Workers' Compensation Automation and Integration System

✓ Modern User Experience
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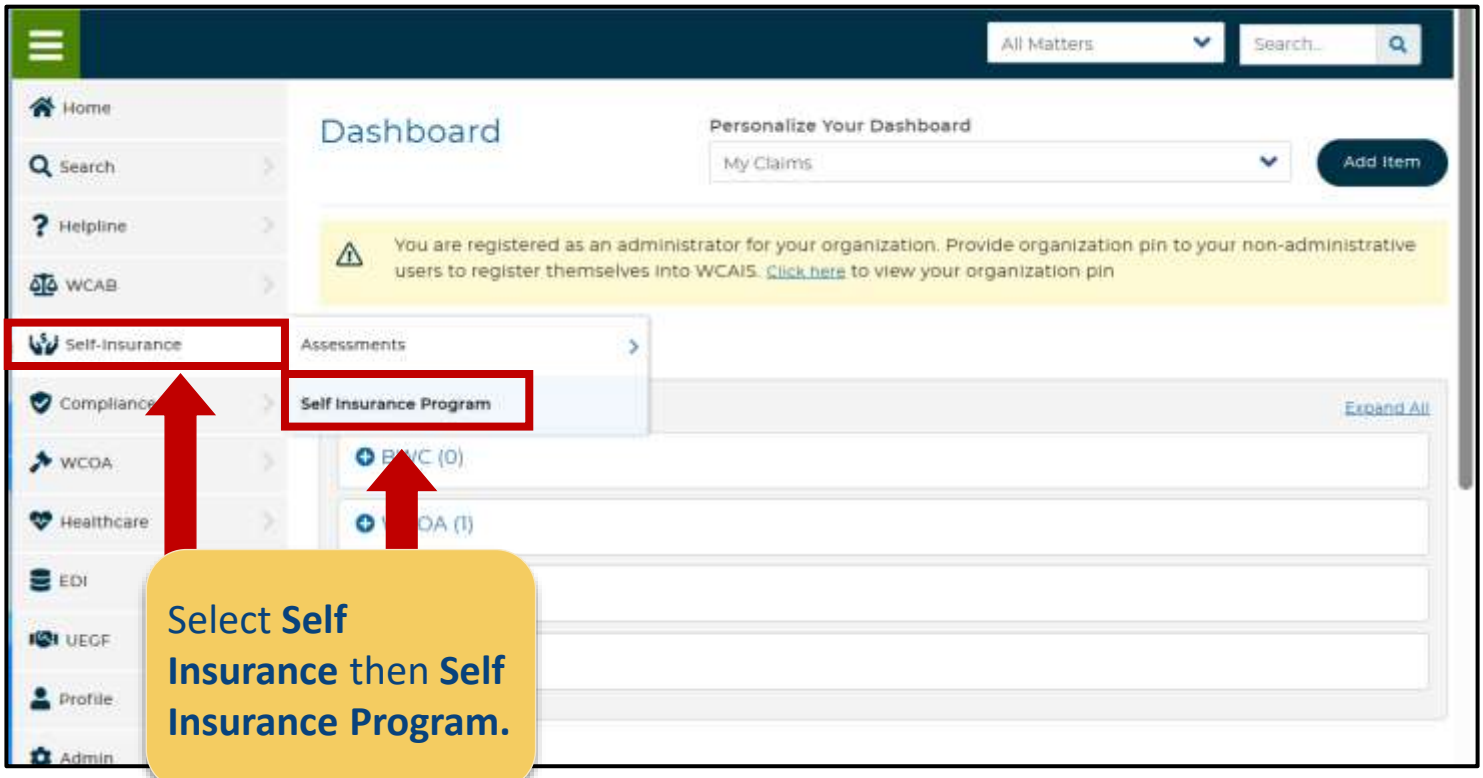
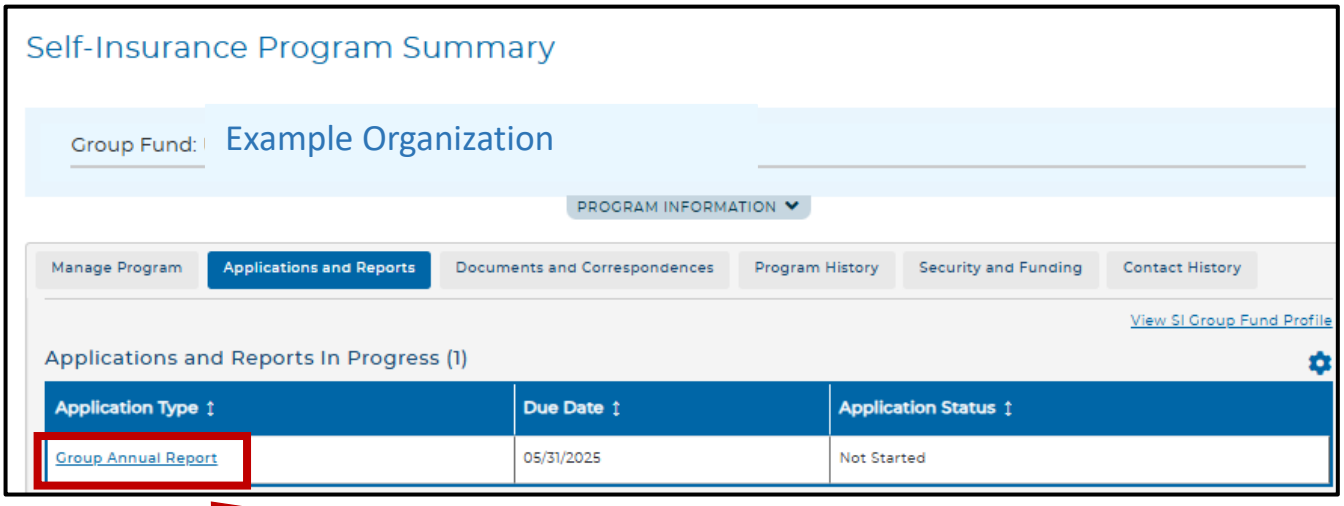
Group Fund: Submitting an Annual Report

This guide demonstrates the process of submitting an Annual Report for Group Fund users/organizations.





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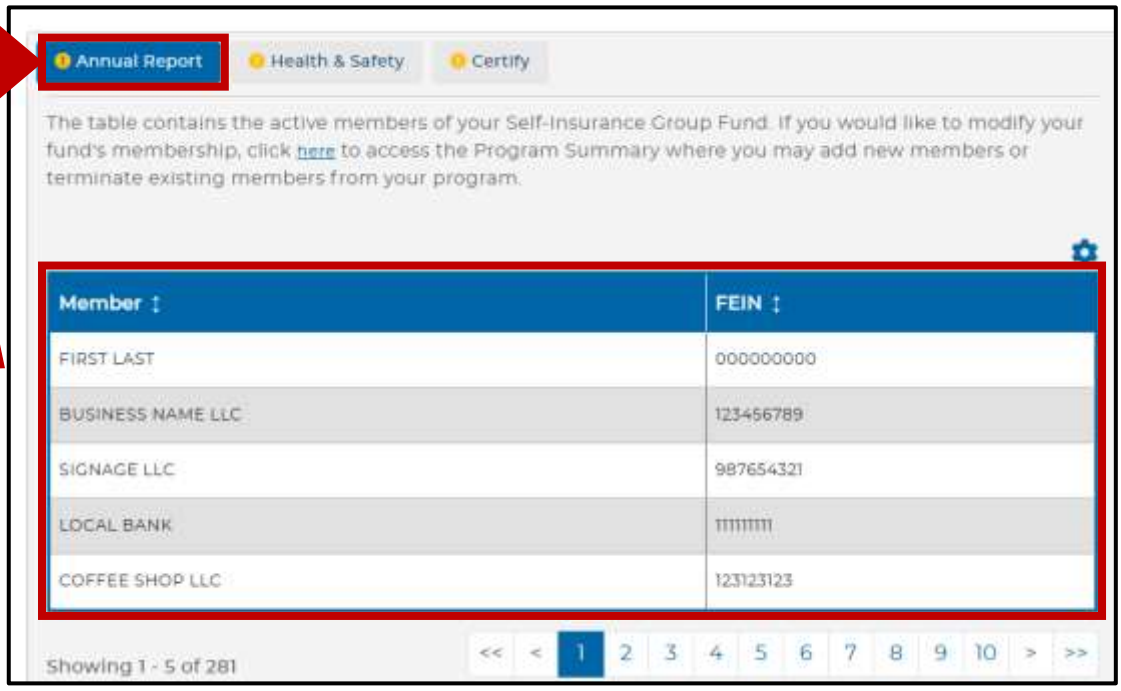
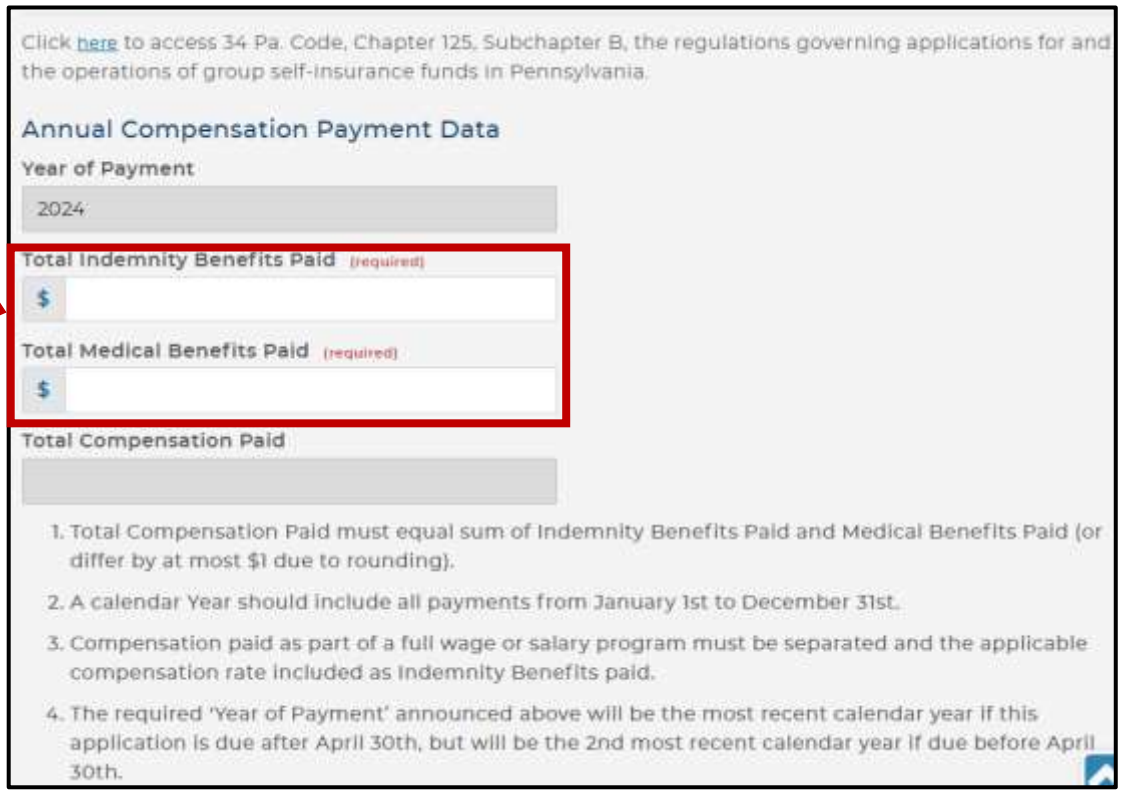
Annual Report Tab

Note: The system navigates to the Annual Report tab and displays the SI Group Fund Member table.



Complete the **Required** information.



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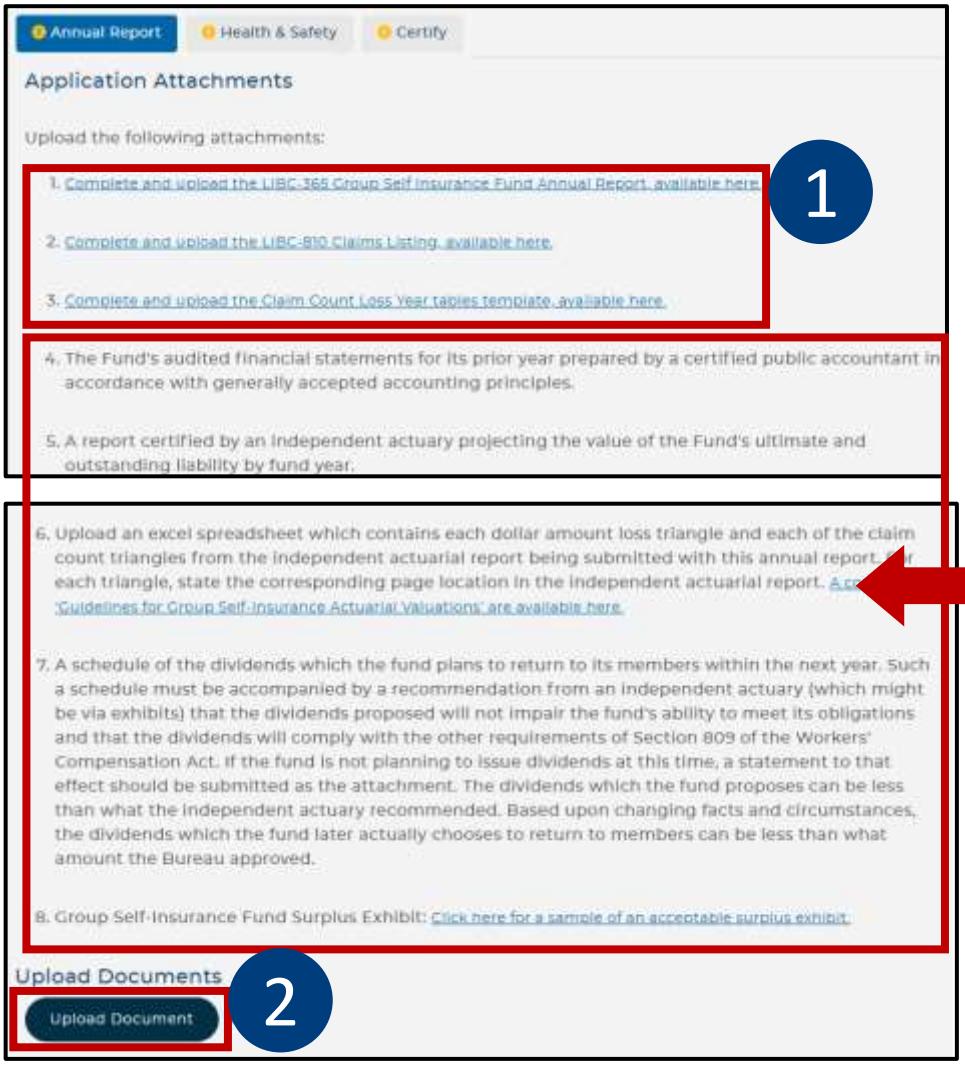
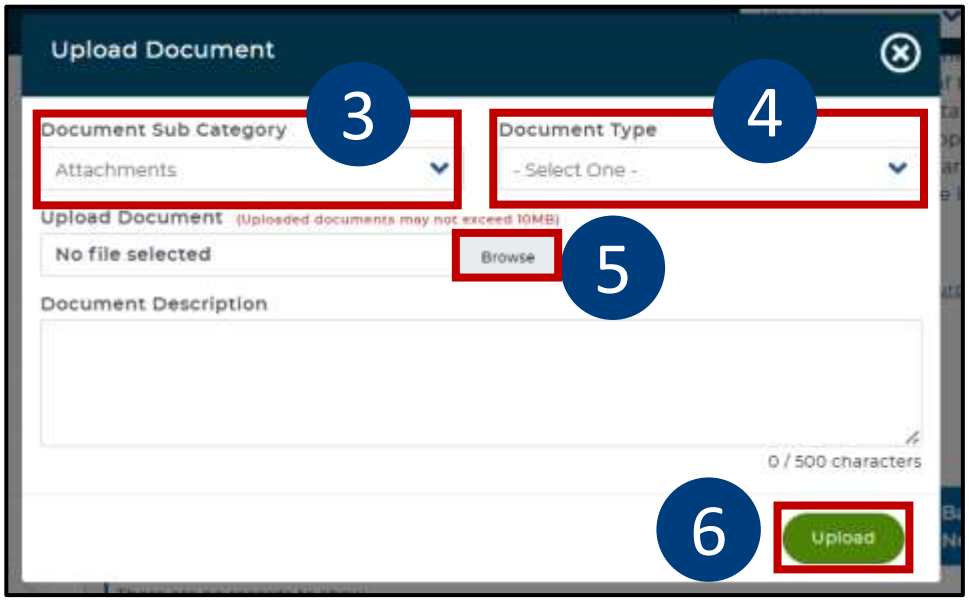
Annual Report Tab (Cont'd)



1. Select the **links** (**1, 2 & 3**) to download the documents. You will need to complete the documents outside of the system before uploading them back into WCAIS (Step 2).

Note: Additional documentation must also be provided as listed in numbers 4-8.

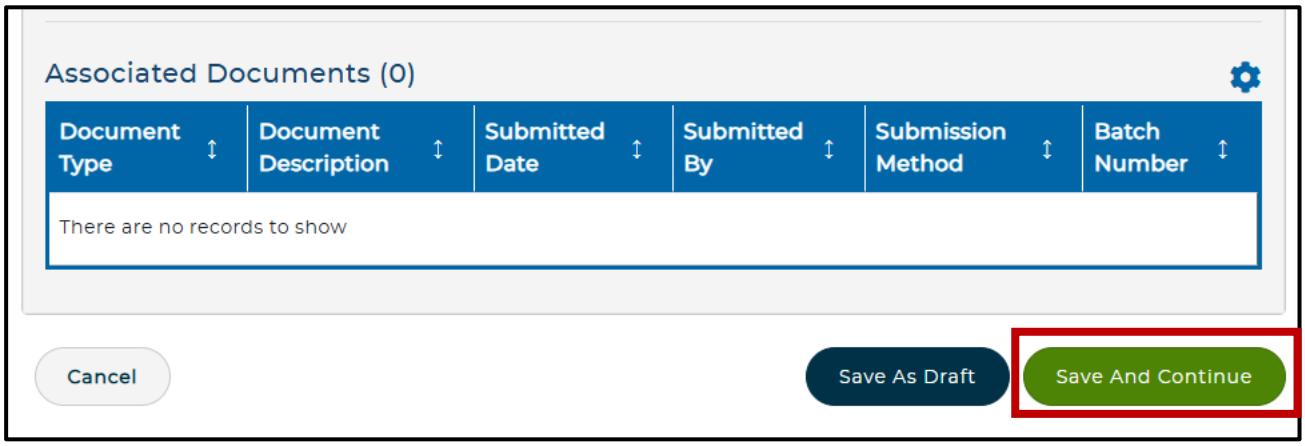


2. Press **Upload Document**.
3. Select the **Document Sub Category** from the dropdown
4. Select the **Document Type** from the dropdown.
5. Press **Browse** to locate file.
6. Press **Upload**.
Repeat this process until all documents are uploaded.

Annual Report Tab (Cont'd)

Press **Upload** to repeat this process from the previous page until all documents are uploaded.

Note: The Uploaded Documents table displays each document that has been included into the report.



Press **Save and Continue**.

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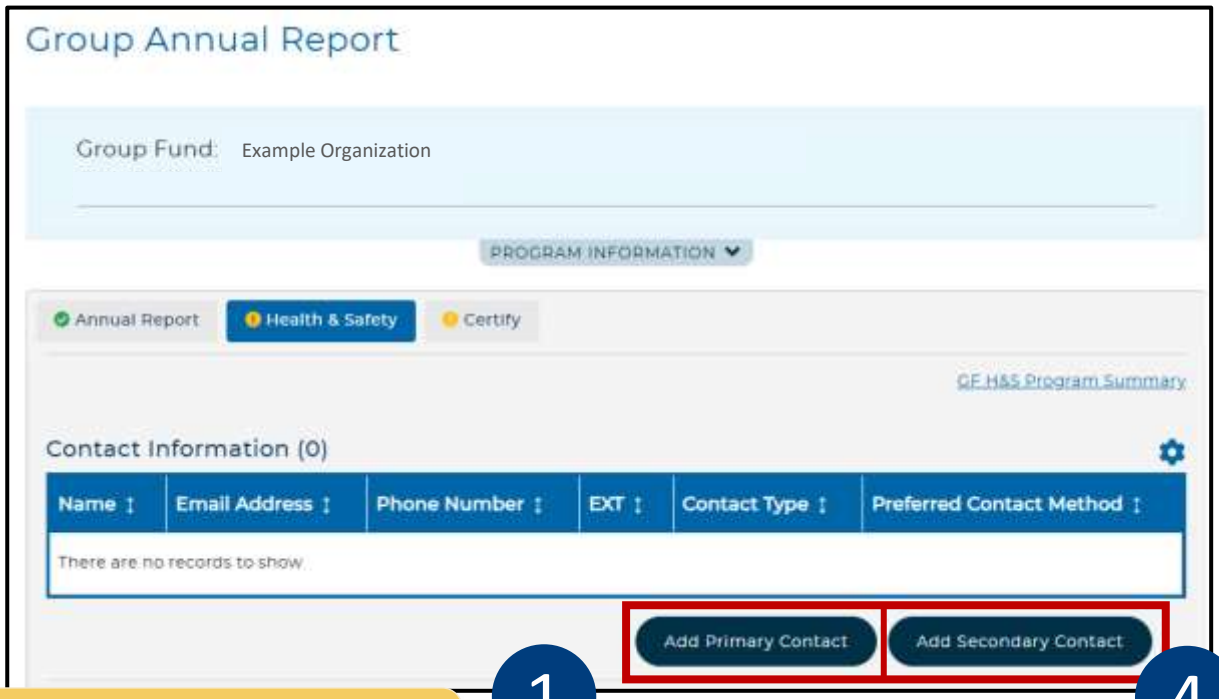
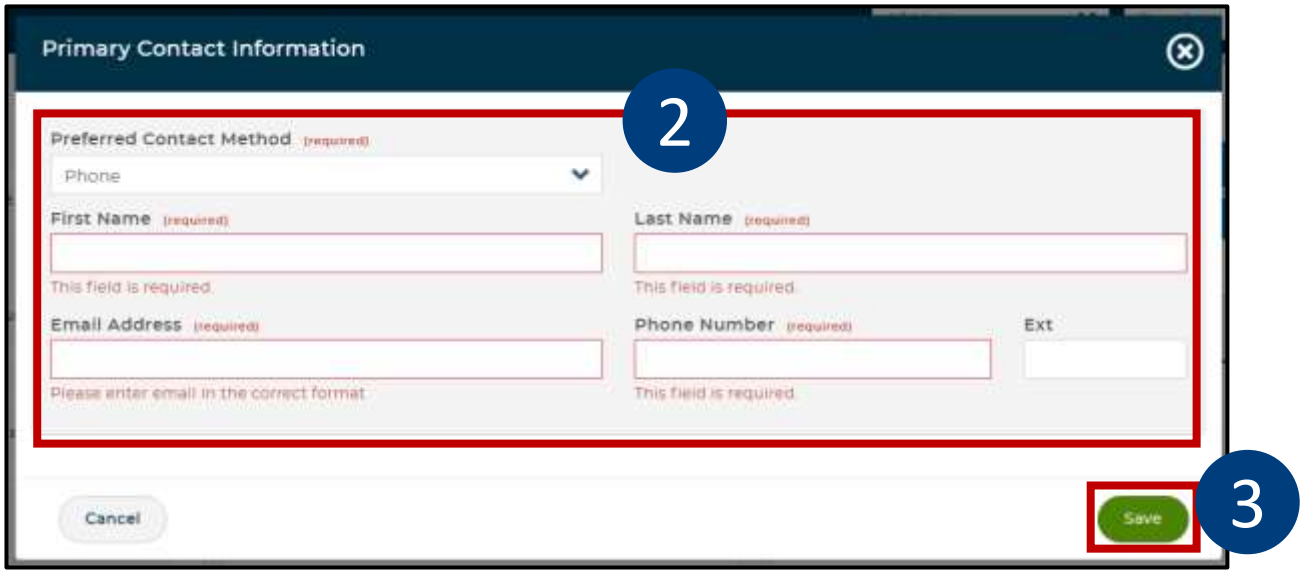
Health & Safety Tab



1. Press **Add Primary Contact**.



2. Complete the **Required** information.
3. Press **Save**.
4. Repeat the process for the **Secondary Contact**.

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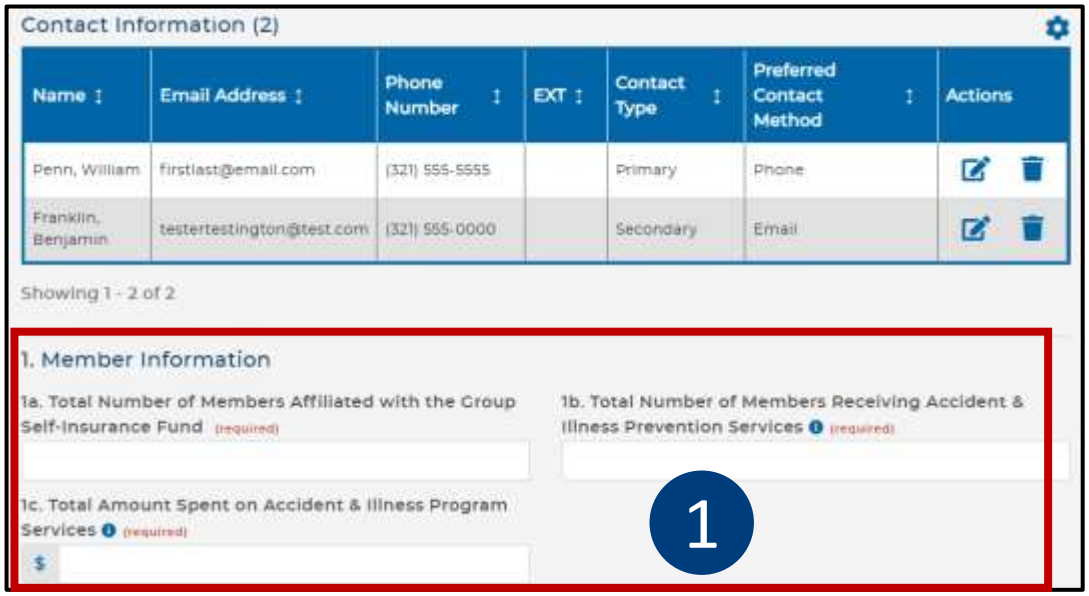
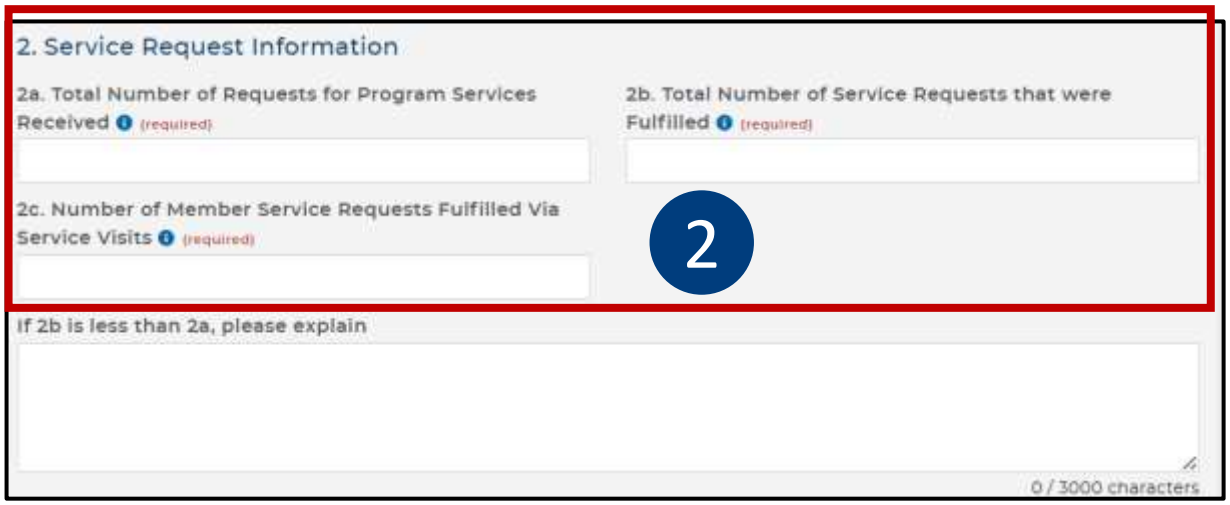
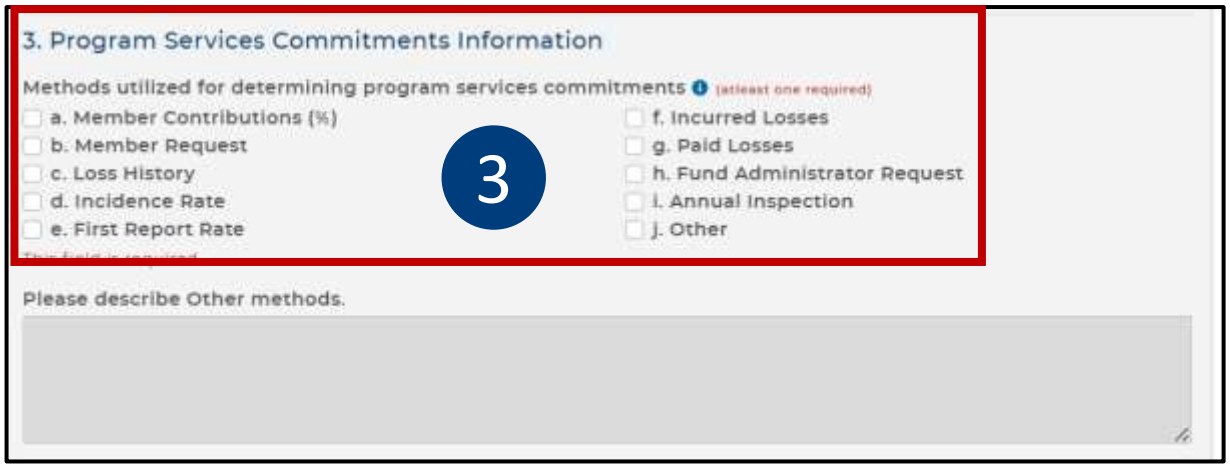
Health & Safety Tab (Cont'd.)



1. Complete the **Required Member Information**.
2. Complete the **Required Service Request Information**.
3. Select the applicable **checkbox(es)**.





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Health & Safety Tab (Cont'd)

4. On-Site Inspection Information

Number of On-Site Inspections performed (Include follow-up inspections) (required)

Complete the **Required** information.

5. Accident & Illness Prevention Program Elements and Services Information

Select the Elements/Services Contained within your Accident and Illness Prevention Program that are developed, implemented, and monitored by the fund. Elements 1 through 13 are considered mandatory by the Pennsylvania Workers' Compensation Act. The procedures and activities described in item 14, i through xi, are applicable only on an individual employer need basis.

Elements and Services

- 1. Safety Policy Statement (required)
- 2. Designated A&IP Program Coordinator (required)
- 3. Assignment of Responsibilities for Developing, Implementing, and Evaluating the A&IP Program (required)
- 4. Program Goals and Objectives (required)
- 5. Employee Involvement Methods (required)
- 6. Employee Accident & Illness Prevention. Suggestion and Communications Program (required)
- 7. Methods for Accident Investigation and Reporting and Recordkeeping (required)
- 8. Onsite Surveys to Identify Existing or Potential Accident and Illness Hazards or Safety Program Deficiencies (required)
- 9. Analyses of the Causes of Accidents and Illnesses at the Members' Worksite (required)

This field is required.

- 10. Providing or Proposing Corrective Actions in the Area of Industrial Hygiene Services (required)

This field is required.

- 11. Providing or Proposing Corrective Actions in the Area of Industrial Health Services (required)

This field is required.

- 12. Accident and Illness Prevention-Training Programs (required)

This field is required.

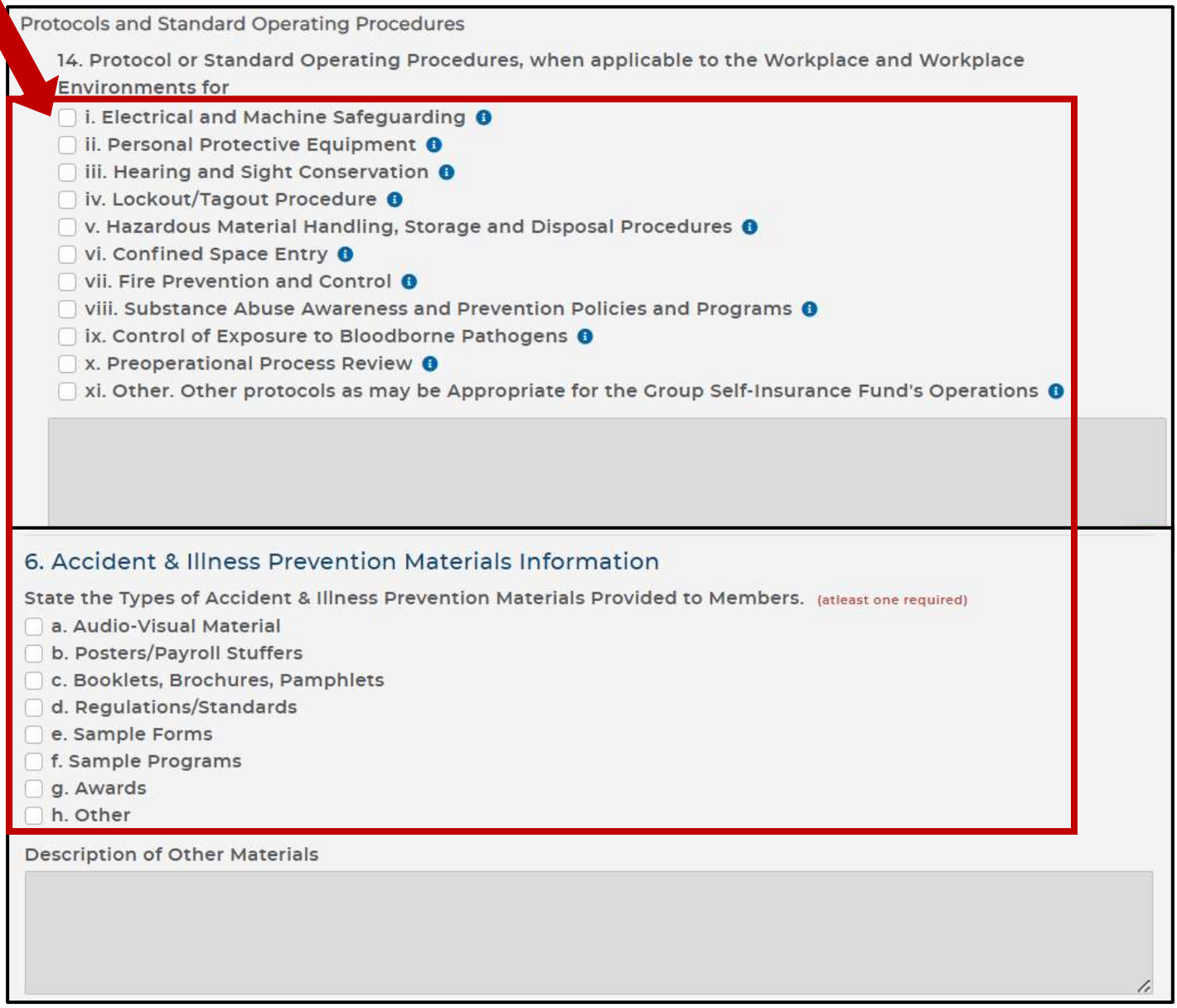
- 13. Consultations Regarding Specific Safety and Health Problems and Hazard Abatement Programs and Techniques (required)

This field is required.

Select each **checkbox (1-13)**.

Health & Safety Tab (Cont'd)

Select the applicable **checkbox(es)**.



Protocols and Standard Operating Procedures

14. Protocol or Standard Operating Procedures, when applicable to the Workplace and Workplace Environments for

- [ ] i. Electrical and Machine Safeguarding
- [ ] ii. Personal Protective Equipment
- [ ] iii. Hearing and Sight Conservation
- [ ] iv. Lockout/Tagout Procedure
- [ ] v. Hazardous Material Handling, Storage and Disposal Procedures
- [ ] vi. Confined Space Entry
- [ ] vii. Fire Prevention and Control
- [ ] viii. Substance Abuse Awareness and Prevention Policies and Programs
- [ ] ix. Control of Exposure to Bloodborne Pathogens
- [ ] x. Preoperational Process Review
- [ ] xi. Other. Other protocols as may be Appropriate for the Group Self-Insurance Fund's Operations

6. Accident & Illness Prevention Materials Information

State the Types of Accident & Illness Prevention Materials Provided to Members. (atleast one required)

- [ ] a. Audio-Visual Material
- [ ] b. Posters/Payroll Stuffers
- [ ] c. Booklets, Brochures, Pamphlets
- [ ] d. Regulations/Standards
- [ ] e. Sample Forms
- [ ] f. Sample Programs
- [ ] g. Awards
- [ ] h. Other

Description of Other Materials

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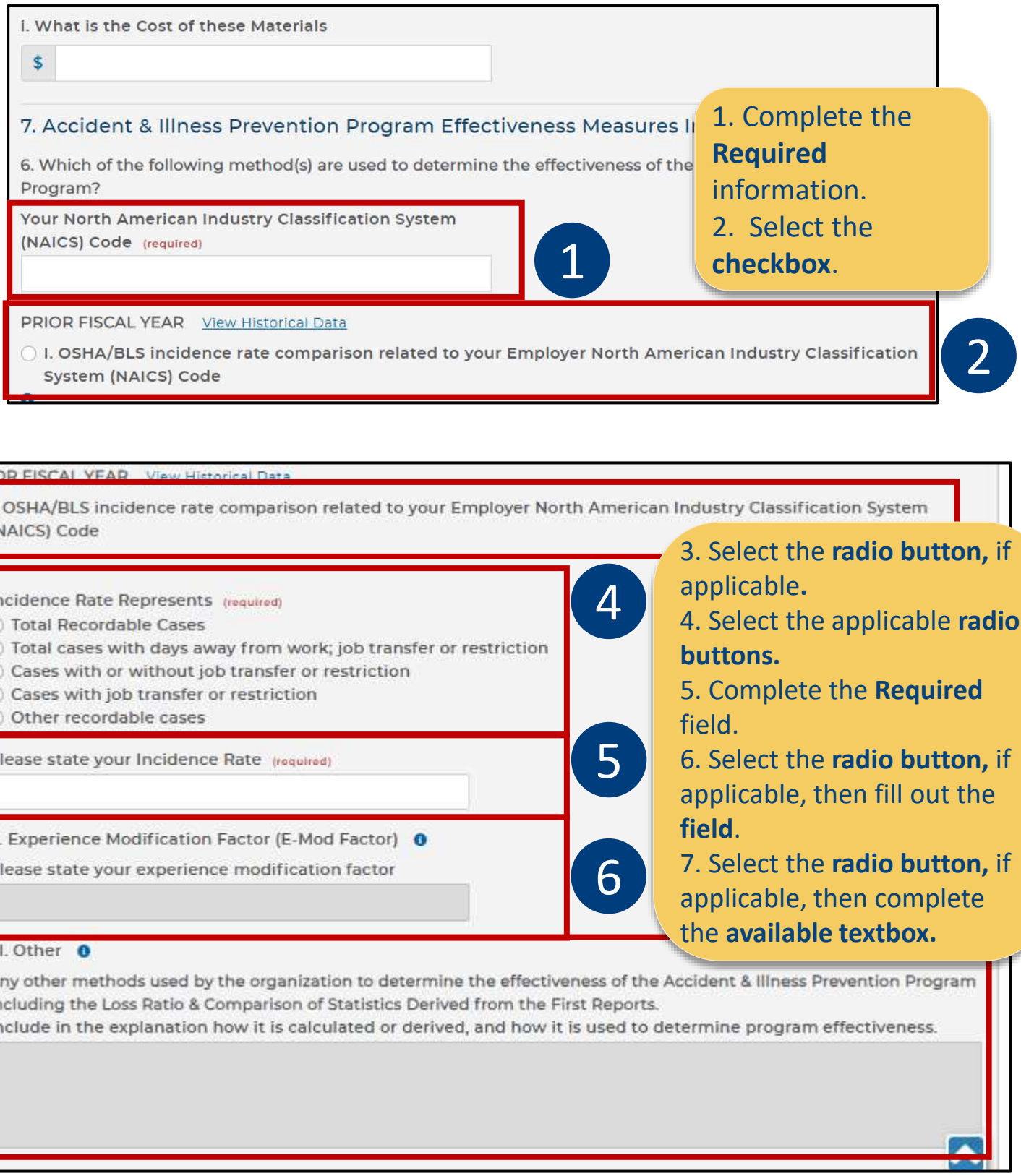
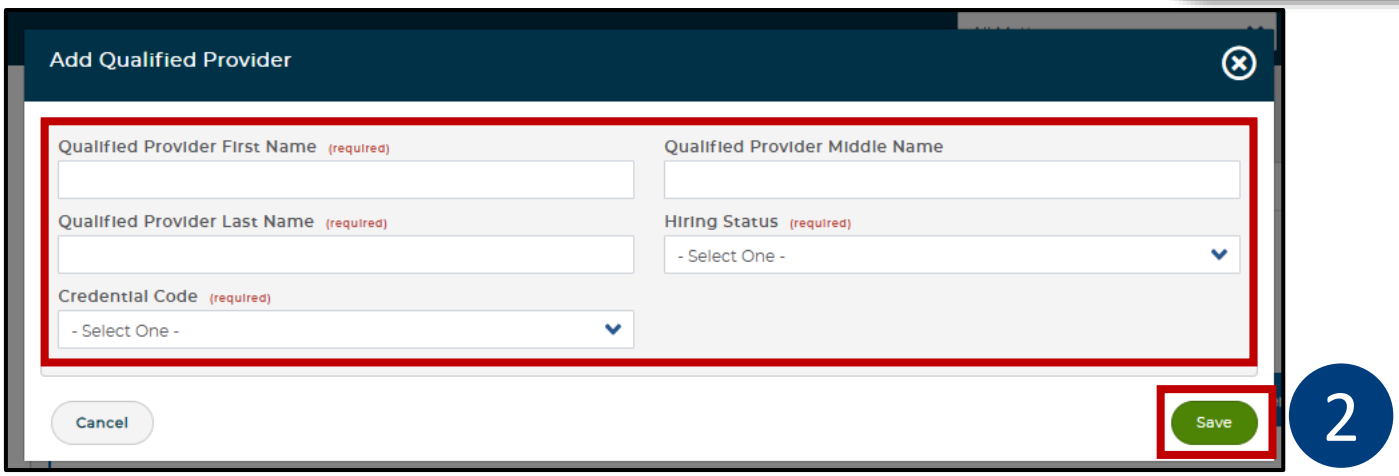
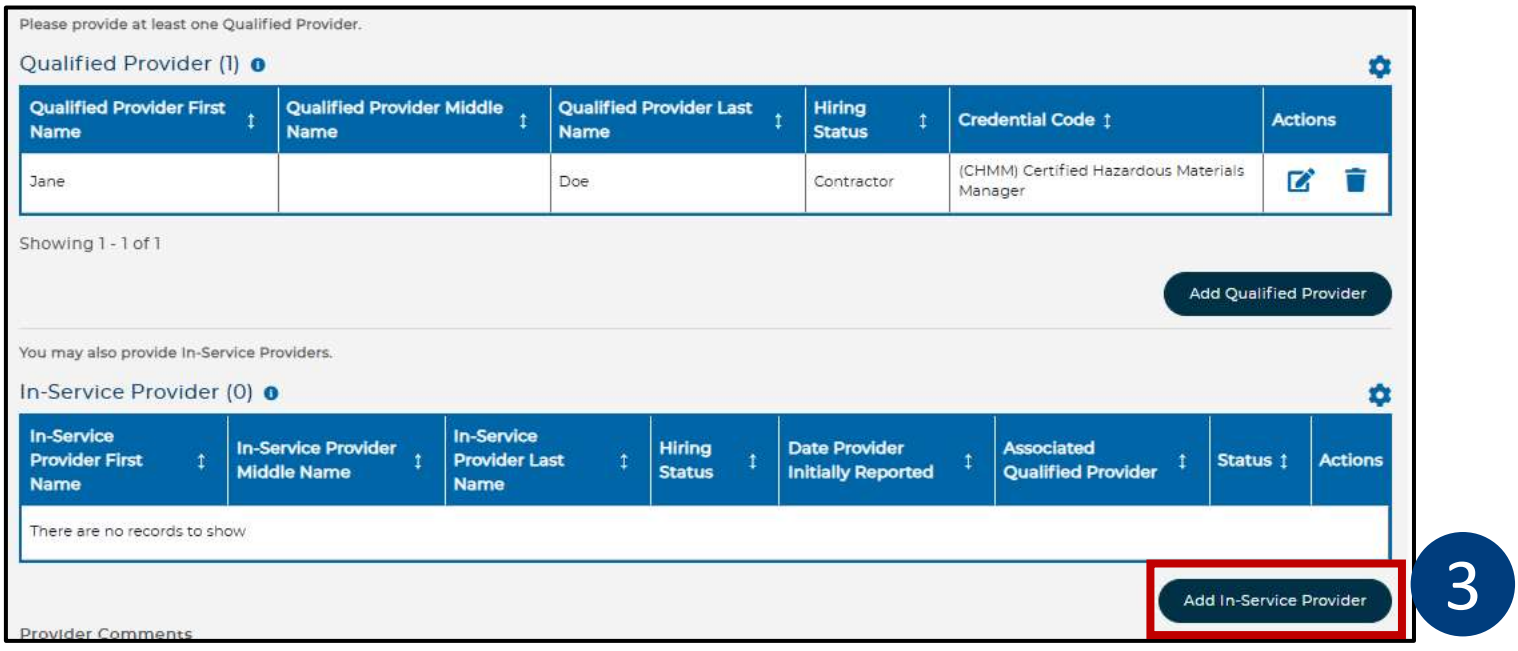
Health & Safety Tab (Cont'd)



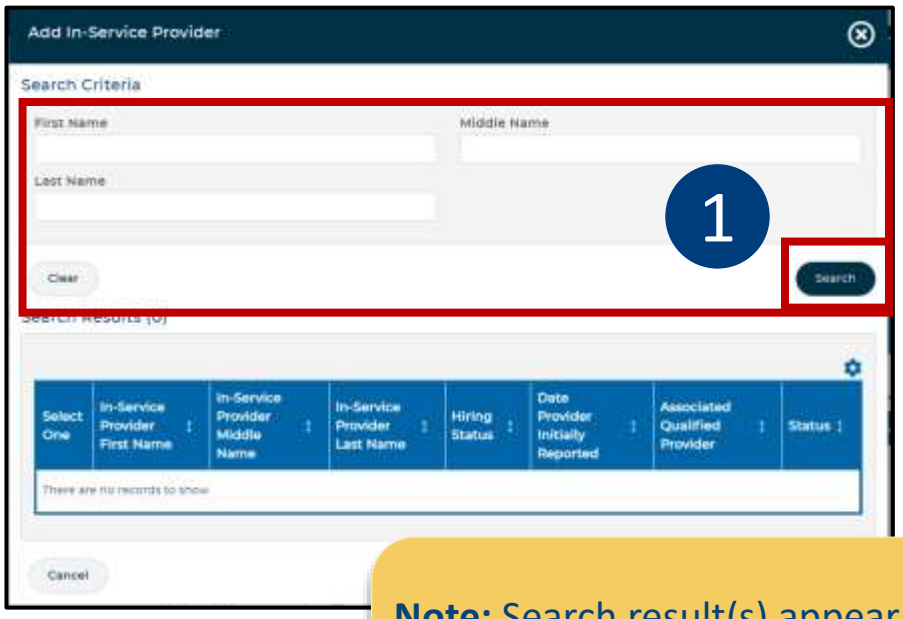
Health & Safety Tab (Cont'd)

1. Press **Add Qualified Provider**.
2. Complete the **Required** information.
3. Press **Add In-Service Provider,** if applicable. If not applicable, skip to page 12.





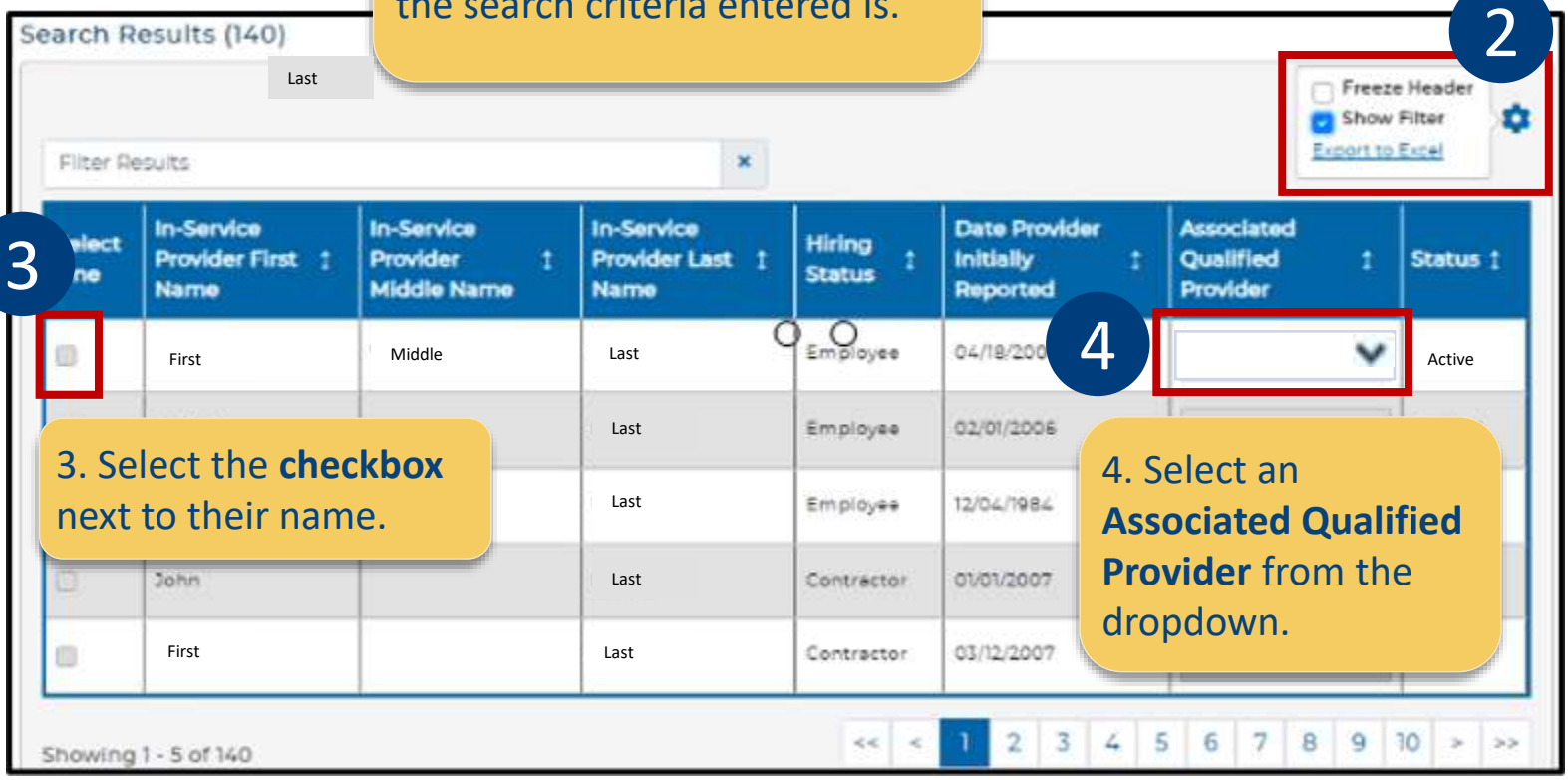
Health & Safety Tab (Cont'd)



Note. Adding an In-service Provider is optional. To do so:

1. Complete applicable search fields, then press **Search**.
2. Press the **gear icon** then select the filter checkbox to filter the results, if desired.

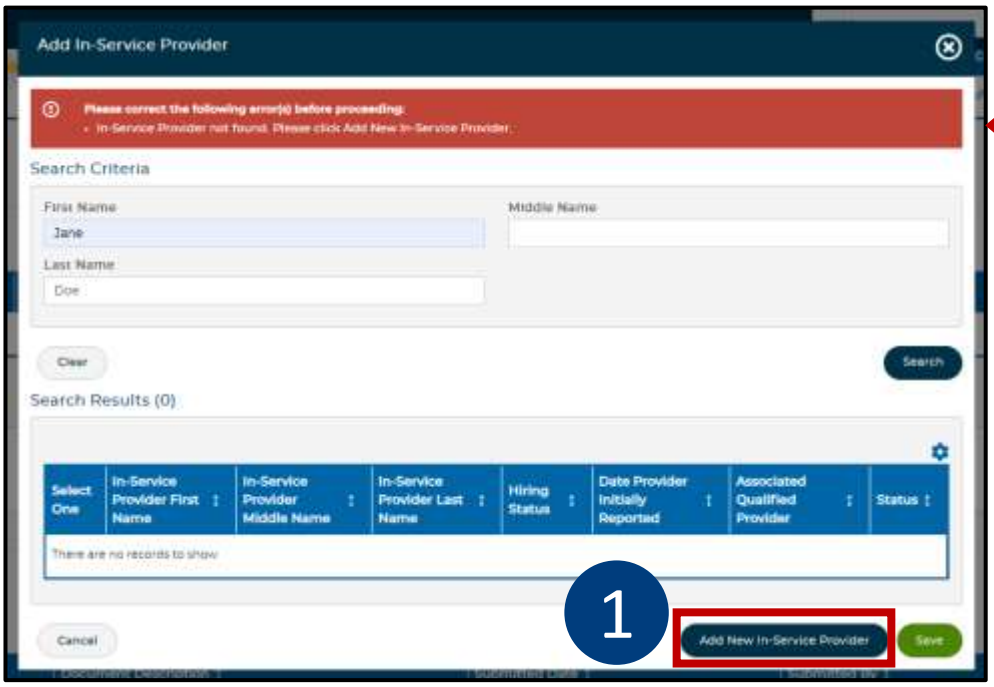
Note: Search result(s) appear based on how broad or narrow the search criteria entered is.



3. Select the **checkbox** next to their name.

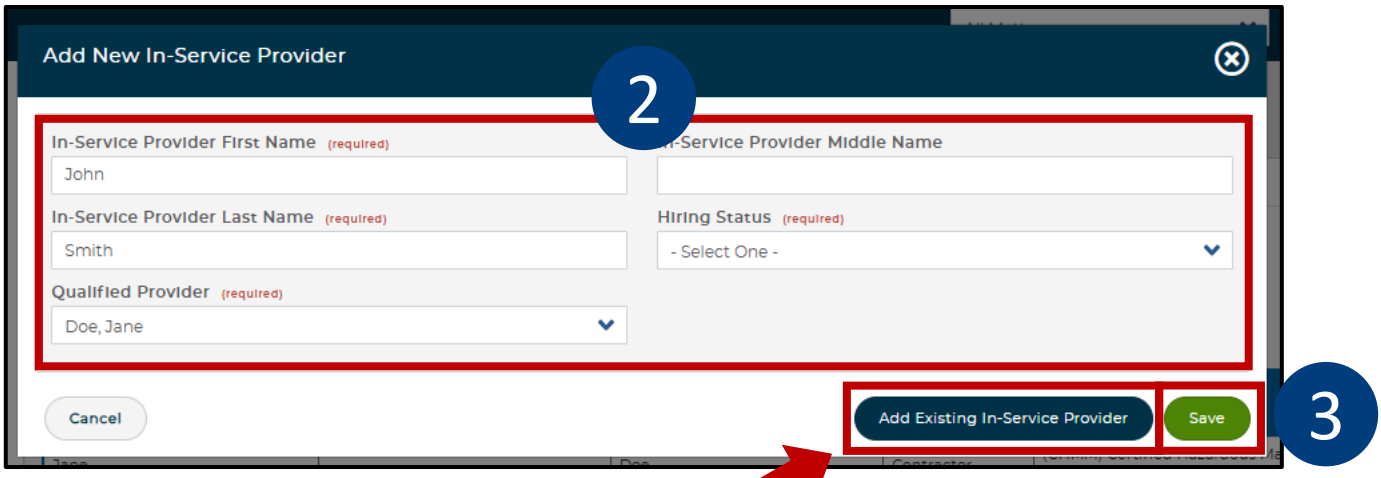
4. Select an **Associated Qualified Provider** from the dropdown.

Health & Safety Tab (Cont'd)



Note: If the system cannot find the Provider, an error message will appear.

1. Press **Add New In-Service Provider**.
2. Complete the **Required** information
3. Press **Save**.



Note: To re-complete the search process for a different, existing in-service provider and repeat the steps on Page 11, press **Add Existing In-Service Provider.**

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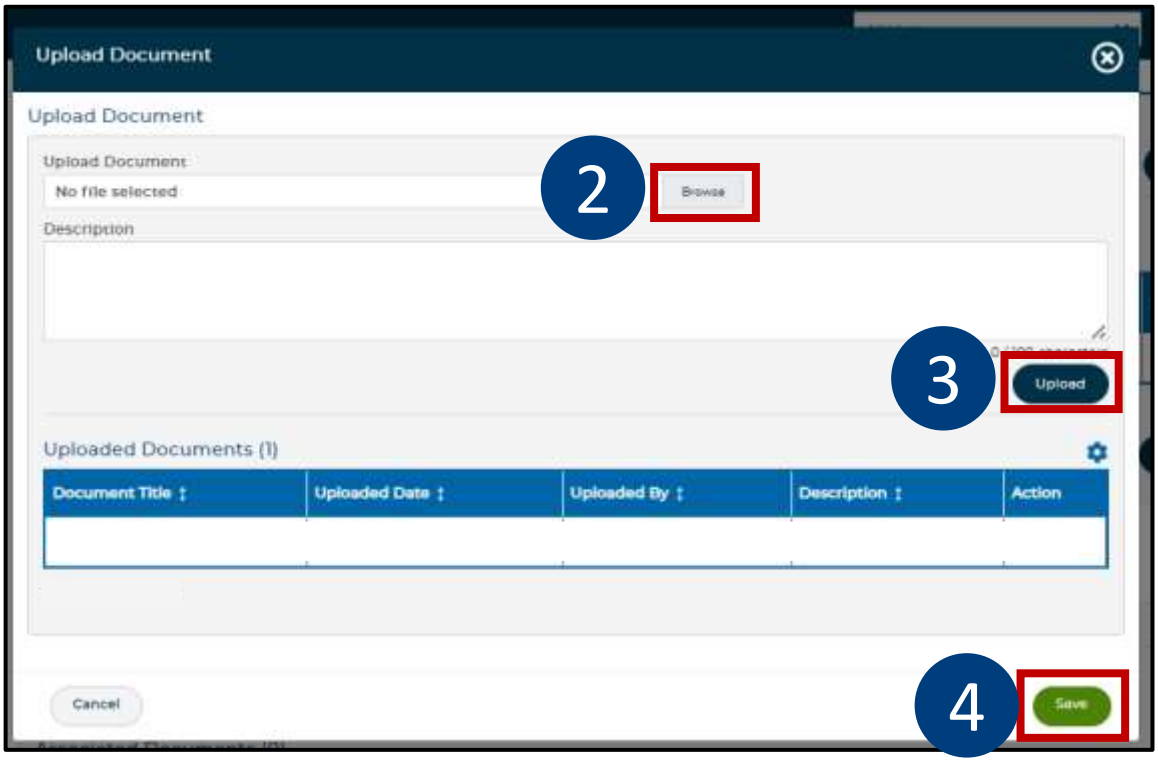
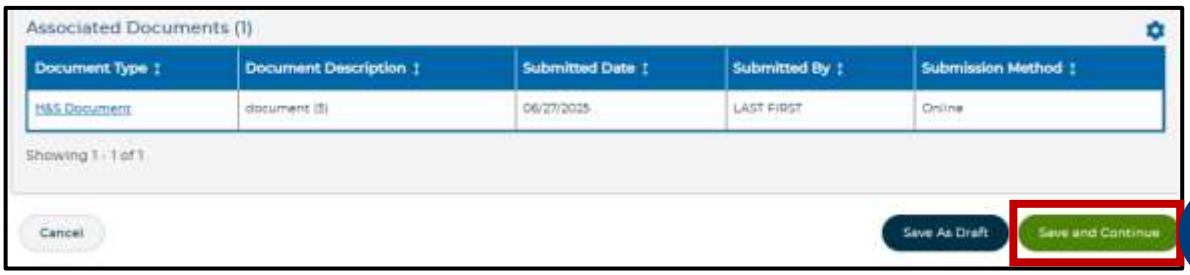
Health & Safety Tab (Cont'd)





1. Optional documents can be uploaded by pressing **Upload Document**.
2. Press **Browse** to locate the file.
3. Press **Upload**.
4. Press **Save.**
5. Press **Save and Continue**.

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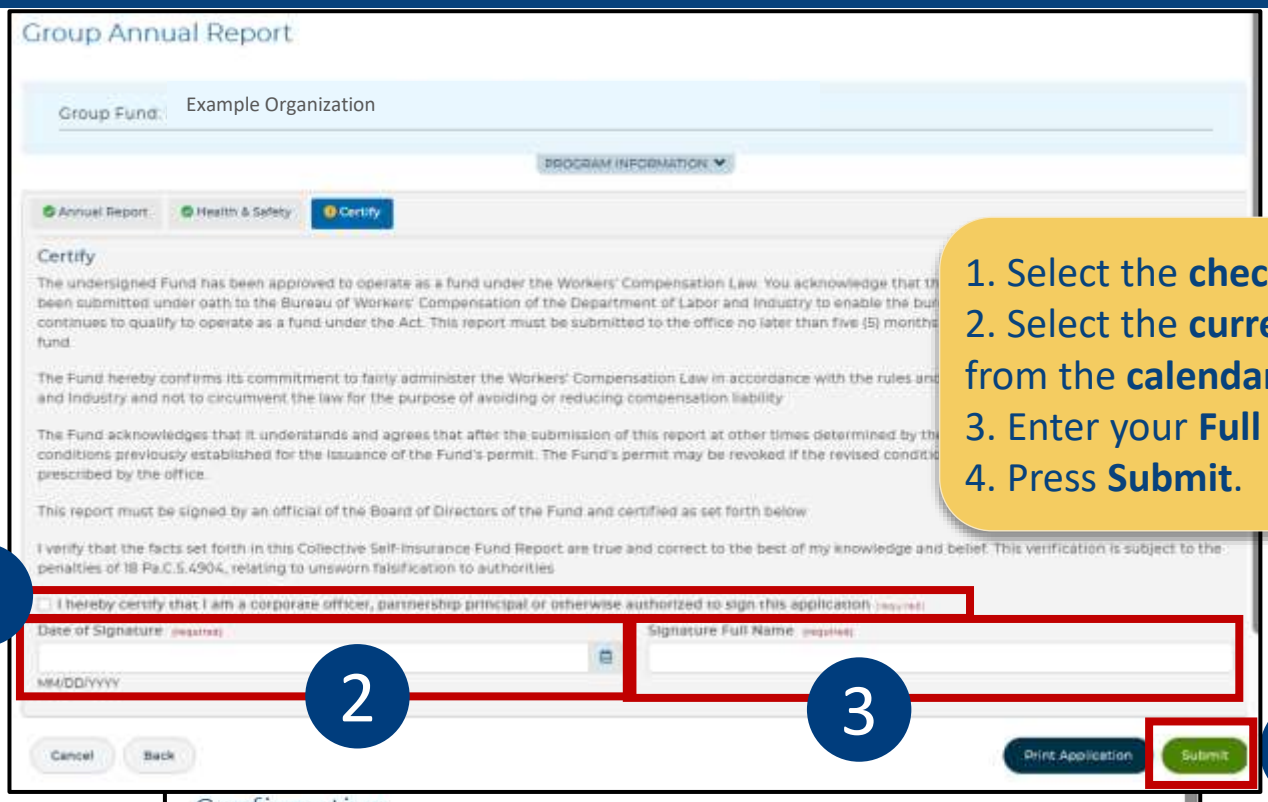
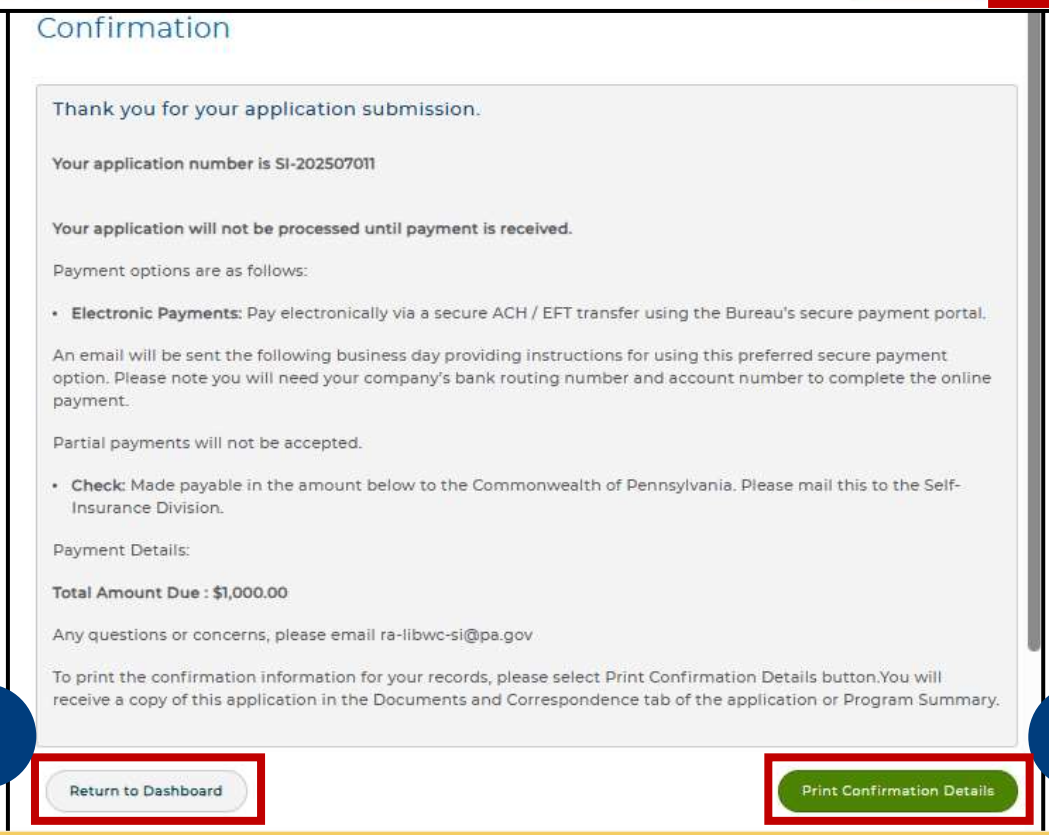
Certify Tab



1. Select the **checkbox**.
2. Select the **current date** from the **calendar**.
3. Enter your **Full Name**.
4. Press **Submit**.



5. Press **Return to Dashboard** to return to your WCAIS Dashboard.
6. Press **Print Confirmation** if you wish to print and/or save the Submission Receipt.