

URL WCB Gateway Portal : <https://wcbgateway.wcb.in.gov/wcbgateway>

- Attorneys register using the URL above.
- Forgot password functionality to reset your password.

Gateway - Login



The screenshot shows the 'Worker's Compensation Board of Indiana Gateway' login page. The page has a green header with the WCB logo and the text 'Worker's Compensation Board of Indiana Gateway' and '1800 IN GOVERNMENT'. Below the header, there is a large circular watermark with 'WCB' and 'INDIANA'. The main content area includes a 'Login' section with fields for 'User Name' (containing 'myinfo@wcb.in.gov') and 'Password', and a 'Log In' button. There are also links for 'Register' and 'Forgot Password'. To the left of the login section, there is a 'Gateway Login' box with the following text:

Gateway Login

- Registered Attorneys can login to the portal.
- New Attorneys can register using the link "Register"
- Forgot password functionality to reset the password.

At the bottom of the page, there is a small disclaimer: 'This site is organized and maintained by the Worker's Compensation Board of Indiana IT in collaboration with all program areas at the Worker's Compensation Board of Indiana. The use of this portal is restricted to professionals working in Indiana commerce and organizations. Registration is required in order to access information or services available within this portal.'

- Home page for Attorneys
- Menu options
 - My cases
 - 38911 Response
 - Attorney List
 - Appearance
 - Suspension of Benefits
 - Adjustment of Claims
 - New Claim
 - Dashboard
 - My Profile
 - Help

Home page



The Adjustment of Claim dashboard is the location in the Portal where an Attorney can see the status of their filings with WCB. Under the drop-down menu “Claim Status.”

1. All - All statuses can be sorted by selecting one of the options from the drop-down menu.
2. Filed - All Filed and Approved 29109s will be available for download as a link.
3. Pending Review – Shows all filings submitted and waiting for review and approval by WCB.
4. Correction(s) Requested – Shows all filings where corrections have been requested by WCB.
5. Closed - Cases closed due to various reasons will be displayed in “All” or in “Closed” grouping.

You can always export it to Excel.

Adjustment of Claims - Dashboard

Worker's Compensation Board of Indiana
JUL 25 10:34 AM EDT 2024

Claims Dashboard New Claim <<Back User Name: Kimberly Thompson Role: Attorney Email: Kimberly.thompson01@libertymutual.com Logout

Claims Dashboard
Claim Status?: All Clear

Show: 20 entries Search: Export to Excel

RCS #	Disposed No.	Employee Name	Date of Birth	Date of Injury	Change of Conditions	Date Submitted	Date Filed	Date Updated	Claim Status	Filed Claim	Amendment Notes
			01-01-1986	03-20-2020	Yes	Kimberly.thompson01@libertymutual.com	07-17-2024		Pending Review		View
			03-16-1996	10-08-2021	No	Kimberly.thompson01@libertymutual.com	07-17-2024	07-17-2024	Filed	29109	View Amend
			01-30-1995	04-20-2022	No	Kimberly.thompson01@libertymutual.com	07-17-2024	09-02-2024	Closed		View
			12-22-1975	06-17-2022	No	Kimberly.thompson01@libertymutual.com	07-17-2024	09-02-2024	Closed		View

Showing 1 to 4 of 4 entries


Claims Dashboard


- View button navigates to the filing
- Amend button navigates to filing to amend the file
- Filed claim column, to download/view the claim
- Ability to export to excel

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- Search with Jurisdiction Claim Number (JCN) or, if not available, Last name, Date of Injury (+/- 5 days) and date of birth (+/- 1 day).
- Search results show the details of the JCN in the grid.
Use “File Claim” to file a new claim using information brought up. This is the preferred method as fields will self-populate.
- “New Claim” button is used to create and file a new claim when a JCN is not available or claim brought up does not match the search criteria.

Adjustment of Claim – New Claim





Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

[Adjustment of Claim](#) | [Dashboard](#) | [Back](#) | [User Name: Amanda Cochara](#) | [Role: Attorney](#) | [Email: amanda@payanetgroup.com](#) | [Logout](#)

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No:

OR

Last Name:

Date of Birth:

Date of Injury:

[Search](#) [Close](#)

Adjustment of Claim Search

- Search with JCN or Last Name, Date of Birth and Date of Injury
- DOI search ranges +/- 5 days
- Search results in the grid with a button "File Claim"


Results

JCN	Disputed No	Employee	Date of Birth	Employer	Insurance Carrier	Injury Date	Action
			01/16/1962	PREMIER DRIVING INSTITUTE	OHIO SECURITY INSURANCE COMPAN	12/21/2021	File Claim


If you do not find a match, refine your search or file a new claim [New Claim](#)

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If you have any questions, please contact: 1-800-333-2263

- 29109 is filed upon initial submission but must be reviewed and approved before available for printing or distribution to Employer or Carrier. If a claim is in process (submitted and WCB is still reviewing before approval) , you will see the message below.



Adjustment of Claims - Message

**Worker's Compensation Board of Indiana**
INDIANA QUALITY SYSTEM

[Adjustment of Claim](#) | [Dashboard](#) | [Back](#) | [User Name: Kimberly Thompson](#) | [Role: Attorney](#) | [Email: Kimberly.thompson11@bancymutual.com](#) | [Logout](#)

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No:

OR

Last Name:

Date of Birth:

Date of Injury:

WCB is already processing a claim with the data you entered in your search. Please wait for the claim to be completed before attempting to file a new dispute. You will receive an email when the cause number is assigned. If you have questions, please contact claims@wcb.in.gov for assistance.

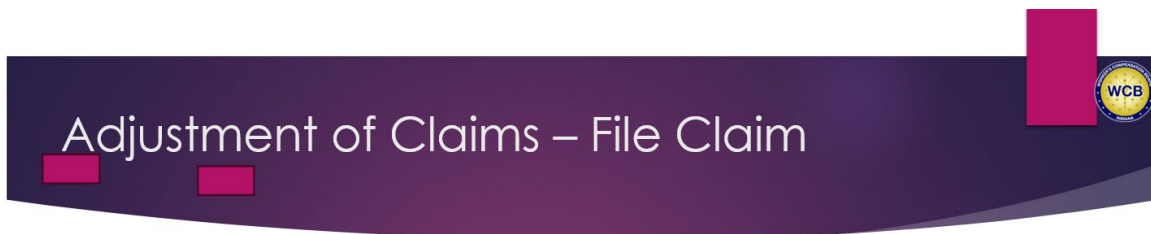
Message

- Warning message shows, already processing a claim for this JCN

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WCB is a registered trademark of the State of Indiana.

File Claim button navigates to the below screen, data will be populated from FROI.

You can change the information of the employee by clicking on “Edit Employee” button.



Worker's Compensation Board of Indiana
THIS IS A TEST SYSTEM

Adjustment of Claim << Back User Name: amanda.couture Role: Attorney Email: amanda@pageworxgroup.com Logout

Employee Information First Name: [REDACTED] Last Name: [REDACTED] DOB: [REDACTED] Address: 408 SOUTH 3RD STREET City: GOSHEN State: IN Zip: 465263921 Phone: 2605780302 Email: [REDACTED] Edit Employee	Employer Information Name: PREMIER DRIVING INSTITUTE Address: 2535 TOLEDO ROAD UNIT C City: ELKHART State: IN Zip: 465160000 Phone: 2605780302 Add to Claim?: <input checked="" type="checkbox"/> Add / View Employer(s)	Adjustment of Claim Filing <ul style="list-style-type: none">Employee, Employer, Claim Admin and accident information is pre-populated from FROIShould be able to change all of the information.
Insurer Information Name: OHIO SECURITY INSURANCE COMPANY Address: 2000 WESTWOOD DRIVE City: WAUSAU State: WI Zip: 544028016 Phone: 8334574334 Email: WC_STATE_FORMS@LIBERTYMUTUAL.COM Add to Claim?: <input checked="" type="checkbox"/> Add / View Insurer(s)	Claim Administrator Information Name: OHIO SECURITY INSURANCE COMPANY Address: 2000 WESTWOOD DRIVE City: WAUSAU State: WI Zip: 544028016 Phone: 3142057210 Email: WC_STATE_FORMS@LIBERTYMUTUAL.COM Add to Claim?: <input checked="" type="checkbox"/> Add / View Claim Administrator(s)	
Accident Information Address: [REDACTED] City: [REDACTED] State: IN Zip: 46514 County: 20 - ELKHART Date of Injury: 12/21/2021 Date Employer Notified: 12/21/2021 Claim Type: Please Select Is it Change of Condition?: <input type="checkbox"/> Weekly Wage: 105.84 Edit Accident	Injury Description: [REDACTED] characters remaining: 750 Accident Description: [REDACTED]	

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If you have any questions, please contact: 1-800-755-7275

“Add/View Employers” will show the list of employers attached to the accident.

You can add employers by searching by Employer name, Employer city and Employer Zip Code.

By choosing Action button and Select & Save you may add the employer to the accident.

New Employer button at the bottom of the screen to create and add an employer to the accident.

Search and Add Employer(s)

Employer Name:* liberty

Employer City:

Employer Zip:

Search

Cancel

Select & Save

Name	Address	City	State	Zip	Action
Liberty Mutual Holding Company	11611 N Meridian St	Carmel	IN	460320000	<input type="radio"/>
Liberty Mutual Holding Company	175 Berkeley Street	Boston	MA	021170000	<input type="radio"/>
Liberty Mutual Holding Company	310 E 96Th St	Indianapolis	IN	46240	<input type="radio"/>
Liberty Mutual Holding Company	310 E 96Th St	Indianapolis	IN	462400000	<input type="radio"/>

New Employer

Search did not find a match, enter new employer.

Representing value is a mandatory field to choose from the dropdown.

“Add/View Insurer” will show the list of Insurers attached to the accident.

You can add Insurer by searching by Insurer name, Insurer city and Insurer Zip Code.

By choosing Action button and Select & Save can add the Insurer to the accident.

New Insurer button at the bottom of the screen to create and add an Insurer to the accident.

Search and Add Insurer(s)

Representing:* Please Select

Insurer Name:* liber

Insurer City:

Insurer Zip:

Search

Cancel

Select & Save

Name	Address	City	State	Zip	Phone	Action
Liberty Insurance Co	P.O. Box 6561	Scranton	PA	185056561	8007485161	<input type="radio"/>
Liberty Insurance Corp	P.O. Box 6561	Scranton	PA	185056561	8775123768	<input type="radio"/>
Liberty Insurance Corp	Po Box 14350	Lexington	KY	405124350	2242781855	<input type="radio"/>
Liberty Insurance Corporation	13830 Ballantyne Corporate Pl	Charlotte	NC	28277	8334574334	<input type="radio"/>

Search did not find a match, enter new insurer.

New Insurer

Representing value is a mandatory field to chose from the dropdown.

“Add/View Claim Administrator” will show the list of Claim administrators attached to the accident.

You can add Claim Administrator by searching by Claim administrator name, Claim administrator city and Claim administrator Zip Code.

By chosing Action button and Select & Save, add the Claim administrator to the accident.

New Claim Administrator button at the bottom of the screen to create and add an Claim administrator to the accident.

Search and Add Claim Administrator(s)

Representing:* Please Select

Claim Administrator Name:*

Claim Administrator City:

Claim Administrator Zip:

Search

Cancel

Select & Save

Name	Address	City	State	Zip	Phone	Action
Liberty Insurance Co	P.O. Box 6561	Scranton	PA	185056561	8007485161	<input type="radio"/>
Liberty Insurance Corp	P.O. Box 6561	Scranton	PA	185056561	8775123768	<input type="radio"/>
Liberty Insurance Corp	Po Box 14350	Lexington	KY	405124350	2242781855	<input type="radio"/>
Liberty Insurance Corporation	13830 Ballantyne Corporate Pl	Charlotte	NC	28277	8334574334	<input type="radio"/>

Search did not find a match, enter new Claim Administrator.

New Claim Administrator

Adjustment of Claims – File Claim (Contd.)

Claim type is a mandatory field.

Injury description and Accident description hold 750 characters each and are mandatory fields.

Add Dependents allows you to add dependent information.

Add Dependent(s)

First Name: *

Last Name: *

Age: *

Relationship: *

Dependency: *


Address:

Save


Close

After filing a new claim an email will be sent to filing attorney upon receipt of 29109 but before Application is approved.

Adjustment of Claims – New claim Notification






QA - New Adjustment Of Claim Received – JCN - [REDACTED]


noreply@wcb.in.gov


To [REDACTED]


Cc [REDACTED]; IT@wcb.in.gov

 Reply

 Reply All

 Forward





Thu 9/12/2024 3:17 PM

Dear [REDACTED]

Your Adjustment of Claim for [REDACTED] way has been filed. Upon review, you will receive an email regarding its status. If it is rejected, you will need to file an Amended Application with the required information. Attorneys with valid WCB Portal accounts can view their submission by clicking [here](#).

If you have any questions please contact Claims@wcb.in.gov

Thank you.

IN WCB

New claim notification

- Claim notification received, emailed to all parties

New Claim without FROI information,

Adjustment of Claim – New Claim

Worker's Compensation Board of Indiana
T800-86-04/2015 SYSTEM

Adjustment of Claim Search

Please enter Jurisdiction, Claim Number, or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction (State No):
OR
Last Name:
Date of Birth:
Date of Injury:

Search Clear

Results

City	Disputed No	Employee	Date of Birth	Employer	Insurance Carrier	Injury Date	Action
			01/16/1982	PREMIER DRIVING INSTITUTE	OHIO SECURITY INSURANCE COMPANY	12/21/2021	File Claim

If you do not find a match, refine your search or file a new claim. [New Claim](#)

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If you have any questions, please contact: [WCB Helpdesk](#)

Click on new claim button will provide below options to choose from,

- Use Current Employee Information – this option works when search returned a result but attorney choose to create new application for same employee with different injury date. And, this option will auto populate the employee information from the current search results if found any.
- Start New – Attorney needs to enter all the details including employee information.

Do you want to use the employee displayed to start a new claim?

[Use Current Employee Information](#)

[Start New](#)

Attorney must click on one of above buttons to proceed further followed by entering all the required information shown in below images and submit the application for WCB staff review.

Adjustment of Claim – New Claim (Contd.)

Adjustment of Claim Details

Worker's Compensation Board of Indiana

THIS IS QA TEST SYSTEM

New Adjustment of Claim <<Back [Redacted] Logout

Employee Information

First Name: [Redacted]
 Last Name: [Redacted]
 DOB: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Email: [Redacted]

Employer Information

Employer Name: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Email: [Redacted]

Claim Administrator Information

Claim Administrator Name: [Redacted]
 Address: [Redacted]
 City: [Redacted]
 State: [Redacted] Zip: [Redacted]
 Phone: [Redacted]
 Email: [Redacted]

Accident Information

Address: [Redacted]
 City: [Redacted]
 State: [Redacted] Zip: [Redacted]
 County: [Redacted]
 Date of Injury: [Redacted]
 Date Employer Notified: [Redacted]
 Claim Type: [Redacted] Please Select
 Is it a Change of Condition? ☐ Weekly Wage: [Redacted]

Dispute Comments

[Redacted]

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Adjustment of Claim – New Claim (Contd.)

Adjustment of Claim Details

Worker's Compensation Board of Indiana

THIS IS QA TEST SYSTEM

New Adjustment of Claim <<Back [Redacted] Logout

Dispute Comments

[Redacted]

characters remaining: 1000

If an employee has died as a result of the injury, complete this section for all persons surviving to all and only dependents.

First Name	Last Name	Age	Relationship	Dependent?	Address	Action
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Add]

Representing Please Select

[Redacted]

Submit Cancel

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An email will be sent to filing attorney upon receipt of 29109 but before Application is approved. (No FROI information)

Adjustment of Claims – New claim without FROI information

QA - New Adjustment of Claim Received for Injured Worker - [REDACTED]



noreply@wcb.in.gov

To: Casey.dugan@sedgwick.comxx

Cc: wcbclaims@wcb.in.govxx; IT@wcb.in.govxx



Reply



Reply All



Forward



Tue 12/3/2024 3:48 PM

Dear **Casey Dugan**

Your Adjustment of Claim for [REDACTED] has been filed. Upon review, you will receive an email regarding its status. If it requires any corrections, you will be notified by email. This will require you to file a Corrected Application with the required information.

Attorneys with valid WCB Portal accounts can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

An email will be sent to to Attorney requesting corrections if needed any.

Adjustment of Claims – Corrections requested by Board

QA - Adjustment of Claim - Correction(s) Required for JCN-[REDACTED]



noreply@wcb.in.gov

To: [REDACTED]
Cc: [REDACTED]

Reply Reply All Forward

Tue 12/3/2024 1:21 PM

Dear **Jon C Abernathy**

Your electronic submission of an Application for Adjustment of Claim for [REDACTED] has been filed but requires correction(s). The filing date will stand. Please send a Corrected Application with the following errors corrected:

Notes : foi parties are right.

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

An email confirmation will be sent when an attorney submits corrected application.

Adjustment of Claims – Corrected application submitted by attorney

QA - Corrected Adjustment of Claim Submitted for Disputed No O-253388 JCN-[REDACTED]



noreply@wcb.in.gov

To [REDACTED]
Cc [REDACTED]



Reply

Reply All

Forward



Tue 12/3/2024 2:01 PM

Dear **Laura Raiman**

Your submission of a Corrected Application for Adjustment of Claim for [REDACTED] with additional/substituted information has been received. Following review, you will receive a notice of the status of the Application.

Attorneys with valid WCB Portal accounts can view their submissions by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

Approved – Attorneys and parties for whom an email address has been provided will receive an email for each Filed and Approved Application only. The filed and approved 29109 will be stamped with a date seal and will be attached to the email as a pdf document. If the 29109 is completed from a FROI, the filer of the FROI will be served with a copy of the 29109. It is the obligation of the attorney filing the Application to serve it upon the Employer. If there is no email address for Employer or Insurer, WCB cannot send to either and attorney must do so.

Adjustment of Claims – Approved Notification



QA - Adjustment of Claim Filed and Assigned a Disputed No O-253388 JCN-[REDACTED]



noreply@wcb.in.gov

To

Cc



29109.pdf
1 MB



Reply

Reply All

Forward



Tue 12/3/2024 1:36 PM

Dear **Laura Raiman**

Congratulations. Attached is the filed and approved Application for Adjustment of Claim that has been filed based on your electronic submission for [REDACTED]

Attorneys with a valid WCB portal account, can view/print their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.

IN WCB

Filed notification

- Approved notification from the Board with 29109 form

Approved 29109 form, remember you must serve this on the Employer. If an adjuster's email address was provided in FROI, service upon that party will be done the WCB.

Adjustment of Claims – Approved Copy

APPLICATION FOR ADJUSTMENT OF CLAIM State Form 29109 (03/18) (A-02)		FOR STATE USE ONLY Application Number C - 253393	INDIANA WORKERS' COMPENSATION BOARD 400 West Washington Street, Suite 4070 Indianapolis, IN 46204-2753
Name of injured employee [REDACTED] Po Box 13364 [REDACTED] Fort Wayne, IN 46808 Phone Number (260) 246-8239	VS.	Name of defendant / employer Meijer Inc. 2929 Walker St Grand Rapids, MI 49504 Phone Number (260) 246-8239	
Employer's Workers' Compensation Insurance Company (if known) Meijer Inc., Po Box 1240, Grand Rapids, MI 49544-1307, (616) 735-7844, Pedro Valdivia@Meijer.com			
The undersigned petitioner respectfully requests a hearing before a member of the Board for the following reasons. (Please check one)			
<input checked="" type="checkbox"/> Worker's Compensation Claim <input type="checkbox"/> Occupational Disease Claim <input type="checkbox"/> Change of Condition			
ATTENTION: ONLY ONE INJURY DATE PER FORM			
Date of injury (not dependent's death) 12/24/2022	Date employee notified of illness / injury / death 12/29/2022		
Actual location of incident (street and street city, state, ZIP code) 6509 Lima Rd., Fort Wayne, IN 46835-4225	County of Incident ALLEN		
Average weekly earnings of the employee at the time of illness / injury / death \$ 0.00			
Briefly describe how the accident / exposure occurred. Text			
List of dependents			
NAME	AGE	RELATIONSHIP	WHOLLY OR PARTIALLY DEPENDENT
No Data Available.			
Notice of Filing			
Date of Filing 12/24/2022	Board's Number 4009-49	Signature of petitioner [REDACTED]	FILED 12/05/2024 Brentwood Services Board of Indiana
Address (include email address if available) (City, state, ZIP code) 8900 Keystone Crossing Ste1100, Indianapolis, IN 46240			
Telephone number (317) 843-2606			

29109 PDF

- Sample 29109 form generated and sent by the Board

Any additional Employer, Insurer and Claim administrator will be displayed on the 2nd page of 29109 form.

Adjustment of Claims – Approved Copy (Addtl. Info)


Additional Employers
None
Additional Insurers
Accident Fund General Insuranc , Po Box 40790, Lansing, MI 48901 , (312) 443-9818 , [REDACTED]
Additional Claim Administrators
Brentwood Services Admin Inc , 104 Continental Pl Ste 200, Brentwood, TN 37027 , (000) 003-4900 , [REDACTED]

29109 PDF


- Additional Employers, Insurers and Insurer information

An attorney may amend the application after approval. This Amended Application will go through the same process of review and approval as the original Application.

Adjustment of Claims – Amend Notification



QA - Attorney Amendment of Claim Request for Disputed No C-253356 JCN-[REDACTED]

noreply@wcb.in.gov

☺

↩ Reply

↩ Reply All

→ Forward

📧

⋮

To

Cc

Tue 12/3/2024 2:32 PM

Dear **Laura Raiman**

Your Amended Application for Adjustment of Claim for **Roger Smith** has been filed. Upon review, you will receive an email regarding its status.

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.
IN WCB

- Notification to filing attorney requesting change or addition of the information submitted

An email will be sent to the attorney and all the parties with approved 29109. Again, WCB can only notify parties for whom email addresses have been provided. The obligation to serve Employer or Insurer still falls to the attorney filing the Amended Application.

Adjustment of Claims – Approved after Amendment

QA - Adjustment of Claim Filed and Amended for Disputed No C-253385 JCN-[REDACTED]



noreply@wcb.in.gov

To [REDACTED]

Cc [REDACTED]



29109.pdf
1 MB



Reply



Reply All



Forward



Wed 12/4/2024 8:58 AM

Dear **SEDGWICK CMS**

Congratulations. Attached is the filed and approved Amended Application for Adjustment of Claim based on your electronic submission(s) for [REDACTED]

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email this to the Employer.

If you have any questions please contact wcbclaims@wcb.in.gov

Thank you.


IN WCB

Filing attorney may request that an Application for Adjustment of Claim be dismissed after it is filed but before approval. This is at the “pending review” stage. An email will be sent to the filing attorney confirming dismissal per request. This is appropriate where the application was a duplicate or in other situations where the filing may have been erroneous or untimely. It is the obligation of the attorney to notify Employer and/or Insurer of this action, if no email address has been provided for them.

Adjustment of Claims – Dismissed Notification



QA - Adjustment of Claim Dismissed for Disputed No O-253388 JCN-[REDACTED]

 noreply@wcb.in.gov
To [REDACTED]
Cc [REDACTED]

  Reply  Reply All  Forward  

Tue 12/3/2024 2:06 PM

Dear **Laura Raiman**

Per your instructions the Application for Adjustment of Claim for [REDACTED] has been dismissed with or without prejudice.

Notes:
test

Attorneys with a valid WCB portal account, can view their submission by clicking [here](#).

It is your obligation to serve this upon the Employer. The Board currently has no way to email t

If you have any questions please contact wcbclaims@wcb.in.gov


Dismissed notification

- Filing has been dismissed for some reason.
- Could be duplicate, wrong filing etc.

Thank you.
IN WCB

If a claim is already closed in the system and you would like to reopen the case due to a change in condition or otherwise, you can contact the “Court Reporters” by clicking on “Reopen the Dispute.”

Adjustment of Claims – Change of Condition



Worker's Compensation Board of Indiana
STB-15 Q&A/TEST SYSTEM

[Adjustment of Claim](#) [Dashboard](#) [<< Back](#) [User Name: Kimberly Thompson](#) [Role: Attorney](#) [Email: Kimberly.thompson01@ibertymutual.com](#) [Logout](#)

Adjustment of Claim Search

Please enter Jurisdiction Claim Number or other three values. (For names pattern search enter 3 letters of the name)

Jurisdiction Claim No:

Last Name:

Date of Birth:

Date of Injury:

[Search](#) [Clear](#)

File Change of Condition/Reopen the Dispute

- If WCB has closed file in the system, can file Change of Condition.
- Request Reopen of the dispute

WCB has a closed file with Cause Number: C - 251050 for JCN: You may file a Change of Condition Application at this time. To take other actions related to JCN either contact the relevant Court Reporter or claims@wcb.in.gov for assistance.

Results

JCN	Disputed No	Employee	Date of Birth	Employer	Insurance Carrier	Injury Date	Action
			10/28/1957	lgt	Travelers Indemnity Co Of Amer	07/15/2020	File Change of Condition Reopen the Dispute

If you do not find a match, refine your search or file a new claim [New Claim](#)

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Reopen the Dispute pops up a screen with Court Reporter name, email, judge name and county list.

Adjustment of Claims – Reopen the Dispute

Worker's Compensation Board of Indiana

Adjustment of Claim Dashboard <<Back Logout

Please contact the court reporter to reopen the case. You can find the court reporter details below.

THIS IS QA/TEST SYSTEM
County Court Reporters

Search:

COURT REPORTER NAME	EMAIL	JUDGE NAME	COUNTY LIST
CINDY RUBIO	CRUBIO@WC.IN.GOV	A. JAMES SARKISIAN	ELKHART, JASPER, LA PORTE, MARSHALL, PORTER, PILGRIM, ST. JOSEPH, STARKE
JOYCE EMERSON	JEMERSON@WC.IN.GOV	DANIEL G. FOOTE	ADAMS, ALLEN, BLACKFORD, CASS, DEKALB, DELAWARE, FULTON, GRANT, HENRI, HUNTINGTON, JAY, KOSCIUSKO, LAGRANGE, MADISON, MIAMI, NOBLE, STEUBEN, Tipton, WABASH, WELLS, WARRICK

Reopen the Dispute

Request Reopen of the dispute asks you to contact Court Reporter

JCN Disputed No Employee

C - 251050

Reopen the Dispute

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Change of condition can be filed for closed claim. Change of condition will let user edit Employee details , add/view a claim administrator details and dependent details.

Adjustment of Claims – Change of Condition



Worker's Compensation Board of Indiana
THIS IS A TEST SYSTEM

Adjustment of Claim <-Back User Name: Kimberly Thompson Role: Attorney Email: Kimberly.Thompson07@libertymutual.com Logout


Jurisdiction Claim Number: 1743294 (Change of Condition)

Employee Information First Name: [REDACTED] Last Name: [REDACTED] DOB: 10/28/1957 Address: 11851 Dumfries Ct City: Indianapolis State: IN Zip: 46229 Phone: 3172001247 Email: [REDACTED] Edit Employee	Employer Information Name: Igt Address: 5252 Decatur Blvd City: Indianapolis State: IN Zip: 46241 Phone: [REDACTED] Add to Claim?: View Existing Employer(s)	Change of Condition <ul style="list-style-type: none">Should be able to change any information of Employee, Claim Administrator, Dependent information.
Insurer Information Name: Travelers Indemnity Co Of Amer Address: Po Box 660456 City: Dallas State: TX Zip: 752660456 Phone: 9134025491 Email: Lakemied@Travelers.Com Add to Claim?: View Existing Insurer(s)	Claim Administrator Information Name: Travelers Indemnity Co Of Amer Address: P.O. Box 660456 City: Dallas State: TX Zip: 752660456 Phone: 3178185238 Email: Lakemied@Travelers.Com Add to Claim?: Add / View Claim Administrator(s)	
Accident Information Address: 5252 Decatur Blvd City: Indianapolis State: IN Zip: 46241 Country: 49 - Marion Date of Injury: 07/15/2020 Date Employer Notified: 07/15/2020 Is it Change of Condition?: <input type="checkbox"/> Weekly Wage: 0 Dispute Number: C - 251050	Injury Description < span > < b > < u > Accident Description < br />	

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Change of condition requires date of Change of Condition as well as description.

Adjustment of Claims – Change of Condition Contd.



Worker's Compensation Board of Indiana
THIS IS QA/TEST SYSTEM

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Address: 5252 Decatur Blvd
City: Indianapolis
State: IN Zip: 46041
County: 49 - Marion
Date of Injury: 07/15/2020 Date Employee Notified: 07/15/2020
Is it Change of Condition? ☐ Weekly Wage: 0
Dispute Number: C - 251050
Original Claim Closed Date: 03/30/2021

Dispute Comments

Date of change of condition:
Description for change of condition:
characters remaining: 1500

Change of Condition contd.

- Date of change of condition and Description are mandatory.
- Representing value is mandatory

If an employee has died as a result of the injury / exposure, complete this section for all persons surviving as all and only dependents.

First Name	Last Name	Age	Relationship	Dependency	Address	Action
Pack	Jack		Brother	W	39 Th Street	Delete

Add Dependents

Representing: Please Select

Submit Cancel

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If you have any questions, please contact: 1-800-835-5555

FAQ:

1. In the application that auto generated, the name was spelled incorrectly, and I could not change it.

The information was input from the first report. The claim rep must change it, so the correct name populates going forward. A FROI 02 must be filed to correct it.

2. The wrong claim representative was on the noreply@wcb.in.gov email that we received from the Board. How can I correct this?

The Board cannot remove or correct the claim representative information that generates from the FROI. The Carrier must change/correct the claim representative information in EDI.

3. Do I still need to mail in an application?

No. You can print the application from email or from your the dashboard. Remember to mail a copy to the employer if there was no FROI on file. The Board can only serve parties when an email address is provided. The printed Application will show the file date.

4. I am in the process of filing Applications for two different injured workers. Both worked for the same employer. I created a new employer for the first one but can't find it in the search function to use for the second application. Do I need to re-enter the employer's information for the second claim or give it some time for the Board to review/approve what I created?

At this time, you will need to re-enter the employer's information. The system does not have the capability to retain details that can be reproduced in another document.

5. Do I have to include details of the injury to receive approval?

Yes, while Indiana is a notice pleading state, the Board members rely on the application to set out the claim of the injured worker for benefits based on the injury/injuries. Case Coordinators review the application when setting an IME. The application is not binding on the injured worker. It need not be updated each time a new symptom is noticed during the recovery period. But it sets the worker's claim apart from the employer's first report of injury if a different body part is noted in the application.

6. If corrections are requested, is the filing delayed?

No. The Application is Filed upon first receipt, but it must still be checked and approved by a Case Coordinator.

7. Can my application be amended?

Yes. See guidance document.