

Claims Management Enhancement Project

SIF Determinations (C6, C7, or C9)

Prior to the Claims Management Enhancement (FROI Acknowledgement) the end user could only access the pages within the Claims Management component of ARS if a SIF Determination (C6, C7, or C9) was filed by NYSIF and loaded in ARS (displayed below). Furthermore, if a C-11 (Change of Employment Status) was requested by the NYSIF Case Manager and a determination had not yet been loaded in the ARS database for the incident, the C-11 could not be filed electronically.

NYBEAS
HBEAS

Home | Worklist | Add to Favorites | Sign out

Menu
Search: [] [X]
My Favorites
System Announcement
Workforce Monitoring
Health and Safety
Call Center
Incident Data
Injury Illness
Injury Illness History
ARS Broadcast System
Claims Management
Claims Management
Receive ARS Broadcast System
Personal Information
PESH History
ARS Reports
ARS Setup
Worklist
Reporting Tools
User Info
PeopleTools
Change My Password

SIF Determination | C-11 Information | C-256 Information

SIF Determination Find | View All First 1 of 3 Last

WCB Case Nbr	SIF Claim Nbr	Incident Nbr	Date of Injury	Claimant SSN
00000000	99999999 066	00343100	12/09/2008	999999998

Employer: NYS DEPT OF TRANSPORTATION REG 3 [Employer Address](#)
Claimant: SAMPLE SALLY [Claimant Address](#)
Carrier: THE STATE INSURANCE FUND Address: 1045 SEVENTH NORTH ST, LIVERPOOL, NY 13088
Form Name: C-9 SIF Disability Dt: 04/25/2009 Pass Days: SUN SAT
First Knew of Injury: 04/25/2009 Carrier Recd C-2: 04/30/2009 Return Date:

Injury Details
Descr 1: RIGHT KNEE.
Descr 2:
Location: BALDWINSVIL County: ONONDAGA State: NY

Dated: 04/30/2009 Prepared By: DUMAS, TYLER S Telephone: 315/453-6500 SIF Unit: 066 [C-9 Details](#) [Print C-Form](#)

Save View Worklist Previous tab Next tab

SIF Determination | C-11 Information | C-256 Information

NYBEAS
HBEAS

Home | Worklist | Add to Favorites | Sign out

Menu
Search: [] [X]
My Favorites
System Announcement
Workforce Monitoring
Health and Safety
Call Center
Incident Data
Injury Illness
Injury Illness History
ARS Broadcast System
Claims Management
Claims Management
Receive ARS Broadcast System
Personal Information
PESH History
ARS Reports
ARS Setup
Worklist
Reporting Tools
User Info
PeopleTools
Change My Password

Claim not Disputed. Reasons why Payment not Begun:

[]
[]
[]
[]
Employer paid wages
☒ Employer requests reimbursement

NO MEDICAL-WITHOUT PREJUDICE TO PRODUCTION OF PRIMA FACIE

Return

FROI Acknowledgement (ACK) & C-11 Processing without receiving a SIF Determination.

The purpose of using a FROI Acknowledgement (ACK) is not to replace a SIF Determination form, but to treat the FROI Acknowledgement (ACK) as a receipt from NYSIF once the agency has submitted a FROI (C-2). The FROI Acknowledgement (ACK) is received the following day from NYSIF and contains the SIF Claim Number that we will load into the ARS database allowing users to access the Claims Management pages instead of waiting to receive a SIF Determination (C6, C7, or C9).

Note: The Form Name: (ACK) **will not** appear on the users SIF Determination worklist. It will be loaded into Claims Management the next business day following the submission of a FROI (C-2).

SIF Determination

When you input a specific incident number into the Claims Management component, the SIF Determination page will automatically appear and display the **ACK (Form Name)**. There will be no data in the NYSIF fields; Prepared By (SIF Case Manager), Telephone (Case Manager), SIF Unit, and State Insurance Fund – Unit Address (Carrier's Address) as identified in the SIF Determination screenshot (below) displaying the Form Name: **ACK**.

SIF Determination

C-11 Information

SIF Determination

Find | View All

First 1 of 1 Last

WCB Case Nbr	SIF Claim Nbr	Incident Nbr	Date of Injury	Claimant SSN
	67814855	00493584	01/28/2015	999999998


Employer: NYS DEPT OF TRANSPORTATION REG 3

Claimant: SAMPLE SALLY

Carrier: THE STATE INSURANCE FUND

Form Name: ACK

First Knew of Injury: 01/30/2015

Address: 

SIF Disability Dt:

Carrier Recd C-2: 03/19/2015

Pass Days: FRI SUN

Return Date:

Employer Address

Claimant Address

Injury Details

Descr 1: FINGER(S), FINGERNAIL(S)

Descr 2:

Location: Elmira

County: Chemung

State: NY


Dated


Prepared By


Telephone

SIF Unit

03/19/2015







Save

Return to Search

Previous tab

Next tab

[SIF Determination](#) | [C-11 Information](#)

C-11 Information

There are no changes in the way the user will populate and send the information that is required on the C-11 Information (page) regardless of the Form Name: (C-6, C-7, C-9) or (ACK) displayed on the SIF Determination (page).

Furthermore, if you send a C-11 and the only form name displayed on the SIF Determination (page) is the FROI Acknowledgement (ACK) and a SIF Determination (C-6, C-7, C-9) or (EMP) is later received from NYSIF for the incident, both forms will be display on the SIF Determination (page) as shown in the screenshot below.

SIF Determination					Find View 1	First 1-2 of 2 Last
WCB Case Nbr	SIF Claim Nbr	Incident Nbr	Date of Injury	Claimant SSN		
	67814855	00493584	01/28/2015	999999998		
Employer: DOCCS Elmira Cor & Reception Center				Employer Address		
Claimant: PERFETTI MAURIZIO				Claimant Address		
Carrier: THE STATE INSURANCE FUND		Address:				
Form Name:	C8 EMP	SIF Disability Dt:		Pass Days:	FRI	SUN
First Knew of Injury:	01/30/2015	Carrier Recd C-2:	03/19/2015	Return Date:		
Injury Details						
Descr 1: FINGER(S), FINGERNAIL(S)						
Descr 2:						
Location: Elmira		County: Chemung		State: NY		
Dated	Prepared By	Telephone	SIF Unit			
03/24/2015				C8 EMP	Print C-Form	
WCB Case Nbr	SIF Claim Nbr	Incident Nbr	Date of Injury	Claimant SSN		
	67814855	00493584	01/28/2015	999999998		
Employer: DOCCS Elmira Cor & Reception Center				Employer Address		
Claimant: PERFETTI MAURIZIO				Claimant Address		
Carrier: THE STATE INSURANCE FUND		Address:				
Form Name:	ACK	SIF Disability Dt:		Pass Days:	FRI	SUN
First Knew of Injury:	01/30/2015	Carrier Recd C-2:	03/19/2015	Return Date:		