MINNESOTA WORKERS' COMPENSATION MODERNIZATION PROGRAM

Quick reference guide: Filing a dependency webform

Work Comp Campus will be used to electronically file the dependency information webform when dependency benefits are being paid. This webform is required in addition to the appropriate electronic data interchange (EDI) Maintenance Type Codes (MTCs).

 On your Campus dashboard, find the claim on the My Claims tab. Click on the Campus File Number (CFN, also the jurisdiction claim number or JCN) to link directly to the claim. You can also click on the filter button to filter by any of the column headers, then click on the CFN/JCN to link directly to the claim.

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 On the claim details page, click on the Submit Filing button.

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Imployee Muriel Finster	Date of Injury 2/1/2019	Part of Body injured 10: Multiple Head Injury	
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 When the Submit a Filing box appears, choose Dependency Info from the Filing Name drop-down menu and click **Save**.

- 4. On the Employee's Dependent Information page click on Upload Document.
- On the Upload
 Document box, either
 drag and drop your PDF
 document or click to do
 a search of your
 computer to find the
 document. Next, select
 the Document Type. The
 Description will
 automatically populate
 from the Document
 Type field but you can
 edit the information to
 be more specific. Then
 click on Upload.
- Back on the Employee's Dependent Information page, click on Add Dependent.

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DEPARTMENT OF LABOR AND INDUSTRY NORC COMP CAMPUS			٩	Melissa ClaimAdmin 🗸
Dashboard > Employee's Dependent Information				
Employee's Dependent Informati	on			
Employee First Name Muriel	Employee Last Name Finster	Employer Name Third Street Elementary School		
Claim Admin Claim Number 123C	Date Of Death 2/1/2019			
Please upload any documentation proving dependency. If applicable.				
Supporting Attachments				
+ Upload Document				





 The webform will direct you to enter information for all of the employee's dependents, by household. You will do this one dependent at a time. First, enter the Household # and First Name and Last Name of the dependent. Also, enter the Dependent Gender and the Allocation Percentages Per Person.

- Next, enter the address for the dependent, as well the **Relation To Employee**. Remember that fields with an asterisk are required, but other fields, such as the dependent **Phone** and **Email** are not required but contain helpful information that can be included on this webform.
- 9. Enter the dependent's Date of Birth and Birth Order. Use the check boxes to indicate if the dependent is a Full Time Student, Disabled Dependent or is Receiving Social Security Survivor Benefits. The Notes field can be used to add other important information related to this dependent.
- You may click on **Remove** at any time to remove the dependent information you have started. You may also click **Add Dependent** again then repeat steps 7 through 9 to add as many dependents as applicable to the claim.

Please upload any documentation proving dependency. If applicable. Supporting Attachments			
+ Upload Document			
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Please enter the following information for all of the Employe	ee's dependents, by household.		
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Dependent Gender *	Allocation Percentages Per Person * % Allocation Percentages Per Person		
Address 1* Address 1			×
Address 2 Address 2			
City* City	State/Province * •	Postal Code * Postal Code	Country
Phone Phone	Imail Email	Relation To Employee * -	
Date of Birth *	Birth Order *		
(mm/dd/////) Full Time Student Disabled Dependen Notes	Receiving Social Security Sunifor Benefits		
Remove Add Dependent Submit Form Save as Draft Cancel			
DEPARTMENT OF LABOR AND INDUSTRY WORK COMP CAMPUS	Address 443 Lafayette Road N	Contact Phone: 651-284-5005, option 3	About Us Help Terror and Conditions of Use and Privacy Policy

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1230	2/1/2019		
Please upload any documentation proving dependency, if applicable			
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File Name	File Type	Description	Remove
M Finster Dependent Information.pdf	Dependency/Heir Information	Dependency/Heir Information	1
Please enter the following information for all of the Em	ployee's dependents, by household.		
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Total Total	That North		
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Dependent Gender *	 Mocation Percentages Per Person 		
Address 1 *			
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Address 2		Postal Code	
City *		Rostal Code *	
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LABOR AND INDUSTRY	443 Lafavette Road N	Phone: 651-284-5005 option 3	Help
Work Comp Campus ^W 2019	St. Paul, MN 55155	Toll-free: 800-342-5354, option 3	Terms and Conditions of Use and Privacy Policy
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Helpful tips

- After the permanent partial disability (PPD) follow up webform is successfully submitted it will appear on the **My Forms History** tab of your Campus dashboard.
- A confirmation email message will be sent to the email address registered to your Campus profile.
- The dependency webform can contain information for multiple dependents. Click **Add Dependent** as many times as necessary to add every dependent who is applicable to the claim.
- Remember multiple attachments can be uploaded to the webform using the **Upload Document** button.
- The dependency webform might be used more than once through the course of a claim.
- The **Submit Form** button at the bottom of the discontinuance webform can be used to save a draft of the form. After it is saved, you can access the form by accessing the claim and clicking **Submit Document**, **Dependency Info** and **Save**, as shown in steps 1 through 3 above.