

Judge Carolyn D. Hall
Chairman
Judge Viola S. Drew
Director
Judge Warren Massey
Director



STATE BOARD OF WORKERS' COMPENSATION
270 Peachtree Street, NW
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Atlanta, GA 30303-1299

URGENT
OFFICIAL NOTICE
Phase I Requirements

DATE: September 30, 2005
TO: Workers' Compensation Attorneys
FROM: Carolyn C. Hall, Chairman
RE: Implementation of New Requirements at the Board

The Board is excited to announce that effective October 1, 2005, we are implementing our paperless system (ICMS) at the Board.

This is a major initiative and your cooperation is critical to the successful processing of your requests. In an effort to communicate with you more efficiently and effectively, we are requesting you send your contact name, your email address, up to 3 alternate email addresses (e.g., your administrative assistant, your paralegal, etc.), your phone number, and Georgia Bar Number to ICMSprep@sbwc.ga.gov.

In Phase I, the Board will continue to receive paper copies of documents (rather than electronic documents) in our Atlanta office. However, effective October 1, 2005, our claims processing section will begin scanning all documents filed with the Board, creating a "paperless" and electronic file. As we transition into a paperless system, we will have some files that occupy both the paper world and the electronic world, that is, part of the file is in paper while more recent filings (post October 1, 2005 filings) compose the electronic file.

When documents are filed with the Board, attorneys of record in a claim who provide an email address will be able to receive immediate email notifications of any document filed in a particular claim, whether the document is filed by the attorney or filed by any party to the claim. In addition, with an email address, any document generated by the Board will be sent to you immediately via email. Where required, documents generated by the Board (e.g., hearing notices, mediation notices, oral argument notices, orders, awards, etc.) will continue to be mailed to the parties of record in the claim.

The Board Claim number (not the employee's social security number) will be assigned by the ICMS system for each claim. The claim number will be transmitted to you by e-mail, provided we have your e-mail address. You must include the claim number on all subsequent documents sent to the Board.

Board forms have been substantially revised for ICMS, and you should destroy any old forms. The current forms can be accessed on the State Board's website www.sbwc.georgia.gov or they can be obtained by contacting the Board at 404/656-3870. In addition, four new forms have been created, (WC-14a, Request to Amend Information on form Wc-14, WC-262, Wage Documentation of Temporary Partial Disability Payments, WC-R-5 Request for Rehab Conference and Change of Address form).

Please visit our website www.sbwc.georgia.gov for updates regarding the ICMS System. Thanks for your patience and cooperation.