

## HARVARD UNIVERSITY REPORTING A NEW CLAIM

User Name:	0790121
Password:	newclaim

- 1. Open any Internet browser and type www.pmacompanies.com on the URL address line.
- 2. Arrive at the PMA Companies' Home Page. Click "Report a Claim" on the upper left side of the page.



3. Once on the Claim Landing page, click "REPORT A CLAIM".



4. Type your **User Name** and your **Password** (listed at the top of Page 1 of this document) in the spaces provided on the Log In Screen (pictured below). Click "**OK**".



User name

Password
Remember my credentials

OK Cancel

Username = 0790121

Password = newclaim

After a few seconds, you will see the New Claim Entry main screen.

- 5. Choose your accident state and Click Go.
- 6. Enter the employee's Harvard University ID (HUID).

PMA COMP.	ANIES		
****			PMA Loss Report
	Enter search criteria a Employee IC	button to generate a list of Employee Not On List	employees.
k on the employee's i	name.		

′ <b>±</b> *^	Letter and the			PMA Loss Repor
	Enter search criteria and cli		on to generate a list of en	iployees.
			Employee Not On List	iployees.
ID	Employee ID 5	earch		BIRTH DATE

7.

 Enter the claim information in the boxes provided. Move between sections by clicking the blue headings. *Required fields are blue and begin with an asterisk (\*)*. You must complete all required fields before you can submit the claim.

Dates: Use the format mm/dd/yyyy, for example 06/20/2016. Telephone numbers: Do not type the dashes.

***		PMA	A Loss Reporti
ields in Blue are require	Workers' Com	pensation	Submit Cancel
Employee Informatio Cacation: First Name: Viddle Name: Last Name: Address: Address: Address: City: State: Zip: Birth Date: SSN:	25-0004663 FAS FMUS MCZ ADMINISTRATION	Other Information         Sex:       ""Select One""         Home Phone:	> > > > >
Occupation/Job Title: Dccurrence Informatio Contact Information Claim Submission	n		2 2 2

- 9. On the last page, check the Record Only box only when the claim is for informational purposes. For Workers' Compensation, this means an injured worker who will not be seeking medical treatment.
- 10. Type any additional information about the claim into the Comments box. Stick to the facts of the case only.
- 11. Click the **"Send Email Copy"** and type your email address in order to receive a copy the information you entered after you submit the claim. Add additional recipients to the list by typing a comma and then adding the next email address.
- 12. Click **"Submit"** to submit the claim. You will receive a claim number immediately. Keep this claim number for your records.

Claim Submission		
Comments (Enter miscellaneous claim details in the comments box below)		
Maximum 900 Characters. Characters remaining: 900 Record Only - no medical treatment and no lost time		
Kecki oliny - no medical deatment and no lost dime		
Claim Information Email		
Click on the checkbox below to receive an email copy of the claim information just entered.		
Send Email Copy		
Email Address(es) - Multiple addresses can be entered separated by a comma.		
Submit Cancel		
	_	

13. Attach reports, photos or other documents with the "Attach File(s)" button. Select files on your computer and then click "Upload File(s)". Common file formats like .pdf, .doc, .xls, .mov, .mpg can be added, in sizes up to 50 megabytes each. Examples include doctor's notes, job descriptions, photos, etc.

Claim Number		
Claim Number : W002033877		
Add Attachments		
Allowed file extensions: .bmp,.gif,.jpg,.tiff,.tif,.html,.txt,.doc	oc,.xml,.rtf,.docx,.pdf,.xls,.xlsx,.ppt,.mpg,.aiff,.wav,.mov,.asf,.avi	
Select multiple files	owse	
DSCN4067.JPG	Remove	
	Remove	
Attach File(s) New Claim		
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14. To enter another claim, choose "New Claim" from the bottom of the screen. When you are finished entering claims, choose "Exit" from the menu. Click "Yes" to close PMA New Claim Entry.