



INDUSTRIAL COMMISSION OF ARIZONA
800 W. WASHINGTON STREET
PHOENIX, ARIZONA 85007

Webform Guide

Home Page – Public Access Page

Introduction

Welcome to the new ICA Community. This document serves as a guide to the available forms to public access users. No account is necessary to access these documents and submit electronically. Please note that some documents to require an ICA claim number to be associated. This number can be found on any notice from ICA or may also be listed on Claim Forms from the Carrier/Self-Insured. If not known, please call us at 602-542-4661 to obtain the number.

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Employers Report of Injury Form – 101

Within TEN DAYS after receiving notice of the accident, an employer must complete an Employer’s Report of Injury and forward copies to the Commission and its insurance carrier or third-party administrator. It is strongly encouraged that this form be used to report the accident to the Commission online.

IMPORTANT: The employer must notify the Commission of a work-related fatality by telephone, telegram or electronic filing no later than the next business day following a fatality.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box “I agree” and “I’m not a robot” and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission

process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Workers and Physicians Report of Injury – 102

**link to current 102 should be available -

https://www.azica.gov/sites/default/files/0102%20Claims_102_RevisitSpecialCase_Master_063017.pdf

An injured worker must file a workers' compensation claim in writing with the Commission within one year after the injury occurred. The time for filing a claim begins to run when the injury becomes manifest or when the injured worker knows or in the exercise of reasonable diligence should know that he or she has sustained a compensable work related injury.

An injured worker can make a claim for workers' compensation benefits by filling out and signing this Worker's and Physician's Report of Injury form at the doctor's office. This form has two sections. The injured worker must complete the first section of the form entitled "Worker's Report" and sign and date this section of the form. The physician or the medical provider who treated the injured worker must complete the second section of the form entitled "Physician's Initial Report" and sign and date this section of the form.

This form must be completed in its entirety, including the name and address of the injured worker's employer at the time of the alleged injury as well as the address or location of the accident. Failure to do so may cause a delay in processing.

IMPORTANT: The medical provider completing this form must file it with the Commission within eight (8) days after first rendering treatment. This form is be filed with the Commission by mailing the original to the Industrial Commission of Arizona at P.O. Box 19070, Phoenix, AZ 85005. One (1) copy must also be sent to the injured worker's employer and to the employer's workers' compensation insurance carrier or third-party administrator.

Workers Report of Injury Form – 407

An injured worker must file a workers' compensation claim in writing with the Commission within one year after the injury occurred or when the injury becomes manifest which means that the injured worker knows or in the exercise of reasonable diligence should know that he or she has sustained a compensable work related injury.

An injured worker can make a claim for workers' compensation benefits by filling out and signing a Worker's and Physician's Report of Injury at the doctor's office or by completing this form as follows:

An injured worker or authorized representative may file a workers' compensation claim for benefits by filing this form with the Commission.

IMPORTANT: This form must be completed in its entirety, including the name and address of the injured worker's employer at the time of the alleged injury as well as the address or location of the accident. Failure to do so may cause a delay in processing it.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box "I agree" and "I'm not a robot" and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Request for Hearing – 446

This form may be used to request a hearing. It must be completed in its entirety including the reason for the request. The request for hearing should indicate which notice, award or order is being protested and the grounds on which the hearing is requested. Failure to clearly state the reason for the request may cause a delay in processing.

Copies of the Arizona Workers' Compensation Laws and Arizona Workers' Compensation Rules and information about the Industrial Commission of Arizona claims and hearing process are available at the Industrial Commission offices and through the ICA web-site located at <http://www.azica.gov/>

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box "I agree" and "I'm not a robot" and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Petition for Rearrangement – 529

An interested party or authorized representative may file a Petition for Rearrangement or Readjustment of Compensation if a qualifying change in earning capacity or condition has occurred since the last loss of earning capacity determination was made. The burden of proof to establish the change rests with the filing party. This form may be used to file a Petition for Rearrangement or Readjustment of Compensation.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box “I agree” and “I’m not a robot” and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Request to Change Doctors – 121

Any interested party or their authorized representative may petition the Commission for a change of doctors by filing this form. Please ensure the doctor requested to change to is willing to provide medical care under the workers’ compensation claim.

IMPORTANT: If a request to change doctors is being made by an insurance carrier or self-insured employer because the treating doctor is not complying with the provisions of A.R.S. § 23-1062.02(C)(2), the party making the request should specifically state so on this form so that it can be processed accordingly.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box “I agree” and “I’m not a robot” and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Request to Leave State – 122

An injured worker may not leave the state for a period exceeding two weeks, (15 days or more), while the need for **active** medical treatment continues, without the written approval of the Commission. This form may be used to request approval to leave the state. It must be completed in its entirety including the reason for the request. Failure to state the reason for the request may cause a delay in processing. The Commission will issue an award either approving or disapproving the request to leave the state. If approved, the effective date which grants permission for the injured worker to leave the state is the date on which the injured worker filed this request.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box “I agree” and “I’m not a robot” and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

Request to Petition to Reopen – 528

An injured worker or authorized representative may petition to reopen a previously closed claim to secure additional benefits upon the basis of new, additional or previously undiscovered temporary or permanent condition by filing this form with the Commission. **IMPORTANT:** This petition to reopen form **must** be accompanied by a statement from a physician setting forth the physical condition which serves the basis for reopening and its relationship to the industrial injury.

Any field with a red indicator next to it are required and the remaining are requested. When all fields are completed, go through the submission process by reading the disclaimer, clicking the check box “I agree” and “I’m not a robot” and Submit. If all required fields are completed, this form will be submitted directly to ICA and the user will receive a copy to complete the Adobe E-sign process in the email address input on the form. If the user mistakenly misses a required field and finish the submission process, they will need redo the submission process again after completing the missing field. This form has an Adobe E-Sign Verification. When the form is completed, the user will get an email asking them to sign. Follow the link and prompts to complete the process. Once the Adobe e-sign is complete, a final version of the completed form will be emailed to the user to add to the claim file and distribute, as indicated. The Adobe e-sign process will follow up daily for 7 days. If the document is not signed after 7 days, a new form will need to be completed.

