State Of Louisiana OFFICE OF RISK MANAGEMENT

FARA

REQUEST FOR LOGIN

Purpose and Directions – *For Authorized State Employees Only! Complete this form to report Workers Compensation, GL or GL Prisoner claims or to gain access to your agency's previously submitted WC, GL, Property, Medical Malpractice, Road Hazards, and Transportation claims. Send completed form by email to ORM-HELP@LA.GOV or Fax 225-342-8473. For questions please call ORM IT Help 225-219-0401. Your login name and initial password will be emailed to you within 3 business days. Do not share your login info.*

Legal Notice - *By applying for and using your assigned login credentials, you agree to not disclose the information presented on screens and in system generated reports to any other person without a clear need or right to know. Information within this system may be protected by Federal and State privacy laws. Before sharing any information about a specific claim, person, or event, check with your supervisor or the claims adjuster assigned to the claim.*

Select the system(s) that access is requested

iCOW – Internet Claim Opening Wizard

- ☐ for Reporting Workers Compensation Claims only to ORM
- ☐ for Reporting Workers Compensation, GL & GL (elevator) Claims to ORM
- ☐ for Reporting GL (prisoner) Claims to ORM

☐ iCE – Internet Claims Expert for General Access & Loss Analysis

Today's Date: _____ **Your First Name:** _____ **Last Name:** _____

Email Address: _____ **Job Title**: _____

Telephone Number: _____ **Address:** _____

Your Agency's ORM 4 Digit Location Code(s) – *(If there is more than one L location level needed then indicate the S location level, access will be given at the S location level. If there is more than one S location level needed, access will be given at the D location level. To view an agency location code listing, please visit http://doa.louisiana.gov/orm/PDF/ORMLocListing.pdf)*

D Location Level: _____ **Department Name:** _____

S Location Level: _____ **Agency/Division Name:** _____

L Location Level: _____ **Agency/Division Name:** _____

What LOGIN name or ID would you prefer for these systems? _____

Security Challenge:

(The security challenge question and answer will be used for user identity verification purposes. Choose one and provide answer in the space provided.)

☐ Mother's maiden name: _____ ☐ First pet's name: _____ ☐ Place of birth: _____

☐ High School attended: _____ ☐ First vehicle: _____ ☐ Last four digits of your SSN: _____

Requested by ✍ _____

(Signature of Person Requesting Access)

☐ Check if you already have an iCOW Claim Reporting login

☐ Check if you already have an iCE General Access & Analysis login

Your Supervisor's Name: _____ Email: _____

Job Title: _____ Telephone Number: _____

Authorization: (system access must be approved by your agency's appointing authority) "I verify that the above named individual is currently employed at the agency listed and I authorize this employee to have the computer login access indicated. I understand that should this person leave the agency or is assigned to another duty station, I am to contact the ORM within one working day of the employee's change in status."

Authorized by ✍ _____

(Signature of Authorized Agency Representative)

Approved by _____

(Office of Risk Management) / Date

This section reserved for security use

(22) GROUP - LA State Agencies General Access Level

□ Verified and Entered by _____

□ Confirmed and Provided Access by_____

□ Audited by _____ on _____

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