

Purposes and Directions: For authorized state employees only! Complete this form to receive reports for your agency's claims. Send completed forms to SOLASecurityRequest@sedgwickcms.com . An email will be sent to you after the report processes with instructions for downloading your report.

Legal Notice - By requesting these reports, you agree not to disclose the information contained in these reports to any other person without a clear need or right to know. Information on these reports may be protected by Federal and State privacy laws. Before sharing any information about a specific claim, person, or event, check with your supervisor or the claims adjuster assigned to the claim.

Select the reports that you would like to receive:

Monthly Claims Loss Listing (processes by the 3rd each month) – includes the following:

Monthly Pending Claim Report – All open claims

Monthly Opened Claim Report – Claims opened or reopened in the past month

Monthly Closed Claim Report – Claims closed in the past month

Weekly Leave Buy Back Report – Payment report for injured employees receiving indemnity checks (processes each

Sunday evening for prior week's payments)

Other

Select the line of coverages that you want to receive:

Workers Compensation

General Liability

Property

Medical Malpractice

Road Hazards

Transportation

Today's Date:

First Name:

Last Name:

Email Address:

Job Title:

Telephone Number:

Address:

Your Agency's ORM 4 Digit Location Code(s) - To view an agency location code listing, please visit

<http://laorm.com/documents/locodes.pdf>

List all D location/s if you need access to all underlying S and L locations under the D level.

List all S location/s if you need access to all underlying L locations under the S level.

Otherwise, if you don't need access to a complete D or S, show each L location you need access to.

Attach an extra sheet if needed.

Location Level / Number

Dept / Agency / Location Name

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Location Level / Number

Dept / Agency / Location Name

Location Level / Number

Dept / Agency / Location Name

Location Level / Number

Dept / Agency / Location Name

Location Level / Number

Dept / Agency / Location Name

Requested by: _____

(Signature of person requesting access)

Your Supervisor's Name:

Email:

Job Title:

Telephone Number:

Authorization: (Report form must be approved by your section head or designee.) "I verify that the above named individual is currently employed at the agency listed. I authorize this employee to receive the claim reports indicated. I understand that should this person leave the agency or is assigned to another position, I am to email SOLASecurityRequest@sedgwickcms.com within one working day of the employee's change in status."

Authorized by: _____ (Signature of Authorized Agency Head or Designee)

This section reserved for security use

(22) GROUP – IA State Agencies General Land Access Level

Verified by

Audited by _____ on _____

ORM State Agency Version 1.0 (Valid as of 12.1.2015)