First, go to froi.sedgwick.com using a computer or mobile device web browser.

Click: *Continue without Logging in*

**Email Notification Address Fields**
The Workers’ Compensation team within Virginia Tech Human Resources will automatically receive submission confirmation emails. These addresses are visible at the top of the form. Below this is a space you may add additional email addresses to receive the submission emails. For example, forms can be sent to an injured worker as confirmation of claim submission.

**Employer Section**
- Under the Employer area, scroll down the list and pick your Agency (208 – VPI STATE UNIVERSITY), Sub-Agency, Dept.
- Can leave Employer Case Number blank

**Employee Section**
- Complete the personal information for the injured party in this section.
- Employee ID: Place the Virginia Tech 9-digit employee ID here.
- “NCCI occupation classification” will auto-populate based on the “Occupation at time of injury or illness” field.

**Time and Place of Accident Section**
- Record in detail, the time and place of the accident and injury reporting.
- Claim types:
  - Record only: No time lost, no physician/hospital care needed
  - Medical only: Physician/hospital care needed; no time lost or less than 7 days expected
  - Indemnity: More than 7 days of lost time expected

**Nature and Cause of Accident Section**
- Describe in detail the accident being reported.
- Drop-down options may not include an exact match for the particular incident; use your best judgement.
- If employee sought medical treatment, please include physician and/or facility details.
- “Comments to carrier claim staff” is a section to provide any further information that does not fit elsewhere.
- Initial Treatment choices description:
  - 00 - No medical treatment at all.
  - 01 - Minor First Aid on site
  - 02 - Urgent Care facility / clinic other than ER/physician.
  - 03 - Emergency Room
  - 04 - Admitted to Hospital
  - 05 - Expecting future significant medical care and lost time.

**Preparer Information**
- This should be the information for who is completing the form. Please include at least one method of contact.

**Submitting the Form**
- Click the **Submit** button. A small pop up window will display “Success!” or “Warning” if there are fields that need correction.
- Click “OK” to acknowledge. Emails will be sent to Approvers and any address in the 1st field.
- PDF copies of the form can be downloaded via the link at the bottom of the page.

**Required Fields**
Orange underlined fields (*) are required for submitting a form. They are critical elements needed to properly set up and process the claim. Please also fill in non-required fields if at all possible, however if you do not have this information, the Workers’ Compensation team can add it once it we receive it.