
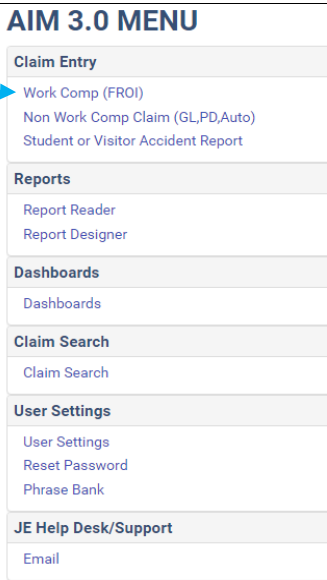


Johns Eastern AIM 3.0 – FROI Entry Guide

Johns Eastern Co., Inc. offers online access to clients for adding a First Report of Injury (worker’s compensation claims). This can be done by navigating to the AIM 3.0 website located at: <https://johnseasternenterprise.jw-filehandler.com>

- **NOTE:** Chrome is the preferred web browser to use while using any JE services within the AIM 3.0 system. If using Internet Explorer, please ensure that this site is not among those listed in the compatibility view settings.

The instructions below will guide you through the process of adding a new FROI.

<p>Accessing FROI Entry -</p> <p>1. Go to: https://johnseasternenterprise.jw-filehandler.com</p>	
<p>2. Login with the supplied username and password. If logging into the Johns Eastern system for the first time you will be required to reset your password. Initial first-time logins are generally Jeco1234 (Note that the J is capital).</p>	
<p>3. Select the first option on the homepage (Work Comp).</p>	

Adding a new FROI Entry -

1. Click "Enter New Claim" and the wizard will begin.
2. On the next page, select your client name from the dropdown.

FIRST REPORT OF INJURY INFORMATION ENTRY

Enter New Claim + Print Show/Hide Search

First Report

Select Company *

3. A pop-up will appear asking for the injured worker's social security number. This will search to see if they exist in the database. If they do, some information will be pre-filled. Otherwise, enter the information as requested.

Note: any value with a red asterisk is required.

4. Click "Continue" to continue to the next page where more items will be entered.

First Report

Enter Loss Date and Time *

Employee Information

Social Security Number * xxx-xx-1010

First Name * MI

Last Name *

Address1 *

Address2

City *

State *

Zip Code *

Note: Throughout the form, you'll be asked to enter dates and times. When you click on the field, a pop-up will show a calendar. It is important to click Apply (in green) once selected for the date/time to be entered.

12 : 00 AM

< Mar 2019 >

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

5. At any time, you may save your entry as a work-in-progress by clicking "Save & Continue Later" at the top of the page.

To return to an unfinished entry, simply select the entry and click "Edit" after step 3.

Save & Continue Later Finish Cancel Coll

Insert Edit Delete

Status Company

In Process DEMO

6. Step 1: This step is filled from the last page and cannot be edited any further.

Step 1: Employee Summary

Social Security Number	xxx-xx-0001	Employee Number	
Employee Name	John . Smith	Job Code	
Address Line 1	123 Address St	Client	Pinellas County Schools
Address Line 2		COMPANY	
City, State Zip	Sarasota, FL 34235	DIVISION	
Gender			

7. Step 2: This step is also partially filled in from the initial page. Fill in the accident description.

Step 2: Employee Detail

Enter the injured employee's name and the date and time when the injury occurred.

First Name * MI

Last Name * Suffix

Loss Date and Time *

Accident Description *

8. Step 3: This step is also partially filled in from the initial page. You must fill in the birth date. Gender, country and address line 2 are not required, but should be filled if known.

Step 3: Employee Information

Address Line 1 * Birth Date *

Address Line 2 Gender

City *

State *

Zip *

Country

9. Step 4: Supply at least the home contact number for the employee. Work phone, other phone, availabilities, emails and contact instructions are not required, but should be filled if known.

Step 4: Employee Contact Information (Please supply at least 1 phone number)

Home Phone *	<input type="text"/>	Availability	<input type="text"/>
Work Phone	<input type="text"/>	Availability	<input type="text"/>
Other Phone	<input type="text"/>	Availability	<input type="text"/>
Email 1	<input type="text"/>	Type	<input type="text"/>
Email 2	<input type="text"/>	Type	<input type="text"/>
Contact Instructions	<input type="text"/>		

10. Step 5: Supply the company, division, department where the employee works, the NCCI code (job class) and employment status (all of these from the dropdown menus). Also enter the supervisor's name and telephone number. Job title and employee id are not required, but should be filled if known.

Step 5: Employee Job Detail

Client *	Pinellas County Schools	Employee Job Title	<input type="text"/>
COMPANY *	<input type="text"/>	Employment Status *	<input type="text"/>
DIVISION *	<input type="text"/>	Employee Id	<input type="text"/>
DEPARTMENT *	<input type="text"/>	Supervisor Name *	<input type="text"/>
NCCI Occupation *	<input type="text"/>	Supervisor Phone *	<input type="text"/>

11. Step 6: Enter the amount of days the employee works each week, and their start date. Rate of pay and hours per day/week are not required, but should be filled if known.

Step 6: Employee Salary Detail

Rate of Pay	<input type="text" value="0.00"/>	Hours Per Week	<input type="text"/>
Per	<input type="text" value="Hour"/>	Days Per Week *	<input type="text"/>
Hours Per Day	<input type="text"/>	Date Employed *	<input type="text"/>

12. Step 7: Enter the reported date and loss type for the incident. Report only (yes/no), date last worked and return to work date are not required, but should be filled if known.

Step 7: Accident Detail

Report Only	<input type="text" value="No"/>
Date Last Worked	<input type="text"/>
Return To Work Date	<input type="text"/>
Reported Date *	<input type="text"/>
Loss Type *	<input type="text"/>

13. Step 7A: Enter the time the employee began working on the accident date, and if they were/will be paid for the date of injury. Date of death should be entered if applicable. The questions regarding what the employee was doing and what caused the accident, along with the salary and last paid date are not required, but should be filled if known.

Step 7A: Accident Detail Continued

Date of Death	<input type="text"/>
Time Work Began *	<input type="text" value="12:00 AM"/>
What was the employee doing just before the incident occurred?	<input type="text"/>
What object or substance directly harmed the employee?	<input type="text"/>
Wages Paid for Date of Injury *	<input type="text" value="Yes"/>
Salary Continued Yes/No	<input type="text" value="Unknown"/>
Last Paid Date	<input type="text"/>

14. Step 8: Enter the accident state where the employee's injury occurred. All other fields here are not required, but should be filled if known.

Step 8: Place of Accident

Regular Work Location	<input type="text" value="Yes"/>
Site Not Post Office Identifiable	<input type="text" value="No"/>
Accident Premises Code	<input type="text" value="Employer - Accident occurred on employer's premises"/>
Place of Accident	<input type="text"/>
Accident Location Name	<input type="text"/>
Accident Location	<input type="text"/>
Accident City	<input type="text"/>
Accident State *	<input type="text"/>
Accident Zip	<input type="text"/>
Accident Country	<input type="text"/>
Accident County	<input type="text"/>

15. Step 8A: Enter the name of the provider that treated the employee and indicate if it was authorized by the employer. Note that the medical provider dropdown has frequently used providers and will populate the other fields if selected, however, using this dropdown is not required. Additionally, the other fields not marked with a red asterisk on this section are not required, but should be filled if known.

Step 8A: Physician Details

Medical Provider	<input type="text"/>	Facility Phone Number	<input type="text"/>
Provider Name *	<input type="text"/>	Named Physician	<input type="text"/>
Facility Address	<input type="text"/>	Treated in ER	<input type="text"/>
Facility City	<input type="text"/>	Hospitalized Overnight	<input type="text"/>
Facility State	<input type="text"/>	Provider Authorized by Employer *	<input type="text"/>
Facility Zip	<input type="text"/>		

16. Step 8B: Enter any witness names. If none, skip this step.

Step 8B: Witnesses

Witness Name1	<input type="text"/>	Witness Phone1	<input type="text"/>
Witness Name2	<input type="text"/>	Witness Phone2	<input type="text"/>
Witness Name3	<input type="text"/>	Witness Phone3	<input type="text"/>
Witness Name4	<input type="text"/>	Witness Phone4	<input type="text"/>
Witness Name5	<input type="text"/>	Witness Phone5	<input type="text"/>

17. Step 9: Verify your information is correct, and enter any missing information (generally your position will be missing on the form). The facts box is optional and allows you to enter any notes you need to add to the entry.

Step 9: Finish

Facts

Entered By Name *

Entered By Email Address *

Entered By Position *

Entered By Phone Number *

18. At any time, you may save your entry as a work-in-progress by clicking "Save & Continue Later" at the top of the page.

To return to an unfinished entry, simply return to the FROI home screen, click "Edit" and you will begin at step 6 above.

Save & Continue Later Finish Cancel Collapse

Insert Edit Delete

Status	Company
In Process	DEMO
In Process	DEMO

19. Once completed, click the “Finish” button at the bottom of the page.

If any errors are found, the field will become highlighted red.

Author's Position *

'Author's Position' is a required field.

20. A pop-up will appear when successfully submitted, asking if you've like to print the paperwork. If so, click the “Yes” box.

Note: if you're pop-up blocker is on, the paperwork will be blocked by it. You must disable it to allow it to display.

Print First Report of Injury Paperwork? ✕

No ✕Yes ✓

21. If for any reason you need to delete an entry and you have not submitted it yet, you may “Save and Continue Later” then return to the FROI home page. Select the appropriate row and click “Delete.”

FIRST REPORT OF INJURY INFORMATION ENTRY

Enter New Claim + Edit ✎ Delete ✕ Show/Hide Search 🔍

Status	Company	Last Name	First Name	SSN
In Process	DEMO	Jones	Mary	xxx-xx