



Request for Sedgwick smart.ly Access

Purpose and Directions – For Authorized State Employees Only! Send completed form by email to SolaSecurityRequest@sedgwickcms.com Your login name and initial password will be emailed to you within 3 business days. Do not share your login info. For login information or password resets please call (888)290-0895.

Select Line(s) of coverage for Internet Reporting:

<input type="checkbox"/>	Workers' Compensation Claims	<input type="checkbox"/>	Property Claims
<input type="checkbox"/>	General Liability Claims	<input type="checkbox"/>	Transportation Claims

Monthly Reports: Form is located on the Loss Analysis tab: <http://laorm.com/analysis.html>

Today's Date:

First Name:

Last Name:

Email:

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/loccodes.pdf>

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

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

Otherwise, list each L location you need access to

D Location Level:

Department Name:

S Location Level:

Agency/Division Name:

L Location Level:

Agency/Division Name:

Additional locations needed: (attach a separate list if needed)

Level (D, S, or L)	Location Code (4 digits)	Department or Agency/Div Name

Requested by:

Email:

Supervisor's Name:

Phone Number:

Job Title:

Authorization: (system access must be approved by your agency's appointing authority) "I verify that the above-named individual is currently employed at the agency listed and I authorize this employee to report claims. I understand that should this person leave the agency or is assigned to another duty station; I am to email SOLAsecurityRequest@sedgwickcms.com within one working day of the employee's change in status."

Authorized by:(Print Name)

Authorized by: (Signature)

This section reserved for security use only	(22) GROUP – LA State Agencies Access Level
Verified by _____	
Audited by _____ on _____	ORM State Agency Version 2.91 (valid as of 7/7/2021)

Legal Notice - By applying for and using your assigned login credentials, you agree to not disclose the information presented on screens and in system generated reports to any other person without a clear need or right to know. Information within this system 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.