

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 Insurance Carriers, Self-Insurers, and TPA's
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). Effective October 1, 2005, our claims processing section will begin scanning all documents filed with the Board, creating a "paperless" electronic claim file.

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. After you receive the claim number, you must include the claim number on all subsequent documents sent to the Board.

Attached you will find a print-out of all existing Board Claim Numbers assigned to individual claims.

Effective October 1, 2005, the **SBWC ID number** is required on all forms and correspondence submitted to the State Board. This is a unique number assigned to Each Individual Carrier, Insurer and Group Fund and is a critical feature of the automated system. Each Carrier, Self-Insured and Group Fund has already been notified of their unique SBWC ID #, and they have been asked to notify anyone reporting or corresponding with the Board on their behalf to use this SBWC ID #. In addition, the SBWC ID Numbers can be found on the State Board's website at www.sbwc.georgia.gov.

The SBWC ID# should not be confused with the Board Claim #.

In an effort to keep you informed of future changes, effective January 1, 2006, the Board will no longer return dated, stamped copies of forms filed. The new ICMS system has been designed to notify, by e-mail when we receive the form. To ensure that we have the correct e-mail address on file, please include it, as directed on the new Board forms.

Board forms have been substantially revised for ICMS, and you should destroy any old forms. The new and revised 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 to revising our existing forms, 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).

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 and your phone number to ICMSprep@sbwc.ga.gov. The system will automatically generate various notices and reminders for certain individuals.

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