
- If you have any technical questions or issues, please contact the NYSIF Help Desk at 1-877-435-7743 for further assistance. Monday through Friday from 8:00 AM to 6:00 PM.

* Do You have an eFROI Transaction ID and/or a Loss ID?
 Yes
 No

Start eFROI

Select **"NO"** to start a new claim


- All fields marked with an asterisk(*) are required.
- If you have any technical questions or issues, please contact the NYSIF Help Desk at 1-877-435-7743 for further assistance. Monday through Friday from 8:00 AM to 6:00 PM.

Do You have an eFROI Transaction ID and/or a Loss ID?

Yes

No

NYSIF Policy Number
(for example: enter A123-4567-8 as 12345678)

Date of injury/illness 

Does Injured Worker have a SSN ?

Yes

No

First Name

M. I.

Last Name

Date of Birth 

Be sure to fill in all required fields (marked with *)

Employee Address

Address Line 1

Address Line 2

Apt.

Country

Zip Code

:City

State

Preparer Info

: First Report of Injury Preparer Type

- Employer
 Third Party
 NYSIF Employee

:eFROI Initiator e-mail

(This email address may be an individual or group email distribution.)

Broker/Safety Group e-mail

(This email address will receive the same emails as the eFROI Initiator)

OSHA Case Number

Start eFROI

Once all required fields are complete, click here

In order for our office to receive a copy of this claim, put the following email address in this section:
claims@fleuryrisk.com

Important Tips for Filing a New eFROI

Injury Cause

Select Nature of Injury and Body Parts Affected

(Select Body Part and Nature of Injury, and click "add". If you wish to add another body part, select another Body Part and Nature of Injury and click "Add" again. Body Parts are limited to six(6) selections)

At least one Body part and Nature of Injury selection is required

Brain Foreign Body

When adding a "Body Part" and "Injury Type", make sure to select **"ADD"** in order for your selection to register on the form

* Was an object involved in the injury/illness?
(e.g., forklift, hammer, acid)

Yes
 No

* Was the injury the result of the use or operation of a licensed motor vehicle?

Yes
 No

DO NOT USE your browser's "BACK" or "UNDO" button to navigate eFROI; use the "Previous" or "Next" buttons on the bottom of the page

< Previous Save Form Next >

- **Work Information Section:** The Occupation Description must be completed and the appropriate Class Code of the injured employee must be selected. The class code dropdown will be populated with all of the class codes on your current WC (or VFBL/VAWBL policy).

Employee's Work Information on the date of the injury or illness

Short description of the basic work function of the injured employee (i.e. Police officer, teacher, volunteer firefighter)

Date the employee was hired? 

Employee's Job Title

*Occupation Description

Select the class code to which the injured employee belongs

*Manual Classification Code

Select an Class Code

- 8868 - COLLEGES-SCHOOLS&TEACHERS&CLERICL-U
- 9048 - CAMP OPERATIONS & DRIVERS
- 9101 - COLLEGE SCHOOLS-ALL OTHER EMPL&DVR
- Other

What types of activities did the employee normally perform at work? **200** characters left

(This field is limited to 200 characters, and accepts alpha numeric space enter . , ? # \$ () - ; : ' " / &)

- **Additional Information:** This section should be used if you have any notes regarding the claim or if you need to expand on your answer to a previous claim question.

Additional Information

Please provide any additional information **500** characters left

(This field is limited to 500 characters, and accepts alpha numeric space enter . , ? # \$ () - ; ! " * / &)

"An employer or carrier, or any employee, agent, or person acting on behalf of an employer or carrier, who KNOWINGLY MAKES FALSE STATEMENT OR REPRESENTATION as to a material fact in the course of reporting, investigation of, or adjusting a claim for any benefit or payment under this chapter for the purpose of avoiding provision of any such payment or shall benefit SHALL BE GUILTY OF A CRIME AND SUBJECT TO SUBSTANTIAL FINES AND IMPRISONMENT."

- **Completing the Form:** When the form is complete, all of the tabs will be marked with a **GREEN** checkmark. Any areas that remain incomplete will be marked with a **RED X**.



- To process the form, click **SUBMIT** on the bottom of the last eFROI page.
- If you need to exit before you complete the form, click **Save Form** at any time to save your work and come back later. Make sure to save your eFROI Transaction ID number for reference.

Resuming an Incomplete Electronic Claim

NYSIF **New York State Insurance Fund**
Workers' Compensation & Disability Benefits Specialist since 1914

WORKERS' COMPENSATION DISABILITY BENEFITS SAFETY & RISK MANAGEMENT CLAIMANTS

eFROI PolicyHolder Info Employee Info Accident Info Injury Cause Medical Work Info Submit

All fields marked with an asterisk(*) are required.

* Do You have a Loss ID?
 Yes
 No

* Are you Resuming an eFROI?
 Yes
 No

Instead of selecting **NO** to start a new claim, select **YES** to return to an incomplete filing

Input **eFROI Transaction ID** you received when saving the form

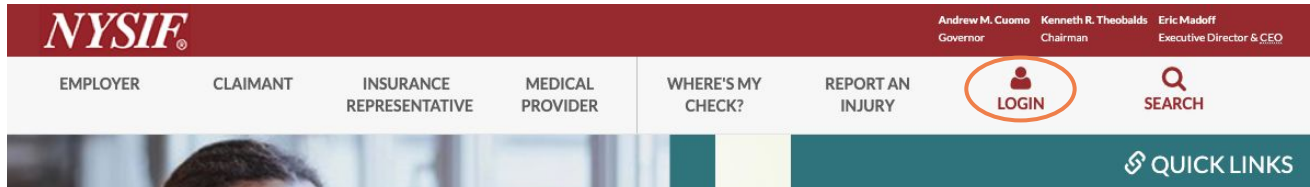
*NYSIF Policy Number
(for example: enter A123-4567-8 as 12345678)

*eFROI Transaction ID
(for example Transaction ID: begins with NP or SP followed by numbers and ending with Alphabets)

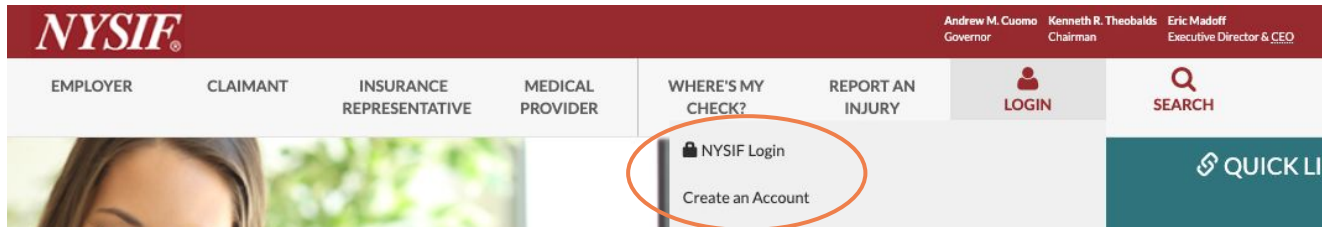
Start eFROI

Tracking Your Claim

- To track the status of your claim, navigate to the NYSIF homepage and select LOGIN from the main menu



- If you already have an account, select **NYSIF LOGIN**; if you need to create an account, select **CREATE AN ACCOUNT** and follow the steps on the next screen



Questions?

Contact our office!

FLEURY



RISK MANAGEMENT

7 Daggett Drive
Rexford, NY 12148

518-478-6314

fleuryrisk.com

Jennifer Ossenfort, ACSR, AIC

Claims Manager

jennifer@fleuryrisk.com

Ext. 103

John R. Fleury, CIC, CWCP

President

john@fleuryrisk.com

Ext. 102