



INDUSTRIAL COMMISSION OF ARIZONA

800 W. WASHINGTON STREET
PHOENIX, ARIZONA 85007

Webform & Document Upload Guide

Attorney Profile

Introduction

Welcome to the new ICA Community. This document serves as a guide to the available forms to Attorney's. An Attorney account is required to access these forms. Please note that some documents to require an ICA claim number and/or ALJ Case Number to be associated. The ICA Claim number can be found on any notice from ICA. If not known, please call the Claims Division at 602-542-4661 to obtain the number. The ALJ Case Number can be found on any hearing document issued by ICA. If not known, please call the ALJ Division at 602-542-5241 to obtain the number.

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Webforms

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.

Priors Claim Request

When completed through community, access the prior claims and documents will be provided into the requestor's community profile for research.

Any field with a red indicator next to it is required and the remaining are requested. When all fields are completed complete the submission process by reading the disclaimer, clicking the check box "I agree", checking "I'm not a robot", and submit. If all required fields are completed, this form will be submitted directly to ICA and a copy of the final document will be sent to the email address input on the form for import into payer claim file. If a required field is missed or the document type for file upload is not completed, the document will error and the user will need to complete the field and redo the submission process again after completing the missing field/drop down.

Change of Address

Filing a change of address for the applicant.

Any field with a red indicator next to it is required and the remaining are requested. When all fields are completed complete the submission process by reading the disclaimer, clicking the check box "I agree", checking "I'm not a robot", and submit. If all required fields are completed, this form will be submitted directly to ICA and a copy of the final document will be sent to the email address input on the form for import into payer claim file. If a required field is missed or the document type for file upload is not completed, the document will error and the user will need to complete the field and redo the submission process again after completing the missing field/drop down.

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.

Claim for Dependent's Benefits - Fatality

Form for Dependent's Benefits on a Fatality Claim.

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.

Guardian Minor

Form to file a request for a Guardian Ad Litem for a Minor.

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.

Guardian Incapacitated

Form to file a request for a Guardian Ad Litem for an incapacitated applicant.

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.

Loss of Earning Capacity Questionnaire

Upon filing of a unschedule closure, the Claims Division may send a questionnaire to the applicant to provide more details. This optional questionnaire may be completed electronically through this form.

Any field with a red indicator next to it is required and the remaining are requested. When all fields are completed complete the submission process by reading the disclaimer, clicking the check box “I agree”, checking “I’m not a robot”, and submit. If all required fields are completed, this form will be submitted directly to ICA and a copy of the final document will be sent to the email address input on the form for import into payer claim file. If a required field is missed or the document type for file upload is not completed, the document will error and the user will need to complete the field and redo the submission process again after completing the missing field/drop down.

Petition for Rearrangement Questionnaire

Upon filing of a petition for rearrangement, the Claims Division will send a questionnaire to the applicant to provide more details. This may be completed electronically through this form.

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.

Document Upload

Introduction

Any document that is part of a claims file, but not available by webform may be uploaded directly to community. Please select the correct document type for upload. Each upload will allow you to attach multiple documents in a single upload.

Portals are available for the following document upload types:

- Workers Compensation Claim Document

- ALJ Case Document Filing
- Direct Filings to ALJ
- Non-Workers Compensation ALJ Filing.

A sample process is provided below for Workers Compensation Claim Document upload. The other document upload processes are similar, however they do require an ALJ Case Number.

Important: The document type initiates the appropriate workflow for the claims/ALJ division. Please do not upload the documents listed as webforms (i.e. request for hearing, medical report, etc) as attachments to the document upload, because they will not enter the workflows for the Claims/ALJ Divisions to review. For example: If an Annual Report of Income is uploaded and part of the same document upload is a Petition for Rearrangement, the Petition will not be processed because it will not generate a workflow for Awards to make a determination. Circumventing the document typing on the upload will not assist in expediting the processes.

Instructions

When logged into Community, navigate to the tab titled Upload Documents. Click the tile for the drop down menu and select Workers Compensation Claim Documents. Input the valid ICA Claim Number without dashes and date of injury. The ICA Claim Number can be found on any ICA correspondence, such as new claim notification. If unknown, please call 602-542-4661. The form will not allow the user to proceed unless the ICA claim number matches ICA records.

ALJ Case Document Filing and Non-Workers Compensation ALJ Filing requires an ALJ Case number. The ALJ Case Number can be found on any hearing document issued by ICA. If not known, please call the ALJ Division at 602-542-5241 to obtain the number.

Once the Upload Document button is activated, select the document type and click upload files

The computer will prompt you to select a file and upload. Once a document has been selected, a loading screen will appear showing the success of the upload. Click Done.

Upload Workers' Compensation Claim Document

Documents not available as web forms may be uploaded to the claim below. If claim number and date of injury are not available, please submit to the Industrial Commission via mail or [efax](#). [Contact Us](#)

ICA Claim Number

Date of Injury

Doc Type

<None>

Upload Document

Or drop files

1. Input Valid ICA Number, no dashes

2. Input Date of Injury for associated claim.

3. Drop Down and Select Document Type

4. Upload Document Will not activate until valid claim number is listed.

The computer will prompt the user to select a file and upload. Once a document has been selected, a loading screen will appear showing the success of the upload. Click Done.

Doc Type

Attorney Retention for Carrier

Upload Document

Or drop files

Active Upload Files

Upload Files



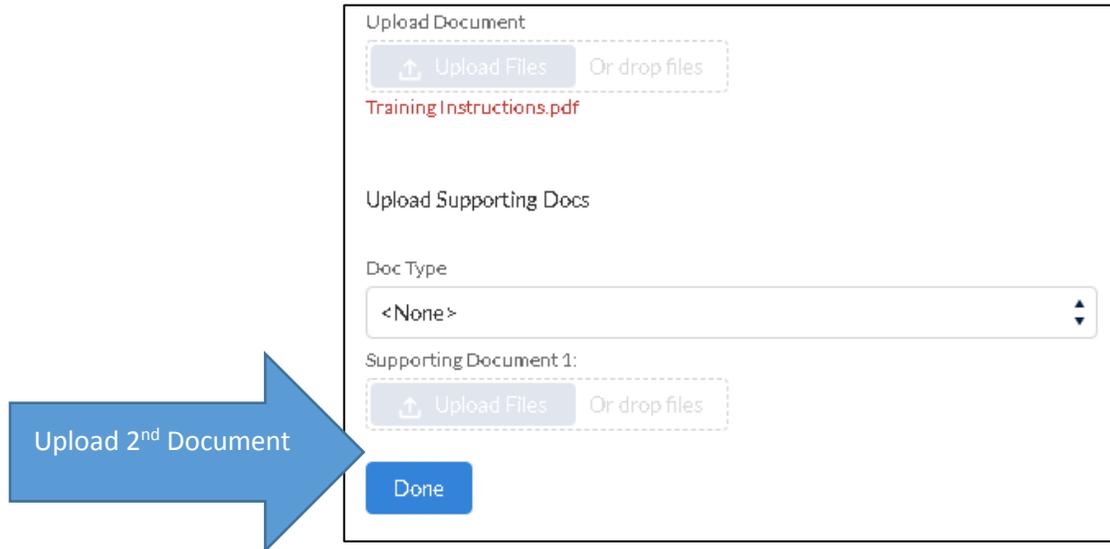
Training Instructions.pdf
249 KB



1 of 1 file uploaded

Done

The option to upload another supporting document will appear. Follow same process to upload another document or click done. When done is clicked, the screen will immediately go back to blank, allowing the user upload another document.



The screenshot shows a web interface for uploading documents. At the top, there is a section titled "Upload Document" containing a button labeled "Upload Files" with an upward arrow icon and the text "Or drop files". Below this, the filename "Training Instructions.pdf" is displayed in red. The next section is titled "Upload Supporting Docs" and includes a "Doc Type" dropdown menu currently set to "<None>". Below the dropdown is a section for "Supporting Document 1:" which also features an "Upload Files" button with an upward arrow icon and the text "Or drop files". At the bottom of the interface is a blue "Done" button. A large blue arrow on the left side of the image points from the text "Upload 2nd Document" towards the "Supporting Document 1:" upload area.

Common uses for multiple documents in a single upload would include returning a solicitor with the supporting medical report.

The user is able to verify the success of the upload by navigating back to View Workers Compensation Files and the document will be immediately viewable in the claims file.