

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.

The screenshot shows a web browser window titled "Massachusetts Department of Industrial Accidents - Online Forms". The address bar shows the URL: <https://daboapp-test.da.state.ma.us/pls/htmlbdl?tp=999:1:3869351660608305>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The toolbar shows various icons for navigation and search. The main content area has a blue header with the text "Massachusetts Department of Industrial Accidents - Online Forms" and "Select a Form". Below this, there are buttons for "Reset", "Continue", and "Return". A section titled "General Instructions:" contains text about adding transmittal and board numbers. A yellow "Please Note" banner states: "Please Note: Filing DIA forms online does not fulfill your obligation by statute to notify all necessary parties of this filing". A list of forms is provided, with "Form 101 -- First Report Of Injury" selected. Below the list, there is a section "Query a Claim for the selected Form" with instructions for Step 2 (Optional). At the bottom, there are input fields for "Board#" and "Employee Last Name" or "SSN". The footer shows "User: YAFAR Language: en-US" and "Copyright © 2004. All rights reserved."

Massachusetts Department of Industrial Accidents - Online Forms
Select a Form

Reset Continue Return

General Instructions:
Please note to add the transmittal# and Board# if known to every attachment or supporting document filed with the form.
Supporting documents can be sent via facsimile to 617-727-4551.

Please Note: Filing DIA forms online does not fulfill your obligation by statute to notify all necessary parties of this filing

The following list of forms can be submitted online.
Step 1: Select a Form by clicking on the radio button next to the form name.

- ☒ Form 101 -- First Report Of Injury
- ☐ Form 103 -- Insurer's Notification Of Payment
- ☐ Form 104 -- Insurer's Notification Of Denial
- ☐ Form 106NM -- Insurer's Notification Of Modification Of Weekly Compensation During Payment Without Prejudice Period
- ☐ Form 106NT -- Insurer's Notification Of Termination Of Weekly Compensation During Payment Without Prejudice Period
- ☐ Form 107GT -- Insurer's Notification Of General Termination Of Weekly Compensation
- ☐ Form 107 RC/NM -- Insurer's Notification Of Resumption Or Modification Of Weekly Compensation
- ☐ Form 108 -- Insurer's Complaint For Modification, Discontinuance Or Recoupment Of Compensation
- ☐ Form 110 -- Employee Claim
- ☐ Form 114 -- Notice Of Change/Appeal Of Counsel
- ☐ Form 114 -- Review Board Notice Of Change/Appeal Of Counsel
- ☐ Form 115TPC -- Third Party Claim
- ☐ Form 115TPL -- Third Party Notice Of Lien
- ☐ Form 116 -- Request For Lump Sum Conference

Query a Claim for the selected Form

Step 2 (Optional): To query a claim for the form selected, please enter last name of the Employee and Board Number of the Claim.
This will save data entry time by automatically bringing all the required data to the screen.

Note: Last Name and Board# or Last Name and SSN are required for Third Party Notice of Lien (115TPL) and Notice of Change/Appeal of Counsel (Form 114)
Note: Last Name and Board# or Last Name and SSN will be ignored for First Report of Injury (101)

Board#

Employee Last Name OR SSN

User: YAFAR Language: en-US Copyright © 2004. All rights reserved.

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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.

The screenshot shows a web browser window titled 'Search - Windows Internet Explorer' with the address bar displaying a URL from 'diaboapp-test.dia.state.ma.us'. The page has a yellow banner at the top that says 'Test Environment!'. Below this is a navigation bar with a 'Company' tab selected. The main content area is titled 'Locate The Employee's Company' and contains several input fields: 'Claimant Employer's Name', 'Federal Employer Identification Number (EIN)', 'Mass. Employer Identification Number (EIN)', 'Street (Name Only - no Rd, St, etc.)', 'City', and 'ZIP Code'. A red arrow points from the 'ein' label to the 'Federal Employer Identification Number (EIN)' field. Another red arrow points from the 'EmployerName' label to the 'Claimant Employer's Name' field. A red circle highlights the 'Search' button, with a red arrow pointing to it from the left. Below the input fields, a note states: 'It is highly recommended that you enter at least your Company Name and Federal EIN.' At the bottom of the form, there is a 'Notes' section with the following text: '- You must search on at least one of the following: Company Name, Federal EIN, City, or ZIP Code.', '- The more fields you enter, the more likely your company will be shown at the top of the list.', '- This search may take up to 1 minute to run.', and '- This form is not complete until you select Submit on the last page and receive a Transmittal number.' The footer of the page includes 'Copyright © 2002. All rights reserved' and 'Local intranet'.

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.

Company - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmldb/www_flow.accept

File Edit View Favorites Tools Help

Company

Test Environment !

Print

Search

Company

Please attempt to match both your company name and address from the list below. If you see your company, but the address has changed, please select the company and then notify the DIA of the necessary changes.

Company (Select)	Federal EIN	Address	Score
ABC TESTING	-	95 FIRST ST BRIDGEWATER, MA 02324	80
ABC TESTING INC	-	95 FIRST ST BRIDGEWATER, MA 02324	80

Notes

- If your company does not appear in the list above, please return to the previous screen and alter your search criteria. Consider entering only a portion of the company name.
- If you are unable to locate your company after several attempts, please go directly to the First Report of Injury screen by selecting the New Company button below.
- This form is not complete until you select Submit on the last page and receive a Transmittal number.

< Previous New Company

Done Local intranet 100%

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.

The screenshot shows a web browser window titled 'Incident - Windows Internet Explorer'. The address bar displays a URL from 'diaboapp-test.dia.state.ma.us'. The page has a yellow banner at the top that says 'Test Environment !'. Below this is a navigation bar with a 'Company' tab selected. The main content area is divided into two columns. The left column contains a sidebar with a 'Company' section and a list of links: 'Search', 'Company', 'Notifications', and 'Incident'. The right column contains the 'Incident Address' form. At the top of this form is a 'Company' section with details for 'ABC TESTING' at '95 FIRST ST, BRIDGEWATER, MA 02324'. Below this is the 'Incident Address' section, which prompts the user to 'Please select the address at which the incident occurred.' It features a table with columns 'Address 1', 'Address 2', and 'City'. The first row shows '95 FIRST ST', '-', and 'BRIDGEWATER, MA 02324'. A red arrow points to this row. Below the table is a 'Notes' section with instructions and a 'New Incident Address' button. The bottom of the page shows a status bar with 'Done' and 'Local intranet'.

Company		
Company	ABC TESTING	
	95 FIRST ST	
	BRIDGEWATER, MA 02324	
	Fed EIN: Unknown Phone: Unknown	

Incident Address		
Please select the address at which the incident occurred.		
Address 1	Address 2	City
95 FIRST ST	-	BRIDGEWATER, MA 02324

Notes

- If the incident address does not appear in the list above, please go directly to the First Report of Injury screen by selecting the New Incident Address button below.
- This form is not complete until you select Submit on the last page and receive a Transmittal number.
- **Please select from the list above if possible. Please avoid clicking New Address below if the correct address appears above.**

< Previous New Incident Address

9. **Enter the Employee information.** Required fields are marked with an *
press 'Next' when you're done.

Employee - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmldb/F?p=21017:5:334079835332679::NO::F21017_P7_INJ_ADD_ID:262480

File Edit View Favorites Tools Help

Favorites Login Page Suggested Sites Free Hotmail Get more Add-ons DM01 OnBase 11.0.2.161 [...] Dashboard MS-ISAC Cyber Tips Newsle... ITD Eo504 Compliance Appl...

Employee

Test Environment !

Print

Company Form 101

Form 101
Employee

Employee

* Employee's Name (First, MI, Last, Suffix)
[Text Box] -Select-

Home Telephone Number [Text Box] Social Security Number [Text Box] * Sex
[Text Box] [Text Box] -Select-

* Home Address
[Text Box]

Home Address (Line 2)
[Text Box]

* City [Text Box] * State [Text Box] * ZIP Code [Text Box]

Marital Status [Text Box] No. of Dependents [Text Box] Native Language
[Text Box] [Text Box] ENGLISH

* Date of Hire (mm/dd/yyyy) [Text Box] Date of Birth (mm/dd/yyyy) [Text Box]

* Average Weekly Wage [Text Box] ☐ Actual ☐ Estimated

Next >

Notes

- This form is not complete until you select Submit on the last page and receive a Transmittal number.

*Disclosure of Social Security Number is Voluntary. It will aid in the processing of your report.

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

Employer - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmldb/www_flow.accept

Test Environment !

Company Form 101

Form 101
Employee
Employer


Employer (Pre-Selected)
ABC TESTING
95 FIRST ST
BRIDGEWATER, MA 02324
Fed EIN: Unknown Phone: Unknown

The above information is based upon information previously supplied. If this information is incorrect please notify the [Claims Department at the DIA](#).

Address (Pre-Selected)
ABC TESTING
95 FIRST ST
BRIDGEWATER, MA 02324
Phone: Unknown

The above information is based upon information previously supplied.

Insurance Information

* Worker's Compensation Insurance Carrier (Please click on  to select a carrier)

W.C. Policy Number Insurer's Case File Number

* Self-Insured? ☐ No ☐ Yes If Yes, Self-Insurer Number

Next >

Notes
- This form is not complete until you select Submit on the last page and receive a Transmittal number.

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

Enter to locate the Insurer. You can use Wild card

Press when done

Search Company - Windows Internet Explorer

Search Items

Name %common%

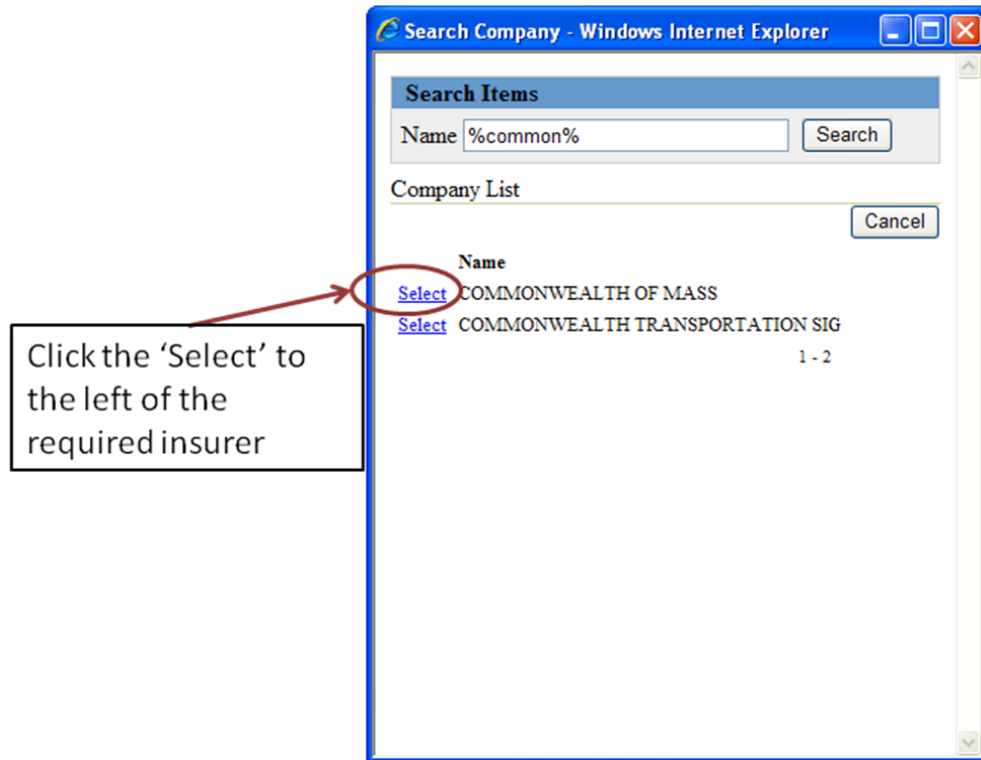
Company List

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

the list will retrieve insurers that match the name you entered



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'

Employer - Windows Internet Explorer

https://diaboapp-test.dia.state.ma.us/pls/htmltbl/www_flow_accept

File Edit View Favorites Tools Help

Favorites Login Page Suggested Sites Free Hotmail Get more Add-ons DM01 OnBase 11.0.2.161 [...] Dashboard MS-15AC Cyber Tips Newsle... ITD Eo504 Compliance Appli...

Employer

Test Environment !

Print

Company Form 101

Form 101
Employee
Employer

Employer (Pre-Selected)

ABC TESTING
95 FIRST ST
BRIDGEWATER, MA 02324
Fed EIN: Unknown Phone: Unknown


The above information is based upon information previously supplied. If this information is incorrect please notify the [Claims Department at the DIA](#).

Address (Pre-Selected)

ABC TESTING
95 FIRST ST
BRIDGEWATER, MA 02324
Phone: Unknown

The above information is based upon information previously supplied.

Insurance Information

* Worker's Compensation Insurance Carrier (Please click on  to select a carrier)
COMMONWEALTH OF MASS

W.C. Policy Number Insurer's Case File Number

* Self-Insured? ☐ No If Yes, Self-Insurer Number ☐ Yes

Next >

Notes

- This form is not complete until you select Submit on the last page and receive a Transmittal number.

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Local intranet 100%

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.

Form 101

Injury Dates

- * Date of Injury
- * FIRST day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy)
- FIFTH day of Total or Partial Incapacity to Earn Wages (mm/dd/yyyy)
- If Employee has Died, Date of Death (mm/dd/yyyy)

Location of Injury (Pre-selected)

95 FIRST ST
BRIDGEWATER, MA 02324
Phone: Unknown

Injury Information

- * Was Employee Injured on Employer's Premises?
☐ Yes ☐ No
- * Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved

Person to Whom Injury was Reported (First Name, Last Name) Position of Person Reported to

* Date Reported (mm/dd/yyyy) * Date Reported as work related (mm/dd/yyyy)

For the items below, select the list of values icon for a list of available codes.

* Nature of Injury/Illness	* Body Part Affected	Source of Injury
a. <input type="text"/>	<input type="text"/>	<input type="text"/>
b. <input type="text"/>	<input type="text"/>	<input type="text"/>
c. <input type="text"/>	<input type="text"/>	<input type="text"/>

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

The screenshot shows a web browser window titled 'Injury - Windows Internet Explorer'. The address bar shows the URL 'https://diaboapp-test.dia.state.ma.us/dia/html/db/www_flow_accept'. The browser's toolbar includes 'File', 'Edit', 'View', 'Favorites', 'Tools', and 'Help'. Below the toolbar, there are several tabs: 'Login Page', 'Suggested Sites', 'Free Hotmail', 'Get more Add-ons', 'DM01 OnBase 11.0.2.161 [...]', 'Dashboard', 'MS-ISAC Cyber Tips Newsle...', and 'ITD Eo504 Compliance Appl...'. The main content area displays a form titled 'injury information'. The form includes the following sections:

- Was Employee Injured on Employer's Premises?** with radio buttons for 'Yes' and 'No'.
- Briefly Describe How Injury/Exposure Occurred and Body Part(s) involved** with a large text area.
- Person to Whom Injury was Reported (First Name, Last Name)** and **Position of Person Reported to** with text input fields.
- Date Reported (mm/dd/yyyy)** and **Date Reported as work related (mm/dd/yyyy)** with date pickers.
- For the items below, select the list of values icon [icon] for a list of available codes.**
- Nature of Injury/Illness** with a list of items (a. through g.) and dropdown menus.
- Body Part Affected** with a dropdown menu.
- Source of Injury** with a dropdown menu.
- Witness(es) to Injury - Give Full Name(s), if NONE state as such** with a text input field.
- Has Employee Returned to Work?** with radio buttons for 'Yes' and 'No', and a **Date Employee Returned to Work (mm/dd/yyyy)** date picker.
- Employee's Regular Occupation** with a text input field.
- Has Employee Returned to Regular Occupation?** with radio buttons for 'Yes' and 'No'.
- Next >** button, which is circled in red.
- Notes** section with a text area.

At the bottom of the form, there is a note: '- This form is not complete until you select Submit on the last page and receive a Transmittal number.' The browser's status bar at the bottom shows 'Local intranet' and '100%' zoom.

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.

Submission

File Edit View Favorites Tools Help

IBM Support Portal ITD - INTERCHANGE PROD ITD - Interchange TEST-QA Employment, Equal Acces...

Instructions Print

Company Case 101

Employee

JOHN DOE Home Phone: 617-333-1234
Social Security Number: -- Sex: M

Home Address:
1 AVENUE BLVD
BOSTON, MA 02111

Marital Status: Dependents: 0
Native Language: ENGLISH
Hire Date: 01/01/2000 Birth Date:
Weekly Wage: 111 Estimated

Employer

ABC TESTING
95 FIRST ST
BRIDGEWATER, MA 02324
Fed EIN: Unknown Phone: Unknown

Worker's Comp Insurer:
COMMONWEALTH OF MASS
Policy No.: Self Insured: N Number:
Insurer's Case File Number:

Injury Information

Date of Injury: 01/01/2014
FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014
FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014
Date of Death:

Location of Injury:
95 FIRST ST
BRIDGEWATER, MA 02324
Phone: Unknown
Injured on Employer's Premises? Y

Description: ENTER INJURY DESCRIPTION

Injury Reported To:
Date Reported: 01/01/2014 Date Reported Work Related: 01/01/2014

Nature of Injury/Illness Body Part Affected Source of Injury
152 110

Witnesses: WITNESS 1 AND WITNESS 2

100%

14. Enter your information and press Submit to conclude.

Submission - Windows Internet Explorer

https://diabosapp-test.dia.state.ma.us/.../flow_accept

Submission

COMMONWEALTH OF MASS
Policy No.: Self Insured: N Number:
Insurer's Case File Number:

Injury Information

Date of Injury: 01/01/2014
FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014
FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014
Date of Death:

Location of Injury:
95 FIRST ST
BRIDGEWATER, MA 02324
Phone: Unknown
Injured on Employer's Premises? Y

Description: ENTER INJURY DESCRIPTION

Injury Reported To:
Date Reported: 01/01/2014 Date Reported Work Related: 01/01/2014

Nature of Injury/Illness: 152 Body Part Affected: 110 Source of Injury:

Witnesses: WITNESS 1 AND WITNESS 2

Has Employee Returned to Work? N Date Returned:

Employee's Regular Occupation: ENTER OCCUPATION Has Employee Returned to Regular Occupation? N

Submission

This form must be filed by the employer or an authorized agent/representative of the employer.

* EMPLOYER'S Name (First Name, MI, Last Name) * Title

* Preparer's Email Address * Are you the employer or an authorized representative?
Yes No

Submit

Notes

- This form is not complete until you select Submit and receive a Transmittal number.
- If any information above is incorrect, please use the links at the left to return to the appropriate sections.

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Done Local intranet 100%

Press to submit the form

Enter your information

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.

Form 101

Test Environment!

Form 101 Submitted

Click for a copy

Instructions Print

Actions

- **DO NOT USE YOUR BROWSER'S BACK BUTTON**
- To print this form, please select print at the upper right, a new window will open, use your browser's print feature and press 'Close' when done.
- To create a new incident for a different company, select Clear All.
- To create a new incident for the same company, select New Incident.
- To duplicate this incident for a different employee, select Duplicate Incident.

Clear All New Incident Duplicate Incident Return to DIA Home Page

Substitute Form 101

Your Transmittal Number is **153517**

Employee	Employer
JOHN DOE Home Phone: 617-333-1234 Social Security Number: -- Sex: M	ABC TESTING 95 FIRST ST BRIDGEWATER, MA 02324 Fed EIN: Unknown Phone: Unknown
Home Address: 1 AVENUE BLVD BOSTON, MA 02111	Worker's Comp Insurer: COMMONWEALTH OF MASS Policy No.: Self Insured: N Number: Insurer's Case File Number:
Marital Status: Dependents: 0 Native Language: ENGLISH Hire Date: 01/01/2000 Birth Date: Weekly Wage: 111 Estimated	

Injury Information

Date of Injury: 01/01/2014 FIRST day of Total or Partial Incapacity to Earn Wages: 01/01/2014 FIFTH day of Total or Partial Incapacity to Earn Wages: 01/05/2014 Date of Death:	Location of Injury: 95 FIRST ST BRIDGEWATER, MA 02324 Phone: Unknown Injured on Employer's Premises? Y
--	--

Follow Instructions To continue