



INDUSTRIAL COMMISSION OF ARIZONA
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PHOENIX, ARIZONA 85007

Webform & Document Upload Guide

Carrier, Self-Insured, and TPA Guide

Introduction

Welcome to the new ICA Community. This document serves as a guide to the available forms for Carrier, Self-Insured and Third Party Administrators. A Carrier/Self Insured account is required to access these forms. Please note that some documents do require an ICA claim number to be associated. This number can be found on any notice from ICA and/or new claim notification. If not known, please call us at 602-542-4661 to obtain the number.

Contents

Introduction	1
Webforms	4
Request for Hearing – 446	4
Petition for Rearrangement – 529	4
Request to Change Doctors – 121.....	5
Notice of Claim Status - 104.....	5
Notice of Permanent Disability – 106 - *New.....	6
Notice of Death Benefits – 106 Fatality *New.....	6
Notice of Permanent Disability and Request for Benefits – 107	7
Recommended Average Monthly Wage Calculation of Carrier – 108.....	7
Priors Claim Request.....	7
Notice of Suspension of Benefits – 105	8
Change, Combine, Delete Claims Request.....	8
Notice of Supportive Medical Maintenance Benefits – 103 – NEW*	8
Carrier’s Referral for Vocational Rehabilitation – 5528.....	9
Document Upload	9
Introduction	9
Instructions	10
Available Documents Types for Upload.....	11
Annual Report of Income	11
Attorney Retention for Carrier.....	11

Attorney Retention for Claimant	12
Attorney Retention for Employer	12
Attorney Withdrawal for Carrier.....	12
Attorney Withdrawal for Claimant	12
Attorney Withdrawal for Employer	12
Authorization to Claim for Attorney	12
Authorization to Claim for Carrier	12
Background Request	12
Bad Faith Response	12
Bad Faith/Unfair Claims Compliant.....	12
Change of Doctor Withdrawal	12
Correspondence – Administration.....	12
Correspondence – Awards.....	12
Correspondence – Compliance	12
Correspondence – Wage.....	13
Facial Chart/Pictures	13
Guardian Form	13
K Order Request.....	13
K Order Response.....	13
Leave State Withdrawal	13
Letter of Retention Other	13
Letter of Retention for Other Claims	13
Loss of Earning Capacity (LEC) Position.....	13
Lump Sum Protest.....	13
Lump Sum Questionnaire	13
Lump Sum Request/Packet	13
Lump Sum Support Documents	13
Medical Report.....	13
Notice of Intent to Suspend	14
Notice of Perm Compensation Payment Plan.....	14
Petition for Rearrangement Questionnaire	14
Petition to Reopen Withdrawal	14

Records Request	14
Request for Hearing Withdrawal	14
Response to 1061J Investigation Request	14
Returned Claimant Info Solicit	14
Returned Solicit.....	14
Returned Wage Solicit.....	14
Withdrawal of Claim Request	14
FAQ & Troubleshooting	15
My webform will not submit? What do I do?	15
How do I know my document uploaded?.....	15
The form fields are overlapping and layout is strange?	15
I am or have a claims assistant who submits all of the notices or documents for another person at the company. Do they/I have to have access to the claim in View Workers Compensation Claim Files to upload documents?	15
If I have to submit all the documents separately, how does ICA know everything required was submitted?	15

Webforms

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 you are requesting 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.

Notice of Claim Status - 104

The carrier, self-insured or third party administrator will issue a Notice of Claim Status to all interested parties notifying of changes in claim status. Please review the Annual Claims Adjusting Seminar Manual for all applications of this notice. This document has a button to upload an attachment to submit with the notice, such as supporting medical documentation, to support the Notice of Claim Status.

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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

Notice of Permanent Disability – 106 - *New

The carrier, self-insured or third party administrator will issue a Notice of Permanent Disability to all interested parties notifying of a claim closure with scheduled permanent impairment. The new format of this form provides the structure to input scheduled award. The adjuster completing the form must complete all calculations, it does not self-calculate. The form also provides a link to the statutes to review when completing the form. Please review the Annual Claims Adjusting Seminar Manual for all applications of this notice. When using this form involving multiple fingers or toes or a reference to a previous scheduled award, indicate the additional information or calculations on the 'other details' box. This document has a button to upload an attachment to submit with the notice, such as supporting medical documentation, to support the Notice of Permanent Disability. A 104 notice of claims status is required to be completed separately, do not submit as a document upload.

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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

Notice of Death Benefits – 106 Fatality *New

106 – Notice of Permanent Disability and Death Benefits is indicated when accepting a claim for dependent benefits. This new version of the 106 has coded the statutes required for lines one and two. Line number three is a large text box to provide the explanation of benefits. A 104- Notice of Claims Status with indications of closing with permanent impairment is to be issued separately. Please view the Annual Claims Seminar Manual for instructions on how to complete 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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

Notice of Permanent Disability and Request for Benefits – 107

107 – Notice of Permanent Disability is indicated for closing a claim with unscheduled permanent impairment, facial disfigurement or loss of teeth or specific fatality determination. A 104 – Notice of Claim status closing the claim with unschedule permanent impairment is to be completed separately. This form does allow for including supporting documentation, such as Loss of Earning Capacity Position Paper. Please view the Annual Claims Seminar Manual for instructions on how to complete 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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

Recommended Average Monthly Wage Calculation of Carrier – 108

A recommended average monthly wage calculation of carrier is indicated when there is time loss, anticipated time loss or permanent impairment. This form allows for input of wage data. The form itself will not calculate the wage, the payer must complete all calculations. Please view the Annual Claims Seminar Manual for instructions on how to complete this form. A 104- Notice of Claims Status with 4B is to be issued separately.

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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

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.

Notice of Suspension of Benefits – 105

A notice of suspension of benefits is indicated when a payer is suspending benefits. Please view the Annual Claims Seminar Manual for instructions on how to complete 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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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, Combine, Delete Claims Request

This form is for payer use when the new claim notification issued by ICA should be changed or deleted. A change is indicated when the information on the notification is incorrect. A combine is indicated when two or more claims have been notified that should be combined into a single claim. A delete is indicated when the notification is invalid (i.e. the legal filing is not signed) or the claim has been withdrawn. Please review the Annual Claims Seminar Manual for full application. Reminder: If ICA does not respond within the 21 days from the notification date, the payer must issue its determination via 104 or be subject to 1061(M) and/or bad faith penalties.

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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

Notice of Supportive Medical Maintenance Benefits – 103 – NEW*

Upon maximum medical improvement, a claimant may be given supportive care recommendations. This notice is for use to issue to all interested parties. It is also best practices to provide a copy of this form to the treating physician.

Introducing a newly dynamic webform to provide a more consistent and clear explanation of medical benefits. Instructions for completing the new 103 is in a separate training document.

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. The payer continues to be statutorily required to distribute copies of this document to the remaining interested parties (Injured Worker and Employer). 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.

[Carrier's Referral for Vocational Rehabilitation – 5528](#)

A payer is to refer a claim to ICA Special Fund when a claim is closing with a scheduled impairment and claimant is unable to return to date of injury work. The payer may also voluntarily refer to vocational rehabilitation at any time. This form is to be completed when this criteria is met. Please review the Annual Claims Seminar Manual for full application

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.

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, 104, 107, 108, 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. 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 you to proceed unless the ICA claim number matches ICA records. Once the Upload Document button is activated, select the document type and click upload files

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

Upload Files 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.

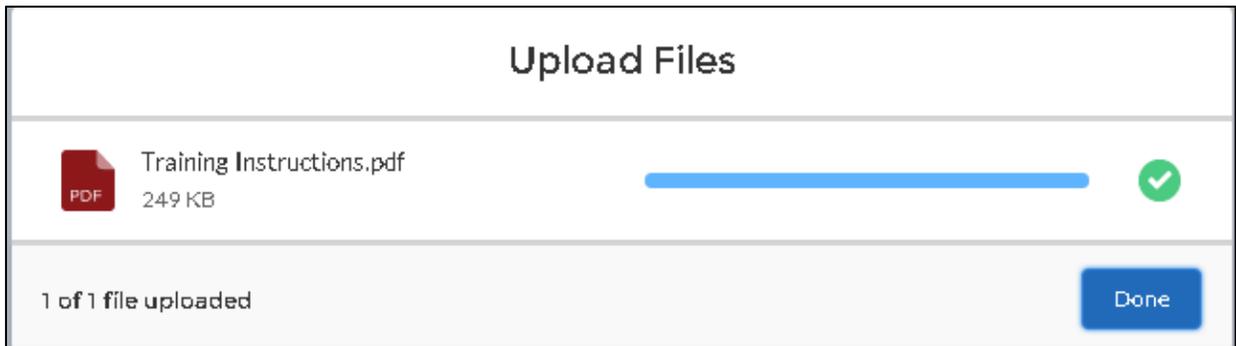
Your computer will prompt you to select a file and upload. Once a document has been selected, a loading screen will appear showing the success of the upload. Click Done.

Doc Type
Attorney Retention for Carrier

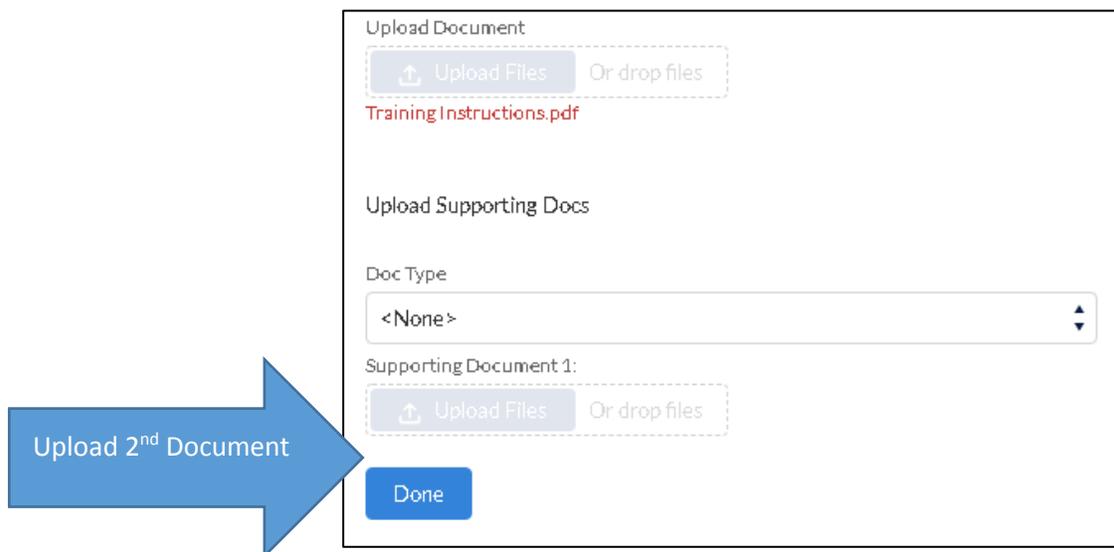
Upload Document

Upload Files Or drop files

Active Upload Files



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.



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

The user is able 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.

Available Documents Types for Upload

Annual Report of Income

Annual report of income completed by injured worker on the anniversary date of the Loss of Earning Capacity Award.

Attorney Retention for Carrier

Documents for the carrier retaining an attorney on a specific claim. This document type should be used for attorney retentions for Carrier, Self-Insured and/or Third Party Administrator

Attorney Retention for Claimant

Documents for the Claimant retaining an attorney on a specific claim.

Attorney Retention for Employer

Documents for the Employer retaining an attorney on a specific claim.

Attorney Withdrawal for Carrier

Documents for the attorney withdrawal on a specific claim. This document type should be used for attorney retentions for Carrier, Self-Insured and/or Third Party Administrator

Attorney Withdrawal for Claimant

Documents for the attorney withdrawal on a specific claim.

Attorney Withdrawal for Employer

Documents for the attorney withdrawal on a specific claim.

Authorization to Claim for Attorney

Documents for the attorney authorization to view a specific claim. This is for authorization only, not a retention. See the retention document types.

Authorization to Claim for Carrier

Documents for the attorney authorization to view a specific claim. This is for authorization only, not a retention. See the retention document types.

Background Request

Background request for claim information. A signed release and payment required for this election. Please contact file room at 602-364-0250 for questions.

Bad Faith Response

Reply to allegations of Bad Faith and/or Unfair Claims Processing.

Bad Faith/Unfair Claims Compliant

Filing of a Bad Faith/Unfair claims processing compliant. A request for hearing form may be filed but also may be filed in letter form. The signature of the filing party is required for a valid filing.

Change of Doctor Withdrawal

For use when withdrawing a change of doctor that has already been filed.

Correspondence – Administration

For miscellaneous correspondence addressed to the Claims Manager or Ombudsman.

Correspondence – Awards

For miscellaneous correspondence addressed to the Awards team regarding loss of earning capacity awards or rearrangements.

Correspondence – Compliance

For miscellaneous correspondence addressed to the Compliance team, generally regarding change of doctors, leave the state, guardians, etc.

Correspondence – Wage

For miscellaneous correspondence addressed to the Wage team regarding average monthly wage issues.

Facial Chart/Pictures

For uploading facial chart/pictures for a scheduled permanent impairment related to facial scarring. This is a document type where the adjuster may upload a supporting medical document at the same time. A 104 Notice of Claim Status closing the claim with permanent impairment and 107 Notice of Permanent Disability or Death Benefits with number two checked is to be filed separately.

Guardian Form

Completed form requesting guardian ad litem.

K Order Request

Request regarding ARS 23-1061(K).

K Order Response

Carrier response regarding ARS 23-1061(K) order.

Leave State Withdrawal

For use when withdrawing a request to leave the state that has already been filed.

Letter of Retention Other

Filing of an attorney letter of retention – other, such as subrogation attorney.

Letter of Retention for Other Claims

Filing of an attorney letter of retention – other.

Loss of Earning Capacity (LEC) Position

For submission of a loss of earning capacity position paper. A 104 Notice of Claim Status closing the claim and a 107 Notice of Permanent Disability or Death Benefits must be submitted separately.

Lump Sum Protest

Carrier protest of a lump sum award.

Lump Sum Questionnaire

When a lump sum is requested by a claimant, the payer is sent a lump sum questionnaire. This allows for upload of completed payer questionnaire.

Lump Sum Request/Package

This is a claimant document, however, if the payer receives it they may upload here.

Lump Sum Support Documents

This is a claimant document, however, if the payer receives it they may upload here.

Medical Report

Option to upload medical reports directly into a claims file.

Notice of Intent to Suspend

Also known as the 110B, this annual report of income is completed by injured worker on the anniversary date of the Loss of Earning Capacity Award.

Notice of Perm Compensation Payment Plan

Also known as the 111 – Notice of Permanent Compensation Payment plan. If a payer purchases an annuity, this notice is to be issued detailing the payment plan.

Petition for Rearrangement Questionnaire

This is a claimant document, however, if the payer receives it they may upload here.

Petition to Reopen Withdrawal

For use when withdrawing a request for petition to reopen that has already been filed.

Records Request

For request of the claims file. An interested party may access the claims file from community. This is for use when requesting a physical copy of the file. A charge is associated with this request, please contact 602-364-0250 with questions.

Request for Hearing Withdrawal

For use when withdrawing a request for hearing that has already been filed.

Response to 1061J Investigation Request

For use when withdrawing a request for hearing that has already been filed.

Returned Claimant Info Solicit

This is a claimant document, however, if the payer receives it they may upload here. The claims division often solicits for claimant information such as SSN or Date of Birth.

Returned Solicit

A carrier may upload the reply to a solicitation from the claims division. If the solicit requires the adjuster to issue a new notice, this should be done separately.

Returned Wage Solicit

A carrier may upload the reply to a solicitation from the claims division – wage team regarding an average monthly wage. If the solicit requires the adjuster to issue a new notice, this should be done separately. Reminder: If a new 108 is necessary, a new 104 with #4B checked must be issued with a new 108 to all interested parties.

Withdrawal of Claim Request

This is a claimant document, however, if the payer receives it they may upload here. This is for use when a claimant is withdrawing their claim for workers compensation benefits.

FAQ & Troubleshooting

[My webform will not submit? What do I do?](#)

First check to see if a required field was missed. If so, go back and fix the field and redo the submission process by clicking the check box “I agree” and “I’m not a robot” and Submit after completing the missing field. If that does not work, please call 602-542-4661 for assistance.

[How do I know my document uploaded?](#)

The system will error if the document did not upload. All webforms and uploaded documents can be viewed immediately in the claims file. While logged into community, click to View Workers’ Compensation Claim Files and Show Details to view the documents in the claims file.

[The form fields are overlapping and layout is strange?](#)

The webforms will size to the size of the browser window. Maximize the window for best display.

[I am or have a claims assistant who submits all of the notices or documents for another person at the company. Do they/I have to have access to the claim in View Workers Compensation Claim Files to upload documents?](#)

No, you do not have to have access to the claims in ‘View Workers’ Compensation claim files’. Each webform completed requires that the submitter certify that the party submitting the form is an authorized representative of the interested party.

[If I have to submit all the documents separately, how does ICA know everything required was submitted?](#)

ICA has built in intelligent processes to streamline claim reviews. For example, when a claim is closed with permanent disability, the system is looking for a medical report to be submitted within a certain time frame.