Department Of Industrial Accidents

Information Technology

HOW TO – Submit a form 101 online

1. Log in to CMS with your username/password
2. Click 'Expand' (red button) under the Application menu tree
3. Click on the 'On Line Forms Submitted By Public' menu item.

4. You are then redirected to the online forms menu page.

5. Choose Form 101 – First Report of Injury and press 'Continue'.
   In addition to the walkthrough in this document, please also refer to the instructions on the web pages.

6. **Locate the employer** that you need to file the 101 for. You can either enter the EIN number or search by employer name. You can use wild card for a partial search. For example to locate 'ACME building and construction Inc' you can either enter 'ACME' or 'ACME build%' or '%ACME%'. Each search may retrieve a different result, if you cannot find the correct employer you might need to refine it.

press 'Search' to retrieve the list of employers.

7. **Select a company from the result list that matches the employer by pressing the company name.**

   If you cannot locate the employer after attempting multiple searches, you can press 'New Company'. You will be requested to enter the employer information at a later step. Please choose this option only after search attempts failed to locate your requested employer.

8. **Choose the incident address**. You may have more than one address to choose from**.**
   If you cannot locate an address where in the incident occurred on the list, you can press 'New Incident Address' you will be requested to add the new address at a later step.

9. **Enter the Employee information**. Required fields are marked with an *

press 'Next' when you're done.

10. **Select an insurer** by clicking on the magnifying glass to the right of the insurer name field

A new POP UP window will display, search for the appropriate insurer and select it. Use the 'Name' field to narrow the list.

Search Company - Windows Internet Explorer

Search Items

Name %common%   [Search]

Press when done

Enter to locate the Insurer. You can use Wild card

Company List

[Cancel]

Name

Select 21ST CENTURY ADVANTAGE INSURANCE CO
Select 21ST CENTURY ASSURANCE CO
Select 21ST CENTURY PACIFIC INSURANCE CO
Select A AND P TEA CO
Select A W CHESTERTON COMPANY
Select ABC MASS WORKERS COMP SIG
Select ABF FREIGHT SYSTEM INC
Select ACADIA INSURANCE COMPANY
Select ACCIDENT FUND GENERAL INS
Select ACCIDENT FUND INS CO OF AMERICA
Select ACCIDENT FUND NATIONAL INS
Select ACE AMERICAN INSURANCE COMPANY

row(s) 1 - 12 of more than 500 ▼ Next >

the list will retrieve insurers that match the name you entered

Click the 'Select' to the left of the required insurer
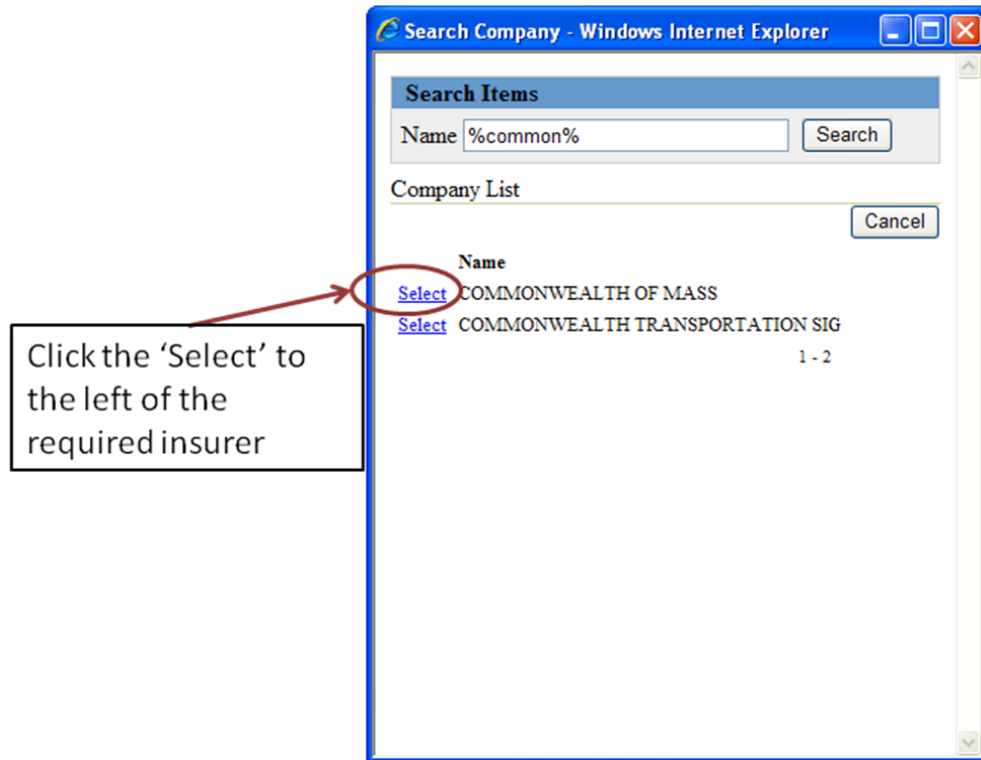
After pressing 'Select', the insurer name will be populated in the insurer field.

Fill in the other fields accordingly for other information you may have and press 'Next'

11. **Fill in the Incident Information.** Required fields are marked with an *

Click on the icons to the right of the Body Parts and Nature of Injury and a pop up will display for selection.

Also if you pressed new company/new address/new incident address previously this is where you will have to fill these fields.

12. Press 'Next' at the bottom of the page when completing this page

13. **Please review the information** entered and sign below. If you need to correct any of the information, use the links on the left to return to the appropriate section for correction.

14. **Enter your information** and press Submit to conclude.

15. You should receive a **DIA Transmittal number** for your records. Keep this number for future reference or until you are assigned a DIA Board Number. You may print a copy for your records by selecting the 'Print' on the upper right corner. Follow the instruction for submitting another form or returning to the DIA Application Tree.
In case a transmittal number is not provided - the form has not been received by the department.