



INDUSTRIAL COMMISSION OF ARIZONA

800 W. WASHINGTON STREET  
PHOENIX, ARIZONA 85007

# Webform & Document Upload Guide

Claimant Profile

## **Introduction**

Welcome to the new ICA Community. This document serves as a guide to the available forms to Injured Workers aka Claimant. A Claimant 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.

## Contents

Introduction .....	1
Webforms .....	3
Workers Report of Injury Form – 407 .....	3
Request for Hearing – 446 .....	4
Petition for Rearrangement – 529 .....	4
Request to Change Doctors – 121.....	5
Request to Leave State – 122 .....	5
Request to Petition to Reopen – 528.....	6
Priors Claim Request .....	6
Change of Address .....	6
Claim for Dependent’s Benefits - Fatality .....	7
Guardian Minor.....	7
Guardian Incapacitated.....	8
Loss of Earning Capacity Questionnaire.....	8
Petition for Rearrangement Questionnaire .....	8
Document Upload .....	9
Introduction .....	9
Instructions .....	9
Available Documents Types for Upload to Workers Compensation Claim .....	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 .....	14
My webform will not submit? What do I do? .....	14
How do I know my document uploaded?.....	15
The form fields are overlapping and layout is strange? .....	15
If I have to submit all the documents separately, how does ICA know everything required was submitted? .....	15

## **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 an unscheduled 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 and/or 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 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.

### 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 efile. [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.

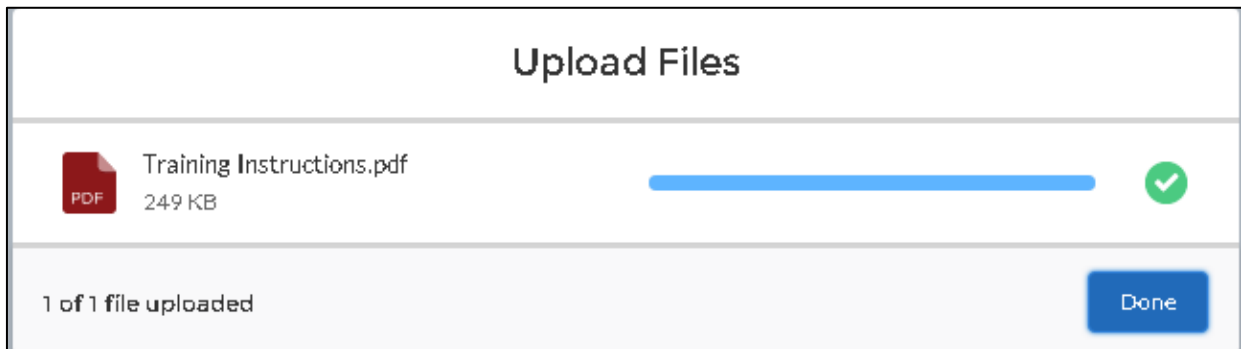
Doc Type

Attorney Retention for Carrier

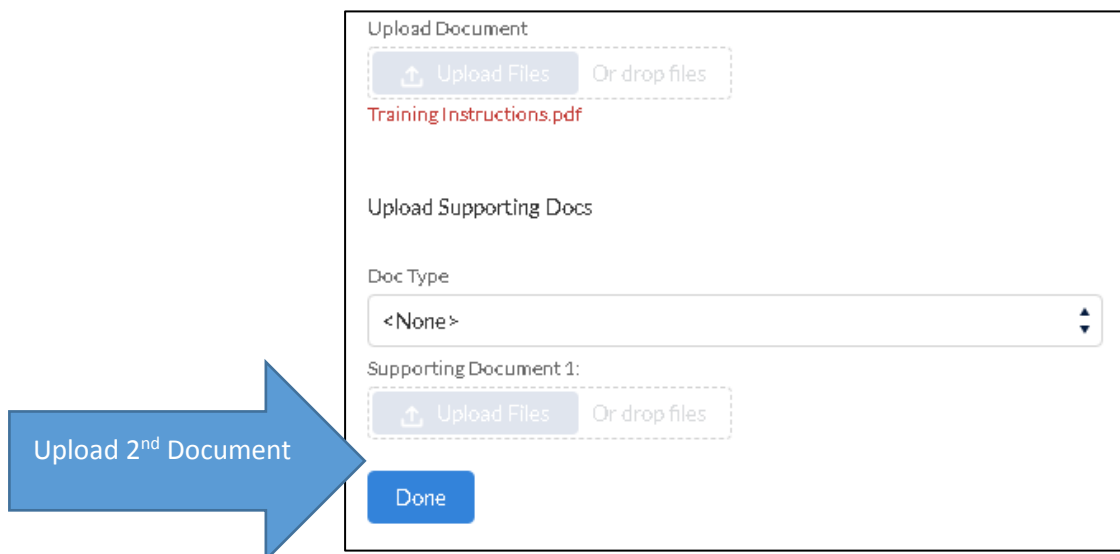
Upload Document

Or drop files

Active Upload Files



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 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.

### Available Document Types for Upload to Workers Compensation Claim

#### 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 claimant may upload a supporting medical document at the same time.

### 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.

### 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/Packet

The claimant may request a lump sum commutation by uploading the request and completed packet. To request a packet, please call the claims division at 602-542-4661.

### Lump Sum Support Documents

The claimant may upload any additional documents supporting lump sum commutation here. To request a lump sum packet, please call the claims division at 602-542-4661.

### 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 the claimant 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

The claimant may upload the completed petition for rearrangement questionnaire.

### 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 a 1061(J) hearing that has already been filed.

### Returned Claimant Info Solicit

The Claimant may upload the solicitation for information such as SSN, employer info, or Date of Birth.

### Returned Solicit

The Claimant may upload the reply to a solicitation for all other information.

### Returned Wage Solicit

For use to upload additional information to aid the Claims Division in setting the Average Monthly Wage.

### Withdrawal of Claim Request

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.

### 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.