

## 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](mailto:ORM-HELP@LA.GOV) or fax 225-342-8473.

**Your login name and initial password will be emailed to you within business days**

**Do not share your login info For login information or password resets please call 866-647-7610**

**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**

- Claim Capture – Internet Claim Reporting:
  - 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
- viaOne – General Access & Loss Analysis:
  - to receive monthly claim reports

**Today’s Date:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_


**Your Agency’s ORM 4 Digit Location Code(s)** – To view an agency location code listing, please visit <http://doa.louisiana.gov/orm/PDF/ORMLocListing.pdf>

List D location/s if you need access to all S and L locations under the D level.  
List S location/s if you need access to all L locations under the S level.  
Otherwise, list each L location you need access to.

D Location Level:	Department Name:
S Location Level:	Agency/Division Name:
L Location Level:	Agency/Division Name:

Additional locations needed: (attach a separate list if needed)

LEVEL (D,S,or L) LOCATION CODE (4 DIGITS) DEPARTMENT OR AGENCY/DIV NAME

**Requested by**  \_\_\_\_\_  
(Signature of Person Requesting Access)

Check if you already have a Claims Capture login   
Check if you already have a viaOne 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

<p><b>This section reserved for security use</b></p> <p>Verified by _____</p> <p>Audited by _____ on _____</p>	<p>(22) GROUP - LA State Agencies General Access Level</p> <p>ORM State Agency Version 2.9 (Valid as of 11/22/13)</p>
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