



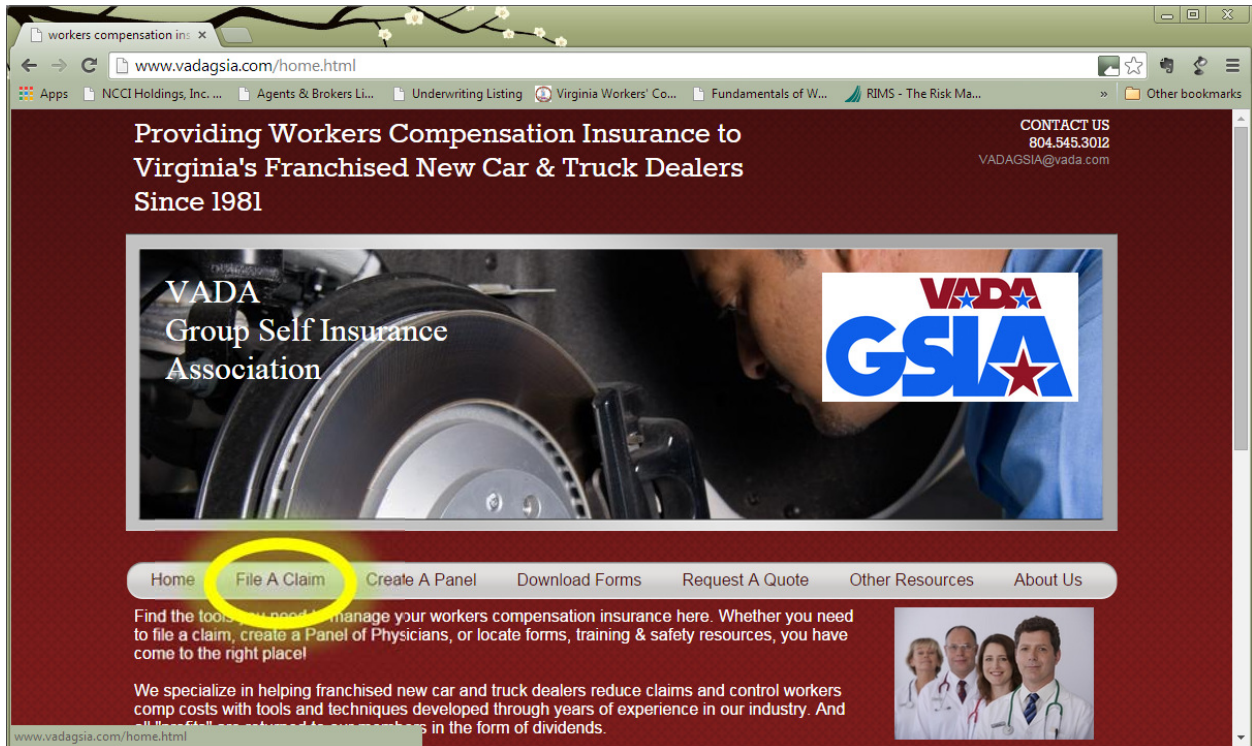
Filing Claims Online

Prompt claim reporting has a direct correlation to reduced claim costs and premiums!

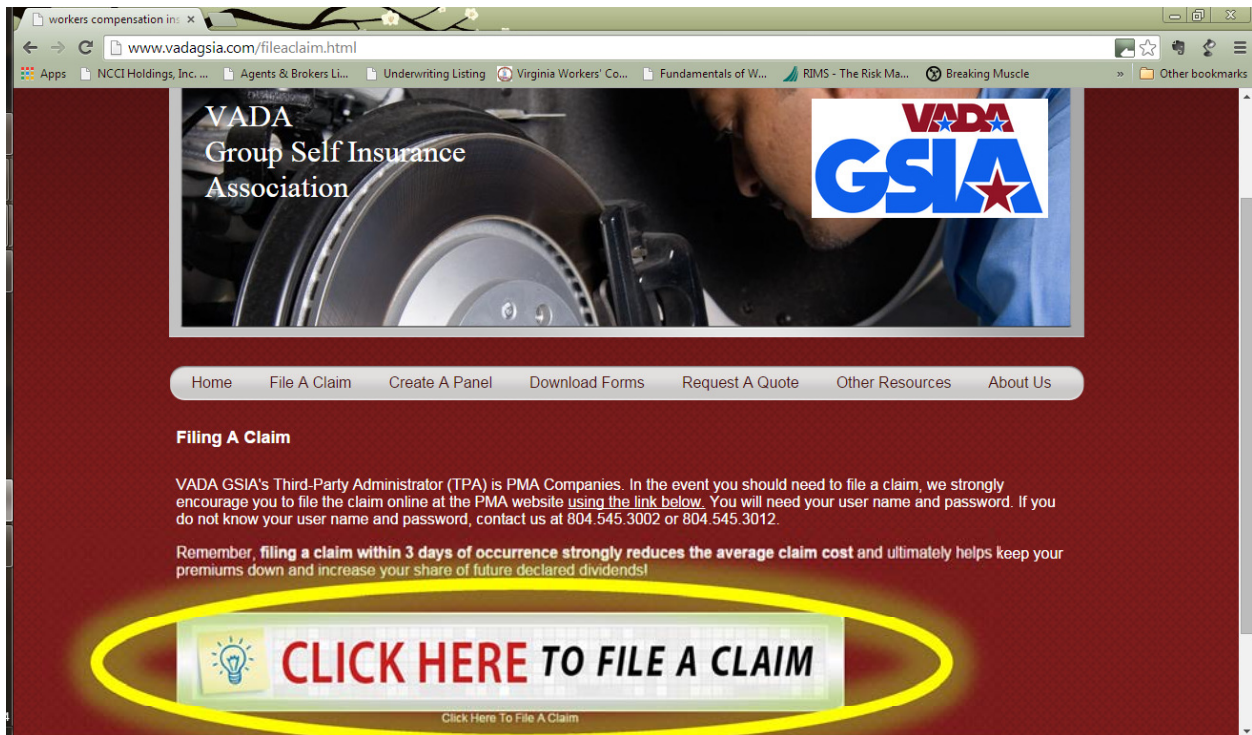
Reporting claims within 3 days can significantly reduce your premium.



GO TO OUR WEBSITE, WWW.VADAGSIA.COM

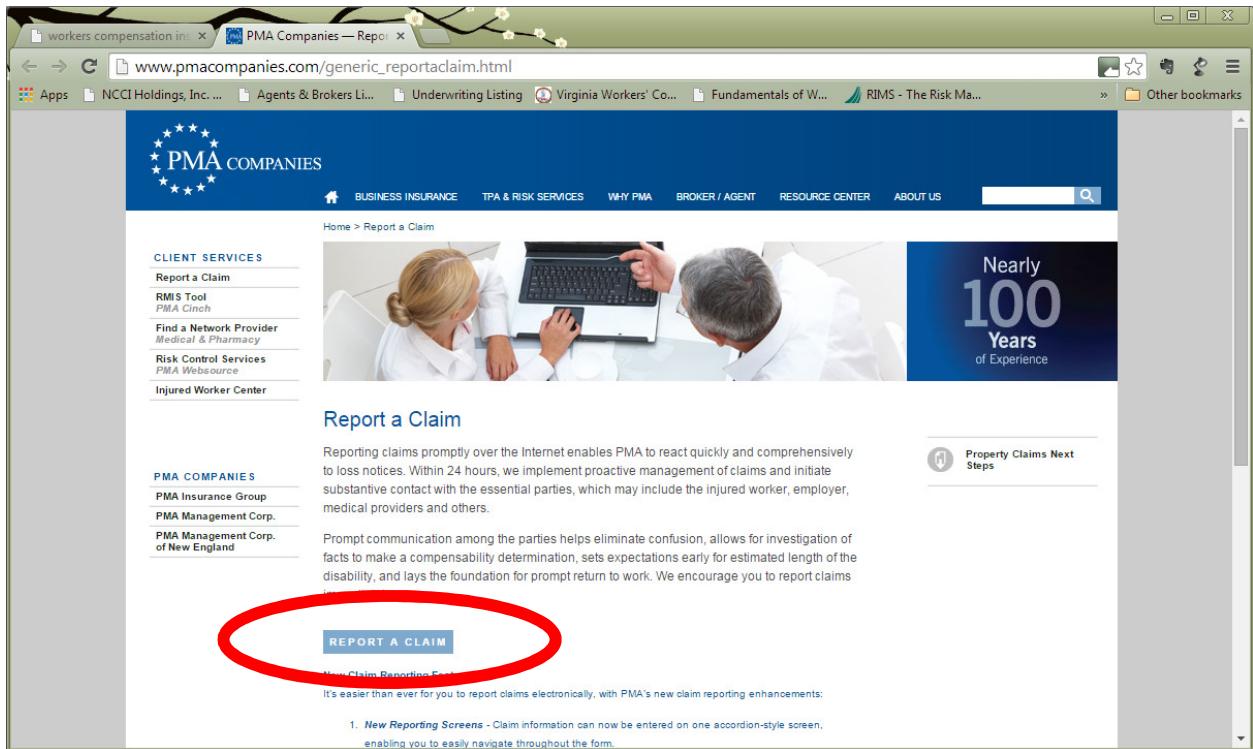


Click on the "File A Claim" link in the menu bar

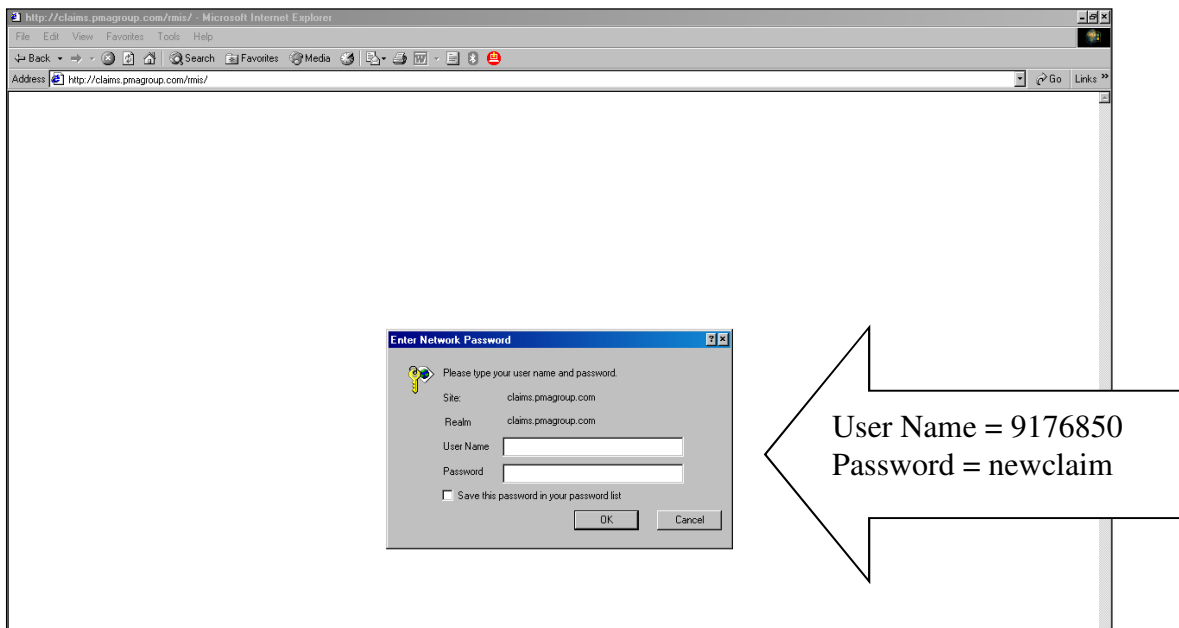


Click on the "CLICK HERE to file a claim" button

You will be taken to our Third-party Administrator's website



Click the icon that says "Report a Claim" and you will be taken to a login screen (actual screen will vary depending upon browser used).

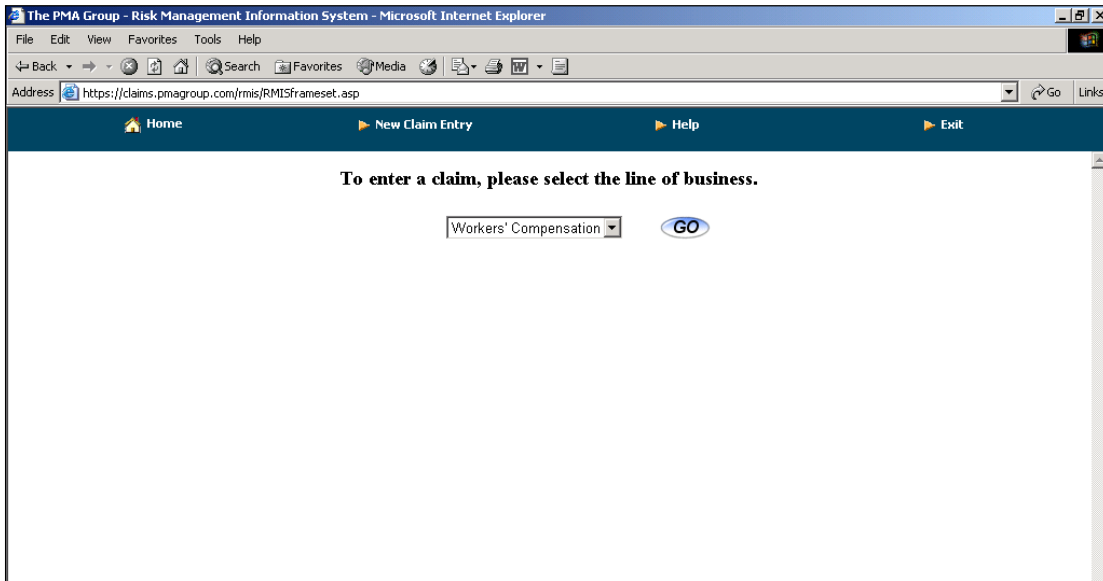


Type your User Name and your Password in the spaces provided. Click OK.

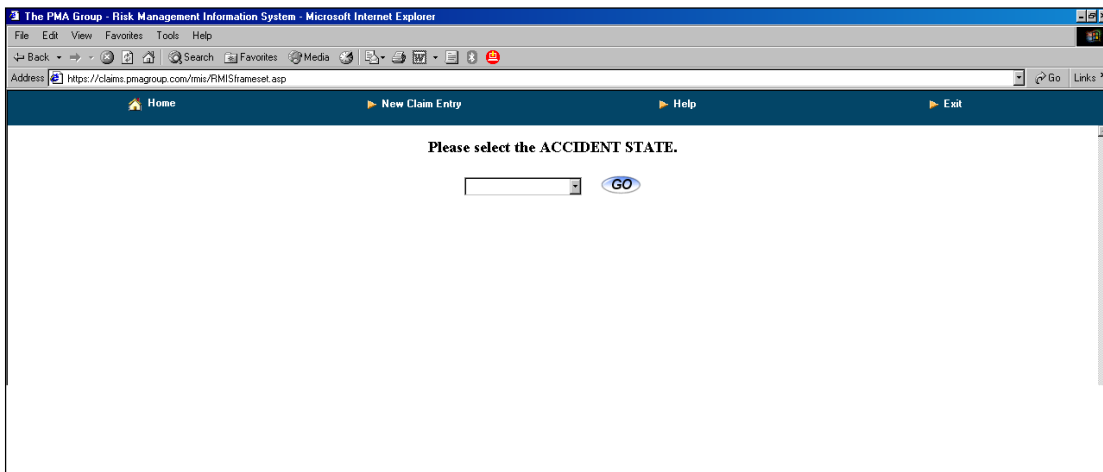
User Name: 9176850
Password: newclaim

After a few seconds, you will see the New Claim Entry main screen.

From the drop-down, choose the type of claim you want to report (Workers' Compensation, Automobile, Liability, Property) and click **Go**. If you only have one type with PMA, you will not see this screen.



For Worker's Compensation only, choose your accident state and click **Go**.



Complete each of the screens that you see. When you have completed each screen, click Next. Note that required fields are blue. You must complete these items before you can go to the next page.

For all dates, use the format mm/dd/yyyy, like 06/20/2007 for June 20, 2007. For telephone numbers and social security number, do not type the dashes.

Sample Workers' Compensation screens appear below. The screens are similar for Automobile, Liability and Property.

Claim Entry Wizard
(required fields in blue)

Employee Information 1 of 4 Next

Location:

Employee First Name: Last Name:

Street Address:

City: State: Zip:

Telephone Number: SSN: Sex:

Dates must be in format (mm/dd/yyyy)

Birth Date: Hire Date:

Marital Status: Number of Dependents:

Employment Status:

Occupation/Job Title:

Next

Prev **Occurrence Information 2 of 4** Next

Dates must be in format (mm/dd/yyyy)

Accident State: Date of Injury/Illness:

Accident Cause:

Injury Nature:

Body Part:

Side of Body:

Accident Description:

Time Employee Began Work - Hour: Min: AM PM

Time of Occurrence - Hour: Min: AM PM

Date Employer Notified: mm/dd/yyyy Last Date Worked:

Date Expected to Return to Work: Date Returned to Work:

Full Pay For Date of Injury?: Salary Continued?:

Hours Worked Per Day: Days Worked Per Week:

Payment Frequency:

If Fatal, Date of Death:

Is the Injured Worker Losing Time?: Date Disability Began:

Is the Injured Worker on Modified Duty?: Date Modified Duty Began:

Where did Injury/Illness occur?:

Injury/Illness Occurrence Address:

City: State: Zip:

Did Injury or Illness occur on Employer's Premises?: Yes No

Were Safeguards or Safety Equipment Provided?: Yes No Were They Used?: Yes No

Does Employer Question the Claim?: Was Employee Injured During Employment?:

Were Drugs or Alcohol Involved?: Is Employee Represented By Attorney?:

Prev Next

Contact Information 3 of 4

Physician/Health Care Provider Name and Address:

Name: Phone:
 Address:
 City: State: Zip:

Hospital Provider Organization and Address:

Name: Phone:
 Address:
 City: State: Zip:

Other Information:

Date Prepared:

Preparer's First Name: Last Name: Phone:
 Employer Contact First Name: Last Name: Phone:
 Witness First Name: Last Name: Phone:

Claim Entry Wizard
(required fields in blue)

Claim Submission 4 of 4

The Claim Entry Wizard has been completed. You may add additional comments below and click the Submit button to send the data to PMA or click the "Prev" button to make additional changes.

Comments

Enter miscellaneous claim details including wage information or custom location codes in the comments box below.

Record Only

Claim Email Information

Click the checkbox below to receive an email copy of the claim information just entered.

Send Email copy

Email Address(es) - Multiple addresses can be entered separated by a comma.

Check the **Record Only** box only when the claim is for recording purposes only. For Workers' Compensation, this means an injured worker who will **not** be seeking medical treatment.

Type any additional information about the claim into the Comments box.

Click the **Send Email Copy** and **type** your email address in order to receive a copy of these screens after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next address.

Click **Submit Claim** when you are finished. You will receive a claim number immediately. Record this claim number for your records.

To enter another claim, choose New Claim Entry from the menu at the top of the screen. When you are finished entering claims, choose Exit from the menu. Click **Yes** to close PMA New Claim Entry.

