

Global Intake Claim Reporting

Access to Sedgwick's Global Intake platform for new claim or incident reporting is now easy and secure – and it can be done anytime, anywhere and on any device.

You will soon receive an email from <u>globalintake-no-</u> <u>reply@sedgwick.com</u> with a link to activate your new account. This link is only valid for 24 hours. Follow a few easy steps, and you're ready to submit a new intake to Sedgwick.

Note: If you see a message at the bottom of the login page, *"This website stores cookies on your computer,"* click **Accept** before entering your login information.

	Login Sedgwick	
-	Usemame	
	Password	
	Forgot Your Password? BEGIN	

Logging In For the First Time

The first time you log in, you are prompted to enter a new password. Enter your **New Password** and **Confirm New Password** in the fields provided, then click **Submit**.

Passwords must be at least 8 characters long and include at least one uppercase letter (A-Z), one lowercase letter (a-z), one digit (0-9), and non-alphanumeric character (!@#\$%^, etc.).

You must also select and answer five security questions, which you will be asked to confirm your identity if your account is locked in the future. Select a **Challenge Question** and provide an **Answer** in each of the fields provided, then click **Submit**. A confirmation message indicates that your challenge questions were successfully updated and you are logged in to Global Intake.

What if I forget my password? It's easy to reset your password:

- 1. Click Forgot Your Password? on the login page.
- 2. Enter your **Username** and the letters in the displayed **CAPTCHA**.
- 3. Click Submit.
- 4. If your user name matches one on record, a message is sent to the email address associated with the user name. Click the link provided in the email.
- 5. Enter your new password in both fields provided and click **Submit**.



Home Page

The Home page, available when first log in or by clicking **Home** from the left-hand navigation menu, provides options for starting the reporting process and jotting down notes.

	🗭 Notepad 🛛 🍝 Logout 💄
sedgwick.	
Home	Select Intake
New Intake	
Search Intakes	9999 - GENERIC CLIENT +
	Select Client 9999 - GENERIC CLIENT X
	CLEAR
	Start New Intake
	Filter Results
	QUESTIONNAIRE NAME
	Auto Liability START INTAKE
	Property START INTAKE
	Workers' Compensation Workers' Compensation START INTAKE

Home page features of note include:

- **Navigation Menu**: The menu on the left side of the page provides options for returning to this home page, starting a new intake, or searching for past intakes.
- **Notepad**: Available at the top of the page, this feature allows you to type quick notes to yourself from any page. The notepad is not associated with intakes you are reporting and are not sent to examiners; notes entered there are for your benefit and use alone. Notes are not permanent; the notepad is cleared each time an intake is submitted.

What if I want to send a note to the examiner? A **Comments / Remarks** section at the end of every questionnaire provides a place for you to include additional information about an intake you are reporting. See "Comments / Remarks" on page 7 for more information.



Reporting an Intake

To begin reporting a new intake, you'll need to select a client (if you have access to more than one) and a questionnaire.

Selecting a Client and an Intake Questionnaire

If you only have permission to report intakes for one client, that client will be displayed in a **Select Intake** section, shown below.

	Select Intake	
9099 - CEMEDIC CLIENT +		
Select Client 9999 - GENERIC CLIENT	×	
CLEAR		

If you have access to more than one client, the **Select Intake** section prompts you to specify the client for which you are reporting. Click **Select Client** to choose a recently used client, or type the client name in the field provided.

The **Start New Intake** section, shown below, displays available questionnaires for the types of intakes you can report through Global Intake.

Start New Intake						
		Filter Results				
QUESTIONNAIRE NAME		ACTION				
Auto Liability		START INTAKE				
General Liability		START INTAKE				
General Liability		START INTAKE				
Property -		START INTAKE				
Workers' Compensation	Workers' Compensation	START INTAKE				
Workers' Compensation	Workers' Compensation	START INTAKE				
howing 1 to 6 of 6 entries		Previous 1 Next				

Click **Start Intake** to open a questionnaire and begin reporting an intake.



Reporting Questionnaires

The top of the questionnaire page displays a claim number that can be used for future reference after the intake is submitted and the questionnaire type. The navigation pane on the right helps you keep track of where you are in the reporting process.

The following example shows the page that opens for a workers' compensation intake, though questions vary by type and other factors.

	Claim #: 40200119A39	
sedgwick.	Workers' Compensation	
	Your Information	Your Information
	four information	Client/Location Information
	Loss Date: *	Loss Location Information
	mm/dd/yyy	Employee Information
		Benefit State
	Loss Time: *	Employment Information
	hh mm an/pm - Loss time:	Incident Information
		Injury Information
	First Name 🗚	Witness Summary Information
		Contact Information
	Last Name 🧚	Comments/Remarks
	Client/Location Information	CANCEL

Required Fields

Questions marked with an asterisk (*) are required fields. After answering all of the questions as completely as possible, continue by scrolling to the bottom and clicking the green **Next** button.

Any questions not correctly completed will be flagged as a validation error and marked in red, as shown at right. Click a heading to navigate to that section and enter missing information.

What if I don't know the answer to a question? Fields without an asterisk (*) can be left blank. However, we recommended that you type "unknown" into any fields that contain text to let the claims examiner know that you did not have the information at the time of report.

How do I cancel an intake I have started? Click the **Cancel** button on the right navigation menu or at the end of the form.

Caller Information
Client/Location Information
Loss Location Information
Employee Information
Benefit State 1
Employment Information 1
Incident Information 2
Injury Information
OSHA SHARPS Information
Witness Summary Information
Contact Information 3
Comments/Remarks
CANCEL



Employee Lookup Button

Click the green Employee Lookup button to open the Employee Search page and look up an employee.

Ask for the Emp Employee's loca	loyee ID to perform the tion using the Location	search. If the employe Lookup button.	ee is not foun	d, after e	exhausting all search p	ossibilities, se	lect Close. Sea	arch for the	
First Name john SEARCH	RESET SEARCH]		Last Na	ame				
ACTION	EMPLOYEE ID 🔶	FIRST NAME \$	LAST NAME	¢	ADDRESS \$	CITY \$	STATE \$	ZIP CODE	\$
SELECT		JOHN	-			<u> </u>	-		
SELECT		ЈОНИ							
Showing 1 to 2 of 2	2 entries						Pre	vious 1 N	\ext

To find the employee for whom you are reporting a claim:

- 1. Enter search criteria at the top of the pane, such as the employee's ID or Social Security numbers, or their name.
- 2. Click **Search**. Employees matching your criteria are displayed.
- 3. Click **Select** beside the correct entry.

Date and Time Fields

Use the green calendar and clock icons beside these fields to select the date and time required.

For example, in the **Loss Date** field, click the green calendar icon to select the date of your loss.

Dates and times selected in this manner are automatically entered in the correct formats.





Location Lookup Button

When necessary, click the green **Location Lookup** button to search for the claim's location (such as where you work, for workers' compensation claims). The Search JURIS Locations pane opens:

ount Name		Acco	unt Number		Unit Name			Unit Numbe	er -
dress		City			State		•	Zip Code	
SEARCH	RESET SEARCH								
ow entries	0								
CTION	ACCOUNT NAME	ACCOUNT NUMBER ©	UNIT NAME \$	UNIT NUMBER ©	LOC. CODE 0	ADDRESS \$	CITY 0	STATE 0	ZIP CODE
SELECT	ABC Corp Level 2a	1	ABC Corp Level 3a	999999		123 Main St.	Memphis	TN	38120
SELECT	ABC Corp Level 2b	2	ABC Corp	999999		123 Main St.	Memphis	TN	38120

Helpful search tips are displayed at the top of the pane. To find your location:

- 1. Enter search criteria at the top of the pane, such as the account and unit (if you know it) or address information.
- 2. Click **Search**. Locations matching your criteria are displayed.
- 3. Click **Select** beside the correct entry.

The pane closes, and the location's information is displayed on the claim reporting page. The question below this information asks **Is This The Loss Location?**

If the incident or loss took place at that location, click **Yes**; the **Loss Location Information** section is prefilled with the location's information.

If the incident or loss took place elsewhere, click **No** and complete the **Loss Location Information** section.



Address Actions Button

Click the green Address Actions button beneath addresses to select one of the following options:

- Fill City and State from Zip Code: If you've entered a ZIP code, this option automatically fills in the associated city and state.
- Fill Zip Code from Address: If you've entered a street address, this option automatically fills in the associated ZIP code.
- **Standardize Address**: This option revises the address entered in accordance with the U.S. Postal Service's format.
- View with Google Maps: This option opens Google maps to show the address location.

Comments / Remarks

Each questionnaire includes a Comments/Remarks section that allows you to include additional information relevant to the claim or incident. This section is saved as a note on the claim and can be seen by the examiner.

Comments/Remarks

Comments / Remarks

This is an example of comments or remarks about the claim that WILL be included in the claim and communicated to the claim's examiner.

Please provide any additional information necessary.



Review and Submit

Click the **Next** button at the bottom of the page to review and submit your claim. **Reminder**: If required fields need to be completed, enter that information and click **Next** again.

A Review page opens where you can review your answers:

			🔀 Notenad , Lonout	
			inotepad () cogodi	
sedgwick				
🕋 Home	Claim #: 40200119A44	SAVE		
New Intake	ORIVOLL			
Q Search Intakes		Closing Script		
	Claim #: 40200119A44			_
	Please use this number on an	y related correspondence.		
	Your examiner will contact you you with?	u within 1 - 2 business days to further discuss you	r claim.Is there anything else I	can assist
	Sedgwick Claims Management Servic P 0 Box 14661 Lexington, KY 40512-4661 190@SedgwickDMS.com Phone: 800-267-4001 Fax: 855-223-9836	:es, Inc (190)		
	Caller Information	Review Intake - Workers' Compensa	tion	
	Deported Put	D. Dhone		Eslit
	Reported by.	r - riole		Eur
	Loss Date:	01/01/2020		Edit
	Loss Time:	03:21PM		Edit
	Reporter Type	EMP - Employee		Edit
	First Name	John		Edit
	Last Name	Smith		

Click **Edit** beside any section to return to that portion of the claim reporting page and update the information as necessary. When done, scroll to the bottom of the page and click **Next** again.

When you are done, click **Submit** to complete the process. A message confirms your submission.

Note: Your submission is not complete until you click **Submit**.

Requesting Additional Help

Contact Sedgwick's technical support at **866.647.7610** between 6:00 a.m. and 7:00 p.m. Central time, Monday through Friday.