

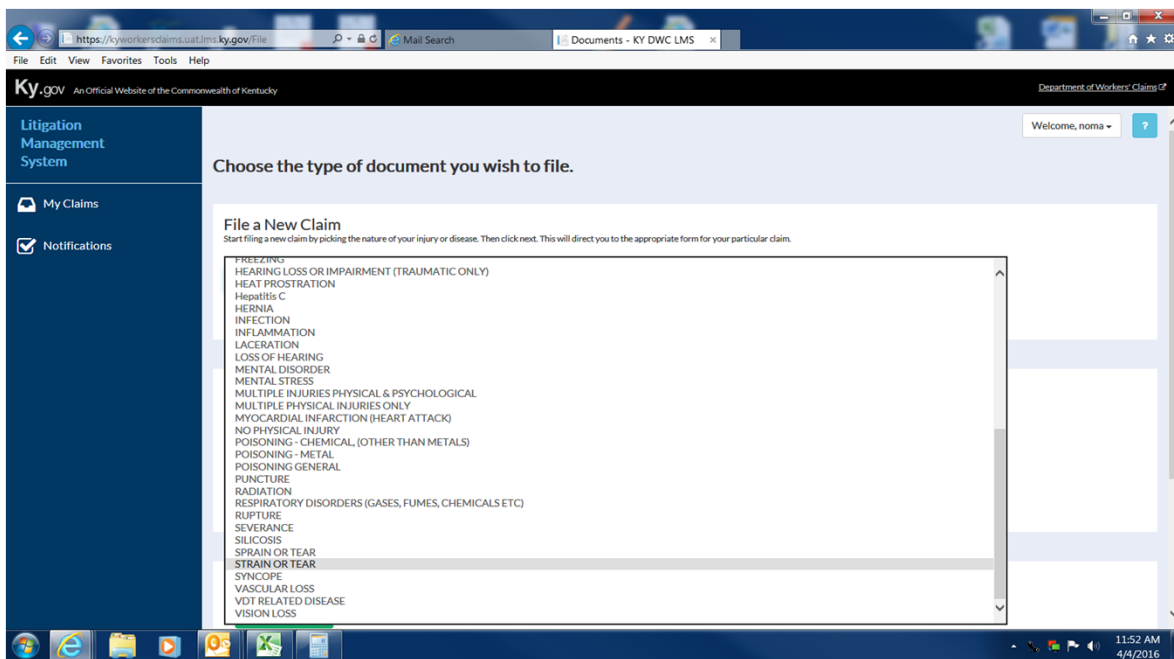


FILING A CLAIM

Submitting Applications for Resolution of
Injury Claim and Occupational Disease Claim

Kentucky Department of Workers' Claims

After successfully logging in to LMS and selecting the Submit a Filing button, click on the dropdown list under the File a New Claim heading. The type of application you are directed to depends on the nature of the injury or occupational disease selected from this list.



Because “Strain or Tear” was selected we are taken to an Application for Resolution of Injury Claim and are prompted to enter basic information about the plaintiff.

Ky.gov An Official Website of the Commonwealth of Kentucky Department of Workers' Claims

Litigation Management System

- My Claims
- Notifications

Application for Resolution of Injury Claim

Step 4 of 7

Plaintiff Information

Title First Name * Middle Last Name * Suffix

Select the type of ID *

Social Security Number Green Card #

SSN *

Birth Date * mm/dd/yyyy Gender * Female Male Undisclosed

Address *

Outside of United States

Postal Code * City/Town * State

Occupation *

11:55 AM
4/4/2016

Step 2 asks for contact information for the defendant or employer

The screenshot displays a web browser window with the URL <https://kyworkersclaims.usat.lms.ky.gov/Form101/File?No>. The page is titled "Application for Resolution of Injury Claim" and is identified as "Step 2 of 7". The main heading is "Defendant/Employer Information". The form contains the following fields:

- Business Name ***: ABC Tax Services
- Address ***: 400 S Main St
- Postal Code ***: 40601
- City/Town ***: FRANKFORT (selected from a dropdown menu)
- State**: KY

At the bottom of the form, there are four buttons: "Add Defendant" (green), "Cancel", "Save & Exit", and "Next" (green). The left sidebar of the website includes "Litigation Management System", "My Claims", and "Notifications". The top right corner shows a user profile "Welcome, norma" and a help icon. The Windows taskbar at the bottom indicates the time is 11:56 AM on 4/4/2016.

Proceeding to the next screen prompts the user to enter Insurance Carrier information. If this information is not available, simply check No Insurance Information Available and proceed to the next screen.

The screenshot displays a web browser window with the URL <https://kyworkersclaims.usd.lms.ky.gov/Form101/FileNew>. The page is titled "Application for Resolution of Injury Claim" and is identified as "Step 3 of 7". The main heading is "Insurance Carrier Information". There is a checkbox labeled "No Insurance Information Available" which is currently unchecked. Below this, the form contains several input fields: "Business Name" with the value "KEMI", "Address" with "250 W Main St" and "Suite 900", "Postal Code" with "40507", "City/Town" with a dropdown menu showing "LEXINGTON", and "State" with a dropdown menu showing "KY". At the bottom of the form are four buttons: "Cancel", "Save & Exit", "Back", and "Next". The left sidebar of the application includes "Litigation Management System", "My Claims", and "Notifications". The top right corner shows a user profile "Welcome, noma" and a help icon. The Windows taskbar at the bottom indicates the time is 11:57 AM on 4/4/2016.

The next screen collects information about the injury and any medical treatment provided.

The screenshot shows a web browser window displaying the 'Application for Resolution of Injury Claim' form. The browser address bar shows the URL: <https://kyworkercsclaims.usat.lms.ky.gov/Form101/FileNew>. The page title is 'File 101 - KY DWC LMS'. The form is titled 'Application for Resolution of Injury Claim' and is 'Step 4 of 7'. The form is titled 'Nature of Injury' and contains the following fields and options:

- Date and Location of accident/ injury:**
 - Date of Injury * mm/dd/yyyy: 3/27/2015
 - Postal Code *: 40601
 - City/Town *: FRANKFORT
 - State: KY
- Plaintiff states that he/she was injured within the scope and course of employment with defendant employer on the above date and at the above location.
- Description of injury:** fell down stairs and injured right knee and left shoulder
- Cause of Injury ***: FALL, SLIP OR TRIP ON STAIRS
- Body Part Injured ***: MULTIPLE BODY PARTS
- When and by what means did the plaintiff give notice of injury to the employer?**: Ms. Lyons told her boss at the time of the injury who called the ambulance to transport Ms. Lyons to the emergency room
- Describe medical treatment, if any:** ACL repair of right knee; rotator cuff repair of left shoulder
- Name and address of physician, whose report will be provided:** Harry Lockstad MD

At the bottom right of the form, there are four buttons: 'Cancel', 'Save & Edit', 'Back', and 'Next'.

The next step collects information about whether an interpreter is needed, whether or not the injured worker is deceased, and other claims that may have been filed previously.

The screenshot shows a web browser window displaying the 'Application for Resolution of Injury Claim' form, Step 5 of 7. The form is titled 'Other Information and Prior Claims' and contains the following sections:

- Will an interpreter be needed for the formal hearing?***
 No Yes
- Injured worker is deceased?***
 No Yes
- Have you previously filed for or received worker's compensation benefits in Kentucky?***
 No Yes

Please list up to three (3) of your previous filings:

Claim Number	Date of Injury	Nature of Injury or Disease	Awards/Benefits	Action
+ Add Previous Claim				

If you have previously filed for or received worker's compensation benefits outside of Kentucky, please provide the state(s) in which you were awarded benefits:

Buttons: Cancel, Save & Exit, Back, Next

System tray: 12:35 PM, 4/4/2016

If the user selects the add previous claim button, a window will open prompting the user to enter information about that claim.

The screenshot shows a web browser window displaying the 'Application for Resolution of Injury Claim' page. A modal dialog box titled 'Add Previous Claim' is open, prompting the user to enter the following information:

- Claim Number:** 199484001
- Date of Injury:** 5/17/1994
- Nature of Injury or Disease:** laceration R index finger
- Awards/Benefits:** settled

The dialog box includes an 'Add' button at the bottom right. The background page shows a sidebar with 'My Claims' and 'Notifications', and a main content area with a table of claims. The system title is 'Ky.gov - An Official Website of the Commonwealth of Kentucky' and the page title is 'Department of Workers' Claims'.

The prior claim information is now shown below. If there are no other prior claims, the user can proceed to the next step.

Application for Resolution of Injury Claim
Step 5 of 7

Other Information and Prior Claims

Will an interpreter be needed for the formal hearing? *

No Yes

Injured worker is deceased? *

No Yes

Have you previously filed for or received worker's compensation benefits in Kentucky? *

No Yes

Please list up to three (3) of your previous filings

Claim Number	Date of Injury	Nature of Injury or Disease	Awards/Benefits	Action
199484001	5/17/1994	laceration R index finger	settled	

[+ Add Previous Claim](#)

If you have previously filed for or received worker's compensation benefits outside of Kentucky, please provide the state(s) in which you were awarded benefits

Additional employment information is collected in step 6 in addition to whether or not the plaintiff is alleging a safety violation.

The screenshot displays a web browser window with the URL <https://kyworkersclaims.usat.lms.ky.gov/Form101/FileNew>. The page is titled "Application for Resolution of Injury Claim" and is identified as "Step 6 of 7". The form is titled "Other Employment Information" and contains the following fields and options:

- Question: "Was there concurrent employment at the time of injury?*" with radio button options for "No" (selected) and "Yes".
- Question: "Has the plaintiff worked since the injury?*" with radio button options for "No" and "Yes" (selected).
- Text prompt: "Please provide the name and address of current employer and description of job currently being performed:"
- Text input field: "Current Employer Name*" containing "Mabel's Bookkeeping Service".
- Text input field: "Postal Code*" containing "40601".
- Dropdown menu: "City/Town*" containing "FRANKFORT".
- Dropdown menu: "State" containing "KY".
- Question: "Are you alleging a violation of a safety rule/regulation pursuant to KRS 342.165?*" with radio button options for "No" (selected) and "Yes".

At the bottom right of the form, there are four buttons: "Cancel", "Save & Exit", "Back", and "Next". The browser's taskbar at the bottom shows the time as 12:09 PM on 4/4/2016.

In the final step of the application the user attests to their identity and the accuracy of the application and application attachments. An electronic signature is required to complete the submission process. After these items have been completed, the user may preview and print a copy of the application by clicking Preview Document and may submit their application to DWC by clicking the Finish button.

The screenshot shows a web browser window displaying the 'Application for Resolution of Injury Claim' form, Step 7 of 7. The form is titled 'Application for Resolution of Injury Claim' and is part of the 'Litigation Management System'. The user is logged in as 'noma'. The form contains the following sections:

- Attestations:**
 - I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. *
 - Plaintiff herein being duly sworn, states that the statements in this application and in Forms 104, 105, and 106, to be separately filed, are true. *
- Signature Section:**

By entering your name below, you are confirming the accuracy of this form to the best of your knowledge:

This form prepared and submitted by: *

(By entering your name in the field above, you are providing your electronic signature)
- Relationship Section:**

Relationship to injured worker: *
- Buttons:** Cancel, Save & Exit, Back, Preview Document, Finish

The browser address bar shows the URL: <https://kyworkersclaims.usd1.mkc.ky.gov/Form101/FileNu...> and the page title is 'File 101 - KY DWC LMS'. The system logo 'Ky.gov' and 'Department of Workers' Claims' are visible at the top. The Windows taskbar at the bottom shows the time as 12:24 PM on 4/4/2016.

Completed Application for Resolution of Injury (Rendered as PDF)

Form 101

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS
Application for Resolution of Injury Claim
Claim No. _____

Filed:
via UPS -

Harry B Lyons
Plaintiff
333-22-1111
Social Security Number/Green Card
18/18/1958 F
Birth Date Gender
388 Maple St
Mailing Address
FRANKFORT, KY 40601
City/State/Postal Code
 Outside United States
UNITED STATES
Country
BOOKKEEPERS ACCOUNTING & AUDITING CLC
Occupation

vs. ABC Tax Services
Defendant/Employer (business name)
488 S Main St
Mailing Address
FRANKFORT, KY 40601
City/State/Postal Code
KEMC
Insurance Carrier
258 W Main St Suite 900
Mailing Address
LEXINGTON, KY 40587
City/State/Postal Code
Additional Defendant Name
Mailing Address
City/State/Postal Code
Reason for Joinder:
Additional Other Defendant
Mailing Address
City/State/Postal Code
Reason for Joinder:

I. Nature of Injury

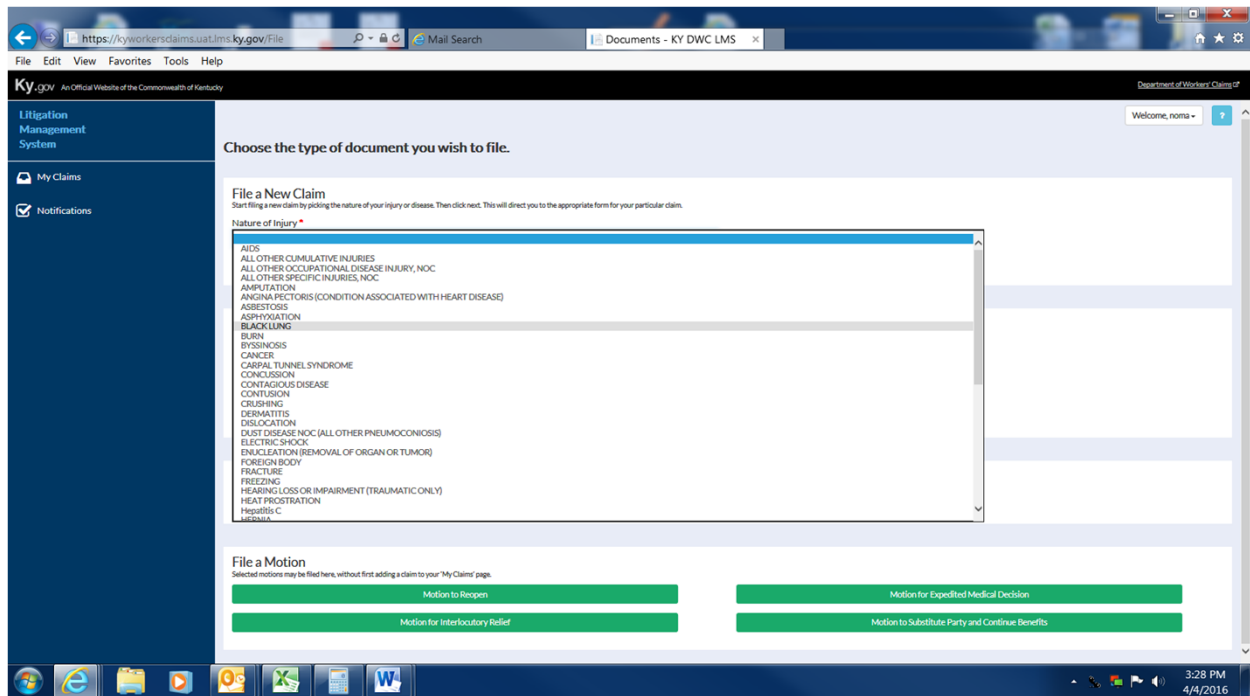
- Date and location of accident/injury:
Date of Injury: 3/27/2015
Location of Injury (City/State/Postal Code): FRANKFORT, KY 40601
 Plaintiff states that he/she was injured within the scope and course of employment with defendant employer on the above date and at the above location.
- Describe how the accident/injury occurred:
fall down stairs and injured right knee and left shoulder
Cause of Injury: FALL, SLIP OR TRIP ON STAIRS
- Body part injured: MULTIPLE BODY PARTS
- When and by what means did the plaintiff give notice of injury to the employer?
Mr. Lyons told her boss at the time of the injury who called the ambulance to transport Mr. Lyons to the emergency room.
- Describe medical treatment, if any:
ACL repair of right knee; rotator cuff repair of left shoulder
- Name and address (city/state/postal code) of physician whose report will be provided:
Harry Lockstadt MD
- Will an interpreter be needed for the formal hearing? (Yes / No) No
If yes, in which language?
- Dependents
Injured worker is deceased? (Yes / No) No
If deceased, dependent information is required for a deceased worker. If work injury resulted in the death of claimant, attach/provide/submit Form F in addition to the Application for Resolution of Claim.
- Have you previously filed for or received workers' compensation benefits in Kentucky? (Yes / No) Yes
If yes, please provide the following information:

Claim Number	Date of Injury	Nature of Injury/Disease	Awards/Benefits
19944001	5/17/2004	Laceration & Index Finger	settled

If not a Kentucky claim, please provide the state in which you were awarded benefits: _____

- Was there concurrent employment at the time of injury? (Yes / No) No
 - Name and address of concurrent employer:
Concurrent Employer Name _____
Concurrent Employer City _____
Concurrent Employer State _____ Postal Code _____
 - Has the plaintiff worked since the injury? (Yes / No) Yes
 - Name and address of current employer and description of job currently being performed:
Current Employer Name: Hahn's Bookkeeping Service
Current Employer City: FRANKFORT
Current Employer State: KY Postal Code: 40601
 - Are you alleging a violation of a safety rule/regulation pursuant to KRS 342.165? (Yes / No) No
If yes, submit form SVE within 15 days after filing the Application for Resolution of Claim.
- Attestations:**
- I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- Plaintiff herein being duly sworn, states that the statements in this application and in Form 104, 105, and 106 to be separately filed, are true.
- By entering your name below, you are confirming the accuracy of this form to the best of your knowledge.
- W/Name Pay Status _____ attorney
This form prepared and submitted by _____ Relationship to injured worker:
Plaintiff Signature _____

To file an Application for Resolution of Occupational Disease Claim, we return to the Submit a File screen and select a nature that is consistent with the need to file an Occupational Disease Claim such as Black Lung.



Step one of the Application for Resolution of Occupational Disease Claim collects plaintiff contact information

The screenshot displays a web browser window with the URL <https://kyworkersclaims.uat.lms.ky.gov/Form102/File/68>. The page title is "Application for Resolution of Occupational Disease Claim" and it is labeled as "Step 1 of 7". The form is titled "Plaintiff Information" and contains the following fields:

- Title:** A dropdown menu with a blue selection bar.
- First Name:** Text input field containing "Phillip".
- Middle:** Text input field.
- Last Name:** Text input field containing "Harper".
- Suffix:** A dropdown menu.
- Select the type of ID:** Radio buttons for "Social Security Number" (selected) and "Green Card #".
- SSN:** Text input field containing "555-44-3322".
- Birth Date:** Text input field containing "10/24/1954".
- Gender:** Radio buttons for "Female", "Male" (selected), and "Undisclosed".
- Address:** Text input field containing "231 S Oak St".
- Outside of United States:** A checkbox that is unchecked.
- Postal Code:** Text input field containing "41501".
- City/Town:** Text input field containing "PIKEVILLE".
- State:** Text input field containing "KY".
- Occupation:** Text input field containing "MINING MACHINE OPERATORS".

At the bottom right of the form, there are three buttons: "Cancel", "Save & Exit", and "Next". The browser's taskbar at the bottom shows the time as 3:38 PM on 4/4/2016.

Step 2 asks for contact information for the defendant or employer.

The screenshot shows a web browser window with the URL <https://kyworkersclaims.uat.lms.ky.gov/Form102/File/68>. The page is titled "Application for Resolution of Occupational Disease Claim" and is "Step 2 of 7". The main heading is "Defendant/Employer Information". The form contains the following fields:

- Business Name ***: Text input field containing "Dexter Mining Services".
- Address ***: Three stacked text input fields, with the first containing "Rt 3 Box 79".
- Postal Code ***: Text input field containing "41501".
- City/Town ***: Dropdown menu showing "PIKEVILLE".
- State**: Text input field containing "KY".

At the bottom of the form, there is a green "Add Defendant." button and a set of navigation buttons: "Cancel", "Save & Exit", "Back", and "Next". The left sidebar shows "Litigation Management System" with "My Claims" and "Notifications" options. The top right corner displays "Welcome, noma" and a help icon.

Proceeding to the next screen prompts the user to enter Insurance Carrier information. If this information is not available, simply check No Insurance Information Available and proceed to the next screen.

The screenshot displays a web browser window with the URL <https://kyworkersclaims.uat.lms.ky.gov/Form102/File/58>. The page title is "File 102 - KY DWC LMS". The browser's address bar shows "Mail Search". The page content is from "Ky.gov - An Official Website of the Commonwealth of Kentucky" and is part of the "Department of Workers' Claims". The user is logged in as "roma".

The main content area is titled "Application for Resolution of Occupational Disease Claim" and is "Step 3 of 7". The section is "Insurance Carrier Information". There is a checkbox labeled "No Insurance Information Available" which is currently unchecked. Below this are several input fields:

- Business Name:** BRICKSTREET MUTUAL INS
- Address:** 502 S Quarry Rd
- Postal Code:** 25322
- City/Town:** CHARLESTON
- State:** WV

At the bottom right of the form are four buttons: "Cancel", "Save & Edit", "Back", and "Next". The "Next" button is highlighted in green. The Windows taskbar at the bottom shows the time as 3:43 PM on 4/4/2016.

Step 4 requests information about the nature of the disease.

The screenshot shows a web browser window with the URL <https://kyworkersclaims.uat.lms.ky.gov/Form102/File/68>. The page is titled "Application for Resolution of Occupational Disease Claim" and is on "Step 4 of 7". The main heading is "Nature of Occupational Disease".

The form includes the following fields and content:

- Date and Location of Last Exposure:**
 - Date of Last Exposure ***: 6/9/2015
 - County (in which injury/fatality occurred) ***: Pike
 - Postal Code ***: 41501
 - City/Town ***: PIKEVILLE
 - State**: KY
- Plaintiff states that he/she became affected by reason of a disease arising out of and in the course of his/her employment.
- Identify the occupational disease claimed: ***: black lung
- Nature of the work in which the plaintiff was engaged at the time of exposure:**: roof bolt machine operator
- When and by what means did the plaintiff give notice of occupational disease to the employer?**: employer notified via certified mail 10/20/2015 when diagnosed
- Name and address of physician, whose report will be provided:**: Glen Baker MD

The next step collects information about whether an interpreter is needed, whether or not the injured worker is deceased, and other claims that may have been filed previously.

Application for Resolution of Occupational Disease Claim
Step 5 of 7

Other Information and Prior Claims

Will an interpreter be needed for the formal hearing? *

No Yes

Injured worker is deceased? *

No Yes

Have you previously filed for or received worker's compensation benefits in Kentucky? *

No Yes

Please list up to three (3) of your previous filings

Claim Number	Date of Injury	Nature of Injury or Disease	Awards/Benefits	Action
199411490	4/17/1994	Black Lung	\$25000.00 RIB award	<input type="button" value="x"/>

If you have previously filed for or received worker's compensation benefits outside of Kentucky, please provide the state(s) in which you were awarded benefits

Step 6 collects further employment information including retraining benefit elections, work history, and safety violations.

The screenshot displays a web browser window with the URL <https://kyworkersdamns.ual.lms.ky.gov/Form102/File/68>. The page title is "Application for Resolution of Occupational Disease Claim" and it is identified as "Step 6 of 7". The form is titled "Other Employment Information" and contains the following questions:

- Are you applying for retraining incentive benefit? *
 No Yes
- Are you currently engaged in the severance or processing of coal? *
 No Yes
- Are you currently working in the industry in which the last exposure occurred? *
 No Yes
- Was there concurrent employment at the time of injury? *
 No Yes
- Has the plaintiff worked since the injury? *
 No Yes
- Are you alleging a violation of a safety rule/regulation pursuant to KRS 342.165? *
 No Yes

At the bottom right of the form, there are four buttons: "Cancel", "Save & Edit", "Back", and "Next". The browser's address bar shows "File 102 - KY DWC LMS". The taskbar at the bottom of the screen shows the time as 3:48 PM on 4/4/2016.

In the final step of the application the user attests to their identity and the accuracy of the application and application attachments. An electronic signature is required to complete the submission process. After these items have been completed, the user may preview and print a copy of the application by clicking Preview Document and may submit their application to DWC by clicking the Finish button.

The screenshot displays a web browser window with the URL <https://kyworkersclaims.ua1.lms.ky.gov/Form102/File/68>. The page title is "Application for Resolution of Occupational Disease Claim" and it is labeled "Step 7 of 7". The main content area is titled "Attestations" and contains the following text:

I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. *

Plaintiff herein being duly sworn, states that the statements in this application and in Forms 104, 105, and 106, to be separately filed, are true. *

By entering your name below, you are confirming the accuracy of this form to the best of your knowledge:

This form prepared and submitted by: *

Norma Ray Sutton

(By entering your name in the field above, you are providing your electronic signature)

Relationship to injured worker: *

attorney

At the bottom of the form, there are five buttons: "Cancel", "Save & Edit", "Back", "Preview Document", and "Finish". The "Finish" button is highlighted in green.

The browser's address bar shows "File 102 - KY DWC LMS". The left sidebar of the website includes "Litigation Management System", "My Claims", and "Notifications". The top right corner of the page says "Department of Workers' Claims" and "Welcome, norma". The Windows taskbar at the bottom shows the time as 4:00 PM on 4/4/2016.



Thank You

Questions?

Contact:

LaborKYWCLMS.TechnicalSupport@ky.gov